Earlier this summer, the North Carolina State Laboratory of Public Health (NCSLPH) hosted a Student Health Day to expose middle and high school students from across the state to the field of public health laboratory science. More than 50 students were given hands-on opportunities to learn how laboratory professionals contribute to our society by tracking disease, protecting our environment, detecting health issues in newborns, and responding to natural disasters. But this event was much more than a field trip. It was an opportunity to present these students with exciting career options and to rebuild an aging workforce.

Since the early 1900s, many achievements in public health can be attributed to public health laboratories’ accomplishments in disease detection, food safety, and environmental health protection. These achievements have relied heavily upon the talents of microbiologists, chemists, technologists, and other science-minded individuals. The ability for public health laboratories to continue to make improvements to the health of our communities will depend on having educated and experienced laboratory scientists.

Within the next five years, dramatic workforce reductions are expected in the fields of epidemiology, laboratory science, nursing and environmental health. National trends indicate that laboratory vacancy rates alone currently exceed 20 percent and are increasing while the Bureau of Health Statistics predicts current vacancy rates will double over the next decade. Left unanswered, this public health workforce shortage will have a significant impact on our ability to protect the communities in which each of us lives and works.

Cont. on page 2
Exposing younger students – middle or junior high level – to public health careers provides an opportunity to shape their educational choices and career paths. Top universities across the United States are adding public health undergraduate programs to their curricula. Those who may be driven to serve their communities, are science-minded, or have interest in communications, marketing, education, or business will likely find opportunities in public health.

Today’s public health leaders will rely upon the next generation to effectively meet the ever-evolving and increasingly complex public health challenges we continue to face. It is our youth who will provide the solutions for our well-being. For those who are seeking job satisfaction that cannot be beat, or outcomes that are rewarding, I encourage you to investigate the many opportunities that exist in the field of public health.

Submitted by:
Dr. Scott J. Zimmerman
Director
North Carolina State Laboratory of Public Health
N.C. Department of Health and Human Services

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**Fall Schedule**

Laboratory Improvement
State Laboratory of Public Health
NC Department of Health and Human Services

**October-December 2013 WORKSHOP SCHEDULE**

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<tr>
<th>DATE</th>
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<th>APPLICATION DEADLINE</th>
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<tr>
<td>October 11, 2013</td>
<td>Clinical Laboratory Day</td>
<td>September 20, 2013</td>
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<tr>
<td>October 17, 2013</td>
<td>Examination of a Vaginal Wet Mount</td>
<td>September 17, 2013</td>
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<tr>
<td>November 6-8, 2013</td>
<td>Bacteriological Methods for the Analysis of Drinking Water</td>
<td>October 8, 2013</td>
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<tr>
<td>December 12, 2013</td>
<td>Bioterrorism Preparedness for Clinical Laboratories</td>
<td>November 12, 2013</td>
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**NCLTN Webinar Series**
(Stay tuned for more information!)

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<tr>
<td>December 2013</td>
<td>Chemical Safety Series with Kristy^2</td>
<td>November 27, 2013</td>
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<td>December 4</td>
<td>Hazard Communication Update</td>
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<td>December 11</td>
<td>Chemical Hygiene Plan and Training Requirements</td>
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<td>December 18</td>
<td>Chemical Storage and Disposal</td>
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Disclaimer: These Workshops are not intended to replace formal education but to enhance skills and promote use of recommended standard techniques.

**For more information, consult our website or contact Lab Improvement at 919-733-7186**

http://slph.ncpublichealth.com
Rabies: Understand It and Defeat It!

Whenever a report of a rabid animal in North Carolina makes the news, chances are excellent that the animal was tested at the State Laboratory of Public Health (SLPH) in Raleigh. SLPH is the only lab in the state that performs diagnostic rabies testing. About 4,000 animals in our state are tested for rabies each year, with an average annual positivity rate of 11 percent. Raccoons, foxes, skunks, cats and bats are the most frequently tested animals that test positive for rabies, but any warm-blooded mammal can carry the rabies virus. Although rabies testing is performed year-round, the summer months of July, August, and September are historically the busiest testing period because of the warmer weather. Employees who work in the Rabies Laboratory of the Virology/Serology Unit must receive pre-exposure rabies vaccination before beginning work in the lab. Serum titers are checked annually to ensure that the employee maintains a protective antibody titer against rabies virus, and if necessary the employee will receive a booster shot.

NC Public Health Veterinarians and other epidemiologists in the Communicable Disease Branch work closely with rabies lab staff to provide consultation, rabies exposure risk assessments, and approval for testing of suspect animals. If an animal tests positive for rabies or is unable to be tested because of decomposition or trauma to the brain tissue, the rabies on-call staff at the Communicable Disease Branch and the specimen submitter are immediately notified. Turnaround time for rabies testing is same day if the animal is received in the lab by noon. Rabies lab staff are also available for Saturday and holiday testing when test results are needed for immediate post-exposure treatment decisions.

Many different rabies virus variants exist around the world, but most variants are confined to specific geographical regions. In North Carolina, the two different indigenous variants of rabies are the eastern raccoon strain variant and the bat rabies variant, which is usually species-specific. Because it would be a significant finding if a rabies virus variant other than eastern raccoon strain or bat strain were circulating in our state, the lab tests all of the rabid animals received (with the exception of bats and raccoons) with a monoclonal typing set to identify the variant of rabies virus infecting the animal. These test results show that the majority of animals tested here have been infected with eastern raccoon rabies virus variant. This even includes foxes and skunks which, in other areas of the United States, tend to be infected with their own rabies variant.

The lab has identified two animals infected with a bat rabies virus variant; one opossum and one cat. More than 1,000 bats are received for testing in the lab each year. Before testing, rabies lab staff assign a species to each bat based upon physical characteristics of the bat such as size, color, distribution of fur, and ear shapes, as well as noting any evidence of bat white-nose syndrome. The most common bat received in the lab is the big brown bat (E. fuscus). E. fuscus can colonize in people’s homes, sometimes resulting in human exposure due to bat infestations. The SLPH rabies lab has worked closely for the past 20 years with Dr. David Webster, Associate Dean at the University of North Carolina at Wilmington, by providing him with previously tested bats for a study regarding the ecology of bat populations in our state. The lab recently received and tested a northern yellow bat (Lasiurus intermedius), that according to
Dr. Webster, is very rare in here and only the fourth one ever recorded in the state.

The SLPH rabies lab also participates in an ongoing study with the Centers for Disease Control and Prevention (CDC) by shipping to them all rabid domestic animals and bats for further study. The salivary glands are then removed from the animals at CDC and testing is performed to determine the presence of the rabies virus in this anatomical site, and how that might be related to virus transmission from the infected animal to the exposed victim.

Recently the rabies lab assisted CDC in the investigation of a rare case of human rabies transmitted through organ transplant. The recipient of an organ transplant performed in another state had died and it was determined at autopsy that the cause of death had been rabies. Because the patient had no previous history of exposure to a rabid animal, suspicion was high that the patient had probably been infected through the organ transplantation. Testing of archived tissue from the organ donor confirmed that the donor had died from rabies, even though rabies had not been suspected at the time of the donor’s death. The investigation revealed that the donor had been an avid outdoorsman who had spent time in eastern North Carolina prior to his illness and had been exposed to a potentially rabid animal. The CDC asked the SLPH rabies lab to send several rabies positive brain tissues collected from animals from a specific region of the state over the course of several years. Using these samples, CDC was able to identify the origin of the donor rabies as probably from a raccoon located in North Carolina. This was a very interesting case for several reasons. Typically the length of time between exposure and the development of rabies symptoms is less than three months; in this case, the transplant recipient did not exhibit signs of rabies until 16 months after organ transplantation. This recipient was also the only patient who received an organ from the infected donor to contract rabies; three other recipients of organs from the same donor did not develop disease and were subsequently given rabies post-exposure treatment. The raccoon variant of rabies virus found in both the donor and the recipient only circulates in North America, and only one other person has ever died from this type of rabies virus in the United States.

Several excellent resources are available with additional information on rabies. The NC Public Health website (http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies) includes statistical data for rabies in our state, as well as the NC Rabies Control Manual that details the epidemiology of rabies in here and state laws and rules regarding rabies. Additional subject matters include a link to the oral rabies vaccination program (ORV) and a video on how to capture a bat. CDC also has an array of information on rabies including a link to an article from The Journal of the American Veterinary Medical Association, titled “Rabies Surveillance in the United States” that is updated annually.

NCSLPH will observe World Rabies Day on September 28. The event was established seven years ago to raise awareness of rabies prevention with the lofty goal of “Making Rabies History”. More than 50,000 people die from rabies worldwide each year, many of them small children who frequently come into contact with rabid animals and fail to receive proper and timely life-saving post-exposure treatment. The theme of the event this year is “Understand It and Defeat It.” Remember to do your part by leaving wildlife alone and keeping your dogs, cats, and ferrets up to date on their rabies vaccinations!

Submitted by: Peggy Brantley
Supervisor, Viral Culture/Rabies Lab
Student Event Day Explores Laboratory Careers

What do you get when you mix 60 bright and eager middle school students with 35 dedicated North Carolina State Laboratory of Public Health (NCSLPH) employees and Association of Public Health Laboratory (APHL) employees? You get a fun-filled and informative day at the first student event held at the lab titled, “Under the Microscope: A Look at Public Health Laboratory Careers.” A committee of NCSLPH employees from clerical, administrative and technical areas came together to put on an event that would help spark the interests of young minds to the exciting world of public health careers.

On Saturday, June 1, students in grades six through 10 from as far away as Mecklenburg County met at the new state laboratory facility in Raleigh to participate in a day filled with exciting laboratory exercises, a tour of the 222,000 square foot building, and fun.

After a welcome by Dr. Scott Zimmerman, Laboratory Director and a laboratory careers presentation given by Dr. Lou Turner, Deputy Chief, Epidemiology, the students began their day with their group leaders. Each volunteer group leader was assigned 12 students to lead through each of the four activities and along the laboratory tour route. Each group spent about 20 minutes per activity station learning about Gram staining, micropipetting, DNA extraction and the Oobleck – a non-newtonian fluid. The students learned that Gram staining is one of the most important methods used for distinguishing between two major classes of bacteria, an activity chosen to give participants a look into the world of clinical microbiology. The micropipetting exercise gave students the opportunity to learn how to use and practice measuring liquids of different viscosities, adjusting the micropipette to different volumes, and checking the precision and accuracy of the volumes.

A perfect introduction to the world of DNA science was the Genes in a Bottle DNA Extraction exercise. Here, the students were able to see their own DNA in a span of only 45 minutes after performing an easy to follow procedure. The Oobleck exercise taught the participants all about molecules, chemical structures and viscosity. After mixing cornstarch and water, students were asked the question, “Is this a liquid, a solid or both?” This activity stood out as the favorite among the participants.

The students also enjoyed the tour of the new, state-of-the-art building that houses nine technical units as well as support and administrative staff. Posters, displays and subject matter experts were stationed along different areas of the laboratory to help teach the students more about the laboratory operations. They peered into the inner workings of the Bioterrorism and Emerging Pathogens Unit, the Tuberculosis and Clinical Microbiology laboratories, Virology and Serology labs, Environmental Chemistry, Cancer Cytology, and Newborn Screening. Ann Grush, Newborn Screening Laboratory Improvement Consultant and tour guide, pointed out to students that if they were born in North Carolina, their blood was tested at the laboratory for some thirty genetic diseases and treatable disorders.

According to statistics published in “Critical Values,” the newsletter published by the American Society of Clinical Pathologists, it was suggested that 81,000...
laboratory personnel will be needed to replace retirees and an additional 68,000 personnel will be needed to fill new positions. The NCSLPH, with support from the APHL, chose to address the laboratory workforce shortage by engaging young people and exposing them to careers in public health during this event. Not only were laboratory careers explored, but jobs in epidemiology and environmental health were discussed. The event was promoted through email and telephone contacts with school leadership coordinators, science teachers and the NC Department of Public Instruction. The registration cap for the event was set at 75 students. Within five days, registration for the event was full with a few students being placed on the waiting list.

At the end of the day, participants were overheard saying, “This was a great event! I can’t wait until next year!” and “That was so cool, I can’t wait until the next one!” Administration and the event organizers are evaluating the event and working on the details for possibly holding more at the facility in the future.

Note: The State Laboratory of Public Health provides certain medical and environmental laboratory services (testing, consultation and training) to public and private health provider organizations responsible for the promotion, protection and assurance of the health of North Carolina citizens. Public health laboratories operate as the first line of defense to protect the public against disease and hazards. Learn more about the NC State Laboratory of Public Health at http://slph.ncpublichealth.com.

Submitted by:
La’Vonda Benbow, BS, MLT(ASCP)cm
BTEP Laboratory Improvement Consultant/Training Coordinator

The North Carolina State Laboratory of Public Health and Texas Health Institute present
The 9th Annual Clinical Laboratory Day:
Embarking on a New Era in the Laboratory
Friday, October 11, 2013

Shifting my perspective: Why I love working for the public health lab
Originally published Jul 09 2013 in APHL LabLog: Public Health Preparedness & Response

It was the summer of 2001. I had defended my master’s thesis in microbiology about a year and a half prior when I noticed an open position in the state public health laboratory in the area of bioterrorism. My preconceived opinion of public health microbiology was not great. Spoiler alert: Converts make the most ardent advocates! I thought public health microbiology was dull; I thought public health microbiology was monotonous; and I thought public health microbiology was not for a research-minded bacteriologist. But this position was in bioterrorism! Maybe it was worth a look.

September 6, 2001 – five days before my 33rd birthday – I had two job interviews on the same day. My 9 o’clock was at the public health lab; my 11 o’clock was at a start-up company in the Research Triangle Park. Both interesting positions, both were associated with great teams, and both interviews went very well. Of course, I immediately weighed which job I would accept if I got two offers. It was truly a toss-up since there were some really nice points to each position. The tie-breaker came on my birthday, September 11, 2001. The tragedy of that day made the service aspect of the public health position outweigh the benefits of working with a start-up (i.e., higher compensation, less bureaucracy). Unfortunately, the wheels of authorization do move slower in government. On September 13, I received and declined the start-up position offer without assurances of being selected for the public health lab position. I was making a leap of faith that was ultimately justified after the first wave of anthrax letters was discovered. My journey into public health had begun as it continues – chaotic, eventful and wholly fulfilling.

The initial long hours of work responding to the anthrax attacks delayed my discovery of the field of public health laboratories, but as the turbulence of late 2001 subsided, an unexpected world was opened to me. My prejudices – my judging without knowing – regarding those tedious areas of the public health laboratory were destroyed by my observations around the lab. By talking to my colleagues in the different sections of the lab, I discovered the fascinating complexities of the public health laboratory science area. While they weren’t making basic scientific discoveries with which I had been previously involved at the university, the public health laboratory discipline held a myriad of questions waiting to be answered. Indeed, seeing the application of the ongoing science (trouble shooting, novel assays, even process management!) was surprisingly more satisfying to me than the basic research. I had a “Green Eggs and Ham” moment. I could not get enough of hearing about the issues in the TB lab or knowing my baby’s bloodspot card was rapidly working its way through the newborn screening lab.

I discovered that public health laboratory operations touch the lives of every person in a lab’s jurisdiction – this had a profound impact on me. From the safety of drinking water, to the screening of all infant children for serious diseases – public health labs directly affect my family and my community! I found it easy to be passionate about my new field. “Zealous” may be a better adjective.

I hope that sharing my experience and my shift in perspective encourages others to explore the activities and careers of their local or state public health lab. You may find that a career helping to improve the health of a population is something that interests you – it did for me!

Submitted by: Royden Saah, North Carolina Public Health Laboratory Bioterrorism Coordinator
WHAT’S NEW? No more recording temperatures each day!

When the North Carolina State Laboratory of Public Health (NCSLPH) and the Office of the Chief Medical Examiner (OCME) moved into the new facility at District Drive, we installed an automatic wireless temperature monitoring system. This type of system is becoming very popular with large laboratories, hospitals, pharmaceutical facilities, and other places where documented and constant monitoring of temperatures is required. There are several temperature monitoring products available that offer a variety of installation and monitoring options for different needs.

The product we installed works as follows: a temperature sensor is placed in the equipment to be monitored and connects to a battery-powered module outside the equipment. The module sends a wireless signal to a receiver that then connects with our LAN (local area network) to reach the client software on the server. Our system is programmed to record temperature readings at specific times (hourly for most equipment) and to send these temperatures to the receiver at specific times (every four hours for most equipment). These reading and sending times are programmable for each sensor/module. High and low limit alerts can be programmed for each sensor. To see the temperatures, the software allows users to view their designated equipment on a computer dashboard with color-coded lights that at a glance tell the status of the system (green for connected/no alert; orange for pre-alert status; red for limit alert). In addition, the system can be programmed to contact designated staff to respond to alerts by telephone, email, or text messaging. We pre-planned to have our system calibrated yearly by the technical service engineer, but it is possible to calibrate it ourselves.

Installing a large automated system is expensive, challenging and requires a lot of planning, but the reward is worth the effort. Currently we have 268 sensors active in both the NCSLPH and OCME areas. In addition to refrigerators, freezers, and incubators, we are monitoring room temperature and humidity and gas tank regulators. It has been difficult for our staff to get out of the habit of writing down temperatures every day and relying instead on a computer screen, but the system is gaining acceptance as staff become more familiar with the software. We are compiling low/high/average summary reports each month along with alert logs, but all temperatures are available for review as needed. We have had two -80oC freezers fail on weekends recently, and the monitoring system alerts enabled us to come in and move the contents so no specimens or reagents were lost.

We are still training staff and fine-tuning our alerts, but the automated monitoring system is already proving itself a timesaver for staff. Preventing the loss of a freezer full of expensive reagents also helps to off-set the cost of installing the system. Saving time and money are goals of most organizations today, and automatic temperature monitoring is contributing to that effort at NCSLPH.

Submitted by:
Karen Sanderson
NCSLPH Quality Assurance Manager
The Safety Corner

Laboratory Safety’s Top Ten List: Opportunities for a Safer Workplace

**Mercury Spill Kits**

**Emergency Phone Numbers**

We will address two topics on our Top Ten List in this issue. If you are keeping track, you may have noticed we skipped over a couple of topics on the list. Both Material Safety Data Sheets (MSDS) and electrical concerns have been covered in past Safety Corner articles. If you would like to read more on those topics, please see the December 2008 issue for “MSDS and Chemical Inventory” and the March 2011 issue for “Equipment and Electrical Concerns.” Keep in mind, MSDS has now become “SDS”, Safety Data Sheets. At the end of the year, SLPH will be providing a webinar series discussing the new Hazard Communication updates, including the terminology change from MSDS to SDS. All past issues of Lab-Oratory can be found at: [http://slph.ncpublichealth.com/forms.asp#laboratory](http://slph.ncpublichealth.com/forms.asp#laboratory).

Our first topic is “Mercury Spill Kits.” This may not pertain to everyone, but if you still have mercury in your facility, take note! A mercury spill kit should be available if mercury is anywhere in your building. Where might you find mercury? Everyone would guess thermometers, but there is also one other spot it may be hiding. Check your blood pressure cuffs. Older sphygmomanometers may have mercury in them. You do not have to get rid of these, but just make sure you have a spill kit on hand in case of an accident. Many people choose to dispose of the mercury containing products, however, because the spill kit tends to be more expensive. Keep in mind, these products need to be properly disposed of at household hazardous waste collection centers. Consult your local or state collection program regarding items taken.

The second topic for this issue is “Emergency Phone Numbers.” Each phone in your facility should have a handy list of essential safety personnel. The list may include:

- CPR/First Aid Certified First Responders
- Safety Officer
- Safety Committee representatives
- Spill response team members (if necessary)
- Poison Control
- Local Police Station
- Laboratory Manager

Also, include 911. It may seem like a number everyone should know, but in reality, it can be rather confusing. Many offices require a 9 to be dialed to reach an outside number; therefore, your 911 may actually be 9-911. If a patient or new employee has to dial out, that may not be known to them.

If you have any questions regarding safety, please contact Kristy O’Briant at kristy.obriant@dhhs.nc.gov or (919) 733-7186.

Look for the next installment of The Safety Corner when we will continue with the series, “Laboratory Safety’s Top Ten List: Opportunities for a Safer Workplace”!

*Article submitted by:*  
Kristy O’Briant, BS, Laboratory Improvement Consultant, NCSLPH
The employees at the North Carolina State Laboratory of Public Health (NCSLPH) and the Office of the Chief Medical Examiner (OCME) celebrated National Clinical Laboratory Week on April 22-26. Gift basket raffles and 50/50 raffles were held earlier to fund the activities for the week. A fun-filled and very competitive game day was held with hula-hoop, jump rope and tug-of-war contests! Employees also participated in activities involving baking, decorating lab aprons, and completing various puzzles. Roving reporters scoured the lab to interview employees and compile a hilarious video containing thoughts about co-workers and supervisors – all in fun, of course! A major theme of the week centered on wellness activities including yoga, Zumba® and nutrition classes. It was a very exciting week that provided a chance for employees to get to know each other better and partake of fun-filled fellowship during the games and activities!

**Who’s New in Public Health at NCSLPH?**

- Thomas Royster – Chemical Terrorism
- Lori McLamb – Environmental Sciences
- Lisa Smith - Virology
- Jason Clinton – Microbiology/TB
- Vilma Gonzalez – Microbiology/TB
- Dominique Torrence – Microbiology/TB

**Best Wishes to the following employees who have either retired or separated to pursue new endeavors:**

- Brenda Garrigues
- Justin Edwards
- Anna Carter
- William Butler
- Janet Smith - attending medical school at ECU
- Mattie Mayes – retiring
- Johnetha Williams – retiring
- Robert “Bob” Lasocki – retiring

**Congratulations to the following employees who have recently received promotions at NCSLPH:**

- Laura Tweed
- Kathryn Schnizler

**Congratulations to:**

James Parrish and his wife Martha on the birth of their baby girl!

Mr. Hari Patel, supervisor of the Newborn Screening Tandem Mass Spectrometry Lab for detection of amino acid, organic acid, and fatty acid disorders, has been selected to serve on the Association of Public Health Laboratories (APHL) Newborn Screening and Genetics and Public Health Committee. This committee provides guidance to the Association and stakeholders on matters relating to newborn screening and public health genetics as they relate to issues impacting APHL members.

Dr. Koon Lai, supervisor of the Newborn Screening Hemoglobinopathies and Cystic Fibrosis Labs, has been
appointed to serve as an expert member of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC) Laboratory Standards and Procedures Subcommittee. This subcommittee provides advice and technical information to the DHHS Secretary about newborn screening laboratory procedures.

**County Health Department News…**

Debbie Swaim is our lab tech here at the Davie County Health Department. However, her skills and abilities go way outside the boundaries of her lab job duties. You may find her consoling a crying child or reassuring a new mother. Her personality sparkles, and she is a bright spot to everyone she meets. She often draws blood for our patients while listening to their many concerns with compassion. She obtains samples from children while reassuring them and rewarding them with a sticker. Debbie is a team player with a positive attitude and juggles many things at once. She keeps our laboratory up to strict standards and also keeps it squeaky clean. She fills our rooms with supplies and anticipates our needs. Debbie works hard to keep our lab policies and procedures up to date and obtains lab reports at our request. She keeps accurate records and corrects us when we do not! The nurses and providers have more quality time with patients because Debbie assists them with referrals and getting ER reports. She helps anywhere in the clinic without being asked, just to help her coworkers out. This lab employee exemplifies professionalism and always goes over and above the call of duty. The staff of Davie County Health Department is very blessed to have Debbie as part of our staff. We say kudos to this outstanding employee and thank you for a job well done! We appreciate you, Debbie.

– Submitted by Donna Hicks, RN

Jessica Gentry, MLT-II at Person County Health department, gave birth to a baby boy, Holden Emerson, on June 3 and has decided that she would rather be a stay-at-home mom. This was her third baby, and they grow really fast. She will be missed and impossible to replace, but we wish her well. We will keep in touch!

Kim Griffin chairs the Safety Committee at Person County Health Department and serves as the Safety Officer. The facility was re-certified as a Carolina Star Site-Public Sector by the North Carolina Department of Labor in June. This program recognizes state agencies and local governments for their leadership and success in providing a safe and healthy work environment.

– Submitted by Kim Griffin

Candice Jones became the new lab manager for Davidson County Health Department in June. She is a registered nurse who has served as a clinic nurse since February. Jennifer Bacon, who started last November, is the new lab technician.

– Submitted by Cindy Harris

If you would like to share any news about your fellow co-workers or upcoming events for the next issue, please contact Angie Bradley at 919-807-8745 or email me at angela.bradley@dhhs.nc.gov.
Looking for Continuing Education?

Check out some great online self-studies from the State Lab!

**Microscopy Skills Training**
http://slph.adobeconnect.com/onlinemicroscopy/

**Chlamydia/Gonorrhea Vaginal Specimen Collection and Form Training**
http://www.quia.com/pages/cmiller20/chlamydia

**Rabies Packaging and Shipping**
http://www.quia.com/pages/cmiller20/rabiespackandship

**Newborn Screening Specimen Collection and Form Training**
http://slph.adobeconnect.com/newborn/

**Urine Microscopic Examination**
http://slph.adobeconnect.com/urinalysis/

**Understanding the Basics: The Gram Staining Process**
http://slph.adobeconnect.com/gramstain

Coming Soon! Waived Testing series!
- Good Laboratory Practices in Waived Testing
- What’s CLIA Say about Waived Testing?
- Understanding the Package Insert

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CUSTOMER SERVICE TIPS

Be a DOUBLE-CHECKER. Everyone loves it when you double-check something for them. Even if you’re pretty sure the item is out of stock or the appointment is filled or there’s no room available, it sounds so good to hear, “Let me double-check that for you.”