MICROTIME

The Georgia Society for Histotechnology

Inside…..

A Great Meeting at Jekyll Island!!

President's Letter....

What an honor to be the President of the GSH during our 40th anniversary. I first joined the society as a student in 1977 and attended my first Region III meeting that year, near the airport. The founding board of GSH made me feel welcome and encouraged me to volunteer. One of my first duties was to design a logo and I modeled it after the pin awarded graduates of the Georgia Baptist School of Histotechnology.

At that time we had four chapters in the state which enabled year round "mini" meetings.
The four chapters would try to rotate the location of our annual symposium. So with our official color of Kelly Green, geographic chapters, our incorporation date, and the "focus" on our state we had a logo. Maybe it's time for an updated logo and I challenge everyone to submit their ideas to our board.

While I reflect on my personal history with GSH I recall sound advice given to me by my mentor, Billie Swisher. "To thine own self be true"; "strive to be proficient"; "if you're going to do something, why not do it right the first time?" and "always keep your **INTEGRITY."**

As your President I would like to thank our Board of Directors, our supportive vendors, the incredible speakers, and YOU the representatives of our chosen profession. We are still in need of volunteers for several chairs, so please contact me and we will definitely tap your talent & skills. Please look over this issue and then submit YOUR article for the next issue, plan on next year's meeting April 25~27 at the Spa & Lodge at Callaway Gardens, voice any concerns to any board member, and submit your pictures from this year's meeting on Jekyll Island.

I'm excited about the next decade and look forward to celebrating the GOLDEN anniversary of GSH. ....

WANDA SIMONS HT(ASCP)

Contact Congress and CMS about the potential massive cuts to the Physician Fee Schedule
(the below article is copied, with permission, from THE PATHOLOGY BLAWG)

Everything you need to contact your congressmen is found when you click "this link" in the text below. I changed the first sentence to: As a constituent working in the area of cancer diagnosis.... It takes less than 5 minutes.

As you are well aware, the Centers for Medicare and Medicaid Services (CMS) recently proposed to radically cut the technical component (TC) and global payments for many anatomic pathology services by over 50% and as much as 80% for certain codes. If CMS finalizes this proposal, it will have devastating results. A 60 day comment period is underway. Our collective voice must be heard to prevent CMS from moving forward.

See the potential impact on your practice by reviewing the impact table<http://pathologyblawg.us6.list-manage.com/track/click?u=c08cc94490450d8dd2b3c6769&id=1bf78630af&e=118394caea>.

The CAP is vigorously opposing these proposed payment cuts. Our efforts are focused on three tracks, regulatory, legal, and political. Your help is needed to succeed in our political advocacy efforts. Every Member of Congress must hear from you and your colleagues. Action is needed NOW to prevent these cuts from taking effect.

There are two vital actions you must take today:

1. Email your Member of Congress (sample text below). Tell him or her that you are OPPOSED to the pathology cuts in CMS' 2014 Physician Fee Schedule proposed rule. Congress must stop CMS from finalizing this misguided policy, which will threaten patients' access to pathology services and eliminate jobs for healthcare workers. Take action<http://pathologyblawg.us6.list-manage.com/track/click?u=c08cc94490450d8dd2b3c6769&id=ce5c43497d&e=118394caea>!
2. File comments with CMS (sample text below). A sixty-day comment period on the proposed rule is underway. You must take action and provide your comments to CMS before the September 6 deadline. Tell CMS about the impact these cuts will have on your patients and your practice. To submit comments:
   a. Go to www.Regulations.gov<http://pathologyblawg.us6.list-manage.com/track/click?u=c08cc94490450d8dd2b3c6769&id=df868c1f40&e=118394caea>
   b. Go to search and type in "RIN: 0938-AR56"
   c. Click on the "Comment Now" button to write your comment.

.....CONTINUED ON PAGE 4

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40 Years –A GSH Pioneer's Reflection

(Editorial by Immediate Past President~Mike Ayers)

Being a Charter member of NSH and the House of Delegates, I was at the Presidents council meeting in Iowa when Regions were established. NSH realized there was a need to provide support and education closer to the state level. The original concept of regions and directors was to bring a group of nearby states together for the greater good of our profession.

My job as the interim Regional Director (while elections could be held) was to work with GA, Ala, Florida, Tennessee, South Carolina, North Carolina, PR, and I think Mississippi. Some of these states were strong and some were almost nonexistent. Regional meetings were held to attract Vendors and speakers to a large local venue for the Tech's. We realized not everyone could afford to attend NSH meetings held in locations across America. In the early days of NSH there were at best only a few hundred attendees, vendors and speakers.

We had great regional meetings in the past. In 1980 Georgia was the host state for NSH and I was the coordinator. We had the largest attendance ever and approximately 1500 people attended . We also generated the most money that had been made to that point. This propelled NSH's growth.

In the mean time the director's job was to work closely with State Presidents, helping them to grow their Societies. We also monitored legislative issues in the states that concerned our profession. I reported and served on the NSH BOD, knowing if there was a need they would support us. Somewhere along the way I feel NSH has lost the vision and goal of the founding fathers. NSH was born from an annual symposium at the AFIP (Armed Forces Institute of Pathology) run by Lee Luna and his incredible staff. The founders had a vision of a strong National Society which would fight for the Histotech and give them a voice. During that time we were not recognized as professionals and the pay was minimum wage in most places. The state of Georgia did not have histotechs listed in their rules and regulations, but as the Legislative Liaison Officer, we were able to resolve that issue.

We had no career ladder until the HT, HTL and the other levels were established. NSH got ASCP as well as the Biological Stain Commission to allow us representation. Schools were formed and certified so that we could have credibility. Before this HT was on-the-job training with no guidelines. Excuse the ramblings, but all the younger techs need to understand the struggles and hardships to get us where we are today. Because of all the hard work of these early individuals we now have a career ladder, good pay scales and name recognition.

This is just a synopsis of the struggle to get to this 40th Anniversary of the Society. A lot of people, many who are no longer with us, saw a vision and pursued it to give you the profession we have today.

Mike Ayers
Immediate Past President
Georgia Society For Histotechnology

CONTACT CONGRESS AND CMS…(CONTINUED)

Sample Text

Email to Member of Congress:

As a constituent and practicing pathologist, I am strongly opposed to the pathology payment cuts in the 2014 Medicare Physician Fee Schedule proposed rule. CMS proposes to drastically cut the technical component (TC) and global payments for many critical anatomic services by over 50% and some codes as much as 80%. These cuts will have a devastating impact on the practice of pathology, which ensures that millions of Medicare patients get the right diagnosis. Further, these drastic cuts will threaten patients' access to pathology services and could eliminate jobs for healthcare workers.

Congress must make CMS withdraw this proposal, which is severely flawed. Current law requires physician fee schedule values to be resource based. By linking physician payment to the payments for hospital outpatient departments, CMS' proposal violates Medicare law. Further, the cuts would reduce reimbursement below the cost of the components used perform the

As your constituent I am asking you to contact CMS immediately and demand the proposed rule be halted. Congress must stop CMS from moving forward with the proposed pathology cuts.

Sample Text for CMS Comments:

As a practicing pathologist, I am strongly opposed to the drastic cuts for pathology services included in this proposed rule. The cuts will have a devastating impact on the practice of pathology, which ensures that millions of Medicare patients get the right diagnoses.

The proposal fails to account for the resource costs associated with specific physician service codes. Current law requires physician fee schedule payments to be resource based. By linking payment to physicians to payments for hospital outpatient departments, the proposed rule violates Medicare law.

Further, the proposal would reduce reimbursement below the cost of the components used to perform many pathology services. No physician practice can stay in business if their costs exceed their revenue.

The existing AMA-RUC process is the proper way to value physician service codes. It has shown itself to be accurate and fair, and has been thoroughly vetted over many years. CMS should withdraw the proposed rule's cuts to pathology services.

Stay Informed!

Watch for additional alerts and updates from the CAP.

Books & Articles:

As histotechnologists we are all fascinated with color. I highly recommend this travelogue of "colorful" tales, as YOU take the color trail. Believe me there will be forks in the road, along the way, and you will have a better appreciation of your favorite color. My personal favorite is Violet. ~ Wanda Simons

Finlay, Victoria (2004). *Color-A Natural History of the Pallette*. New York, New York: The Random House Publishing Group.

Georgia Society

for Histotechnology

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A CALL FOR ABSTRACTS!

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Deadlines for Submission are:

September 1 - Fall

December 1 – Winter

March 1 - Spring

June 1 - Summer

In Memorium: Rhonda Rogers

I am saddened by the loss of our long time friend and GSH member, Rhonda Rogers, as I am sure many of you who knew her are also. She passed away June 7th, 2013 at University Hospital in Augusta after a long battle with lung cancer. She was so very instrumental to the growth of GSH, serving as Treasurer, Microtime Editor, and NSH in Action editor. She was chosen the GSH Histotechnologist of the Year twice proving her worthiness as a histologist. Rhonda was a creative and industrious person and always shared her knowledge with others. After retiring she moved to Indiana and continued in the histology field until her return to Augusta, where she still kept her skills honed working periodically. She and her beloved dog, Duchess, shared a condo that was sandwiched between the condo of her Sister, Sherron Hoffman, and of her best friend, Eileen McCraney. Rhonda loved her family and friends and was a great hostess for GSH board meetings and other visitors. She was an accomplished cook and we always knew whatever she served was going to be great. GSH has lost a wonderful friend and member. Rhonda will be missed tremendously. Her obituary can be viewed at *www.thomaspoteet.com*.

Because of Rhonda's longtime devotion to GSH, her willingness to share knowledge with everyone, and the very professional job she did as Editor of the Microtime and NSH in Action, GSH wishes to honor her. GSH will be re-naming our Microtime Article of the Year award the **Rhonda Rogers Microtime Article of the Year Award** to be presented at our annual symposium.

Shirley Powell

GSH Treasurer

Histology Openings!

There is currently a job opening at UAB for a full time Histology Technician. If you are interested, please go to the UAB website and apply. The position is listed as autopsy but it is actually in surgical pathology. Applicants must be certified or certification eligible. Please call or email if you have any questions. Please pass on to anyone who is not on this mailing list who may be interested. Thanks. Christie Gowan, Supervisor Lab Services. cgowan@uabmc.edu

http://www.uabmedicine.org/careers/uab-hospital-jobs

Columbus Regional Healthcare System is currently recruiting for a Histology Technician. Please see website for job description. Please let me know if you know of any one than would be interested in applying for this position. Applicants can apply online @Columbusregional.com.

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Available position: Histotechnologist in the Diagnostic Laboratory Service section at the Mississippi State University College of Veterinary Medicine in Starkville, MS. We are looking for a full time (we can consider a part time) person in our histopathology laboratory. We do routine processing on domestic animal tissues as part of our diagnostic lab service, as well as special stains and IHC. We are looking to expand our offerings so someone with good organizational skills and enthusiasm could have greater responsibility with time. If interested, please contact Dr. Bill Epperson, Epperson@cvm.msstate.edu or by phone at 662-325-1300.

Clip this card to create your own technical reference file. Look for more cards in future issues!

wonder...

What is the purpose of the alcohol rinse prior to the eosin stain?

The alcohol pre-rinse prevents the carryover of water into the alcohol based eosin. Addition of water causes precipitation of free- acid eosin salts, often observed on the edges of the staining dish. While the precipitated salt does not cause microscopic artifacts, it does affect the aesthetic appearance of the eosin solution.

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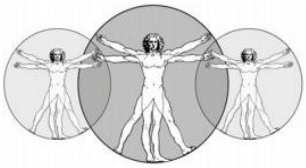

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PARAFFIN: *The Microtomist's Choice*

M. Lamar Jones, BS, HT(ASCP)
Carolinas College of Health Sciences,
Charlotte, NC and Davidson County
Community College, Lexington, NC

"…A further object is proposed in the cases of the other class of methods, which may be designated methods of interstitial imbedding or infiltration methods. In these it is proposed to fill out with the imbedding mass the natural cavities of the object…not only each individual organ…that may be present…but each separate cell or other anatomical element…"
A.B.Lee, 1885

ABSTRACT:

Tissue sections are usually not thin enough to be studied directly by microscopy. Cells, smears and impressions do not require sectioning and make a rapid preparation for a rapid diagnosis. Tissue sections on the other hand are thicker and the transmission of light is required for microscopy. Ideally tissue sections should be one (1) cell layer thick. The selected method for a thinner permanent tissue section is by processing tissue sections through a series of graded alcohols, "cleared" by a clearing reagent that is miscible with the infiltration medium and saturated with a similar embedding medium. This process is referred to a paraffin infiltration and embedding.

INTRODUCTION:

After fixation tissue sections must be processed by removing water and other fluids in order to replace these fluids with an infiltration medium for strength, support and thin sectioning. Graded alcohols such as 70%, 80% and 95% are used to dehydrate tissues gradually removing water and hardening the cells. Presently xylene and xylene substitutes ***"clear"*** tissue sections for paraffin infiltration. In 1952, Hauser (*Mikroscopic* 7:208, 1952) utilized isopropyl alcohol as a clearing reagent for paraffin infiltration. Many microwave instrument and techniques also utilize this technique today. Clearing reagents have the properties to render tissues relatively transparent to accept the infiltration medium paraffin. Since paraffin will not mix with water, the alcohols and clearing reagents area referred to as ***"antemedia"***. And the paraffin will then replace the clearing reagent thus completing the infiltration process.

HISTORY:

Methods of early infiltration and embedding began in the mid 1800's. One of the most unique substances utilized to embed with was ***"waxy"*** liver. Elder pith and carrots were among some of the first substances to actually hold specimens for sectioning. In 1862 egg albumen could be harden to hold specimens in about 2 hours for sectioning. A mixture of fish glue and glycerin hardened also offered a method of hardening before cutting. Krebs in 1869 embedded specimens in a form of paraffin wax in a cylinder. And Stricker in the same

year added olive oil to paraffin to modify its hardening qualities. In 1873 Flemming utilized a solution of soap and alcohol and once it solidified the solid mixture could be sectioned. Later in 1876 Stevenson first used a gum medium and glycerin. Many substances continued to be utilized but finally came back to a mixture of paraffin wax. Additives were tried to aid in hardening, preserving and sectioning. Butschli established true infiltration by mixing chloroform and paraffin wax. One of the important qualities realized was to have the paraffin in the melted state for infiltration. Other reagents were tried to infiltrate specimens with paraffin in the liquid state, and thus ***infiltration*** was born, and later instituted also for embedding. One of the most important characteristics of the paraffin wax was that it could be sectioned thus forming a ribbon. And from this discovery then came the suggestion of making an instrument to section the paraffin embedded specimen producing a ribbon.

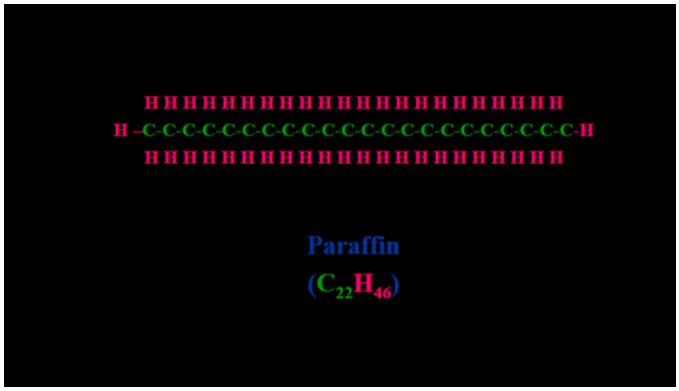
GENERAL:

By definition ***paraffin*** is a waxy, crystalline flammable substance obtained from distillates of wood, coal and petroleum . Paraffin is a straight chain produced by sweating and pressing residue of vacuum-distilled crude oil (Figure 1). Scientifically it is a complex mixture of hydrocarbons, is a hydrocarbon of the methane series and is solid at room temperature. Histologically it is still the most widely utilized medium in the histopathology laboratory for the infiltration and embedding of tissue sections for microtomy. Various mixtures of the paraffin hydrocarbons can have melting points ranging from 35º C to 65º C, with melting points of 45º C to 65º C being the most common. For histochemical procedures particularly demonstrating enzymes the melting point should be maintained below 55º C.

IMPREGNATION:

To ***impregnate*** originates from the Latin word ***impraegnalus*** meaning to make pregnant, to fill or saturate or caused to be permeated. Histologically the permeation and saturation of tissues by paraffin results in "holding" tissue elements and components to form a matrix to maintain stability during microtomy. Generally the higher the melting point of paraffin the harder it will be at a given temperature. The exception is the plastic point of the paraffin wax that determines its behavior. The plastic point is about 10º C below the melting

Figure 1: Long chain of paraffin

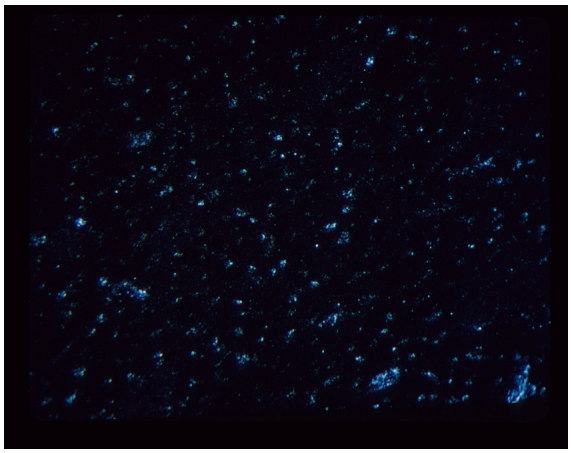


point and is the temperature that a crystalline re-arrangement occurs during solidification. For example warm wax will adjust to accommodate stress and cold wax will break or shatter under similar stress. A low melting point (soft) paraffin is more suitable for soft, friable tissues. A high melting point (hard) paraffin is more suitable for more rigid tissues. Many laboratories will utilize a low temperature paraffin for infiltration and a high temperature paraffin for embedding.

Paraffin can exist as both a short and long chain. Particularly for deparaffinization it is important to know if you are using a short or long chain paraffin. The primary difference is that short chain chemistry in a short chain paraffin will dissolve quicker than that a long chain paraffin. Incomplete removal of paraffin will result in weak, poor, "spotty" or no staining. In the case of the long chain paraffin the long chain hydrocarbon

molecules come together to form a liquid mixture of sold hydrocarbons when cooled to room temperature. These solid hydrocarbons appear as "***crystals*** (Figure 2) when viewed under polarized microscopy. The amount of hydrocarbon molecules that form in a given tissue interstice creates the density of the paraffin wax matrix formed determining how well the tissue has been infiltrated. Tissues can be infiltrated by several methods with the vacuum and pressure being the most accepted and utilized. The use of vacuum removes air from the tissue interstices and allows optimum infiltration of these spaces by the paraffin wax molecules.

Figure 2: "Crystals of paraffin



The length of time for proper infiltration also depends upon the size of tissue, type of tissue, clearing reagent utilized and use of vacuum/pressure. The thicker the tissue the longer the infiltration process will require. It will also carry over more clearing reagent thus will take more time to adequately remove. Small amounts of clearing reagent remaining in the tissue will contaminate the paraffin, cause crystallization and cause crumbling of the tissue during sectioning. Dense tissue such as bone, skin or central nervous system will require more time to adequately infiltrate than soft tissue such as liver or kidney. Blood-forming organs such as spleen, muscle and fibrous tissue strands will over-harden and become brittle if allowed to remain in the paraffin too long. Some clearing reagents area removed better than others.

CONTRACTION FACTOR:

The selection of paraffin should include a paraffin wax with characteristics that include elasticity or ***contraction/expansion factor.*** A test for the contraction factor is to select a piece of aorta, vessel, brain or globe structure. Cut a section and lay on the water bath and observe the expansion of the tissue section. The contraction factor should not shrink tissue more than 15% (12% recommended) when cooling from the molten state at 60º C to room temperature 25º C. If a tissue shrinks more than 12% it can result in the creation of spaces within the tissue. The overall effect of these spaces produces inadequate paraffin wax infiltration because the tissue specimen lacks a solid paraffin wax matrix. In shrinking more than the tissue the paraffin will create a compressive force on the tissue surface. This inward force can create problems during exposure to the water bath, the tissue section will not be able to expand and create wrinkles. This contraction factor will also affect the quality of a tissue section during microtomy.

ADDITIVES:

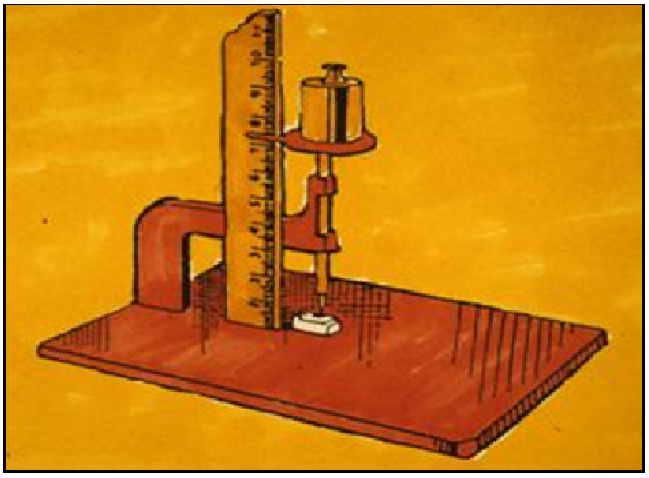
Various substances have been added to paraffin primarily to improve microtomy. The ribboning process can be improved by 10-20% beeswax or 3-5% halowax. Beeswax (derived from honeybees and called white wax *Cera Alba* and yellow wax *Cera Flava*) reduces crystal size and makes the mixture more sticky than pure paraffin allowing the sections to stick together better. Additives will increase the hardness of wax and support tougher tissues, will increase ***plasticity*** of the wax to improve sectioning qualities and change the sectioning from point to point cleavage to a continuous-flow shaving and to produce a more stable crystalline structure to the wax. Other examples of additives are: ceresin, microcrystalline wax, rubber, dental wax, bayberry, diethylene glycol distearate and piccolyte. Ceresin is a purified ozocerite. It is mixed with paraffin to help reduce cost. It's qualities were primarily hardness and plasticity. Rubber reduces brittleness, increases

stickiness and makes the formation of ribbons during the sectioning process. Bayberry (a vegetable wax that comes from the berries of the shrub *Myrica Cerifera or* Carolinensis) increases the firmness of the paraffin at high temperatures and facilitates securing of thin ribbons. Piccolyte is a "yellowish" brown sticky crystalline substance that aids in sectioning which has to be melted with the paraffin to form the paraffin mixture for embedding. Plastic polymers have also been added to paraffin which also aids in better sectioning. DSMO (dimethyl sulphoxide) added to paraffin has provided both infiltration and sectioning qualities that aid in producing thinner sections such as 2 microns.

QUALITIES:

In routine tissue processing there are usually 2-3 changes of paraffin utilized to totally remove the clearing reagent. Prolonged exposure to paraffin may harden and shrink tissues and damage certain entities that later may not be demonstrated. The temperature of paraffin should be checked at least daily and recorded and not allowed to go above 4º C. Paraffin should be melted in an oven ***well*** before use, allowing the additives, plastic polymers and other chemistry to thoroughly mix well. Some paraffins may contain water molecules and upon melting the water will boil off leaving a ***foam*** residue that will form on the surface of the paraffin. This foam can then be removed by using a gauze square to collect it for disposal. The hardness of the paraffin to the hardness of the tissue can be tested with a instrument called a ***penetrometer*** (Figure 3). The material to be tested is placed under the standard needle and the height of the index read on the millimeter scale. The distance which the standard needle point penetrates is proportional to the hardness of the paraffin or tissue.

Figure 3: Penetrometer for measuring the hardness of the paraffin and tissue specimen



CRYSTALLIZATION:

Crystallization is the conversion of liquid paraffin into a solid. Be definition it is "pockets of air" that produce ***milky*** spots. Paraffin may contain 7-15% air dissolved in it and can appear clear when the air is evenly distributed. During the process ***normal*** crystals form at the center; ***abnormal*** crystals form at the periphery. Water or temperatures colder than 10º C will cause the block to contract too strongly and can cause cracking. The perfect block is one in which the paraffin crystals are contiguous and the paraffin appears both clean and homogenous. The causes can be either too slow or too rapid hardening of the paraffin. The result: difficulties in sectioning. A few remedies are" work with the molten paraffin quickly, cool embedded blocks from the bottom or re-embed tissue blocks. A simple test for crystallization is polarization with a microscope.

CONCLUSION:

Since the early techniques of infiltration and embedding substances have been experimented with, tried and proven to be both successes and failures. Mixtures of soft materials serving as substantial forms of stability to aid in the production of a simple ribbon securing a specimen for microscopic study have helped to bring histotechnology to the forefront of pathology. Creation of better infiltration and embedding materials initiated more progressive instrumentation to cut thin sections. And histologic techniques were carved into the practice

of tissue preservation to better render the diagnosis and possible treatment of disease. The search for a unique but fundamental matrix to preserve, infiltrate and even embed tissue specimens for microscopic examination. Therefore it no wonder that paraffin was the ***microtomist's choice!***

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JEKYLL ISLAND HIGHLIGHTS

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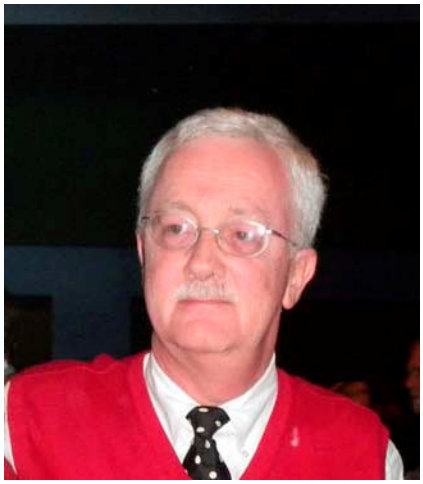

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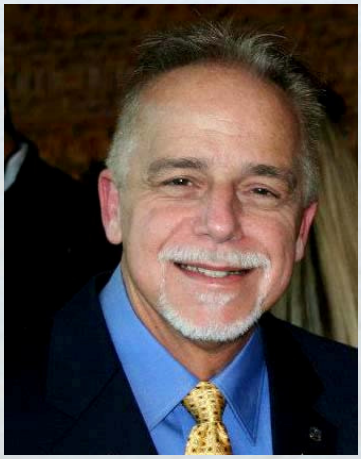

BELOW:
WANDA & LAMAR JONES

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TO SPEAKER,
JEFF GORDON

DOOR-PRIZE WINNERS!

ALL PRESENTED BY
ANNE TAYLOR PAST TREASURER
&
NORBA TARGA (PUBLIC RELATIONS & MERIAL LIMITED

BELOW
ELAINE BARRENTINE,
NE GEORGIA MEDICAL
CENTER
BY
JOE BENNETT
OF POLY-SCIENTIFIC

ABOVE:
MICHELLE MURPHY,
OF
UNC HEALTHCARE

ABOVE:
BIENVENIDA DADULLA, OF MUSC &
JILL REX OF LAB STORAGE

BELOW:
JERRY SANTIAGO,
VICE-PRESIDENT OF NSH

BELOW:
LORRAINE SMALLWOOD,
OF PHOEBE PUTNEY HOSPITAL

THANK YOU….

A SPECIAL "THANK YOU!" GOES TO THE GSH BOARD OF DIRECTORS

DONNA HEDGER-AWARDS CHAIR

&

BILLIE ZIMMERMAN-SECRETARY

MICHAEL BOURGEOIS
VICE-PRESIDENT

HARRIET BAKER-REGISTRAR
SHIRLEY POWELL-TREASURER
JANET HOBBS-NSH CEU LIASON

SPECIAL THANKS TO NSH FOR ATTENDING: (FROM LEFT TO RIGHT)

JESSICA PELLEGRINI, ELAINE BASHAM, JOANNA BARTON, VINNIE DELLA SPERANZA, & CHRISTIE GOWAN (BACKGROUND)

GEORGIA SOCIETY FOR HISTOTECHNOLOGY
General Business Meeting
April 12, 2013
Oceanside Inn and Suites
Jekyll Island, Georgia

CALL TO ORDER: Meeting was called to order by GSH President Wanda Simons at 5:15.

OLD BUSINESS:

Region III: Joanna Barton, Region III Director, was presented with a check from GSH for $1000 from last year's Region III meeting at Callaway Gardens.

Membership: Recruitment was encouraged to join with the online form and since membership is free, to also join NSH.

HOD Delegates: Attendees were asked if attending the NSH via support from their employer. Only current GSH members for at least a year who are current NSH members can represent GSH in the House of Delegates. Janet Hobbs, Shirley Powell, Wanda Simons, Billie Zimmerman and Norba Targa are attending. Norba asked to be the alternate. Georgia is allowed 2 delegates, plus the President and an alternate. Wanda will send the necessary paperwork to the NSH credential chair, Janice Alvarez.

MICROTIME: Carol asked for submission of more articles. Mike Ayers stated the award for the best scientific article be reinstated. Suggestions for other awards was requested. The need to submit nominations for awards earlier was discussed as well as the lack of a sufficient number nominations submitted for each award. Earlier submission was suggested as well.

NEW BUSINESS:

The 2014 date for the Carolinas meeting was requested from Joanna Barton. She suggested Linda Jenkins be contacted for the dates. The month of April was mentioned but nothing definite has been set. Wanda will contact Linda for that date.

The rotation of the Region III meeting was brought to a question. Wanda requested that the minutes from the Region III meeting in Vancouver to be sent to her. Since the Region III meeting was in the Carolinas this year, 2013, which was not really an official Region III meeting stated by Joanna Barton and Jerry Santiago, but was listed in the Carolinas official program that there was a Region III meeting, so there is confusion why the Region III meeting will be in North Carolina next year. The rotation will go:

South Carolina	2014
Puerto Rico	2015
Florida	2016
Florida /NSH	2017
Georgia in	2018

The Region III Director was asked to please communicate all meeting dates to confirm so that other state meetings will not conflict with the Georgia meeting in the future since it is in the guidelines. NSH VP stated that the guidelines were just that, guidelines and nothing is written in stone. GSH VP, Michael Bourgeois, asked that more attention be paid to the dates since we work very hard to cooperate with other states in this matter. Past NSH President Vinne Della Speranza noted that since NSH sponsored this meeting the NSH board and Region III Director should have communicated with ALL region III presidents before setting the date. The NSH VP, Jerry Santiago, stated that NC set the dates and not NSH.

GSH 2014 meeting was discussed. Locations being considered are Macon in conjunction with the Cherry Blossom Festival, the Marriott has given a rate of $109 for rooms. Callaway Spa and Lodge has contacted Wanda to come there in 2014, a site visit is planned in the near future. Helen Georgia was also considered and a site visit will be made there as well. The decision should be made soon so that we can proceed with our program and plans for next year.

A motion was made by Mike Ayers to adjourn and seconded by Harriet Baker at 5:45pm

GSH Board of Directors

GSH PRESIDENT: Wanda Simons - gshpresident@gmail.com

GSH VICE PRESIDENT/GSH EXHIBIT LIAISON: Michael Bourgeois - GSHVicePresident@gmail.com

GSH TREASURER/WEB MANAGER: Shirley A. Powell - gshtreasurer@gmail.com

GSH SECRETARY: Billie Zimmerman - GSHsecretary@gmail.com

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GSH MEMBERSHIP CHAIR: Nancy Crane - GSHmembership@gmail.com

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GSH AWARDS CHAIR: Donna Hedger - GSHawards@gmail.com

GSH NOMINATIONS-ELECTIONS CHAIR: Cindy Baranowski - gshnominations@gmail.com

GSH NSH CEU LIAISON: Janet Hobbs - gshceu@gmail.com

GSH PUBLIC RELATIONS: Norba Targa - gshpubrel@gmail.com

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TO: