Histology Group of Victoria Inc.

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Editor: Neil O'Callaghan

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

Committee Page:

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Advertising:

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1st October 2008.

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Submissions:

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Please send articles on floppy-disc (preferably Microsoft Word format) for inclusion in the next edition.
All articles submitted for publication will then become the sole property of the Histology Group of Victoria

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From The Chair: A Blurb from the Bush

DO YOU WANT A SAY?

The HGV has been bringing education to histologists for many years, and we are proud of how we have developed the group. But the modern Histology laboratory faces new technologies and plenty of challenges, not in the least are the quantity and quality of new medical laboratory scientists. The HGV is attempting to develop a voice for Histologists. We want to know what your issues are. We can keep doing education on the quality of staining and some warm and fuzzy talks on interesting diseases, but is that what you need. Through our newsletter we would like to start by publishing some of your thoughts about issues confronting the histology laboratory, and perhaps use these to tailor our presentations to you in the future. We need to ensure that the scientific art of Histology is maintained from our universities to our public, private and research institutions at the highest and most modern quality.

Contact the editor on editor@hgv.org.au and spill your guts!

Now for those who did attend our latest scientific meeting, which showcased some of our young scientific talent in both Histology and Cytology, you will no doubt have been amazed at the performance of the final speaker for the evening. Kristi Milley bravely ventured directly from Hospital in Geelong having just had a splint placed on her suspected broken leg to the lecture theatre at Peter MacCallum (driven by a colleague) to present. Dedication personified. Well done Kristi. The meeting attracted 58 members of both the HGV and ASC to what has become one of our more popular meetings of the year.

Now as I have promised the AIMS National meeting in Melbourne is on in October. I know that information and registrations are not bounding down our doors despite it only being 4 months away, but I am sure AIMS knows what they are doing and will with poise and grace deliver these to you soon. The HGV has organised the Histology component, which comprises plenary speakers, frozen section workshop and a discipline dinner. Costs are still a mystery, but we have managed to keep the price of the dinner down, and you all know that HGV organised dinners are the highlight of any conference so get in quick when details eventually arrive.

The trivia night is fast approaching – new venue – new questions – but still limited tables, so don't be late and miss out on a table, as all of them sold out last year. Our next scientific meeting is on Melanoma, the whole pigmented truth, so look for the meeting notice in this edition.

So many glorious options for you to learn and socialize with your colleagues.

Adrian Warmington
President.

Have Your Say:

The HGV has received a question from one of our members **"Where have all the good people gone"**, my initial response was to ***Vision*** with all the others!!! This raises an interesting discussion. I personally have found it difficult to find experienced staff and staff willing to work evenings. What is this saying about what's happening in our industry? Is there enough of us to go around? Who is doing all the training? Are we all sitting back waiting for the other guy to do it? Are our expectations too high? or is everyone burnt out? What are your thoughts? Do the histology courses meet our needs?

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 forth coming editions. Or pose a question, what would you would like see discussed.

Editor

From the RCPAQAP:

RCPA Quality Assurance Programs Pty Limited

L-R Jeyanthi,Ann,Erin,Margaret

Sonya

Pat

In recent weeks at the Anatomical Pathology QAP we held the assessment meeting for the H&E technical exercise. Leading up to meeting, we booked flights and accommodation for committee members, arranged catering, printed paperwork and organised submitted slides. After an initial briefing and review of control slides, the committee loaded up on sugar (the bowls of mints disappeared very quickly) to fuel us for three intense days of marking. With over 240 slides to critique we were pretty keen to get going quickly and keep up a steady pace. I was the driver of the microscope for this meeting and with a bit of experience last year, the P-plates were thrown off and my seatbelt firmly fastened. You can see from the photos that we like to keep our committee happy so they will return for more punishment. We all went for a meal together and this time it ended in

food being thrown around the table -by the teppinyake chef- but the wine certainly helped wash away the trials of the day.

L-R: Paula Kasapis, Joe Mcdermott, Geoff Rolls, Margaret Dimech, Viktor Svarcs, Joe's wife-Sandy, Grant Taggart, Sonya Prasad & Leanne Giles

L-R: Tony Riley, Sue Jones, Irene Giouzeppos, Martyn Peck

As I write this Sonya is getting her head around Microsoft Excel to make sense of the multitude of different answers to the fixation questionnaire. The upcoming report will be firmly imprinted with her unique style. While she is slaving away at the report I will be scanning some slides from the H&E survey with the virtual microscope so that later there will be images on the website for you all to see "the good the bad and the ugly"– watch this space! The next technical survey will be an Alcian Blue-PAS exercise so start ordering your chemicals, mixing your brews and hassling your reps for the winning solutions.

All your immunohistochemistry technical, breast and lymphoma slides have now been submitted and will now go through the same assessment process with another group of dedicated scientists. We are fortunate to have a pathologist involved in this committee so that stains can be assessed for their diagnostic suitability as well as technical prowess.

On a final note we would like to send hearty congratulations to John Stirling from Flinders Medical Centre, who has been instrumental in our Electron Microscopy Module. He recently won an award in the Specialist Area of the 2008 South Australian Health Allied, Scientific and Complementary Health Awards. Well done John!

Author Erin Little

Strictly edited by Sonya and Margaret

Supported by Jey, Ann, and Pat

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

Meeting Report:

A SERIES OF SHORT PRESENTATIONS *reported by Judy Brincat*

The Iron Man – *Tanja Dimitrijevska* – Austin Hospital
This case study featured a 50 year old male who presented with a 5 year history of gall stones. Post mortem examination of the liver showed loss of architecture, with thick fibrous bands of connective tissue, loss of hepatocytes, nodule formation, and the presence of pigment. Cirrhosis is chronic liver disease, with a number of aetiologies. Congenital: iron deposition, copper deposition and α-1-anti trypsin deficiency; or acquired: toxins, viral, biliary or cryptogenic.
The liver panel of special stains consists of Trichrome – demonstrating connective tissue (fibrous bands); Reticulin – in cirrhosis, reticulin fibres are separated by more than 2 cells; PAS +/- diastase, to demonstrate glycogen and α-1-antitrypsin; Orcein – demonstrates Hepatitis B surface antigen and copper-associated protein; Perls – demonstrates iron. In this case, the trichrome showed severe fibrosis, reticulin demonstrated regeneration, PAS +/- diastase was –ve for α-1-antitrypsin, orcein was –ve; Perls stain showed iron in the hepatocytes, or haemosiderosis.
Haemosiderosis can be genetic, or secondary due to transfusion overload, Thalassemia or dietary. (African iron overload results from home-brewed beer being stored in oxidised iron barrels.
Haemosiderosis is evaluated firstly by the amount of iron present: 0- granules absent
1+ barely seen
2+ discrete granules
3+ more granules
4+ abundant granules
and secondly by the pattern of distribution of iron within the liver lobules. A parenchymal distribution indicates genetic haemochromatosis, whereas mesenchymal distribution suggests transfusion overload.
Iron is essential for the synthesis of haemoglobin, it is obtained from diet, and absorbed via the duodenum, under the control of the HFe gene. There is normally about 3-4g iron in the body, and excess iron is stored in numerous tissues.
Heamochromatosis is a homozygous recessive genetic disorder, caused by a defect in the mechanism that blocks iron absorption. Diagnostic tests include serum iron, transferrin and ferritin, genetic investigation and liver biopsy.
Treatment includes phlebotomy, dietary control and the administration of chelating agents.
Haemochromatosis is one of the most common genetic disorders in Australia, it is fatal if left untreated, and family members of affected patients should be tested.

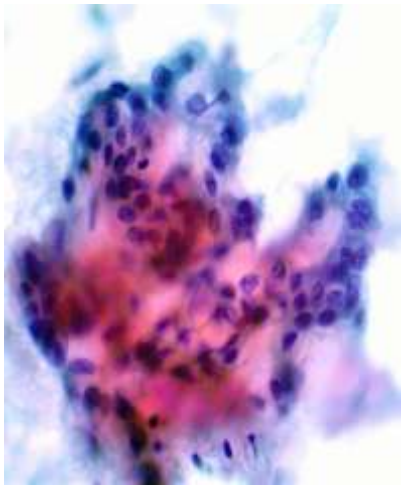
Mysterious Black Disease – *Michelle Zammit* – Alfred Hospital
A specimen of sheep's liver was submitted for examination. Sheep on a property were mysteriously dying quite rapidly, and the farmer was concerned for the health of his own family. Symptoms exhibited by the sheep included cold skin, semi-fluid faeces, loss of appetite, listlessness. The herd was under-going treatment for an outbreak of liver flukes.
Microscopically, sections of liver showed coagulative necrosis, autolysis, increased number of neutrophils(inflammation), enlarged bile ducts, oval tear-drop shaped cavities in the liver architecture and the presence of bacilli. Was the destruction of the liver parenchyma due to a parasite such as liver flukes? Was a toxic spore-producing bacillus such as clostridium present?
A panel of special stains was performed Grocott's methenamine silver, PAS, Reticulin, and sections were treated with alcoholic picric acid to remove formalin pigment. The Gram stain demonstrated Gram +ve rods, GMS showed spores of bacilli, Reticulin staining demonstrated minimal fibres and the PAS demonstrated a defined inflammatory barrier.
Bacterial endospores are highly resistant to hostile physical and chemical conditions. Only a few genera of bacteria such as *Bacillus* and *Clostridium* are capable of forming endospores. These are a dormant form of the bacterium that allows it to survive sub-optimal environmental conditions. Because these spores are resistant to heat, radiation, disinfectants, and desiccation, they are difficult to eliminate from medical and pharmaceutical materials and are a frequent cause of contamination. In this case the heat associated with the GMS (60°C) was sufficient to enable their demonstration with the subsequent silver solution.

Clostridium novyi causes an infectious necrotic hepatitis (Black Disease) associated with liver flukes, and produces a powerful toxin. Snails are the intermediate hosts for this organism. Active immunization, and a reduction in liver fluke infestation are two strategies aimed at reducing the incidence of this disease.

Did Anyone Say AIDS? – *Kristi Milley* – St John of God Pathology, Geelong.
This case study featured a 40 year old male who presented with late-stage AIDS and respiratory distress. Incidental findings at autopsy examination of the lungs showed lacey architecture, congestion, consolidation, fibrosis and minimal host response to the infection.
The panel of special stains employed included Gram, Ziehl-Neilsen, Grocott, Wade-Fite, PAS and Martius Scarlet Blue. Gram and ZN were negative, PAS and Grocott demonstrated an organism 3 - 8µm in diameter with a glycogen-rich capsule. This was identified as the fungal entity *Cryptococcus neoformans,* which infects between 5% - 10% of AIDS patients. Its defining features include a polysaccharide capsule, which is Alcian Blue +ve, with a layer of melanin beneath (which can be demonstrated with Masson Fontana).

A SERIES OF SHORT PRESENTATIONS *reported by Sean Phefley*

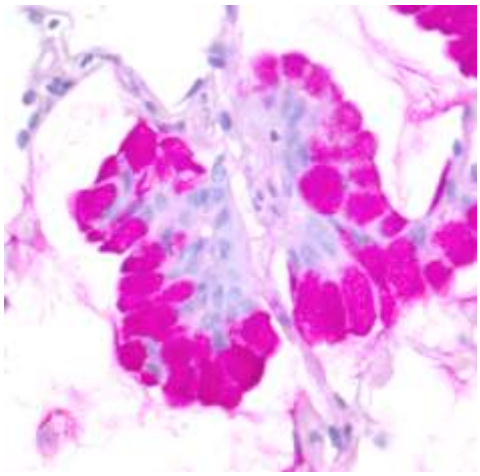
Beautiful Butterfly – *Lyna Mendoza* – Royal Melbourne Hospital.
Lyna presented a case study of a 77y/o male with Bronchioloalveolar Carcinoma.



A bronchoscopy was performed and bronchial washing and brushings were prepared for cytological assessment.
The results of the washing revealed clusters of uniform cells displaying a 3 dimensional depth of focus. Their abundant cytoplasm was pale and vacuolated. The nuclei round to oval some with nuclear folds, pale and bland with finely granular chromatin and inconspicuous nucleoli. Some cells may present with intranuclear inclusions.

On cytology the specimen was reported as adenocarcinoma favouring Bronchioloalveolar Carcinoma (BAC).
Lyna noted that although cytologically the features favoured BAC, the diagnosis required histological evaluation to identify characteristic growth patterns and exclude the presence of invasive growth before the diagnosis of BAC is confirmed.

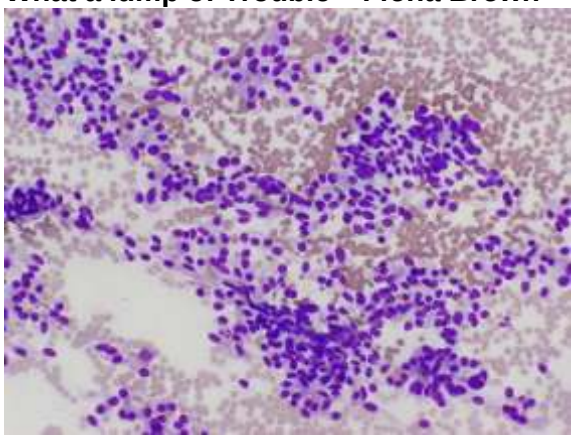
Histological evaluation of the sample taken as bronchoscopy revealed: fragments of lung parenchyma; small discrete islands of moderately atypical cells with a PAS positive-diastase resistant cytoplasmic mucin; a characteristic pattern of lepidic growth showing continuity between the atypical columnar cells and alveolar lining epithelium.
The WHO classifies them as adenocarcinoma ‘in which cylindrical tumour cell growth on the walls of pre-existing alveoli” Looking like a lepidic growth pattern.



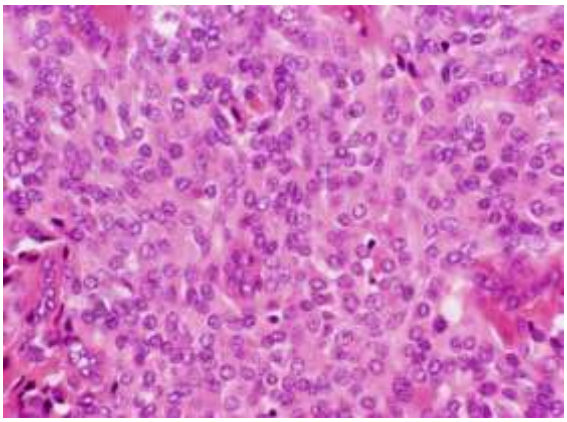
There are 2 types: the mucinous variant which is the case here which is derived from mucin producing bronchiolar cells and the more common Non-mucinous type derived from clara cells and alveolar type 2 pneumocytes.
Lyna concluded with an outline of ancillary testing, differential diagnosis and treatment and prognosis.

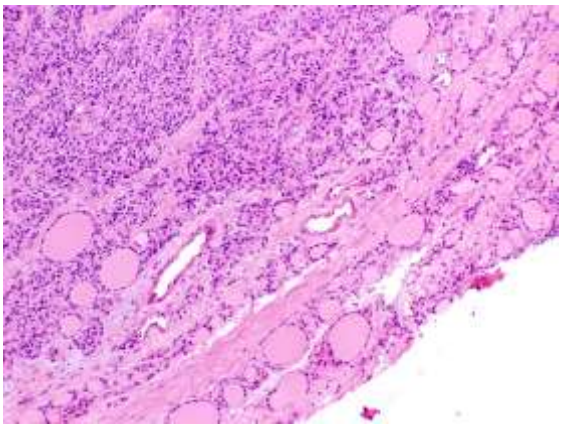
Meeting Report: cont…

What a lump of Trouble – *Fiona Brown* – Melbourne Pathology



Fiona presented a case study of a 63 y/o female with a thyroid nodule. Cytological sample was presented for assessment. The report identified the presence abundant follicular cells, the absence of papillary arrangements with suggestion of colloid. An inconclusive cytology report was issued citing insufficient material present for reliable assessment. A thyroid lobectomy was performed and two specimens were received for histological analysis. The first was the thyroid lobe composed of a circumscribed solid grey white tumour. The second was an adjacent lymph node. The thyroid gland capsule presented with normal colloid-filled follicles lined by benign follicular cells. A definite transition to abnormal material was seen and the majority of the shows infiltration of abnormal cells with no evidence of normal colloid-containing follicles.





On high power the section is taken up of cords of plump spindled abnormal cells with round to oval nuclei and granular pink cytoplasm. Nuclear borders are well-defined with speckled chromatin.

The histology findings were consistent with a circumscribed tumour deposit of medullary carcinoma. Vascular invasion was not evident and excision margins were clear. There appeared to be no spread into the parathyroid gland. Fiona followed on with images of the IHC sections from the case.
As part of the quality control standard requirements for inconclusive reports, the cytology of this case was reviewed. On review, the cytology was consistent with medullary carcinoma of the thyroid.
The smear was hypercellular with loose clusters and single cells. Many spindle cell forms were present nuclei were elongated with indistinct, wispy cytoplasm. Plasmocytoid cells were present displaying more defined cell borders and eccentric nuclei. There is moderate nuclear size and shape variation. On Pap the chromatin was consistent with a neuroendocrine tumour with speckled chromatin and inconspicuous nucleoli with regular nuclear borders. On review, there appeared dense amorphous magenta-staining material which is suggestive of amyloid. This should not be confused with the bubble-gum effect of colloid. The presence of amyloid is often a characteristic feature of medullary carcinoma as it is the only known tumour of the thyroid to produce amyloid.

The criteria for the diagnosis of medullary carcinoma of the thyroid: Cytology is usually hypercellular with loosely cohesive cell clusters and single cells. A range of cell types including plasmacytoid, small cell and spindle cells. Moderate anisokaryosis with scattered large nuclei with bi/multinucleate forms. The chromatin is consistent with a neuroendocrine origin and the cytoplasm may contain coarse, red, granular inclusions. Amyloid may be seen. Calcitonin positivity is an important finding in medullary carcinoma of the thyroid.Fiona concluded with differential diagnoses, management and prognosis for patients with Medullary Carcinoma of the Thyroid.

On behalf of the National Organising Committee of the Australian Institute of Medical Scientists, I extend a warm invitation to you to attend the National Scientific Meeting to be held in the vibrant city of Melbourne from 13-17 October 2008. The meeting, which represents the premier professional event for the Institute, comprises a three day program at the splendid Sofitel Hotel, followed by two days of workshops.

The guiding theme for the conference is 'Racing Into the Future' which reflects the dynamic and forward-looking nature of our profession at a time of great change. Under this theme we are focussing on three main contexts: the ageing of the population, emergence of new treatments and therapies and the impact of environmental challenges. In the spirit of previous meetings the program brings together eminent national and international scientists from all areas of laboratory medicine. At the meeting you will hear our exciting line up of speakers discuss topics in the traditional fields of histology, cytology, biochemistry, haematology, transfusion, microbiology and immunology but also in management, education and quality as well as the new technologies in molecular pathology and cell therapy.

It will not be all work however and we have an enticing social program which includes the opening cocktail reception and discipline dinners with the highlight being the Conference Dinner in the Members Dining Room at the magnificent MCG. Immerse yourself in the grandeur and tradition of a world-famous icon!

I look forward to welcoming you to NSM2008 for what promises to be an exiting and rewarding meeting so make sure to reserve the dates in your diary.

A/Professor Tony Woods - Convenor

Histology Content

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

Prof Karen Burg	(45 min)	Biomedical Engineering (Plenary Session)
Prof Donald Metcalf	(30 min)	Using Mouse Models to Understand How Myeloid Leukaemia Develops
Mr Piero Nelva	(30 min)	IHC Case Study
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
TBA	(30 min)	Forensic
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
Ms Penelope Whippy	(30 min)	Myelin Reviewed - A New Look ad an old Pal
Dr Anne K Voss	(30 min)	TBA
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

Article Review:

A Molecular Mechanism of Formalin Fixation and Antigen Retrieval

Sompuram, S.R., Vani, K., Messana, E. and Bogen, S.A. (2004) Am. J. Clin. Path, 121, 208-212

Antigen retrieval techniques have been developed empirically as iterative improvements to methodologies. An understanding of the molecular and structural mechanisms of retrieval of formalin fixed antigens has yet to be fully derived.

It is understood that formaldehyde is capable of forming cross-links within and between proteins and that in solution it may bind a number of amino acids, including; lysine, arginine, tyrosine, asparagine, histidine, glutamine and serine. This investigation aimed to determine which (if any) of these reactions are relevant to antigen retrieval.

A molecular model was created using short peptides to mimic the antibody-binding sites of Oestrogen Receptor (ER), Progesterone Receptor (PR), p53, HER-2 and Ki67. These peptides were bound to slides and fixed in formalin for various lengths of time from 20 minutes to 20 hours (some were left unfixed as controls). The peptides were then detected using conventional immunohistochemical procedures, including antigen retrieval, and their intensity was measured using image analysis.

The results of initial tests were used to arrange the epitopes into groups depending on the effect of fixation and retrieval. Group 1 peptides (p53 and HER-2) were classified as those that lost immunoreactivity due to formalin fixation, but this loss was reversed by antigen retrieval. Group 2 epitopes (ER) were detectable even after formalin fixation (with no antigen retrieval). However, addition of co-immobilised proteins to the same slide as the ER peptide brought about a reduction in immunoreactivity when the slide was fixed with formalin. Group 3 epitopes (PR and Ki67) were not affected by formalin fixation, whether co-immobilised proteins were used or not.

Upon amino acid sequence analysis it was noted that the group 1 peptides contained a tyrosine residue at the antibody-binding site and an arginine elsewhere, group 2 peptides contained a tyrosine but no arginine and group 3 peptides contained neither of these residues. Further investigation suggested that the co-immobilised protein was contributing an arginine residue to Group 2 peptides, which was cross-linked to the tyrosine by formalin fixation.

It is therefore concluded that tyrosine and arginine residues play an important role in formalin fixation of proteins and subsequently antigen retrieval procedures.

The study goes on to conclude that it is possible that the model “did not accurately represent the chemistry occurring in the native protein”, but that in the future the peptides may provide a potential source of quality control material.

There are two further points of interest not adequately addressed by the study: 1) the PR and Ki67 peptides were not affected by formalin fixation, yet antigen retrieval is required for staining of these epitopes in routine FFPE tissue, 2) the effect of tissue processing on the antigen viability.

Simon Davies
Leica Biosystems

Trivia Night

Friday 25th July 2008
7pm-11pm

HGV
Histology Group of Victoria Inc.

The Village Green Hotel
Cnr Springvale & Ferntree Gully Rds, Mulgrave

$20 per person or $200 per table.

(includes finger food, **Drinks extra**)

Tables of less accepted.

Why not amalgamate institutions?

Adopt your favourite trade representative for your table

4 rounds, 12 questions, only 2 histology questions per round.
Chance for **bonus** points.
Prizes to be won.

Full Payment must accompany this form. Payment will not be accepted on the night **NO EXCEPTIONS**. Seats are limited, so book early to avoid disappointment. RSVP & Payment due **Friday 18th July.** Contact Maria Chavez 9594 3493.
Please make cheque or money order to **HGV Inc.**

P

Return this section with payment and send to : 39 Viewgrand Drive, Berwick, 3806

Contact Name..... Contact Number.....

Institution(s).....

Number Of Seats.....

Enclosed is a remittance for $.....

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Future Scientific Meetings:

2008:

Histology Group of Victoria Inc.

3rd July
Scientific Meeting - Melanoma
Venue- Peter Mac

25th July
Social Event - Trivia Night
Venue - TBA

7th August
Workshop – Intermediate Cut-up Workshop
Venue - TBA

4th September
Scientific Meeting - RCPAQAP H&E
Venue- Peter Mac

13th -17th October
AIMS National meeting Melbourne, including

16th October
Frozen section Workshop
Venue: St Vincent's Hospital

New

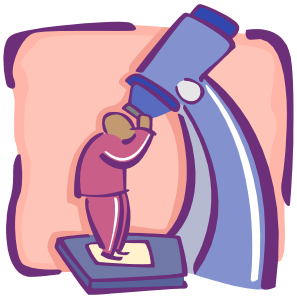
13th November
Scientific Meeting -Infectious Disease & AGM
Venue- Peter Mac

Grand Finale
HGV Xmas Party 2008 – TBA

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

Under the Microscope:

reported by Maria Chavez



Kevin Wighton
Scientist
DermPath

1. What was your first job?
My first job was as a technical assistant at the Pathology Dept. at Melbourne University working in the histology lab. Fifteen years later I moved to Dorevitch Pathology, it was certainly a change in pace compared to the Uni. From Dorevitch I moved to my current position at Dermpath,which is a private lab specialising in dermatopathology.

2. What attracted you to Histology?
I enjoy the technical aspects of histology and the fact that it's very much 'hands on'.

3 .What is the worst decision you have ever made?
Selling my BMW motorbike back in 1992.

4. What is the best decision you have ever made?
Buying another BMW motorbike last year, it's great to be back on a bike.

5. Who would you most like to have dinner with and why?
Billy Connelly. I enjoy his humour and I think he has a great way of looking at life.

6. What music do you enjoy listening to?
I like the music from the 70's, 80's and the 90's.

7. What is your favourite stain?
Favourite stain would be the Warthin-Starry There is a real sense of achievement when you get well stained spirochaetes against a nice clean background.

8. What is your favourite food/Restaurant?
A good Aussie BBQ with plenty of red meat and a couple of cold stubbies of the amber liquid.

9. What are you reading at the moment?
I am currently reading Mountain Gold by John Adams . It's a history of the Gippsland goldfields.

10. What is the best conference you have ever attended?
The Melbourne national conference of course.

11. Are there any current projects you are working on at the moment?
Yes, unfortunately it's time to review and update the technical manuals for the lab, does paperwork ever end?

Histology Employment:

Global Support Scientist, Leica Biosystems

Be part of a world-leading biomedical business where your passion and skill can make a real difference. The Biosystems Division of Leica Microsystems specializes in histology solutions for cancer diagnosis and research. We are internationally focused with a direct presence in over 100 countries and our Melbourne, UK and German facilities collaborate closely on all aspects of product design through to manufacturing. We encourage innovation, creativity and career development in a work environment that is dynamic, challenging and exciting. For additional information, please refer to the Histology section of the Leica Microsystems website: www.leica-microsystems.comA new opportunity for a Global Support Scientist has arisen within our Leica Biosystems division. Reporting to the Scientific Resource Group Manager, this role offers an ideal mix of troubleshooting and project responsibilities:

- Providing applications support to customers;
- Developing and implementing test plans for Global Support Projects;
- Assisting in developing support plans and troubleshooting guides for new products;
- Assisting in developing and delivering applications troubleshooting training as needed and working closely with product marketing;
- Assisting with data collection and interpretation for major escalations any where in the world which may require some travel;
- Assist in installations and demonstrations of instruments at distribution sites.

To be successful in this role you will possess a tertiary degree qualification in biological sciences. Your experience and proven track is in a research environment or product development ideally in the biotechnology or pharmaceuticals industry. Knowledge of clinical histology and immunohistochemistry will be highly regarded. An excellent communicator, you will be experienced at managing projects and creating research or development plans. Coupled with your strong problem solving, analytical and decision making skills you will be able to drive initiative within tight deadlines. For further information please contact Amanda Scali, Recruitment Consultant 9211 7085.

Scientist Grade 1, Dorevitch Pathology

- Histology Department, Evening Shift (2pm – 10pm)

We are seeking appropriate qualified and experienced Medical Scientists to join our progressive and dynamic Histology Laboratory team, based in our central laboratory located in Heidelberg. Your skills will include:

- Knowledge of Histology Laboratory processes
- Extensive cut up experience
- Ability to work independently
- Ability to work under pressure

Your self-motivation, enthusiasm and innovation will complement your technical abilities in these roles. Applications toFaye Kapoulitsas, Chief Scientist – Histology, Dorevitch Pathology, 18 Banksia Street, Heidelberg 3084. Email: faye.kapoulitsas@symbionhealth.com Applications close: Friday, 20 June 2008.

Scientist Grade 1, Austin Hospital

Austin Pathology is seeking to appoint a permanent Full Time Grade 1 Medical Scientist to work in the Anatomical Pathology laboratory. Relevant qualifications and experience in a busy Histopathology laboratory is essential.

All telephone enquires to Terry Cass – Laboratory Manager on 9496 5467.
Closing date for applications is 27th June 2008.

Histology Employment: cont…..

Laboratory Technician/ Laboratory Assistant. ARL Pathology

ARL pathology is one of Australia's largest privately owned and operated pathology services. Following continual growth we require a full time laboratory technician / assistant to work in the area of anatomical pathology. Job sharing maybe considered. Duties include routine processing of histological and cytological specimens. Previous experience preferred. Apply to hr@arlpath.com.au quoting ref AC001

Laboratory Assistant, VCS

Victorian Cytology Service invites applications for the part-time position of Laboratory Assistant in our Carlton laboratory.Further qualifications in science or previous experience in a pathology or biotechnology laboratory would be highly regarded. Apply to Gillian Phillips, Laboratory Manager at gphillip@vcs.org.au or by mail to PO Box 178 Carlton South Vic. 3053. Applications close 20th June 2008. To obtain a copy of the Position Description contact Eileen Tan, **Central Laboratory Supervisor at etan@vcs.org.au or 03 9250 0300.**

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

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Histology Classifieds:

Looking to sell old laboratory equipment ?

Looking to Buy second-hand gear ?

Advertise your requests here FREE!!

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.

STRENGTH, HEALTH & FITNESS:

with SOPHIE RUSSELL

KEEP FIT NOT FAT THIS WINTER

Hello winter! Here we are on the cusp of another altogether cooler season and suddenly all those good intentions that were made so defiantly on 1st January of an ongoing fitness program (*"I'll do an hour of exercise a day, I will, I will…."* Yeah, right.) and a healthy diet plan (*"No carbs for me ever again, on pain of….of….of something sharp and pointy being wafted in my general direction "*) have been stuffed to the dim and dark recesses of the mind in perpetuity…..winter's looming so why bother trying to get up early now? Pass the TimTams.

I am going to throw down the gauntlet and dare you to choose a different approach this winter…..here are some suggestions:

1. Have a plan. This shows you've thought about what you want and are prepared to take steps to make it happen. Practically, this could mean planning your meals for the week, or at least for the next few days so that you have healthy snacks with you in case you get hungry (always travel with fruit, in fact make it your new best friend). If you've brought lunch, you won't get caught out scouring the menu of the local café for the best of a bad bunch of meal choices and you'll save money. If you know what you're going to make for dinner, you're less likely to walk in the door and devour the fridge….just eat your meal a bit earlier.

2. Stick to your plan but allow for changes. You've arrived at work and got creative with the texta naming your yoghurt and sandwich so that Bill from Accounts doesn't swipe them from the fridge because there aren't any biscuits left, only to discover that it's Mary's birthday and her team have gone all out with the cake – triple chocolate mud cake. It's your favourite and resistance is futile. What to do? No food is good or bad – it is the quantities that count so, offer to share a serve with someone else – still fun, but minus any regrets later.

3. Double your current intake of fresh vegetables. Poke a pointy stick at anyone and they will swear they eat their body weight in nutritional veg. Lies, lies, lies! Stop and think what the reality is. Be honest. A lettuce leaf and half a tomato in your sandwich at lunch? Oh, and let's not forget the all important beetroot. Add on a few slices of capsicum and broccoli in the evening stirfry and hey, your body will be armed and dangerous should any unsuspecting germs try to invade. NOT. Not enough. Double, triple the amounts and reap the benefits without the residual calories. Win, win.

4. Choose to get off your derriere (cosy as it may be) and get it moving. Opt for 2-3 times a week and the key to success here is to find something you enjoy. If you hate running and the very idea of chugging (that's a technical term) around the block dodging doggy do and uneven turf fills you with horror, then guess what? Don't do it. If, however, you've always fancied the idea of a spin around a tap/bollywood/salsa/pick-a-style-of-dance class, then give it a whirl. In light of the recent TV show, *So you think you can dance?*, there are options aplenty all over town at the mere click of a Google search button.

5. If funds are tight or you are more into the open air, sign up a friend to join you for regular walks. Keep your heart rate up by maintaining a fast pace – ideally so that you can still hold a conversation but you are definitely puffing. Find a low wall and add a couple of minutes of step ups, pushups and dips and then head off again – who says you're not competitive?!

6. Mix it up – both diet and exercise. This ensures you won't get bored and then decide to give up altogether on the path to a fitter, healthier you. Find food and moves you enjoy and then get out there and try something new. At the very least you will have a laugh trying to take possession of the ball at least once during the football match in the park you gamely volunteered for, and the experience will give you a great story to relate as you tuck into that mung bean nut loaf you've always been itching to try…

So, hello and welcome, winter….bring it on!

A TRIBUTE TO HELEN MAKIN

by Helen Brown

Many of the Histology Community will have been saddened to hear of the untimely death of one of Histology's nicest people, Helen Makin.

Helen grew up in Preston and completed her secondary education at University High School. She took a short walk through Parkville to the newly built Royal Children's Hospital and arranged to start work in 1964 as a Trainee in Medical Technology. Helen started work in the Haematology Department with Betty Wilson in charge of the Laboratory. Helen's enthusiasm, sense of fun and flair for organisation soon made her a favourite with all the staff.

Helen was a very good student and had no trouble passing all subjects and she was in the last group to obtain the "Old Diploma' which was awarded by the Institute of Medical Technology. In the last year of her course she was rotated into the Histology Laboratory and, under the guidance of Xenia Dennett, began a career in Histotechnology that would last for 35 years. As soon as Helen qualified she was put in charge of the laboratory and her ability as a gifted organiser soon saw her make many improvements in the way the work was performed. However it was the way she made work seem like fun that will be remembered by all who worked with her.

Helen had married Graeme Makin when she was 20 years old and in 1971 Helen and Graeme left Australia to travel and work in England and Europe. They were away for a year and had many adventures travelling around Europe in a campervan. This may have given Helen her taste for travel as she spent many holidays overseas and in Australia on "adventure tours".

Returning to Australia, Helen worked at the Anatomy Department of Melbourne University which was located at the Austin Hospital. She ran the Histology Laboratory until she left to have her only child, Ben. Helen was at home for Ben's early years and threw herself into gardening and the local community at Nutfield where she and Graeme had built a beautiful home on 20 acres.

Many will remember Helen's employment agency which she ran for many years, helping many people into part-time and full-time positions in Histology Labs. During this time she worked with Neville Farmer at Dorevitch Pathology and Neville and Helen remained firm friends right up to her final illness. During the last 15 years Helen worked as the manager of the Histology Lab in Anatomy at Melbourne University. She managed the dual roles of Lab Manager and mentor to students and researchers in her usual capable style.

Helen made a significant contribution to Histology by working as a demonstrator and guest lecturer at RMIT and Melbourne University. Many students, lucky enough to be in her groups, will remember her cheerful presence as something they looked forward to each week.

Graeme died suddenly of a heart attack in 1997 and less than two years later Helen was diagnosed with a pituitary tumor. She was very pleased to recover from a very delicate operation to remove the tumor. From then on Helen became even more keen on travel and I was lucky enough to share two wonderful holidays with her, one to Lord Howe Island and another to Vanuatu. On a trip to South America with other friends Helen met Reg Leonard, the man who was to become her partner for the last 9 years of her life. Reg persuaded Helen to take up golf and she became a keen golfer, getting her handicap down to 26.

Helen retired in 2001 to be able to spend more time travelling with Reg. There was always a trip in the planning or one just finished. Somehow she managed to find time for trips to the theatre, photography, book club and many, many friends. She had two dear little grand daughters Sophie and Brooke and was a fun-loving grandmother to Reg's grand daughter Violet.

Late in October 2007 Helen was diagnosed with a very aggressive tumor in the pancreas. Surgery was required to prevent jaundice setting in and there were post-operative complications. Helen was in intensive care at Epworth for four weeks before Christmas. As soon as she was able to walk she returned to Nutfield, very weak but determined to make the most of the time left.

Helen had time to arrange her final farewell which was "A celebration of her life". She arranged for a large marquee to be erected on the property at Nutfield and as friends and family spoke of her life, a huge collection of photographs of Helen enjoying herself in many different places rolled through on 2 large video screens. It was a very stylish send off for a lovely person.

Helen passed away peacefully on Friday 28th of March 2008.