

# RESEARCH *administration* NEWS



Fall 2007

## AAHRPP Accreditation Will Involve Investigators and Research Staff

**T**he Medical College of Georgia (MCG) is in the process of obtaining accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP). Accreditation is a voluntary process that involves ensuring the quality and integrity of a human research protection program of an institution. While the Office of Human Research Protection (OHRP) is spearheading the effort, accreditation is an enterprise-wide endeavor that will involve several departments and individuals. OHRP submitted the accreditation application on May 1<sup>st</sup>. AAHRPP will be at MCG on November 7-9, 2007 for a site visit.

AAHRPP uses a detailed “Evaluation Instrument for Site Visitors” to assess human research protection programs in five domains:

1. Organization (the Institution)
2. Research Review Unit (IRBs)
3. Investigator (which includes the research team)
4. Sponsored Research
5. Participant Outreach

An expert evaluation team reviews the accreditation application and will meet with key organizational officials, IRB members, staff, and chair, Investigators and research staff during the site visit. The AAHRPP site team will choose which investigators and research staff they will interview approximately six weeks prior to the site visit. However, all Investigators and research staff should review institutional policies and standard operating procedures (SOPs)

that relate to clinical research in preparation for the site visit.

The following topics are discussed in the AAHRPP standards for investigators and should be addressed when reviewing institutional policies:

### Defining Research

Department of Health and Human Services (DHHS) regulations define *research* at 45 CFR 46.102(d) as follows: *Research* means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research, whether or not they are conducted or supported

under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

A systematic investigation is an activity that involves a prospective research plan which incorporates data collection, both quantitative and qualitative, and data analysis to answer a research question.

Investigations designed to develop or contribute to generalizable knowledge are those designed to draw general conclusions (i.e., knowledge gained from a study may be applied to populations outside of the specific study population), form policy, or generalize findings.



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## Determining if Your Project is Research or Quality Assurance:

### Research

- The goal of the project is to test a hypothesis
- You are using scientific methods (e.g. controls, blinding, randomization) and the outcome of the project is uncertain.
- The planned treatment/procedures deviate from normal clinical care.
- You expect to draw generalizable conclusions
- You expect to publish your findings
- Data will be submitted to an external group or program (such as the University Hospital Consortium (UHC) or another benchmarking organization) with a goal of drawing conclusions.

*\*If any of the bullets apply to your proposal, then submit a protocol to the HAC for review.*

### Quality Assurance

- The goal of the project is to improve service delivery or administrative support at MCG/MCGHI or the Augusta VAMC.
- The project has a reasonable expectation of success
- There is no change in normal clinical care or administrative support
- The findings will be used to improve MCG, MCG Health Inc, (MCGHI) or Veterans Affairs Medical Center patient service delivery or administrative delivery only
- Publication is not intended, now or at any time in the future.

*\* If the data will only be used internally for quality improvement/quality assurance then it is not considered to be research. However, if that data will be shared externally (e.g. benchmarking, publications, poster presentations outside the institution, etc.) then it become research.*

Contact OHRP at 721-1478 for assistance to determine if the proposal is research.

## Institutional Policies Regarding Conflict of Interest

The institution has policies and procedures that require the reporting of Conflicts of Interests and Conflicts of Commitments for all employees. MCG, MCGHI and the Physician's Practice Group (PPG) Conflict of Interest Policy can be found at <http://www.mcg.edu/Services/Legal/conflicts.htm>.

Federal regulations require disclosure of personal financial interests by Principal Investigators, Sub-Investigators, and others involved in the conduct of the research in any way that could bias the design, conduct, or implementation, management, and reporting of research data. The regulations further require that the institution have a mechanism for the investigators to disclose the potential conflicts and for the development of a management plan that manages, eliminates, or reduces the potential conflict.

Situational disclosure of financial conflicts of interest occurs using MCG's Division of Sponsored Programs Administration (DSPA) Routing Sheet that is linked to an individual grant or contract and usually an individual research project. Each routing sheet includes a disclosure section for financial conflicts of interest that is completed by an investigator and submitted to the DSPA Pre-Award Office, for processing the grant or contract.

The disclosed conflict should also be reported to the IRB, and may be discussed by the full Conflict Review Committee, depending upon the type of conflict. In either case, whether through the DSPA form or the IRB, the OHRP will communicate with the investigator and the Dean before the IRB approves the protocol. The IRB will be provided with the necessary information relating to the potential conflict, the suggested management plan, and any statements of disclosure recommended.



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The IRB will make a determination regarding the level of disclosure required in the consent document, as well as other measures to reduce or eliminate the potential conflict. If the IRB determines additional disclosure or measures to protect subjects are necessary, they will request the additional revisions to the protocol and/or consent document and/or conflict management plan as part of the review process. The IRB has the final authority in regards to human subject research (appropriate disclosures) and conflict of interest.

The Fall 2007 edition of the Research Administration Newsletter will address the following topics that are discussed in the AAHRPP standards for investigators.

- Monitoring and assessing risks involved in research
- Informed Consent Process
- Determining when there are adequate resources and facilities to carry out research
- Responding to subject requests and complaints

# Division of Sponsored Programs Administrations (DSPA)

## NIH Revises Notice of Award Letter

With NIH Notice Number NOT-OD-07-060 <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-060.html>, the familiar “Notice of Grant Award Letter” was revised. Effective April 13, 2007, NIH changed the format of the award information to PDF and the name to “Notice of Award Letter” or NOA.

Other noteworthy revisions include:

- PDF format eliminated extra white space resulting in an easier to read NOA.
- A paragraph on the first page encouraging award recipients to submit publications to PubMed Central (PMC) in accordance with the NIH Public Access Policy.
- A data table summarizing total award commitments for all years.
- When applicable, a data table will be added reflecting cumulative totals when more than one award action is issued in a budget period (e.g. administrative supplement) and the parent award is revised.
- Table format for categorical budget data.

Questions/concerns pertaining to your NOA should be directed to your Grant and Contract Officer <http://www.mcg.edu/SPA/preaward.htm>

## New F&A Rate for Industry-Sponsored Clinical Trials

Effective July 1, the facilities and administrative (F&A) rate for Industry sponsored clinical trials\* will increase to 25% of total direct cost (TDC). Currently, the rate is 20% of TDC.

Sponsored Program Administration will continue to honor the 20% rate for those budgets negotiated prior to July 1. The 20% rate will also be honored for budgets still in the negotiation process on the effective date of July 1 if, adequate justification is provided which substantiates when the budget negotiation process began. Negotiations beginning on or after July 1 must request and final budgets must reflect the 25% F&A rate.

\*A **clinical trial** is a study involving human subjects or human derived materials; please refer to the policies and procedures of the Medical College of Georgia Human Assurance Committee (<http://www.mcg.edu/research/ohrp/hac/>) or Chesapeake Research Review, Inc (<http://www.mcg.edu/research/ohrp/irb/crri/index.asp>).

## Grants.gov Adobe Conversion Update

Grants.gov continues with their plans to convert the PureEdge grant submission platform to Adobe. The May 3, 2007 “Grants.gov Adobe Day” was cancelled after unforeseen connectivity issues with the server surfaced. All registrants will be notified via email of the rescheduled eSeminar. The NIH has not announced specific dates and award mechanisms that will use the Adobe format. Stay tuned ...

# Office of Clinical Investigative Services

## MCG Health System Study Scheduling and Billing Tips

The Office of Clinical Investigative Services and MCGHI Patient Accounting have implemented the following processes to ensure accurate study scheduling and billing.

### Outpatient Study Scheduling

Call Central Scheduling at 721-2273 *or*

Call the clinic where the study patient will be seen.

The Chief Complaint (reason for the visit) is “Study” + CPI study number.

(This is the number assigned to the study by MCGHI.)

The Payer is “Study/Research Plan”.

The Guarantor is the CPI number.

The Policy Number is the study IRB number.

### Outpatient Study Billing

After a CPI account number has been assigned to your study billing, you will automatically receive study labels from the OCIS.

Place these labels on all study outpatient hospital orders, requisitions, and encounter forms.

Do not use these labels on Standard of Care procedures that are to be billed to insurance.

Standard of Care procedures must be placed on a separate encounter form and a separate visit must be created in IDX.

Do not use the labels for inpatient procedures.

## Inpatient Studies

Be sure the study patient is registered properly in the hospital system. To confirm this action, contact: MCGHI Patient Access Services at 721-2561

Email Lisa Herrington at [mherrington@mcg.edu](mailto:mherrington@mcg.edu) and provide:

- Study CPI number
- Name of patient
- Medical record number (MRN)
- Date of birth
- List of procedures with CPT codes that are to be billed to the study

## Cancer Research Unit (CRU)

MCGHI requires the completion of a study billing grid before a study can be conducted in the CRU. This process is being piloted tested at MCGHI and other academic health centers. The grid provides a uniform document to ensure accurate scheduling, billing, and a means to verify charges that are to be billed to a study or a patient’s insurance provider. The process and grid meet Medicare and third party payer requirements. MCGHI Patient Accounting and OCIS Review Office personnel can assist you in completing this beneficial tool.

## Study Closeout

Be sure that all study financial obligations have been met before closing a study with Sponsored Program Administration. All bills, including hospital charges, must be paid as well as all subject payments. Verify that the institution has received all earned revenue from the sponsor. Work with your Sponsored Program Accountant to send a final invoice and closeout notification to the sponsor.

## More Information

For information regarding an approved study and hospital charges, contact:

Mary “Lisa” Herrington  
[mherrington@mcg.edu](mailto:mherrington@mcg.edu)  
Phone: 721-9161  
Fax 721-1829 or  
Lindsley Goodpasture  
[lgoodpasture@mcg.edu](mailto:lgoodpasture@mcg.edu)  
Phone: 721-1629

To be sure your study is budgeted and set-up properly from the beginning, contact the OCIS Review Office.

Training on these processes is available through MCG Coordinator University, RESCUE meetings, and by request.

For additional information and specialized training, contact:

MCG Health System  
Office of Clinical  
Investigative Services  
Research Review Office  
Phone 706-721-6247  
[OCIS@mcg.edu](mailto:OCIS@mcg.edu)

# International and Postdoctoral Services Office Updates

## What is the International and Postdoctoral Services Office (IPSO)?

In a recent IPSO *customer service* survey developed by the Office of Decision Support, many respondents commented on the lack of awareness of IPSO's presence and services. We invite you to read further to discover the scope of services we offer to the MCG research community.

Established in 2000, IPSO serves two populations vital to the broader mission of the Medical College of Georgia. For the **MCG postdoctoral fellows and their employing departments**, IPSO acts as a central resource to enhance and support the work experiences of postdoctoral appointees, their faculty mentors and department administrators on employment issues and career development. We can assist in recruitment, facilitate the appointment process, encourage equitable salaries, and regular performance evaluations. We also offer resources for postdoc career development such as a monthly newsletter, Lunch and Learn programs and English-language study opportunities available for non-native English-speaking postdocs.

By the way, did you know that the NIH spells "postdoctoral" as one word? You will see a variety of other spellings such as "post-doctoral" and "post

doctoral" but MCG has adopted the NIH one word spelling. Of course, the "postdoc" abbreviation is acceptable. **For the MCG International Personnel and their employing departments**, IPSO provides information and assistance on how to recruit and retain international faculty and staff by facilitating immigration-related requirements.

## Highlights from the Customer Service Survey

First, thanks to those who took the time to respond to our survey.

Second, we were very pleased by such positive comments:

- "IPSO provides a much-needed service at this institution and does so with excellence."
- "IPSO is doing a fantastic job. The regulations are complex, dynamic and time sensitive and the IPSO staffers do a terrific job of making sure the MCG population they serve can focus on the job they were hired for while IPSO takes care of status requirements."
- "I always felt very well assisted and when I have a problem they always solve the problem for me"
- "Overall Great."
- "The newsletter and manager updates have evolved to be the most useful for me as a manager. Good job!"
- "I believe they do an excellent job. I'm extremely appreciative of

their knowledge and willingness to guide us through these complicated processes."

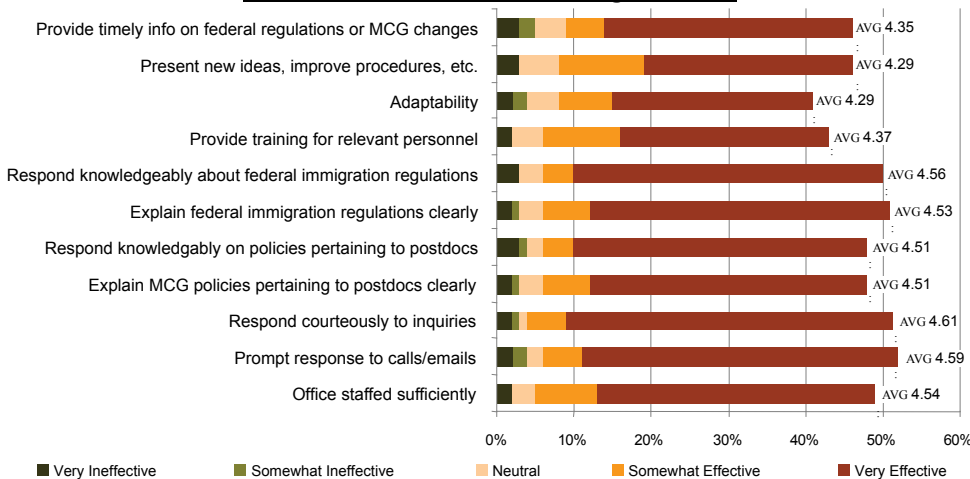
- "This office is a gem that could have a more prominent role in many aspects of the research endeavor."
- Because of the high response from individuals who have had little or no contact with the office, about half of respondents (47 to 59 percent) did not have an opinion about IPSO's effectiveness in meeting its goals.
- This did not have a negative impact on the response ratings for each goal, which averaged 4.46 (on a scale with 1 being very ineffective and 5 being very effective).
- Low rankings (very or somewhat ineffective) tended to come from either Medicine departments or from Centers & Institutes and from both faculty and staff.
- The lowest ratings pertained to the office's adaptability to new situations, special requests, and changes in routine, work load, etc. (4.29) and the innovation of new ideas and procedures and demonstrated awareness of job changes (4.29).
- The highest ratings related to courtesy in responding to inquiries (4.61) and prompt response to calls and emails (4.59).

Finally, we have already met with the IPSO Advisory Council to begin making plans for implementing suggestions brought about by the survey.

## Farewell Adriana Miranda

Adriana will forever be known as a founding member of the IPSO. She was our first coordinator of international services. Throughout her tenure here, she provided a passionate level of commitment and expertise that could be matched only by other much larger university international services operations. One of the comments in the recent customer service survey sums it up perfectly, "**Find another Adriana? Not possible...**" We will miss you Adriana. Thanks for your dedication to MCG.

## IPSO's Effectiveness in Meeting its Goals



# Division of Environmental Health and Safety

## Introducing

### MCG's New Chemical Inventory Program

Federal, state, and local regulations require that Medical College of Georgia (MCG) maintain accurate inventory (types and quantities) of all hazardous materials in its premises. Under these regulations, MCG is required to submit chemical inventory reports semi-annually to state and local agencies by January 1<sup>st</sup> and July 1<sup>st</sup> of every year. MCG also provides annual reports to federal and state agencies when certain chemicals are present on campus at or above pre-established threshold quantity limits. Chemical inventories are used to produce hazard warning signs or placards at MCG laboratories which provide hazard information to First Responders in case of emergency.

MCG's Environmental Health & Safety Division (EH&S) in collaboration with OnSite Systems, Inc., a commercial software development company, has developed a software program to manage MCG's chemical inventories. The Chemical Inventory Database Program is simple, comprehensive, and easily accessible from any facility on campus. The program is web based and can be accessed either through a MAC or any PC system, and it provides a variety of resources to campus chemical users. Through this program, chemical users have access to their chemical inventories, chemical specific hazard information, recommendations for proper segregation and safe storage, recommendations for personal protection equipment and safe handling procedures, waste management requirements, and a system that reminds the user to dispose of sensitive chemicals before they become unsafe and become a health and/or safety hazard. In addition, the program has a system that allows for the exchange of chemicals between laboratories, provides a module for requesting the pickup of hazardous waste and old and out-dated chemicals from laboratories or work areas, and provides a system for printing "Hazardous Waste" labels for each container offered for disposal. These labels meet all the regulatory requirements for proper labeling of hazardous waste containers.

MCG's Chemical Inventory Database Program was launched in October, 2006. Principal Investigators (PIs), supervisors, storeroom managers, and anyone in charge of areas where hazardous materials are stored were asked to submit an inventory to the Chemical Safety Office (CSO) using a spreadsheet template that was provided. All inventories received were entered into the database by CSO staff members and training of campus users was conducted.

Individuals in charge of areas where hazardous materials are used or stored were asked to attend a training session on how to use the database or to delegate the responsibility to a member of their staff. Once trained, they were provided access to the database through secured passwords, and asked to update their chemical inventories.

PIs, supervisors, storeroom managers, and anyone else in charge of areas where hazardous materials are used or stored are responsible for ensuring that chemical inventories exist and are current. Chemical inventories are to be kept current with, at a minimum, semi-annual updates. Updates are to be completed at least thirty days prior to the July 1st and January 1st inventory report dates, through a web access to the Chemical Inventory Database. All chemical users are also expected to use the Waste Pickup Request application through the database program to request for pickup of chemical waste from their areas and to produce a "Hazardous Waste" label for each container offered for disposal. The labels produced in the waste application are to be attached to the appropriate container and the container should be placed in a designated area to be picked up by the CSO staff. As users become familiar with the program, the labels produced through the database will eventually replace the blue tag systems. Access to the waste pickup request and container labeling systems can be provided to any and all of the workers in an area at their managers' request.

PIs, supervisors, storeroom managers and others in charge of areas where hazardous materials are stored and who have not submitted an inventory of these materials should contact the CSO at (706)721-2663. Below is a listing of classes of materials that should be included in the inventory.

1. **Laboratory chemicals:** acids, bases, solvents, metallic salts, halogenated compounds, toxic substances such as lead compounds, acrylamides, all laboratory chemical reagents including those you may consider to be virtually non-hazardous.
2. **Compressed gas:** toxic or flammable gases, asphixants, all pressurized cylinders of pure gases or mixtures of gases.
3. **Liquids under pressure:** liquid nitrogen, liquid oxygen, propane, aerosols (includes aerosol cans), chlorofluorocarbon refrigerants (liquid/gas phases).
4. **Paints & inks:** both water-based and oil-based paints, spray paints, and printing inks or pastes.

5. **Solvents & spirits:** degreasers, kerosene, paint thinners and paint removers.
6. **Finishes:** varnishes, shellacs, floor waxes, lacquers, and lacquer thinners.
7. **Lubricants:** pump oil, hydraulic fluids and oils, motor oil, brake fluid, greases.
8. **Fuels:** gasoline, camping fuel, and diesel fuel.
9. **Maintenance/structural material:** asphalt-containing roofing materials, adhesives, and bonding agents.
10. **Grounds/landscape materials:** fertilizers, plant food, supplements, soda ash.
11. **Pesticides:** insecticides, rodenticides, acaricides, fungicides, defoliants, and herbicides.
12. **Photographic materials:** developers, reducers, stabilizers, activators, fixers, stop baths.
13. **Custodial materials:** cleaning agents, bleaches, floor strippers, soaps and detergents, disinfectants, corrosive products, and ammonia.

Contact the CSO at (706)721-2663 or stop by the office if you do not have access to the Chemical Inventory Database, have not attended a training session or need further information. We are located in the CI building, which is behind the new Cancer Research Center, and our office hours are weekdays 8:30 AM to 5:00 PM.

## Laboratory Chemical Safety Assessments

The Chemical Safety Office (CSO) completed audits of all MCG laboratories between July and December 2006. Significant improvements were documented during this round of audits compared to audits conducted in 2005. On average, approximately 20% of all Principal Investigators (PIs) had no deficiencies in 2006 compared to approximately 80% who had no deficiencies in 2005.

This turn-around is symptomatic of the level of attention to safety detail and awareness that PIs and Lab Workers are paying to our institutional safety program. The following is a list of all PIs who had no deficiencies during the most recent audit of their lab. A copy of these "No Deficiencies" audit reports were provided to the respective Department Chairs. The CSO applauds your efforts. The CSO can be reached at 1-2663.

### Molecular Chaperone

Cashikar, Anil G.  
Horuzsko, Anatolij  
Kaminski, Joseph  
Mivechi, Nahid  
Moskosidis, Dimitrios  
Takayama, Shinichi

### Cell Biology and Anatomy

Adams, David  
Atherton, Sally  
Dong, Zheng  
Hamrick, Mark  
Hill, William David  
LeMosy, Ellen K.  
Schoenlin, Patricia  
Sickles, David W.  
Smith, Sylvia  
Sohal, Gurkirpal  
Wrenn, Robert

### Dental Oral Rehab

Wataha, John C.  
Whitford, Gary

### Ophthalmology/ Research

Ambati, Balamurali Krishna  
Liou, Gregory I.H.

### Georgia Research Pathology

Giri, Judith

### Physiology

Dorrance, Anne M.  
Inscho, Edward  
Kruzich, Paul J.  
Rainey, II, William E.  
Schreihofner, Ann  
Schreihofner, Derek  
Wang, Mong-Heng  
Webb, R. Clinton

### Vascular Biology

Black, Stephen M.  
Caldwell, Ruth B.  
Catravas, J.D.  
Imig, John  
Lilly, Brenda J.  
Marrero, Mario  
Pollock, David  
Pollock, Jennifer

### CBGM

Adam, Bao-Ling

### Cancer Research Center

Bhalla, Kapil N.

### IMMAG

Brann, Darrell  
Chew, Catherine S.  
Du, Quansheng  
Dyran, William  
Kozlowski, David  
Layman, Lawrence  
Lee, Jeff  
Li, Huashun  
McCluskey, Lynette  
McNeil, Pail  
Phillips, Andrew C.  
Podulso, Shirley  
Shi, Xingming  
Stoppler, Hubert  
Takeda, Yoshihiko  
Wakade, Chandramohan

### Immunotherapy Center

Koni, Pandelakis  
Mellor, Andrew  
Munn, David

### Lab Animal Services

Rodriguez, Nancy

### Department of Pathology

Daaka, Yehia

### Pharmacology and Toxicology

Barman, Scott  
Buccafusco, Jerry  
Caldwell, Robert W.  
Dimitropoulou, Christiniana  
Johnson, John A.  
Lambert, Nevin  
Lewis, Deborah  
Prasad, Balakrishna  
Redmond, Lori  
Rudic, Dan  
Terry, Jr., Alvin V.  
White, Richard

### Synapses and Cognitive Neurosciences Center

Blake, David  
Kirov, Sergei

### Surgery Research

St. Louis, James  
Wang, Thomas N.

# HAC Reminders

## HAC Roster

Please review the regulatory binders to ensure that each has the archived HAC rosters needed for your study. They can be downloaded from the HAC web site:

[http://www.mcg.edu/research/ohrp/irb/hac/roster\\_archives.asp](http://www.mcg.edu/research/ohrp/irb/hac/roster_archives.asp)

## Current Versions of HAC Forms

Current versions of the HAC forms must be used. While some sites choose to save the forms and use them repeatedly, *you should ensure that the most current version* of the form is completed and submitted to the HAC. In the event that a particular question or section does not apply to your research, *do not delete the section or pages of the form*. Instead, indicate that the section/question is Not Applicable (N/A).

## CV Dates:

When completing CV date information for the HAC Form 101, the CV date is considered to be the version date printed on the CV (not the date the CV is signed). This date is considered the most current CV date and it will be used to determine the CV expiration date.

## Continuation Reminder

Federal regulations at 21 CFR 312.66 require principal investigators to assure that the institutional review board (IRB) of record for their study will be responsible for initial and continuing review of the study. The regulations at 21CFR56.109f and 45 CFR 46.109(e) also require the IRB to conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year. The purpose of continuing review is to review the progress of the entire study, not just the changes that have occurred.

As a courtesy, the Human Assurance Committee (HAC) administrative office sends the HAC Form 107, Clinical Study Status Report, via campus mail to the principal investigator or their designee. However, it is the responsibility of the principal investigator to ensure that the HAC form 107 is completed and returned by the due date. The HAC Form 107 includes due dates for the completion and return of the HAC Form 107 to the HAC office. The HAC Form 107 must be received by the due date listed on the form (not the HAC expiration date for the study) or the approval will be allowed to lapse. This is to ensure that continuing review is conducted by the HAC prior to study expiration. In the event that the study has lapsed because the HAC Form 107 was not submitted by the due date, subjects may not be enrolled after the HAC approval expiration date and data may no longer be obtained.

**Effective July 1, 2007, the HAC will require that investigators resubmit their lapsed protocols as a new submission for HAC review per the HAC Review Levels available at <http://www.mcg.edu/research/ohrp/irb/hac/Updatedpolicies/Section2.pdf>.** This submission should include all completed and appropriate HAC forms and support documentation in compliance with the HAC Policies and Procedures, section 2 at <http://www.mcg.edu/research/ohrp/irb/hac/Updatedpolicies/section3.pdf#page=26>. For additional questions or guidance please e-mail or call the HAC Administrative Staff member assigned to your studies.

## OHRP Reminder

OHRP should be copied on all submissions and correspondence to Chesapeake Research Review, Inc. (CRRRI), no exceptions.

## Congratulations to the Coordinator University Spring 2007 Graduates!

Dr. Kathy Bradley  
Sheree Cartee  
Dana Chipley  
Christine Chong  
Valerie Crenshaw  
Dr. Tiffany Edwards  
Thomasena Germany  
Dr. Robert Gibson

Lynette Henley  
Colleen Herring  
Jerrilyn Howard  
Jennifer Joiner  
Dr. Ratanmani Joshi  
Rajinderjit Kaur  
Melanie Kumrow  
Aileen Lopez

Gina Matosian  
Luciani Nelson  
Sharon Quick  
Kenda Rindt  
Deena Walker  
Stephanie White  
Stacy Williams  
Dr. Nathan Yanasak