



Histology Group of Victoria Inc.

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Editor: Neil O'Callaghan

"The HGVI aims to provide a dynamic continuing education program in which all persons with an interest in Histology and Histotechnology are freely invited to participate."

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Please feel free to contact any of the committee members listed above with any comments or suggestions. Contributions from readers are always welcome.

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Submissions:

Author enquiries and readers wishing to contribute articles or reports can contact the Editor – Neil O'Callaghan (98151588), email: editor@hgv.org.au or post directly to

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Victoria 3066
Australia

Please send articles on floppy-disc (preferably Microsoft Word format) for inclusion in the next edition.

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From The Chair: A Blurb from the Bush

CUT-UP – Yes Please

The HGV has been listening. Last year after the One Day Seminar in Geelong – the committee went through the post seminar surveys kindly completed by our members and discovered that the main comment from those that attended the basic cut-up workshop was the need for an intermediate cut-up workshop. So that is what we did. August 7th saw over 115 registrations for the intermediate cut-up workshop, which highlighted skins, appendix and gall bladder. Cut-up is an area in which scientists are not traditionally trained at an undergraduate level, yet is becoming a critical component of our professional lives. The editor would love some feedback as to the success or otherwise of the evening from those that attended and whether further workshops of this kind would be worthwhile for other tissues. Likewise – should RMIT or like universities include cut-up as a component of undergraduate Histology study?

Contact the editor on editor@hgv.org.au and have your say!

Our July scientific meeting was on Melanoma, and due to a late withdrawal was competently presented last minute by Dr Andrew Ryan. Andrew was also involved in the Cut-up workshop, thus we are very grateful for the ongoing support that he has given the HGV in recent months.

Our trivia night was not as well supported as recent years, but nonetheless was a very enjoyable whilst competitive evening. We have heeded the feedback regarding the location of the night, and will be seeking a suitable venue closer to the CBD for next year. A great thankyou to Maria Chavez for her wonderful organizational skills, and to Greg Jenkins for his third successive performance as Master of Ceremonies.

The AIMS National conference registrations are now open, and has a Histology program proudly constructed by the HGV – so you know it will be diverse and of high quality – so get onto your boss for a registration. **BUT** more importantly don't forget to get in early for the histology social dinner. This is being run through the HGV not AIMS, so see this newsletter for a registration. The night will be at a Greek restaurant so no doubting plenty of Zorba to kick your heels too.

Our next scientific meeting is in September and focuses on the RCPA QAP on H&E. The HGV is keen to get the RCPA involved routinely in a column in Paraffinalia and in presenting at our scientific meeting, as this is the crux of our core science.

If anyone has any topics they would like us to include in next years program, feel free to email any of the committee with your suggestions. Planning for 2009 will start soon.

Adrian Warmington
President.

Workshop Feedback & Prize Winner

The HGV wish to thank everybody who attended the Intermediate cut up workshop, 2 weeks ago. The response was amazing and so was the feedback. I would like to give special thanks to our two sponsors **HD Scientific** and **TekMed**, because without the help of our sponsors we probably could not hold such meetings. We are also indebted to our speakers Wendy Whalen and Andrew Ryan, who both gave up their own personal time to present this workshop.

We bribed you to fill in your feedback forms, with the offer of a JB voucher, but want to thank you for participating, because we are committed to using the feedback to help professionalizes the workshops we present to you. Speaking of feedback forms and winners, we would like to congratulate

Jennifer Donnelly from Dorevitch Pathology.

Have Your Say:

The HGV asked the question **“Where have all the good people gone?”** ...and previously discussed the changes to the specimen **retention times**.....This is what our readers had to say.

Dear HGV

I thought I would send in some thoughts on this subject from a different perspective. The Histology Facility at the University of Melbourne is in the unique position of being heavily involved in research, supporting Undergraduate teaching and providing postgraduate training, whilst still maintaining a diagnostic service.

During the past six months the Histology Facility has inducted and trained just under 40 staff and students in Histological techniques, both frozen and paraffin. (these numbers remain fairly constant) All training is provided by Histology staff, all of whom are RMIT Med. Lab. Sci. graduates. No one is given access to the Facility until this prerequisite is met. Training sessions are held approximately every fortnight with no more than 4 trainees per group. Yes, this is currently serving the research community, but who knows where they may end up in the future.

Have Your Say!

It is disappointing that the NPAAC Guidelines for retention of paraffin blocks have been relaxed and reduced to only 10 years. The paraffin blocks produced and stored in histology departments world-wide are invaluable sources of material for tests, some of which may not yet have been invented. We as custodians of this vital material do

I have also been in the fortunate position of hiring a final year Med Lab Sci student to fill a maternity leave vacancy. She came with glowing recommendations from her work placement year and I have not been disappointed. My only regret is that due to her study timetable, she can't spend more time with us! If this is the caliber of Histologists that Janine and her team at RMIT are producing, then our profession is in good hands.

"Where have all the good people gone?" I suspect they're still out there, we may just need to change our focus!

Faye

Faye Docherty

Histology Facility Manager
Departments of Anatomy/Cell Biology & Pathology
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not have the right to dispose of it. I can quote at least two examples of why we should keep it. Some time after the Bali bombings, when our own forensic scientists were involved in identifying victims, the laboratory where I was employed was requested to supply paraffin blocks for DNA analysis to assist in identifying a victim. There is every chance these blocks were more than 10

years old, and if NPAAC had their way, we would not have been able to comply with the request to provide the material. I would not like to be the person relating that sorry piece of information to the grieving relatives.

Where I am now employed, a large private pathology laboratory, we are regularly required to provide paraffin blocks for testing for familial cancers, of several varieties. Many of these cases are more than ten years old. This type of testing is essential for our colleagues to gain a greater understanding of the mechanisms of familial cancers, and again, I would not like to be the person relating the information to the patient that we've thrown out the tissue samples that they want tested.

Where have all the good people gone?

Well apart from those who have disappeared into the black hole now known as "Leica-Microsystems", we're all still here, in fact we never leave the laboratory!

There is a world-wide shortage of histology scientists, as well as pathologists, but apparently this is not discipline-specific and is reported in all areas of medical science. There is a distinct shortage of medical scientists in full time employment aged between 25 and 40. This is because most are females, and these are the years when they're busy with children!

In the case of histology in Victoria, we are still suffering the effects of the Histology major not having been run at RMIT for several years, and it will take some time to make up the shortfall. The

issue here was attracting potential histologists to the career.

There is also a significant number of small boutique-laboratories springing up, attracting staff from larger more established laboratories, adding to the strain on already - stretched human resources.

Medical science in general, and histology in particular, is a growth industry. The longer the population lives, the more likely a certain percentage of it is to develop health issues, particularly tumours, so the need for pathology testing increases. Histology is a labour intensive form of pathology testing and as such really can't be compared with other areas. When the need for histological testing increases, so does the need for appropriately trained histology practitioners. There is significant risk of burn-out occurring amongst the more senior and experienced histologists. Histology scientists are taking on more of the role previously traditionally fulfilled by pathologists and registrars, namely cut-up, thus creating more need for appropriately trained and experienced histologists.

Many histology laboratories these days (and nights) are staffed right across the 24 hour period, creating opportunities for those who wish to work more than one full shift per day. However, not everyone wants to work evenings and nights and these are traditionally the most difficult shifts to cover.

Judy Brincat

Email your thoughts to editor@hgv.org.au along with your name or pseudonym, as we would like to publish some of your responses in our forthcoming editions. Or pose a question, what would you would like see discussed.

Editor

Do you want eMail Reminders?

The HGV is currently constructing a database of members email addresses which will be used for meeting reminders, employment opportunities and upcoming specials events. If you would like to be included then please email Adrian Warmington at adrian.warmington@sjog.org.au with the word DATABASE in the subject window. Members can be assured that they will not receive any advertising.

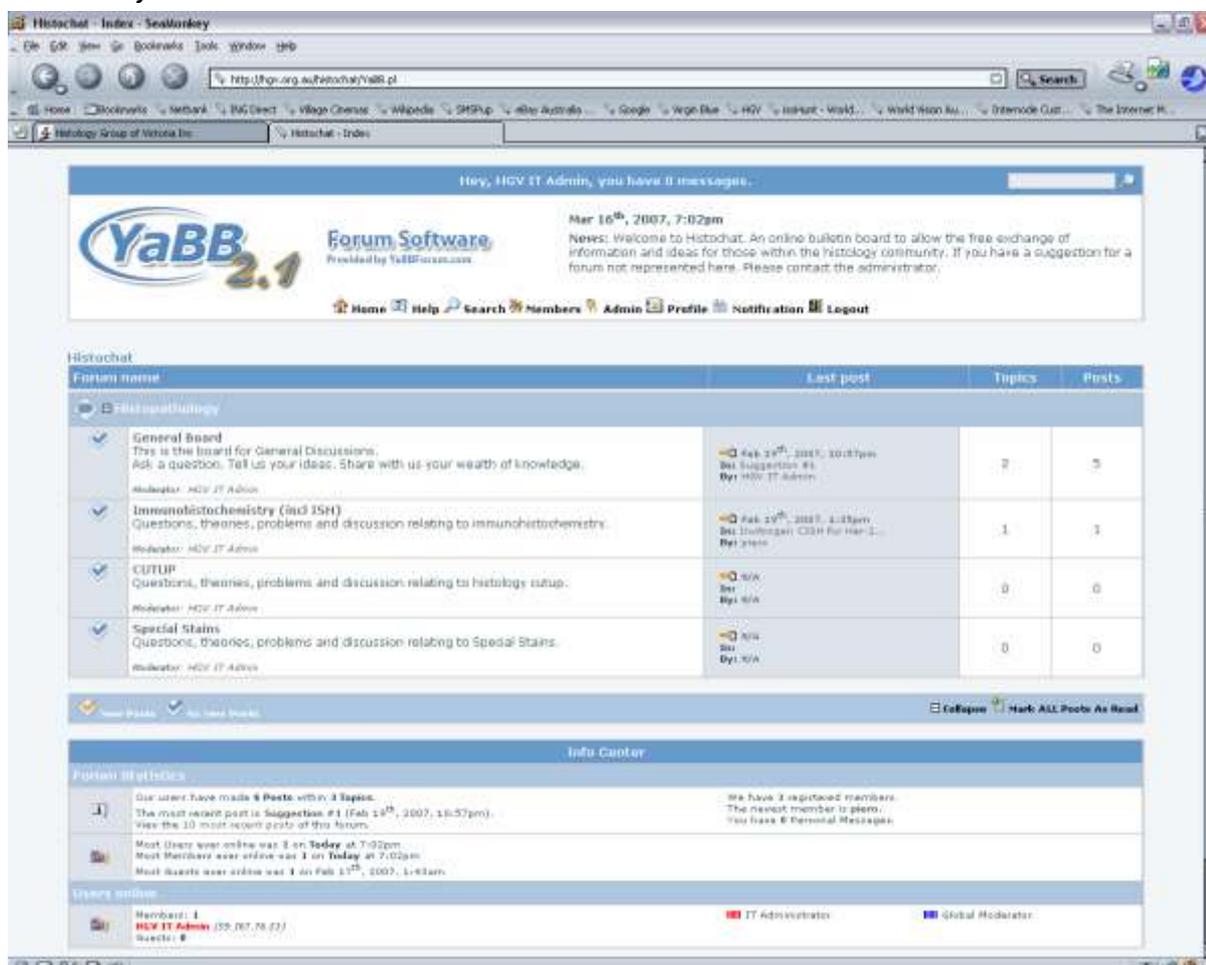
HistoChat:

HGV Inc. has introduced a bulletin board style discussion forum to their website - www.hgv.org.au. We hope this bulletin board "HistoChat" will become a forum for the open exchange of information and ideas within the histology community.

Registration is required, as is email authentication, to access *HistoChat*. No subscription fees are required and email addresses are used for correspondence and verification only. Registration is open to all. Students and junior staff are encouraged to participate. Free email clients such as hotmail may treat your authentication email as SPAM or JUNK MAIL, please check these folders if your authentication email does not arrive promptly. Authentication email needs to be responded to within 24 hours of registration. To those with online forum experience navigation should be relatively straight forward.

For those who need a little guidance YaBB have put together a step by step guide at www.yabbforum.com. Click on the "**Get Support**" link then click on "**Yabb Integrated Help**" There's no direct link on our web site as Yabb block direct linking to their help pages.

The forum layout is shown below:



There are a few broad forum topics. It's up to you to expand on them, ask questions, answer questions or just tell us your ideas. You can even upload images to assist with your discussions.

Sean Phefley, HGV IT Support

Nomination Form for Election

To the committee of Management

Of The Histology Group of Victoria Inc



Histology Group of Victoria Inc.

Thursday 13th November 2008 Peter M^AcCallum Cancer Centre

Nominated Person

Institution.....

Email Address.....

Position Nominated For
(please Tick Box)

- | | |
|------------------|--------------------------|
| President | <input type="checkbox"/> |
| Treasurer | <input type="checkbox"/> |
| Secretary | <input type="checkbox"/> |
| Committee Member | <input type="checkbox"/> |

All nominations must be signed by two HGV members
(If you receive Paraffinalia you are a member)

Name of MemberSignature.....

Name of MemberSignature.....

Nominations must have the consent of the nominee

Signature of Nominee.....

Nominations must be returned no later than Monday 27th October 2008

Please send nomination form to:

The secretary
Histology Group of Victoria
PO Box 1461
Collingwood
VIC 3066

Meeting Report:

Histotechnology Group of QLD Inc. 2008 Conference
May 3rd & 4th, Crowne Plaza Hotel Pelican Waters
BACK TO BASICS

The keynote speaker for this excellent meeting was Bryan Llewellyn, a biomedical scientist with 40 years experience, and the administrator of the StainsFile web page. He spoke on several topics during the course of the weekend, including Haemalum, and trichrome staining. His presentations related directly to information on the website, from which hand-outs could be downloaded. His answer to "What is a good H & E?" is.... "What the pathologist wants, because they take legal responsibility for the diagnosis".

Trichrome staining was discussed at length, comparing the four common types of methods in use: 1) combining two or more dyes in a simple aqueous solution, 2) combining two or more dyes in solution with a polyacid, 3) sequentially applying solutions of individual dyes using a polyacid to differentiate and resist, and 4) staining from an aqueous solution then differentiating and counterstaining with a dye in a low polarity solvent. Each type of method has its advantages and disadvantages, and several factors influence the behaviour of the components of these staining reactions.

Janette Thurley "re-introduced" the concept of fixation, and reminded us of the basics, cross-linking fixatives stabilise protein to maintain morphology, but subsequent dehydration does not coagulate protein. Parched earth artefact results from tissue being inadequately fixed, then plunged into hot alcohol! The first phase of fixation involves the fixative diffusing into the tissue to reach a concentration capable of achieving fixation. This takes four hours for tissue 2mm thick, but can be accelerated by heat. Microwave fixation coagulates tissue, and works best with formalin-saturated tissue.

Shou Chen and Meri Basa described their method for processing whole eye specimens. Due to the delicate structure and variety of tissue types present in a whole eye specimen, or globe, a unique approach is required to achieve optimal architectural and morphological representation. The specimens, once examined are dissected to produce a calotte, separate section of optic nerve, and the remaining whole specimen, which is processed by hand. The hand processing itself can determine the length of time taken to produce stained sections. Whole eye specimens can be generated for several reasons, including tumour (melanoma, SCC), trauma or a blind and painful eye. In producing paraffin sections from a large block of tissue contain a variety of tissue types such as lens, sclera (very dense fibrous tissue), nerve and muscle, it is a real challenge, and once mastered, a fine art, to produce a high quality paraffin section, virtually wrinkle-free and with all layers intact.

Dr Robin Cooke delivered a fine presentation essentially about a life-long collection of photographs of pathology specimens, both macroscopic and microscopic. He underlined the value of excellent photographs for teaching purposes such as clinic-pathology forums and lectures, case records and for publication. As one might expect from someone who has spent a life-time perfecting photographic techniques, Dr Cooke shared many tips on how to achieve high quality macroscopic and microscopic images. Don't forget to remove the lens cap!

I don't know what possessed me to agree to speak about carbohydrates, however, in the context of "Back to Basics", there's nothing basic about mucins, in fact they're either acid or neutral, and are the other entity considered along with glycogen under the umbrella of carbohydrates. Even with the explosion of immunohistochemical testing now available, the evaluation of carbohydrate histochemistry, H & E and IHC all combine to more precisely identify tumour type and origin. Essentially, the PAS and Alcian Blue stains used individually and together are still vitally relevant in today's diagnostic histology laboratory.

Ted Ditchmen enlightened us with LEAN principles as they can be applied to the Histopathology laboratory. Principles include: the reduction of time and cost for all processes while improving quality and productivity and minimising waste, stock and errors. Produce what is needed, when it is needed and in the right quantity. Separate work done by humans and machines and aim to increase efficiency,

improve ‘Turnaround time’, reduce the patient’s hospital stay and remain competitive. The current climate in histology reflects an increase in demand (work volume) and a shortage of labour.

Leigh Owen recounted his experiences in setting up a histopathology laboratory in the Solomon Islands, post “un-rest”. Prior to a laboratory being set up in Honiara, tissue samples were sent to Queensland for processing and evaluation. Leigh’s role included procuring equipment, consumables and training for staff in all aspects of specimen handling for histopathological examination.

Julian Richardson delivered his delightful presentation entitled “The Histology Laboratory of 1885” which many readers will have seen at the NHM Melbourne 2005. A précis of his talk would not do it justice, suffice to say he reminded us of the true art of our science, and illustrated culture and innovations in histology prior to the introduction of the rotary microtome. Techniques and materials used in the 19th century along with famous and infamous “scientists” were also illustrated.

David Gan gave us a few clues on how to resurrect a muscle biopsy that suffered all kinds of trauma during initial freezing and transportation to the laboratory. Ice-crystal artefact results from excess fluid associated with the tissue in combination with a slow freezing technique. Specimens so affected can be retrieved by thawing at room temperature, removing excess moisture, re-orientating if required, and re-freezing. The size and shape of the specimen return, enzyme histochemistry and immunohistochemistry are minimally affected, and the myofibrillar network is restored. There can be some rounding of the fibres, the muscle may be difficult to orientate, and as this process takes time, there is a delay.

Sue Campfield illustrated the benefits of using techniques some may describe as “outdated” in solving two neuropathology case studies. She compared Bielschowsky’s silver stain to the IHC technique using Glial Fibrillary Acidic Protein (GFAP), and Congo Red versus Tau.

Molecular Histopathology was discussed by Georgia Stamaratis, in particular its relevance to improved tumour diagnosis and classification, and thereby improving the success and efficiency of subsequent treatment. It is possible to “tailor” specific treatment for a particular patient based on molecular pathology. She also encouraged potential delegates for the AIMS NSM being held in Melbourne in October 2008, by introducing the topic she will be presenting.

Kellie Madigan presented case studies from East and West Timor that although the “tumours” were pathogenic rather than pathological, relied on histology for diagnosis rather than microbiology.

Christopher Ozga walked us through setting up a microscope for optimal Kohler illumination, emphasizing the need for correct adjustment and basic maintenance to achieve improved microscopy. Once established, microscopy can be improved with better optics. Digital imaging has of course streamlined the process of capturing microscopic images for records and presentations, but is just as reliant on good microscope technique as were previous methods.

Susan Bell read an article review in *Paraffinalia* that described a “new” approach to the handling of Bone Marrow Trepine specimens. With the co-operation of the Haematologists and Anatomical Pathologists, she was able to trial a method that was different to that in current use, and on the results of the trial, successfully implement a new procedure.

The final presentation in an excellent series was from Kim Szczepanek, who is clearly a disciple of solvent and formalin recycling. She described the benefits of the process, which include cost savings in both disposal of used reagents and use of consumables (if you’re recycling, you don’t need to purchase as much!) and also environmental benefits, largely associated with disposal. Depending on local regulations, the need for recycling could become inevitable!

Congratulations to the organising committee and the Histotechnology Group of Queensland for hosting an excellent meeting, complete with luxurious accommodation and sumptuous fare in glorious tropical surroundings!

Judy Brincat

Dorevitch Pathology.



AIMS National Meeting 13th to 17 October 2008

Early Bird Registrations Close

Monday 1st September 2008

Histology Content

For full program see <http://www.aims2008.com/>

Prof Karen Burg (45 min)	Biomedical Engineering
Histology	
Prof Donald Metcalf (30 min)	Using Mouse Models to Understand How Myeloid Leukaemia Develops
Dr Melanie Trivett (30 min)	IHC
Mr Piero Nelva (30 min)	IHC
Dr Maria Sarris (30 min)	Stem Cell Markers in Ocular Tissue
Ms Kate Taylor (30 min)	The Histologist's Role in Industry R&D
Ms Sue Campfield (30 min)	Liver Transplantation
Ms Georgia Stamaratis (30 min)	Sarcomas and FISH
Dr Jacqueline Boyd (30 min)	Practicing Medicine in Developing Countries
Dr Sarsha Collett	CT Scanning & its applications to Autopsy
Ms Penelope Whippy (30 min)	Myelin Reviewed - A New Look ad an old Pal
Dr Anne K Voss (30 min)	The Genetic Regulation of Cerebral Cortex Development
Ms Dominique Davidson (30 min)	Hydatidform Moles: an Update
Prof David Finkelstein (30 min)	Histology & Research: Alzheimer's, Parkinson's & Brain Repair
Prof Karen Burg (30 min)	Engineered Tissues: Challenges in Histology
Dr Janine Danks (30 min)	Innovation in Histopathology Teaching
Ms Vicky Schiavon (30 min)	Meeting the Challenge
Cytology	
Ms D Reich (30 min)	Review of Thyroid FNA Cytology
Ms Dominique Davidson (30 min)	Searching for Placental Clues / Retinoblastoma in an Eye Wash
Mr Stuart Dobson (30 min)	The ThinPrep® Imaging System - An Automated Approach to Cervical Cytology

Don't miss the Frozen Section Workshop



Histology Group of Victoria Inc.
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“Racing into the Future”

HGV/AIMS Workshop
Thursday 16th October, 1.30pm
Aikenhead Wing, St Vincent’s Hospital

Trouble Shooting Frozen Sections

Cryostat Maintenance

Alex Laslowski
Anatomical Pathology
Monash Medical Centre

On-Site Frozen Sections

Focus on Ice Crystal Artefact

Maria Chavez
Anatomical Pathology
Monash Medical Centre

Off-Site Frozen Sections

Atha Palios
Anatomical Pathology
St Vincent’s Hospital

**Frozen Sections for
Moh’s Surgery**

Clyde Riley
Baker IDI Heart and Diabetes Institute

Cost: \$80.00

TO REGISTER: Follow these steps.

www.aims2008.com

Select “Registration”

Select “Register now”

Complete the contact details section.

Scroll down to “Workshops”

Scroll to “Thursday 13.30 – 17.00”

Select “St Vincents”

Select “Histology- Trouble shooting Frozen Sections”

Scroll down to “Payment Details” and complete.

Submit

Registrations close Thursday 9th October



AIMS 2008 NATIONAL SCIENTIFIC MEETING "Racing into the Future"

HISTOLOGY DINNER

Hosted by the Histology Group of Victoria Inc.
Sponsored by Arthur Bailey Surgico

WEDNESDAY 15TH OCTOBER 7.00PM

**Kri Kri Mezethopoleion
39-41 Little Bourke St
Melbourne
9639 3444**

\$50 per person all inclusive

Name:.....

Address:.....

Phone:.....

E-mail:.....

Number attending:.....

Make cheque or money order payable to:
The Histology Group of Victoria Inc.

Mail to:
HGV
PO Box 2226
Ringwood North
Vic 3134

Or
Direct deposit
Account name: Histology Group of Victoria Inc
Branch: St Vincent's Hospital Victoria
BSB No: 063449
Account No: 10065881
PLEASE INCLUDE YOUR NAME

Cut Up Workshop Review:

Surgical cut up of skins. *Reported by Maria Chavez.*

When performing surgical cut up of skin lesions, the first thing to consider is to determine if it is an incision or excision biopsy. Secondly, is dissection required? and if so, what is the best approach to offer the most valuable information for diagnosis.

Skin excisions can be of varying sizes and shape, however the most common shape is the skin ellipse.

The general order for describing skin excisions is as follows, describe:

Shape and dimensions of the skin (LxWxD).

Position of the lesion.

The edges, surfaces and profile (ulcerated/pedunculated).

Pigmentation (colour/dimensions).

Margins marked.

How was it processed (whole, bisected, trisected, transverse slices)

Number of blocks submitted.

It is of utmost importance to demonstrate the resection margins, particularly the margins closest to the lesion, this is often done by painting with ink or marking dyes.

Orientated skins:

Orientated skins are marked with a suture or nick along one margin. Orientation may be provided by the referring doctor, site of the specimen and or a feature of the specimen for example hairs from a hairline or eyebrow. If the orientation is not provided you can assume 12:00. Skin lesions that are orientated with a suture or nick must be sliced in a way that each slice can be orientated relative to the position of the suture/nick. When describing orientated skins describe the position of the suture/nick and mark the margins using two colour dyes so as to ensure the orientation. A diagram is often helpful.

Excisional skin wedges

Skin wedge samples can be excised from the lips, eyelids and ears. When describing wedge samples, describe:

The features of the wedge.

Measure the dimensions.

Orientate the sample using marking dyes and describe the orientation as it appears on the patient eg

Right side/ left side.

When sampling the wedge, take central and end slices.

As with orientated skins, a diagram is often helpful.

Summary

Some important points to consider for the surgical cut up of skin specimens; where practical submit all of the specimen as this will provide maximum information to the reporting pathologist. Describe what you see and how you have handled/processed the specimen by drawing a diagram. Identify/demonstrate the resection margins, ensure orientation by using two different colour marking dyes/paints. Beware of using silver nitrate to paint your skin excisions as this may interfere with a diagnosis of silver nitrate melanoma. Always look for nicks regardless of whether it has been mentioned in the clinical notes or not.

Future Scientific Meetings:

2008:



Histology Group of Victoria Inc.

4th September

Scientific Meeting - RCPAQAP H&E

Venue- Peter Mac

Sponsor



13th -17th October

AIMS National meeting Melbourne, including

Early Bird Registrations 1/9/2008

<http://www.aims2008.com/>

16th October

Frozen section Workshop

Venue: St Vincent's Hospital

Early Bird Registrations 1/9/2008

<http://www.aims2008.com/>

13th November

Scientific Meeting -Infectious Disease & AGM

Venue- Peter Mac

Sponsor



Grand Finale

HGV Xmas Party 2008 – TBA

see our website www.hgv.org.au for pictures of Xmas 2007



The Histology Group of South Australia

Is Proud to Present



www.nhc.org.au

Workshop 1

Dr. Craig James

**Surgical Grossing Of
Skin Specimens**

Workshop 2

Dr. John K C Chan

**Immunohistochemistry -
Technical And
Interpretation Pitfalls**

Keynote Speakers

**Dr J K C Chan – Immunogenetics Of Tumours,
Achieving New Heights By Immunohistochemistry**

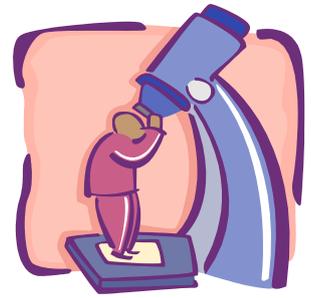
**Dr J Robin Warren – How A Lifetime's Work With Helicobacter
Pylori Led To A Nobel Prize In Medicine**

Friday 8 th May	10:00	Workshop 1
	13:00	Workshop 2
	18:30	Trade Opening with Cocktail Party
Saturday 9 th May	09:00 - 17:00	Plenary Sessions
	18:30	Pre-Dinner Drinks
	19:30	Conference Dinner
Sunday 10 th May	09:30	Plenary Sessions
	14:00	Finish With Late Lunch

Under the Microscope:

reported by Neil O'Callaghan

David Clouston
Anatomical Pathologist
Tissupath and Austin Pathology



1. What was your first job?

I worked as a dishwasher at a pancake restaurant. There was already a “David” in the organisation, so they used my middle name which is Robert. Unfortunately I became “Bob the Dishwasher” but I really enjoyed the company of the people with whom I worked.

2. What attracted you to Histology?

I was working as a medical registrar and hating my job. Looking for a new career, I noticed that the pathology registrars were always heading for the carpark and home at 5pm. So, I followed their lead.

3. What is the worst decision you have ever made?

I bought a terrace house in Sydney with rising damp. While installing the new damp proof course, the termite damage was so bad all the floors had to be removed. The money then ran out, so I was living in a house in Sydney with a dirt floor (ie the ground) and no kitchen. I knew then I had made a very bad decision.

4. What is the best decision you have ever made?

Joining Tissupath and taking a sessional appointment at the Austin. It combines everything that is good about pathology in the public and private systems. And I am working with wonderful people in both organisations.

5. Who would you most like to have dinner with and why?

I know it sounds clichéd, but if it has to be anyone, it has to be Barack Obama. He is inspiring the world with a new vision, and people everywhere are already responding to it. If he becomes president, he will be in one of the few positions in the world where a person really can make a difference. I want to experience the “vision thing” first hand.

6. What music do you enjoy listening to?

As a dinosaur, I have reached the age of listening to talk-back radio. As far as music goes, you can't beat a good Sondheim musical.

7. What is your favourite stain?

Martius Scarlett Blue. The clash of blue and red can liven up any day.

8. What is your favourite food/Restaurant?

Indian take-away from Flavour of India in Prahran. I have it most Friday nights and part of the enjoyment is that it signifies the start of the weekend. For a special occasion, it has to be lunch at the Stokehouse with drinks on the verandah.

9. What are you reading at the moment?

Rick Eckersley's garden design. I am biting the bullet and ripping out the lawn and replacing the garden with an outdoor “room”.

10. What is the best conference you have ever attended?

A Scientific symposium course in surgical pathology in Hawaii. It was lectures in the morning, swimming in the afternoon and Mai-tai's at sunset. It was all work AND play.

11. Are there any current projects you are working on at the moment?

Trying to be more environmentally responsible. Sadly, it seems the climate is changing faster that I am.

Histology Employment:

Position at CSIRO Australian Animal Health Laboratory

Histology Technologist

CSIRO is Australia's premier research body, delivering innovative science for the benefit of Australians. The CSIRO Australian Animal Health Laboratory (AAHL) has a national and regional role in the diagnosis of emergency and zoonotic infectious diseases of livestock and other animals, and to carry out research to support development of improved diagnostic procedures. This responsibility extends to provision of ongoing analysis of pathogen isolates, monitoring and characterization of the biological significance of strain variation, and assisting in the establishment of disease freedom.

We are seeking a Histology Technologist to join the Australian Animal Health Laboratory (AAHL) in Geelong. The position requires an experienced laboratory technologist with knowledge of histology procedures who will provide assistance to diagnostic and research activities within the microbiologically contained area of AAHL. The successful candidate will be required to supervise AAHL's histology laboratory team, and to perform duties including routine preparation of histological sections, immunohistochemical staining, development of new immunohistochemical tests and tissue staining methods, and maintaining and improving the laboratory quality system. The position will support and provide expertise to teams dedicated to the efficient delivery of diagnostic and research outcomes under broad strategic directions and must comply with strict microbiological security requirements.

The closing date is 31 August 2008.

For further information visit our website at www.sciro.au/careers and quote reference number 2008/826, or call 1300 301 305.

Check out our website www.hqv.org.au for jobs advertised all year round.

Advertising here and on our website is FREE!

Email editor@hqv.org.au to advertise

Histology Classifieds:

Equipment For Sale

Medite TCP15 Duo Tissue Processor

Two independent cycles can be run at the same time allowing up to 200 cassettes on each. Reduced volume of processing reagents, fully adjustable programming, fan fume extraction. Supplied with 2 baskets, manual, spare memory card and full service history.

Price: Negotiable

Contact Sue Sturrock, Peter MacCallum Cancer Centre 9656 1431,
sue.sturrock@petermac.org

-----CAN YOU HELP?-----

A hospital lab being established in Cambodia needs old Sirokeen knife sharpening equipment. If you have a light box, knife holder or Ruby stone gathering dust in the back of a cupboard and would care to donate it for a good cause please contact Kathy McIntyre on 9890 7529 or 0400 946 052.

Looking to sell old laboratory equipment ?

Looking to Buy second-hand gear ?

Advertise your requests here FREE!!

Would you like to get fast updates for Histology

- *Positions vacant*
- *Conference registration*
- *Scientific meeting reminders*

The HGV members email database is the way to go!

Simply email your name and email address to membership@hgv.org.au

No trade or other advertising will come your way – strictly HGV or HGV sponsored events

Next Scientific Meeting:



Histology Group of Victoria Inc.
Org. No. A0035235F

Who Are We to Judge?

Speakers: Erin Little – Quality Representative
Sonya Prasad – Technical Manager
RCPA Quality Assurance Programs,
Burwood

Date: Thursday, 4th September 2008

Time: 6:00 – 6:45 Refreshments
6:45 – 7:30 Presentation

Venue: Peter MacCallum Cancer Institute
7 St. Andrews Place
East Melbourne

Presentation: Brockhoff Lecture Theatre
Level 3, Smorgan Family Building

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Attendance at this meeting contributes to APACE points