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The Genexus System

Instrumentation

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A new white paper explores a multi-faceted approach to combatting fentanyl-related deaths and minimizing the risk of overdose nationwide.

Key strategies highlighted in the white paper include:

- Monitoring overdose rates due to illicit drug use
- Drug screening to identify fentanyl contamination
- Surveillance of fatal and nonfatal fentanyl overdoses
- Implementing harm reduction interventions and potential partnership opportunities

[Download the white paper](#)

¹ <https://www.dea.gov/onepill>

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TOSOH BIOSCIENCE

Conference Preview

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Cardiac Advance Controls Detect Troponin with Greater Sensitivity **BIO-RAD**

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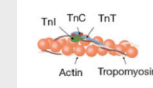
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New Product Launch

Unlocking Deeper Insights: HER2 in Breast Cancer with Digital Pathology

Roche invites you to join us for the "Unlocking Deeper Insights: HER2 in Breast Cancer with Digital Pathology" webinar.

Learning Objectives:

- Comprehensively review the levels of HER2 IHC expression.
- Examine the advantages of incorporating HER2 chromogenic in situ hybridization into the pathology laboratory workflow.
- Review the benefits and utility of AI assistive tools in HER2 scoring and assessment in breast cancer.
- Observe a demonstration of a HER2 scoring workflow incorporating digital and AI tools.

***Key:** Digital Pathology software is intended for specific clinical applications and is for research and educational use for other applications. Please review the product labeling for compliance before utilization. Roche image analysis algorithms are for research use only. Not for use in diagnostic procedures.

Speakers:

Dr. Angela Baldwin MD, MPH, FCAP, FNAME, Pathology Liaison, US Medical and Scientific Affairs, Roche Diagnostics

Dr. Audrey Bennett, MD, FCAP, Pathology Liaison, US Medical and Scientific Affairs, Roche Diagnostics

September 24, 2025 1:00 - 2:00 PM EST

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Webinar Promotion

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Webinar
Determining copy number in inherited disorders by MLPA and copy number electrophoresis
November 19, 2025 | 1:00 PM - 2:00 PM EST

Host response solutions to sepsis risk prediction

When emergency physician Chadd Kraus, DO, DrPH, of Lehigh Valley Health Network in Allentown, Pa., sees a patient who could have sepsis, he wants to know if there's an infection and, if so, how bad it is based on the patient's host response, what interventions are needed, and whether the patient will need to be hospitalized. Not as pressing for him? "What's the pathogen?"

Use of whole genome sequencing in diagnosing rare genetic diseases

Large gene panels and exome sequencing are routinely performed in clinical practice to identify the pathogenic variants that cause inherited diseases. In many cases, these assays can identify the causal variants and provide a diagnosis. However, clinical exome sequencing, which examines the protein-coding region of every gene, only interrogates two percent of the genome, so some causal variants may elude detection.

A trio of magic potions to protect laboratories

A "grimoire" for laboratories—that's what J. Mark Tuthill, MD, of Henry Ford Health was asked to talk about at the Pathology Informatics Summit in May. Once he learned what the term meant, he got to work, and his book of magic for laboratories unfolded. He did not use a large language model to create his spells because "only a wizard" can teach such things, he said, which is why he consulted his 11-year-old grandson.

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From the President's Desk
AI in pathology: excitement vs. fear

The use of artificial intelligence in medicine is spreading rapidly, but it's not entirely new. Tools that incorporate AI have been approved by the FDA since the mid-1990s, mostly for use in radiology and cardiology. Like all of our colleagues in medicine, we pathologists have been hearing a lot about AI lately. Some of us are excited about it, and most of us are familiar with the surge of hype claiming that AI will change everything about how we practice.

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Labcorp introduces AI-based laboratory test search tool
 Labcorp recently launched Test Finder, a generative artificial intelligence tool that it developed in conjunction with Amazon Web Services. The tool, available on www.labcorp.com, is designed to simplify lab test selection by enabling health care providers to ask questions or describe ...

At AMP, latest on self-collection, avian influenza, and more

Avian influenza, self-collection, and diagnostic stewardship in the microbiology laboratory are three topics of many that can be explored at the Association for Molecular Pathology meeting in Boston this November. Andrew Pekosz, PhD, heads a research laboratory at Johns Hopkins University that studies the replication and disease potential of emerging respiratory viruses. In "Emerging public health threats: avian influenza A(H5N1) and the return of vaccine-preventable diseases," Dr. Pekosz, professor in the Department of Molecular Microbiology and Immunology, will share his findings about highly pathogenic avian influenza and encourage vigilance as flu season approaches.

[Read Article](#)

Molecular autopsy to determine cause of sudden cardiac death

When someone dies suddenly and unexpectedly, a forensic autopsy is often performed to identify the manner and cause of death. However, up to 30 percent of autopsies fail to identify any underlying anatomic or toxicologic etiologies, and the autopsy classification may be sudden unexplained death. This is particularly concerning in young

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Your Urinalysis reCAP

IS YOUR URINALYSIS WORKFLOW WORKING FOR YOU?



On value, preanalytics, and personnel in urinalysis
 Urinalysis reflex rules, reimbursement, instruments, research, and specimen handling and transport are some of what came up in the Jan. 15 roundtable with eight participants online and CAP TODAY publisher Bob McGonnagle leading the discussion. Our revised guide to urinalysis instrumentation is [here](#).

Tapping into the potential of urinalysis

Tried and true but also having untapped potential is how three industry insiders see urinalysis. Though traditional urinalysis serves its purpose well, they say, it's easy to envision the next level. "We tend to look at urinalysis with a fairly myopic view of counting particles and doing a dipstick," says Jason Anderson, MPH, MT(ASCP), senior product manager for urinalysis solutions, Sysmex America. "So what becomes the definition of urinalysis in the future?" he asks. "When we look at blood, it isn't plasma analysis, it isn't serum analysis. It's specific disease conditions, disciplines that use that fluid type."

[Read Article](#)

Stability of quantitative urine chemistry, test strips and particle count parameters in VACUETTE® Urine STB Tube at room temperature

The reliability of urinalysis results is extremely sensitive to preanalytical handling, i.e., sample collection, transport and storage. The delay between urine voiding and its examination significantly impedes diagnostic accuracy in many laboratories. This study examines the stability of quantitative urine chemistry, test strips and particle count analytes in the VACUETTE® Urine STB Tube up to 72 h.

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Women's Health reCAP

BD COR™ GX/PX/GX
 What if you could expect more from your HPV assay – and boost efficiencies?



Impact of primary HPV testing on cytology lab statistical analysis

Cytology gynecologic statistical laboratory data must be analyzed in the context of changing screening modalities and patient populations. This is especially important with the increasing use of primary high-risk HPV screening because diagnostic metrics will be markedly different in that patient population.

Evaluation of the BD Onclarity™ HPV Assay on the high throughput BD COR™ System

The global molecular diagnostic business is expected to grow to an estimated USD 13.8 billion by 2026 with a compound annual growth rate of 7.1%. In the US that demand is driven, in part, by increased spending for the detection of infectious agents and the consolidation of testing into larger, more efficient testing facilities. The BD COR™ system is capable of working completely unattended with a daily walk-away time for HPV testing of approximately 7 hours. The system is capable of producing 330 results with just two interventions during the day, the first to load primary vials and reagents and the second in the afternoon to replenish consumables. [Review the full study here.](#)

Ancillary tests in gynecologic pathology—what and why

With serous ovarian carcinomas and other gynecologic tumors, it's molecular testing that increasingly sets the treatment course. "As pathologists, it's exciting to us," said Sadia Sayeed, MD, speaking at CAP22. "We're learning that the immunostains we're interpreting have greater implications than we ever thought they could." In a session on ancillary testing in gynecologic pathology, Dr. Sayeed, assistant professor of pathology and director of cytopathology, Virginia Commonwealth University Health, and Leslie M. Randall, MD, MAS, Dianne Harris Wright professor at VCU and division director of gynecologic oncology, VCU Health, reviewed the molecular classification of ovarian and cervical cancer and used their cases to highlight evolving practices in molecular diagnostics and treatment. One example: Treatments for low-grade and high-grade serous ovarian cancer are diverging, and next-generation sequencing can determine the grade when the pathology is equivocal.

Second of two parts. Part one:
[Spotlight on ancillary tests in endometrial cancer](#)

"Not only will NGS give you your definitive p53," Dr. Randall said, "it will give you other markers that will increase your confidence in the low grade versus high grade." Of the five common epithelial subtypes of ovarian cancer seen in Fig. 1, high-grade serous is by far the most prevalent. High-grade serous tumors are characterized by the p53 mutation most commonly and often are associated with the BRCA mutation, though "It doesn't necessarily have to be BRCA," she said. "It just has to be in that pathway." Mucinous tumors are driven by KRAS, "just like colorectal tumors."

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CAP TODAY Publisher Bob McGonnagle: A Trusted Voice in Laboratory Medicine

For nearly four decades, Bob McGonnagle, the esteemed publisher of CAP TODAY, has been a prominent figure in the field of medical laboratory medicine. Recognized by pathologists, lab leaders, and industry experts alike, Bob's deep industry knowledge is as distinctive as his trademark bow tie.

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Publisher's Picks



Welcome to the second of CAP TODAY's Publisher's Pick eblasts for 2025. This series highlights the most impactful articles from the second quarter of the year, handpicked by me for their relevance and importance to diagnostics and laboratory medicine. While every article we publish is carefully curated for our loyal readership, these selections stand out as exceptional. — *Bob McGonnagle*





For myeloid malignancies, how WHO-HEM5 and ICC differ

How the World Health Organization fifth edition of hematolymphoid tumors and the International Consensus Classification differ for myeloid malignancies was highlighted in cases presented in a CAP24 session last fall.

Taking on low, ultralow HER2 breast cancer

Since the hunt began to identify low levels of HER2 in metastatic breast cancers, the action has revealed itself like the plot of a Henry James novel: Nothing much happens. Also, a lot happens. And each narrative thread is conveyed in hard-to-parse language.






Tumor marker testing in body fluids calls for caution

With few FDA-cleared or -approved methods for tumor marker testing in body fluids, it is the laboratory that's responsible for the tests. "A specimen arrives at your door, and you have to figure out what, if anything, you're going to do," said Jonathan Genzen, MD, PhD.

Not to be overlooked: lab administrative skill

The transition from pathology training to practice is not just about diagnostic skill and confidence in that skill but also laboratory administrative duties



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The screenshot shows the CAP TODAY website interface. At the top, there's a navigation bar with 'CAP TODAY' logo, a search bar, and categories. Below the navigation, there are several content blocks:

- Subspecialty Sponsorship:** A banner for 'Blood culture ID slowing you down?' with a 'TELL ME MORE' button.
- October 2025:** A featured article 'Building a better blood order, front to back' with a photo of three people.
- Publisher's Pick:** 'Where court's LDT decision leaves labs' and 'Big interest, gaps in early pancreatic testing'.
- Industry News:** 'ArteraAI Prostate gets breakthrough device designation' and 'Tumor marker testing in body fluids calls for...'.
- Video Spotlight:** 'Award-winning Histology Slide Printer' and 'The Answer is Simpler: The real cost of change'.
- Commercial Roundtable:** 'One angle on cancer care'.
- Webinar:** 'Amplicon-based NGS panels in clinical practice: From broad oncology applications to advancing breast cancer care'.
- Product Guides:** 'Introduction of a new FDA approved rapid NGS solution for Companion Diagnostics and tumor profiling in...' and 'Amplicon-based NGS panels in clinical practice: From broad oncology applications to advancing breast...'.

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Digital Edition



This detailed view shows a CAP TODAY article page. The article title is "Room to grow: tumor-germline sequencing". The text discusses genetic profiling and germline testing. Below the article, there is a "Read Article" button. To the right of the article, there is a Diasorin advertisement for the "LIAISON PLEX* Respiratory Flex Assay". The ad includes the text "Combat the whooping cough surge with the Diasorin Advantage: Options for Bordetella testing" and "Simplex* Bordetella Direct Assay LIAISON PLEX* Respiratory Flex Assay". At the bottom of the ad, there is a "Subscribe" button.

Digital Edition eNews banner

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Name of laboratory information system	How LIS functionality is deployed	Company provides list of client sites to potential customers on request	Most recent LIS go-live at a client site (based on August 2024 survey deadline)	Distinguishing product features (supplied by company)	Additional Features
CLM Laboratory	client option of remote hosting or local server and software	yes (partial list of comparable sites but prospective clients must sign a nondisclosure agreement)	Jan-2024	responsive changes and customizations based on customer request and feedback; outstanding support personnel located in the U.S.; special offers for schools and startups	Additional Features
Polytech LIS	client option of remote hosting or local server and software	no (information is confidential)	Jul-2024	customer-customizable reporting with support or independently using Polytech tools; transparent pricing with no hidden fees; ease of usability; 90 percent of lab work done in a single screen	Additional Features
CGM LABDAQ	local server and software; clients may implement in a virtual environment	yes (partial list of comparable sites with no restrictions regarding its use)	Aug-2024	advanced integration and connectivity with instruments, EHRs, billing software, reference labs, more; intuitive navigation with a customizable user home screen and shortcuts to common reports, more; powerful rules; data-mining queries for data analysis; experienced support staff to assist	Additional Features
CGM SCHUYLAB	client option of remote hosting or local server and software	yes (partial list of comparable sites with no restrictions regarding its use)	Jul-2024	optional, fully integrated billing system for reference labs, veterinary labs, or any lab doing its own A/R; familiar, icon-based interface makes navigation intuitive and easy; ideal for multi-lingual labs and international markets; available in multiple languages	Additional Features
Avian LIS	client option of remote hosting or local server and software	no (information is confidential)	Mar-2024		Additional Features

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Avian LIS	client option of remote hosting or local server and software	no (information is confidential)	Mar-2024		Additional Features

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LIS experts on HL7, AI, home-test results, and more

November 2024—Lab data displays, IT demands that active resources, at home test results, and HL7 are some of what came up on Sept. 20 when CAP TODAY publisher Bob McGeehan spoke online with pathologists and industry executives about laboratory information systems.

"It's fire and forget," said Ulisses G. J. Balin, MD, of the University of Michigan, about the lack of feedback from the EHR that a clinician has seen and understood a complex result, "to loss to follow-up in a real possibility," he said.

Their conversation follows.

It's start with an overview of topics covered in last year's roundtable on laboratory information systems. One is a need to integrate data between the LIS and EHR. We are still living in a world where dollars and staff are short and demands are diverse. Some clinicians want something concise; others want something complex and don't want anything left out, which makes it difficult to simply opening. Ulisses Balin, can you comment on these dilemmas that everyone who does laboratory information faces?

Ulisses G. J. Balin, MD, associate chief medical information officer, A. James French professor of pathology informatics, director, Division of Pathology Informatics and director, computational pathology laboratory section, Department of Pathology, Michigan Medicine, University of Michigan: "The cumulative demands on the system, the lab, and the enterprise generally exceed available resources. We've shifted from generating simple lab results to the need for increasingly complex panels, molecular workflows, and derivative data, combined with downstream uses of that data, such as AI, where you need a specific format. Michigan is an exception to the rule in that we have retained some technical resources to build such component panels and interfaces. You have a growing number of folks in the lab and the informatics group supporting the lab for data products, not just for the new results but also the derivative data products that one generates with that results. These requests can take a long time to be realized or can't be realized at all."

I see the list of requests growing faster than they're getting resolved. I don't know how well this other than perhaps having standards for implementation of interfaces. We have HL7, and we know HL7 is almost a standard, but each place implements it slightly differently. Australians and New Zealanders have looked at HL7, and we could do that. The need and opportunity seem to be having one true interface implementation standard so we don't have to do a complex dance of unit, load, and integration testing for every new lab or lab panel result requested, recognizing that the overhead needed to do this task has already become unsustainable.

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 Tuesday, June 10, 2025, 12PM-1PM ET

Raza Hoda, MD
Staff Physician, Cleveland Clinic
 Assistant Professor of Pathology
 Cleveland Clinic Lerner College of Medicine

Why should you register now for this webinar?
 Listen to a national thought leader discuss the importance of advancements in HER2 testing, including HER2 UltraLow.
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 Presenter: Raza Hoda, MD

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Karen Rarigh, MGC, CGC
Assistant Professor of Genetic Medicine
 at Johns Hopkins University

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• Presenter: Karen Rarigh, MGC, CGC
 • Moderated by: Bob McGonnagle, Publisher, CAP TODAY

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- Explore how updates to the CFTR2 database and variant list can support clinical decision-making
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- Gain insights into the ACMG workgroup's guidance for minimizing bias and promoting consistency in CF carrier screening
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eNews promotional eblast

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Website required materials

Please submit website banners—and **click URLs**—by the 25th of every month.

Banner sizes:

- 728 × 90
- 300 × 500
- 300 × 250
- 160 × 600

Accepted banner formats:

- animated gif
- gif
- jpg
- third-party tags
- HTML5

Banner size recommendations:

- 150 kB Initial load
- 300 kB subload
- 50 kB file size

Animated banners:

- 10–12 second maximum animation length (5–7 seconds recommended)
- Under 20 frames maximizes the number of times a viewer sees the entire message.
- 15 frames per second (4–6 frames at 1 FPS is optimal)

Note: Animated banners that exceed the limits of our recommendations will require additional time to load and may significantly reduce visibility.

Digital Edition Sponsorship required materials

Please submit digital edition banners—and **click URLs**—by the 15th of each month.

Banner positions and sizes:

- Four desktop banners: 728 × 90 (2) and 300 × 250 (2)
- Two mobile banners: 320 × 50 (2)
- Since some of the banner positions are displayed at the same time, we recommend unique banners be provided for each position.

Accepted banner formats:

- animated gif
- gif
- jpg
- third-party tags
- HTML5

Banner size recommendations:

- 150 kB Initial load
- 300 kB subload
- 50 kB file size

Animated banner recommendations:

- Under 20 frames maximizes the number of times a viewer sees the entire message.
- 15 frames per second (4–6 frames at 1 FPS is optimal)
- 30-second animation length (includes looping with 3x loop max)

Note: Animated banners that exceed the limits of our recommendations will require additional time to load and may significantly reduce visibility.

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eDirect required materials

Please submit the following eDirect materials at least five days prior to the mail date to allow for testing and for resolving any unexpected design issues:

- HTML file
- Subject line text (maximum 150 characters)
- Preview line (minimum 60 characters; maximum 150 characters) – optional
- List of email addresses the test message will be sent to for review and approval
- List of email addresses the eDirect will be sent to on the mail date

Design recommendations:

- Table layouts (critical to maintaining your design across multiple mail clients and browsers)
- To avoid Outlook rendering issues, include MSO conditional comments, inline CSS, and HTML symbol entities; remove CSS buttons, background images, and floating images and type
- Inline styles (even when using CSS in the header)
- Width maximum of 600 pixels

Test messages:

- A test message will be sent for your review and approval.
- On occasion, company firewalls may flag our test message because the word “TEST” is incorporated into the subject line. If you don’t receive your test message within 10 minutes of the send time, please let us know.

Reblast:

- reBlasts are sent within 7 days of the initial eDirect.
- reBlast subject lines must be included with the initial eDirect materials.

New to HTML:

- If you’re unsure how to create an HTML blast, we suggest you sign up for a free account with MailChimp; it’s the marketing platform we use. Their drag and drop tools make it easy to create your HTML. Once you’re finished, you can share your template with us at mlindsa@cap.org.
- You may also want to use a free version of the online tool Canva to create specialty headers.
- If you prefer to hire someone, Upwork is a great resource for freelance designers.

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Video required materials

Please submit these video materials by the 25th of each month:

- YouTube link or a download link to your video (your downloaded video will be uploaded to the CAP TODAY YouTube channel)
- Headline (maximum of 70 characters)
- Descriptive text for beneath the video (maximum of 250 characters)
- Learn more click URL
- Logo

Note: The recommended length is 30–60 seconds.

Topical reCAP required materials

Please submit the following reCAP materials at least five days prior to the mail date:

- Two banners (can be the same size) and click URLs
- Topical reCAP category (used for the eNews banner and email subject line)
- Two CAP TODAY articles of your choice
- One customer content piece: white paper or press release with content related to the topic and 2–4 sentences of summary text that will be included in the eNews announcement
- List of email addresses the test message will be sent to for review and approval
- List of email addresses the Topical reCAP will be sent to on the mail date

Banner sizes:

- 300 × 250
- 600 × 160
- 160 × 600

Accepted banner formats:

- animated gif
- gif
- jpg
- png

Note: If you choose to include an animated gif, the first frame should contain the most important information.

Publisher's Picks eBlast Banner required materials

Please submit the banner—and click URL(s)—at least five days prior to the mail date.

Banner size:

- 300 × 250

Accepted banner formats:

- gif (static)
- jpg

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Product guide sponsorship required materials

Please submit all materials by the 25th of the month.

The Product Guide Sponsorship includes a banner and/or video on the Product Guide page, Print ad, and eNews announcement.

Product Guide page:

Includes a single banner or a banner and a video

- Banner size options: 728 × 90 or 300 × 250
- Video: See below

Print ad:

- High resolution PDF for ¼ tabloid vertical ad (see Print Mechanical Requirements for specifics)

eNews announcement:

- 600 × 160 or 160 × 600
- 300 × 250

Accepted banner formats:

- animated gif
- gif
- jpg
- third-party tags
- HTML5

Video (optional):

- Provide video or external link from YouTube
- Headline (maximum of 70 characters)
- Descriptive text for beneath the video (maximum of 250 characters)
- Learn more click URL
- Logo

Note: The recommended length is 30 to 60 seconds.

eNews blast required materials

Please submit eNews banner(s)—and click URL(s)—at least five days prior to the mail date.

eNews Combo Banners:

- Two banners (they can be the same or different sizes).
- If submitting two URLs, specify which is associated with each banner

eNews Single Banner:

- Submit one banner along with a click URL.

Banner size options:

- 300 × 250
- 600 × 160
- 160 × 600

Accepted banner formats:

- gif (static)
- jpg

Note: If you choose to include an animated gif, the first frame should contain the most important information.