The department that you and I work in is like Los Angeles. It has lots of people (over 1,000 staff, students, and faculty). We are really spread out! Three predominant research buildings (CHS, MRL, Factor) and seven major clinical sites (RRUMC, Santa Monica-UCLA, CHS, Brentwood, UCLA Medical Plaza, Olympia, Northridge), and outreach clinical services throughout Southern California. So, how do we know each other, and what is going on.

This newsletter is one answer, to report on the richness and meaning of our many department neighborhoods. We have about 50 clinical residents and fellows advancing their clinical expertise in everything from surgical pathology to laboratory medicine, molecular diagnostics and transfusion medicine, microbiology to dermatopathology.

Our 50 graduate Ph.D. students and postdoctoral fellows are learning and advancing knowledge in the great diseases that affect our society: cancer (brain and pancreatic cancers, lymphoma, sarcoma, and melanoma), diabetes and metabolic disease, aging, and chronic inflammation underlying transplant rejection and autoimmune disease. Nearly 100 faculty direct these clinical and research activities, an entire integrative anatomy division is a leading center at UCLA for innovation in medical and dental school education. Each of these efforts crucially depends on 800 staff, whose dedication, energy, and imagination creates the fabric that makes each of these activities possible.

The Department is on the verge of a large commitment to telepathology thanks to a grant from the State. The grant is intended to provide consultative pathology services to underserved pathology practices throughout California. The amount of money our department will receive and when we will obtain it, is uncertain. The grant could easily be in the millions of dollars, and this would enable us to use this serious money to jump start our department telepathology program. Indeed, although an undetermined portion of this money will be needed to remodel space to accommodate telepathology functions, there is an exciting opportunity to select instruments which will allow UCLA pathology to be a leader in telepathology nationwide.

The time is right as there has been a veritable explosion of technology in this area, and many different telepathology slide scanning instruments and software systems flooded the marketplace in the last few years. Sarah Dry and I, among others, have been meeting with the various telepathology vendors and have been assessing which instruments would be most compatible with UCLA pathology workflow and service needs. If the monies are dispersed in the near future, there will be more opportunities for all of the pathologists to become acquainted with the systems on the market available for our purchase, and I invite all of the pathologists to explore the various options, and help us make the best choices for our unique departmental needs. Vendors will be returning and displaying their products to us yet again in the near future. Please go to the vendor displays and critically evaluate the various instruments and software solutions.

If this initiative is to succeed, we will need the acceptance and enthusiasm of the majority of the faculty. The telepathology project will soon expand to include exchanges with Chinese and African sites, and will offer UCLA Pathology the opportunity to contribute to an innovative new healthcare delivery model which has the potential to benefit many underprivileged patients in the U.S. and abroad.

We welcome all of your comments regarding this initiative and need your participation to make it successful. Please feel free to participate in and critique the departments’ telepathology program. We are on the threshold of what could be a transforming event for the clinical, research and educational components of our department.

In the year that is unfolding, I expect some important developments. The choice on the major expansion of clinical space will be made, and many of you will participate in the detailed planning that will ensue. Our translational research will take a big step forward in melanoma whole genome sequencing, lymphoma microRNAs, and transplant immune monitoring. And, partnerships with Radiology, Pediatrics, and Medicine will introduce new models of clinical care and education. So, join me to celebrate our many department neighborhoods, and read the newsletter to follow the happenings of our community.
I am Dr. Linda Baum, and I became Medical Director of the UCLA Clinical Labs officially in 2010. I was a resident in the department, from 1986-1989, and was one of the few residents who took a CP only track. When I joined the faculty in 1989, my clinical responsibilities were in Hematopathology and in the Coag lab, and I also started my own research lab.

Most of my focus was on research and teaching until last year, when Dr. Wagar took a leave of absence and I became Acting Medical Director. Now that Dr. Wagar has successfully settled in her new home in Houston, in her new role as Lab Director for M.D. Anderson hospital, I am delighted to build on what I have learned about the Labs in the last year and continue as Medical Director.

This coming year should bring a number of new faces. We have a number of active faculty searches in the Division of Laboratory Medicine, in Microbiology, Molecular Pathology, and Cytogenetics. We will also have quite an increase in laboratory staff trainees this year in a variety of categories, with MLS, CLS and limited license trainees. We look forward to having new faculty and new students, and the interactions this will foster. I look forward to working with many of you in the coming year.

INTRODUCING: Linda G. Baum, M.D., Ph.D.  
Clinical Labs Medical Director

“I look forward to working with many of you in the coming year.”

FIRST ISSUE: Arnold J. Scheer, DLM (ASCP), PA (ASCP), MPH  
Chief Administrative Officer

“I hope that we can expand the newsletter in such a way that best fits all the employees within the department.”
Appropriate Use of Swabs in Specimen Collection

by Kileen L. Mershon-Shier, Ph.D., M(ASCP)CM

The importance of appropriate specimen collection cannot be overemphasized in the microbiology laboratory. Appropriate specimen selection, collection, and transport are critical to obtaining accurate results, which are used to guide patient management. This article will briefly review appropriate use of swabs for microbiology tests.

In the majority of situations, swabs are not the optimal specimen. Swabs collect only 150 microliters of fluid, while sterile containers can transport much more. Furthermore, only 3% of bacteria on a swab will actually transfer to the culture media when inoculated, as opposed to nearly all of the bacteria from a fluid sample. Fluids (aspirates, washes, secretions) in a sterile container are almost always the optimal specimen and should be submitted whenever possible. A swab dipped in a fluid in not recommended for the reasons discussed above. The minimum volume for all fluids is 1 mL to ensure adequate sample for all tests in the testing algorithms.

Nasopharyngeal swabs, nares swabs, or throat swabs are not the optimal specimens for Bacterial or Fungal Respiratory Culture. Nasopharyngeal swabs are appropriate specimens for Respiratory Virus Panel PCR (test code 7227) but throat swabs are not recommended. However, swabs are not acceptable for Respiratory Direct Fluorescent Antibody (DFA) tests. Influenza A/B Antigen test code 19016 & RSV Antigen test code 601) and will be rejected. Although culture for Bordetella pertussis is not available, nasopharyngeal aspirates, washes, or swabs may be submitted for Bordetella by PCR (test code 7214). Nares swabs are only appropriate for MRSA screening. Please do not submit nares swabs for any other microbiology test.

Throat swabs are only appropriate for Bacterial Throat Culture of Group A beta-hemolytic streptococci (test code 555) or Neisseria gonorrhoeae (test code 55) and Fungal Throat Culture for Candida thrush (test code 556). A throat swab is also appropriate for the culture of C. diphtheriae but the test will be performed by a reference laboratory.

Finally, descriptive labeling of the specimen is essential for accurate results and will dictate how the specimen is processed. There are three components of specimen labeling: the specimen site or source (e.g., urine, nares, liver, and blood), specimen type (e.g., clean-catch midstream versus a suprapubic aspirate of the bladder, swab, biopsy, and venipuncture), and container (e.g., boric acid tube versus sterile container, culturette, sterile container, and blood culture bottles). Always include at least two patient identifiers on the specimen label.

RESEARCH CORNER: Did you know?

by David Jaquez, Manager, Contracts & Grants—Research Administration

The UC Effort Reporting System (ERS) was developed as the result of a collaboration of five campuses and the Office of the president to replace a 25-year old paper-based system used for federally-required effort certification with a modern web-based system solution that streamlines the effort reporting process and reduces overall risk to the University.

Consistent with the OMB Circular A-21 requirement that the distribution of salaries and wages be supported by activity reports that are confirmed by “a responsible person with suitable means of verification that the work was performed”, Principal Investigators and other faculty who are paid on federal or federal flow-through funds are required to certify their own effort since they are in the best position to understand how they are spending their time in support of the various activities in which they are engaged.

To log-on to the Effort Reporting System, go to http://www.efm.ucla.edu/EffortRpt.htm and click on ERS Portal (Production).

If you have specific questions, contact your respective Contract & Grant fund-manager:
—Veronica Munoz, Han Kim, Trung Phan, David Islas, Teo Pazos (from left)
For almost 6 years I have had the pleasure of managing the Department of Pathology's school-side Purchasing Group. Through the years I have watched the Department grow and seen many positive changes. Our Purchasing Group has expanded as well in order to meet the needs of the additional labs, faculty, and staff. Since 2004, in order to fit those needs, we have expanded to a group of five Coordinators, including the addition of a Supervisor in 2008.

The success of our department’s Outreach, Research and Service activities has led to a dramatic increase in our department’s purchasing statistics. In 2009, Accounts Payable reported paying 17,094 invoices for a total of $14,003,759 for the Department of Pathology, including the Immunogenetics Center. In 2004, we paid 13,385 invoices totaling $7,463,536. That is a 28% increase in the number of invoices paid in just five years. We are on-track to exceed those numbers in 2010—a testament to the hard work and dedication of all of our departmental faculty and staff.

**Changes to Travel & Entertainment Policies for 2010:**

- Mileage reimbursement rates – 50 cents per mile
- Travel meals within the continental US – Maximum of $64 per day (not a per diem, requires overnight stay/travel in excess of 24 hours)
- Entertainment reimbursement rates for hosting an event - $17 for refreshments, $26 for breakfast, $38 for lunch, and $64 for dinner per person

Travel and Entertainment policies and forms are available at:

www.travel.ucla.edu

Purchasing policies and forms are available at:

www.purchasing.ucla.edu

The UCLA Pathology Purchasing Group, located at 924 Westwood Blvd, Suite 860, in one of their more serious moments: Lito Aguirre, Supervisor (in the red birthday hat), and behind him, from left, are Purchasing Coordinators Aracely Esparza, Elisabeth Siauw, Freda Rutherford, and Bianca Sanders.

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Laboratory Professionals Get Results is the theme for this year’s National Medical Laboratory Professionals Week (NMLPW), April 18-24. Since its inception 35 years ago, the annual Celebration has honored the outstanding service of laboratory professionals and served as a vehicle to raise public awareness regarding the vital role laboratory science plays in the diagnosis and prevention of disease.

With the current demand for health care quality assurance and professional accountability, NMLPW provides a needed forum for public education. As such, the 2010 coordinators (representatives from 10 national clinical laboratory organizations), have decided to "brand" the event by using Laboratory Professionals Get Results as the theme for all future celebrations.

In 2010, approximately 300,000 lab practitioners in the United States will be recognized during the 4th week of April. In appreciation for the exceptional service provided by UCLA’s laboratory staff, two all day learning opportunities are being offered as part of the Lab Week festivities.

Celebrate your contribution as a team member of one of the nation’s largest industries (health care), by joining fellow employees for twelve free presentations by noted professionals offered Saturday, April 17th and April 24th. Continuing education units will be provided for licensed Clinical Laboratory Scientists and Certified Phlebotomists. General programming information is available on the Department of Pathology and Laboratory intranet at:

http://www.intrapathnet.medsch.ucla.edu/Hosp_Compliance/Documents/Path%20&%20Lab%20Medicine%20CE%20Seminars%20Flyer.doc or by contacting the Regulatory Affairs and Continuing Education office at (310) 825-8008.

Polly Grimm and Ann Shadler, coordinators for the 2010 Lab Week Educational Program

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