

## President's Letter . . .

step, that of providing leadership for the Technology, involves 1) liaison with other medical professional societies to establish a dialogue for mutual benefit and set minimum standards of practice; 2) an educational program to meet and maintain these standards; and 3) a certification program to prove that these standards have been met. When this point is reached, via the dialogue established with the liaison program, the Society is then capable of acting as spokesman for the Technology.

*To accomplish all facets of the certification and education program, to bring the program to a fully and completely implemented entity, is going to take time. In fact, an estimate of at least three, and possibly, five years may be involved in doing a workman-like job. There are many steps.*

First, we must obtain what information there is available to justify and guide all that is to follow. We must collect facts rather than opinion in order to have a firm base upon which to build. It is at this point that our professional liaison program begins in parallel with the educational program.

Second, after the collection, processing, and publication of the data obtained, we must then evaluate all facets of the Technology in order to develop the curriculum for each. Of course, minimum standards will also have to be established at this time to govern the depth of the curricula.

Third, the process of measuring the knowledge, abilities, and capabilities is then begun to establish the common denominator which all technicians and technologists must meet. Because this "certification" has been developed in cooperation with the rest of the medical profession with the assistance and approval of the federal government, it will be of recognized value rather than a stop-gap, unilateral testing program hastily developed by the Society alone.

Liaison is vitally necessary, not only with the medical and para-medical societies but with the educational community and federal government as well. But an effective professional liaison program cannot be implemented with any group until our Society can tell them exactly what it needs and expects from them as well as what our Society is going to do. This cannot be done fully until the results of our initial study are known.

To summarize, the basic objective constitutes the continual upgrading of patient care. This is to be accomplished through the dissemination of information, certification and continuing education assisted by an effective liaison with the medical and education communities. It is necessary to establish, as well, a membership of sufficient numbers of interested, dedicated, and concerned individuals to bring about these accomplishments. We cannot settle for half a loaf. Our Technology is evolving at such a rapid rate that we must do it right, do it completely, the first time. Your support and participation are not only desired but necessary.

*Ed Berger*

## A New Test for Hepatitis

Some blood banks have begun using a new test that shows promise of screening hepatitis in donor blood. About 5,000 cases of hepatitis are reported annually to the National Communicable Disease Center in Atlanta.

The new test, which is still in the experimental stage, detects the presence in blood of a foreign material originally called Australian antigen, but also known as hepatitis or serum antigen. The test involves a simple procedure in which the donor's blood is matched with the blood of an individual believed to have developed antigens against hepatitis. The two blood samples diffuse in such a way so that if the antigenic material is present in the donor sample, a visible precipitation takes place.

The antigen test was discovered in 1963 by researchers at the Philadelphia Institute for Cancer Research while looking for genetic variations between different people in their

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