

# Annual Report 2024–2025



Eastern Ontario Regional Laboratory Association



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# CEO Message – 2025 Annual Report



**Dennis Garvin**  
EORLA CEO

As we reflect on 2024/2025, I am proud to share the remarkable progress and achievements of the Eastern Ontario Regional Laboratory Association (EORLA). The dedication of our laboratory professionals continues to ensure sustainable access to world-class laboratory medicine across our eastern Ontario hospital sites, and it is a key foundation for acute hospital care in our region. Last fiscal year, EORLA saw record demand for lab testing in our region, resulting in almost 15,000,000 tests performed. Last year also marked the beginning of our ambitious 2024-2028 strategic plan, and I am delighted to report that we have made significant strides in its implementation.

EORLA's strategic plan is built on four key pillars:

- Investing in our Talent.
- Innovating through New Laboratory Medicine Delivery Models, Technology, and Research.
- Strengthening Financial Stability.
- Improving Regional Collaboration for Clinical Care through Stakeholder Engagement.

These pillars guide our efforts to enhance the quality of laboratory services, ultimately improving the outcomes for patient care across our region.

By *investing in our talent*, we have made considerable strides in improving staffing levels across our labs to address the significant increase in demand for diagnostic laboratory medicine. Although vacancy rates for key lab professional groups has been significantly addressed, ensuring the ongoing sustainability of laboratory staffing, especially for our rural and specialty lab sites, remains a key priority. We have also embarked on a leadership development journey at EORLA, partnering with the Canadian College of Health Leaders to strengthen leadership capabilities across our regional lab network.

Core to EORLA's success in the past year has been our continued commitment to *innovation*. Considerable progress has been made across the region in this area, as we continue down the path of modernization and digital transformation. Significant steps have been made on the path to digitizing diagnostic histopathology for our region, as we have set the technology foundation to move towards validation and implementation of the transition from light microscopy to digital whole slide images for our pathologists in the coming year. In addition, we have expanded our molecular diagnostics capabilities for the adult cancer care population this past year, going live with next-generation sequencing for hematological malignancies. Additionally, we

have also improved and safeguarded access to laboratory testing in rural and remote regions by investing in low-complexity lab testing instrumentation.

To ensure the sustainability of our specialty acute care lab services, we continue to focus on *strengthening our financial stability*. By focusing on an innovation and efficiency roadmap, we have continued to improve the value of lab medicine within our regional lab network by meeting the increased demand for testing through productivity enhancements. In addition, we continue to be turned to as an expert reference laboratory for health system partners across the country, as well.

Lastly, over the past year, we have *improved regional collaboration for clinical care* by working even more closely with member hospitals and ordering providers. This has included the adoption of new rapid testing platforms to improve patient flow in hospitals and an ongoing commitment to supporting clinical priorities across our regional hospital sites.

This summary represents just a snapshot of the incredible work and innovation of our lab professionals to improve health outcomes in our region. As we move forward, we remain focused on our strategic goals and are excited about the opportunities that lie ahead. Together, we will continue to advance laboratory medicine, improve patient outcomes, and contribute to the health and well-being of our communities.

Thank you for your continued support.





# EORLA Board Chair Message 2025



**Cholly Boland**  
**EORLA Board Chair**

As Chair of the Board of Directors for the Eastern Ontario Regional Laboratory Association (EORLA), it is a pleasure to share with you the accomplishments of EORLA throughout fiscal year 2024/2025. This year has been a transformative period for EORLA, marked by significant achievements in implementing our new 10-year Member and Service Agreements with regional hospitals and the successful launch of our 2024–2028 strategic plan. These new agreements and our new strategic plan will continue to guide the organization in preserving our regional model for laboratory medicine in the coming years.

During this period, we thanked our outgoing CEO, Jeffrey Dale, for his leadership of the organization. Jeffrey's dedication and commitment to laboratory medicine for our regional hospitals were critical to ensuring EORLA's ongoing success and were pivotal through significant challenges faced by our health system in recent years, including the COVID-19 pandemic. We also welcomed Dennis Garvin as the new CEO of EORLA after an extensive selection process. Innovation and high-quality lab medicine will continue to be a focus under Dennis' leadership, and we are confident that his collaborative, visionary leadership and deep understanding of our region will further strengthen our lab network into the future.

This past year, we said goodbye to two of our long-serving community board members as their six-year term lengths have come to an end: Michelle Lajeunesse and Dr. Tom Hurley, who was our director representing community lab users.

Michelle joined the board in 2019 as a community member and has made invaluable contributions given her expertise in information technology and systems. She was an active participant at our Finance and Audit Committee and served as

the board representative on EORLA's Anatomical Pathology Modernization steering committee, which has been guiding our digital pathology transformation.

Dr. Tom Hurley also joined the board in 2019 and has been a key medical leadership voice at our governance tables. As a practicing emergency medicine physician and as a regional medical leader, his contributions have been key to EORLA's evolution in recent years, including through his role as chair of the Patient Safety and Quality committee.

Following a call for nominations from our Governance Committee, a selection process was undertaken, and two candidates were recommended for appointment. Ms. Farhana Alarakhiya was recommended as the new Community Board member replacing Michelle. Farhana has extensive executive experience as an IT leader with experience in the areas of big data and artificial intelligence, and is active professionally and through volunteer contributions in community and global development activities. Dr. Declan Rowan was recommended for appointment as the community lab user representative replacing, Dr. Hurley. Dr. Rowan brings more than 30 years of clinical and leadership experience in both primary care and hospitalist medicine and is the incoming Chief of Staff at Pembroke Regional Hospital. Lastly, Frédéric Beauchemin, CEO at Hawkesbury General Hospital and an EORLA Board Member, will be replacing Dr. Hurley as the chair of the Patient Safety and Quality Committee.

We thank Michelle and Dr. Hurley for their years of service and support to EORLA. We welcome Farhana and Dr. Rowan to EORLA's board and committees.

On behalf of the board and member hospitals, I want to thank our EORLA lab professionals and the management team for their unwavering commitment to patient care at our hospitals and supporting healthier communities in our region. Looking ahead, the Board is confident that EORLA is well-positioned to achieve its strategic goals, support member hospitals, and continue to make significant contributions to patient outcomes across our communities.



# Chief Medical Officer Report



**Dr. Vidhya Nair**  
Chief Medical Officer

Dear Colleagues,

I want to begin by sincerely thanking all our medical staff, operational teams, and administrative colleagues for an outstanding year. Despite the increasing demands and rising workload, we have continued to meet the needs of patient care across the region with unwavering dedication. This would not have been possible without the collaborative effort and commitment of our entire team, so thank you!

I am pleased to welcome Mr. Dennis Garvin as the new CEO of EORLA. Dennis has previously served as our Vice President of Operations, bringing a strong track record of leadership and collaboration. We look forward to his continued contributions in this new role. I would also like to extend our heartfelt thanks to Mr. Jeffrey Dale, our outgoing CEO, for his many years of dedicated service and leadership.

We are also excited to welcome Dr. Jason Wasserman as the new EORLA Regional Lead for Diagnostic and Molecular Pathology, and Dr. Brian Gannon as the new Laboratory Director and Head of Pathology at QCH. We are grateful to Dr. Harman Sekhon and Dr. Cherif Ibrahim for their years of leadership and service in these roles.

A sincere thank you to the Residency Program Directors, members of the Residency Program Committee, and medical and administrative staff for a remarkably successful accreditation year. Our Diagnostic and Molecular Pathology, Microbiology, and Forensic Pathology residency programs have received the highest standard of accreditation from the Royal College of Physicians and Surgeons of Canada. We also matched all our residency positions in the CaRMS match for both Diagnostic and Molecular Pathology and Microbiology programs. Additionally, our residents successfully passed their Royal College exams, and our fellows completed their programs. This is a testament to the excellence of our training environment and your unwavering commitment.

I am pleased to share some exciting updates on the continued growth and momentum of research within our department. Over the past year, we have witnessed significant scholarly activity across all divisions, underscoring our collective commitment to advancing clinical knowledge, improving patient care, and fostering innovation. A key focus of our efforts has been to streamline and support the research process for our investigators. In close collaboration with the Ottawa Hospital Research Institute (OHRI) and the CHEO Research Institute (CHEO RI), we have made important strides in improving the efficiency and accessibility of research administration. Our goal is to reduce administrative barriers so that our clinicians and scientists can focus more on discovery and impact.

We are proud to share our new strategic plan—a forward-looking framework that reflects our unwavering commitment to advancing laboratory medicine through innovation, research, and regional cooperation. This plan focuses on four key pillars: 1. Innovating through New Delivery Models, Technology, and Research; 2. Investing in Our Talent; 3. Strengthening Financial Sustainability; and 4. Enhancing Regional Collaboration Through Stakeholder Engagement. We are proud of the momentum that has already been achieved through the implementation of this plan. It reflects the dedication of our teams and the strength of our partnerships across the region. An example of this success is the implementation of the Rapid Molecular testing at CHEO for respiratory pathogens, which has improved diagnostic turnaround times and enhanced patient care delivery, demonstrating the impact of innovative, collaborative approaches in action.

We have several transformative projects underway this year, including the implementation of Digital Pathology and the go-live of AP Beaker—a significant milestone in our change management journey. Looking ahead, we are also preparing for an important milestone: the first-ever simultaneous accreditation of all EORLA sites, scheduled for May 2026.






Finally, I'd like to thank Mr. Cholly Boland, our Board Chair, along with all our Board Members, for their ongoing support and leadership.

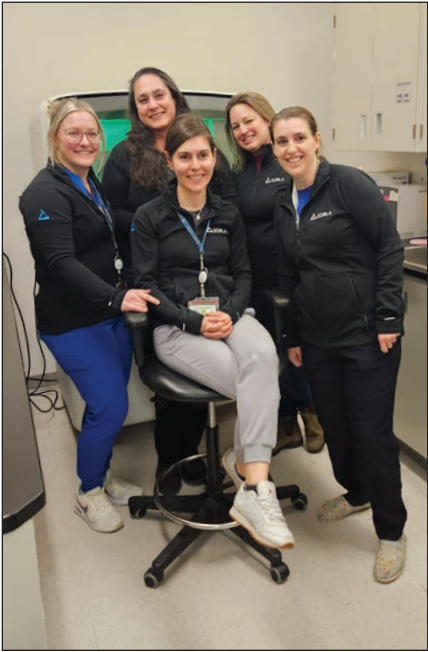
Together, we're building a stronger, more innovative, and collaborative future for our organization.





# 2024–2025 EORLA Key Facts





|   |  |
|---|--|
|    | 18 Licensed Clinical Laboratories across the Champlain Region of Eastern Ontario |
|    | 15,000,000 Tests Performed Annually  |
|    | 105,000 Courier runs to deliver specimens within our lab network                 |
|   | 817 Laboratory Professionals   |
|  | 22 Medical Residents   |



|   |  |
|---|--|
|    | <b>81 Laboratory Physicians and Scientists</b> |
|    | <b>62 Administrative Staff</b>                 |
|    | <b>ISO15189 Plus Accredited</b>                |
|    | <b>82% Quality Indicator Performance</b>       |
|  | <b>\$113K in Research Grants awarded</b>       |





|  |  |
|--|--|
|   | <b>61 Publications by Laboratory Physicians and Scientists</b>               |
|   | <b>70% of patient's medical records are lab results</b>                      |
|   | <b>85% physician diagnoses informed by lab results</b>                       |
|  | <b>100% of all cancer treatment decisions require a pathologist's report</b> |

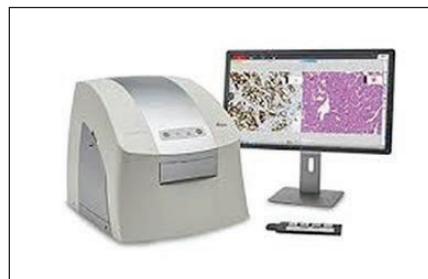
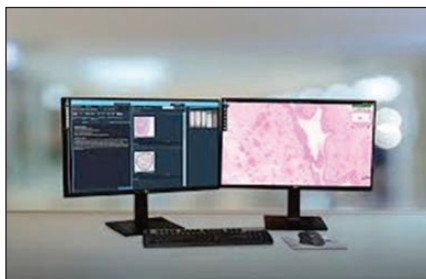


# 2024/25 Year in Review – EORLA Innovation Leading to Value for Lab Medicine

## Modernizing Anatomic Pathology Across EORLA

Over the past year, EORLA has made great strides towards modernizing its Anatomic Pathology diagnostic services through advancing Digital Pathology, equipment replacement and automation planning. In addition to designing and building a new Digital Pathology Laboratory at The Ottawa Hospital, General Campus, four high-speed scanners were installed with relevant training to ensure their readiness for validation in

the lab. With a new contract in place for Cloud storage of our digital images, we are now building a network infrastructure designed to support this once-in-a-century modernization. Over the next several months, our team of medical lab professionals and Pathologists will begin using this new technology to design a future state workflow for success. Moving into 2025–26, we will continue on this modernization journey with the purchase of two new instruments that will help us further automate our processes for greater efficiency.



## Novel Models of Laboratory Medicine and Operations

Finding creative solutions to a nationwide shortage of Medical Laboratory Technologists (MLTs), EORLA rolled out a variety of novel strategies for the delivery of essential and low complexity testing over the past year, those of which include:

- Recruitment of out-of-province MLTs to work within EORLA labs across the region.

- Development of a resource team who would float among our urban labs to fill short- and long-term leaves and vacancies.
- Optimizing the scope of practice for Medical Laboratory Assistants (MLAs) to fulfill core lab needs in some of our rural hospital labs.
- Evaluated and purchased new Point of Care Testing (POCT) instruments for rural sites to be used by MLAs and nurses when MLTs were unavailable.

- Increased our student placement positions with a goal of retaining students in EORLA labs upon graduation.
- Leveraged our Lab Information Systems (LIS) to implement remote validation by MLTs as needed, offering greater flexibility in working from other sites and providing backup plans for unplanned acute staffing shortages.

Together, these novel strategies helped EORLA to invest in our people as well as sustain and even grow our lab testing volumes over the past year.





## Biochemistry Technology Refresh

With goals of maintaining operational continuity and advancing technology for EORLA's biochemistry labs, EORLA hospital sites, including CHEO, Cornwall, Montfort, Pembroke, QCH, and TOH will be receiving upgrades to their Roche biochemistry and immunoassay automated instrumentation, beginning in June 2025. Given the scope and scale of this upgrade, this multi-year project saw its first year of planning focus on identifying requirements, mapping timelines and identifying resource requirements for the upgrade. This initiative will be highly beneficial to our staff, given their familiarity with existing instrumentation and processes to help ease the transition. It will also help to limit clinical disruptions during the transition and ensure continuous 24/7 service within these sites.



## Roadmap to Innovation and Efficiency

In alignment with EORLA's strategic plan, the Innovation and Efficiency Roadmap is now in its third year of operation. It was originally designed to support the generation of ideas for innovation and efficiency of our service delivery model. In 2024–25, savings have been realized in several key areas, those including vendor contracts, reagent utilization, people resources, regional standardization and referred out/repatriated testing.

The greatest impact of savings was realized in the following areas:

- Savings on reagent & equipment costs through existing Mohawk Medbuy vendor agreements that also limited our reliance on lengthy RFP processes.
- Implemented novel models of laboratory medicine to enhance the support of technologists while supporting development of full scope of practice for lab technicians.
- Insourcing and multiplexing 5-HIAA, VMA, and HVA for mass spectrometry, a faster, more reliable, and cost-efficient approach.
- Insourcing SATB and PTEN in diagnostic and molecular pathology supporting a reduction in send out and courier costs in addition to exchange rates while improving test turnaround times.

- Implementation of the Capture-R method of blood bank testing across all EORLA laboratories, standardizing immunohematology practices and improving transfusion medicine workflow efficiency.

EORLA's path to innovation and efficiency continues into 2025–26 as we embark on several new strategies for the year ahead.



## Next Generation Sequencing for Malignant Hematology

In response to a call from the Ministry of Health – Cancer Care Ontario (MOH-CCO) for laboratories interested in validating and implementing a Next Generation Sequencing (NGS) myeloid panel, EORLA jumped at the chance to participate. We submitted a response aimed at enabling the evaluation of genomic biomarkers in newly diagnosed Acute Myeloid Leukemia (AML) cases, as well as in Myelodysplastic Syndromes (MDS), Myeloproliferative Neoplasms (MPN), and MDS/MPN overlap disorders. Once approved, EORLA received resources to expand its team to support this initiative and purchase a third NGS instrument dedicated to molecular hematology diagnostics. With this new panel in place, EORLA successfully implemented a critical test for myeloid malignancies, particularly acute myeloid leukemia (AML). This test went live in November 2024 with an expected processing volume of nearly 500 samples annually. Bringing this testing in-house facilitated a reduction in turnaround times, faster diagnoses and more timely treatments for patients and their families, all vital for positive patient outcomes.





# Awards of Excellence

On Thursday, May 8, 2025, the nominees for the EORLA 2024 Awards of Excellence attended a reception at The Ottawa Hunt and Golf Club in celebration of their nominations and contributions to the organization. Hosted by Dennis Garvin, CEO, and Dr. Vidhya Nair, Chief Medical Officer, as well as Board Chair, Cholly Boland, attendees had the pleasure of meeting their colleagues from across the region and hearing of the significant accomplishments being recognized at this event.

This year, we expanded the number of categories for nominations and were thrilled to have so many worthy nominations to select from. The categories for 2024 included:

- Outstanding Innovation or Improvement – Individual
- Outstanding Innovation or Improvement – Team
- Outstanding Mentorship
- Rising Star (New)

Two of these awards recognize both a team and an individual who exemplified Excellence in Outstanding Innovation or Improvement to advance our vision of being the leading provider of laboratory medicine, contributing to excellence in patient care. Twelve nominations were submitted for the Outstanding Innovation by an Individual Award and 11 nominations were received for the Outstanding Innovation by a Team Award. We also recognized an individual who exemplified Outstanding Mentorship, supporting others to reach their maximum potential and were pleased to have 9 submissions in this category. New this year, we recognized an individual who was selected as a Rising Star in the organization. Thirteen nominations were put forward in this new category.



## Award of Excellence

**Outstanding Innovation or Improvement by an Individual**  
**Nathalie Knight**  
**Senior Medical Laboratory Technologist**  
**Hôpital Montfort, Core Lab**

Nathalie Knight has won the Award of Excellence for her exceptional commitment to improving laboratory practices at EORLA, embodying the organization's core values. Demonstrating integrity, compassion, adaptability, respect, and excellence, Nathalie proactively addressed significant issues in microbiology reporting by identifying gaps in training, standardization, and reference tools. She developed



and implemented a comprehensive training plan, ensuring staff were equipped with the necessary skills to improve data accuracy and consistency. Her methodical and collaborative approach not only reduced risks, improved patient care, and enhanced staff engagement but also fostered a culture of learning and continuous improvement. Nathalie's ability to communicate effectively, drive meaningful change, and support her team exemplifies her dedication to operational excellence and the success of EORLA.

## Award of Excellence

**Outstanding Innovation or Improvement by a Team**  
**Myeloid Panel Implementation Team**  
**Molecular Oncology**  
**The Ottawa Hospital – General**  
**Angela Bonneau**  
**Bethany Wallace**  
**Dr. Benjamin Yeung**  
**Dr. Bryan Lo**  
**Dr. Michael Rutherford**  
**Dr. Philip Berardi**  
**Laura D'Angelo**  
**Nicole Chabot**

The Myeloid Panel Implementation Team has won the Award of Excellence for their exceptional dedication to enhancing patient care through the successful implementation of a critical test for myeloid malignancies, particularly acute myeloid leukemia (AML). This multidisciplinary team demonstrated EORLA's I-CARE values by ensuring accuracy, reliability, and compassion throughout the process. Their collaboration across various disciplines led to the successful integration of the OMP Gx V2 Myeloid NGS panel and Genexus NGS instrument, which significantly improved diagnostic capabilities. By bringing this testing in-house, they reduced turnaround times, enabling faster diagnoses and timely treatments, which is vital for patient outcomes, especially in AML cases. Their structured, team-oriented approach and innovative use of technology have greatly enhanced clinical decision-making, strengthened professional networks, and advanced EORLA's commitment to cutting-edge diagnostics.



# Individual Award for Outstanding Mentorship

**Ellen Seville-Norris**  
**Senior Medical Laboratory Technologist**  
**Hematology**  
**The Ottawa Hospital – General**

Ellen Seville-Norris was awarded for her exceptional embodiment of EORLA's I-CARE values through her unwavering dedication to mentorship, education, and patient-centred care. With 47 years of experience, Ellen has been a key figure in fostering a collaborative learning environment, sharing her extensive expertise in microscopy, and providing constructive feedback to students, colleagues, and residents. Her compassionate approach includes mentoring students through challenges, encouraging critical thinking, and adapting her teaching methods to different learning styles. Ellen's ability to turn complex cases into valuable learning opportunities, along with her efforts in standardizing educational initiatives and integrating new tools like CellaVision, has had a lasting impact on her team and the organization. Her commitment to continuous improvement, communication, and fostering growth in others makes her an inspiring role model and a well-deserving winner of the Award of Excellence.



# Individual Award for Rising Star

**Brittany Angus**  
**Senior Medical Laboratory Technologist**  
**Renfrew Victoria Hospital**

Brittany is awarded the Rising Star Award of Excellence for her outstanding leadership, dedication, and commitment to EORLA's values. Since joining the Renfrew site in 2022, she has consistently demonstrated integrity, communication, and compassion, particularly during challenges like implementing the LT3 care model. Brittany has contributed to improving workflows, training, and policy updates, and has taken on additional tasks, such as EKGs for Diagnostic Imaging. Her pursuit of excellence is evident in her professional development, involvement in committees, and mentoring of colleagues. She has also played a key role in staffing changes at St. Francis Memorial Hospital, coordinating training, and representing EORLA in hospital renovation talks. Her organizational skills and focus on patient care make her a standout leader.



# Grants 2024–2025

| Name                  | Source   | Amount       | Date      |
|-----------------------|--|--------------|-----------|
| Parai, Jacqueline     | American Academic of Forensic Sciences (AAFS) Pathology/Biology Research Grant | \$3,000 USD  | 2024–2025 |
|                       | Pathology and Laboratory Medicine Academic Enhancement Fund                    | \$13,176 CND | 2024–2025 |
| McCudden, Christopher | ELEVATE seed funding competition, Ottawa Hospital Research Institute           | \$55,498     | 2024–2025 |
| Shaw, Julie           | CHEST Foundation Research Grant in Chronic Obstructive Pulmonary Disease       | \$40,000     | June 2024 |

# 2024–2025 Chapter Publications

1. **Milroy CM.** Substance misuse. Substance abuse- patterns and statistics. In: Encyclopedia of Forensic and Legal Medicine 3rd Edition. Editors. Byard R, Payne-James J. Elsevier 2024.
2. **Milroy CM.** Murder-Suicide (Dyadic death) In: Encyclopedia of Forensic and Legal Medicine 3rd Edition. Editors., Payne-James J, Byard R Elsevier 2024.

## 2024 Publications

1. Bais R, Vassault A, **Blasutig IM**, Dabla PK, Lin J, Perret-Liaudet A, Thomas A, Cendejas KA, Wheeler SE, Giannoli JM, Meng QH, Amann EP. External quality assessment performance in ten countries: an IFCC global laboratory quality project. Clin. Chem. and Lab. Med. 62(12):Sept 2024.
2. McCall J, **Busca A**, Gilbert S, Williams E, Horwood G, Singh SS. Liver endometrioma: A rare extrapelvic site of endometriosis causing catamenial right shoulder pain. Am J Obstet Gynecol. 2024 Jun, 230(6):681-682.
3. S. Thebault, S.-M. Fereshtehnejad, H.P. Bergman, G. Breville, M. Abdoli, **R.A. Booth**, G. Fadda, M.S. Freedman, G. Bose. The combination of CSF neurofilament light chain and glial fibrillary acidic protein improves the prediction of long-term confirmed disability worsening in multiple sclerosis. Sci. Rep. 14(2024) 29135. <https://doi.org/10.1038/s41598-024-75290-8>
4. Mark S. Freedman, Sharmilee Gnanapavan, **Ronald A. Booth**, Peter A. Calabresi, Michael Khalil, Jens Kuhle, Jan Lycke, and Tomas Olsson on behalf of the Consortium of Multiple Sclerosis Centers. Guidance for use of neurofilament light chain as a cerebrospinal fluid and blood biomarker in multiple sclerosis management. eBioMedicine, 101. 104970, March 2024. <https://doi.org/10.1016/j.ebiom.2024.104970>
5. **Ronald A Booth**, Daniel Beriault, Raphael Schneider, Pascal Benkert, David Leppert, Mark S. Freedman, Jens Kuhle. Validation of a new Roche blood neurofilament light chain assay: Comparison to current assay. Presented at Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS) Forum February 2024, West Palm Beach, USA
6. Mangalgi S, Akbari A, **McCudden C**, Brown P, et al. Spot versus 24-hour urine osmolality measurement in autosomal dominant polycystic kidney disease: A diagnostic test study. Kidney Medicine. 2024.
7. Amoei E, Buh A, Klamrowski MM, Shorr R, **McCudden CR**, Green JR, Rashidi B, Sood MM, Hoar S, Akbari A, Hundemer GL, Klein R. Analytical modelling techniques for enhancing tacrolimus dosing in solid organ transplantation: A systematic review protocol. BMJ Open. 2024 Nov 1;14(10):e088775. <https://doi.org/10.1136/bmjopen-2024-088775>. PMID: 39486813
8. Podolsky E, Hudek N, McCleary N, **McCudden C**, Presseau J, Brehaut JC. How do experts determine where to intervene on test ordering? An interview study. Clin Chem Lab Med. 2024 Sep 23. doi: 10.1515/cclm-2024-0948
9. Spies NC, Farnsworth CW, Wheeler S, **McCudden CR**. Validating, implementing, and monitoring machine learning solutions in the clinical laboratory safely and effectively. Clin Chem. 2024 Sep 10:hvae126. doi: 10.1093/clinchem/hvae126
10. Klamrowski MM, Klein R, **McCudden C**, Green JR, Rashidi B, White CA, Oliver MJ, Molnar AO, Edwards C, Ramsay T, Akbari A, Hundemer GL. Derivation and validation of a machine learning model for the prevention of unplanned dialysis. Clin J Am Soc Nephrol. 2024 May 24;19(9):1098-108.
11. Yang J, Wien S, **McCudden C**, Tacker D. Selection of single-analyte delta check rules with logistic regression for detection of intravenous fluid contamination in a clinical chemistry laboratory. J Appl Lab Med. 2024 Sep 3;9(5):1001-1013.
12. Akbari A, El Wadia H, Knoll GA, White CA, Sood MM, Massicotte-Azarniouch D, **McCudden C**, Deschenes MJ, Salman M, Ramsay T, Hundemer GL. Comparison of eGFR equations to guide dosing of medications for kidney transplant recipients. Transplantation. 2024 Jun 4.
13. Kavsak PA, Clark L, Arnoldo S, Lou A, **McCudden C**, et al. Imprecision of high-sensitivity cardiac troponin assays at the female 99th-percentile. Imprecision of high-sensitivity cardiac troponin assays at the female 99th-percentile. Clin Biochem. 2024 Mar;125:110731. doi: 10.1016/j.clinbiochem.2024.110731. Epub 2024 Feb 13. PMID: 38360198
14. Kavsak P, Mill N, Clark L, **McCudden C**. et al. Assay precision and risk of misclassification at rule-out cut-offs for high-sensitivity cardiac troponin. Canadian Journal of Cardiology. 2024 May 13:S0828-282X(24)00361-1.
15. Jimenez-Zepeda V, Sandhu I, Chu, M, **McCudden C**, Visram A. Incidence and prevalence of clinically detected smoldering multiple myeloma among the general population. Blood (2024) 144 (Supplement 1): 1912.
16. Mack T, Parai JL, **Milroy CM**. Establishing vitreous glucose and beta-hydroxybutyrate thresholds to assist in the diagnosis of hypothermia. Forensic Science International. 2024 Feb 7:111963.
17. **Milroy CM**. A history of forensic neuropathology diagnostic histopathology 2024. 30:12; 699-711.
18. **Moyana TN**. Small cell lung carcinoma metastatic to the stomach: Commonly overlooked, limited treatment options. World Journal of Gastroenterology. 2024 Dec 28;30(48):5198. doi: 10.3748/wjg.v30.i48.5198
19. **Moyana TN**. Metabolic dysfunction-associated steatotic liver disease: The question of long-term high-normal alanine aminotransferase as a screening test. World Journal of Gastroenterology. 2024 Nov 14;30(42):4576. doi: 10.3748/wjg.v30.i42.4576. PMID: 39563746



20. Palomaki GE, Wyatt P, Rowsey R, Cacheris PM, **Nathalie Lepage**, Natowicz MR, Long T, Moyer AM. Numbers of prenatal cell-free DNA screens performed: Results of a 2022 CAP exercise. *Prenatal Diagnosis* 44:946-952, 2024.
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22. Alfawaz B., **Parai J.**, Karic. KA., Milroy C., J. Macpherson. Analysis of hemoglobin A1c in diabetics dying of Diabetic ketoacidosis compared to diabetics dying of other causes. Abstracts from USCAP 2024. Autopsy and Forensics. *Laboratory Investigation* 104(1), 2024.
23. Alfawaz B, Koujok K, Eamer G, **Sergi CM**. Mediastinal teratoma with nephroblastomatous elements: Case report, literature review, and comparison with maturing fetal glomerulogenic zone/definitive zone ratio and nephrogenic rests. *Int J Mol Sci*. 2024 Nov 19;25(22):12427. doi: 10.3390/ijms252212427.PMID: 39596492
24. Lee JH, **Sergi C**, Kast RE, Kanwar BA, Bourbeau J, Oh S, Sohn MG, Lee CJ, Coleman MD. Aggravating mechanisms from COVID-19. *Viro J*. 2024 Sep 27;21(1):228. doi: 10.1186/s12985-024-02506-8.PMID: 39334442
25. **Sergi CM**. Medical errors can cost lives. *Arch Med Sci*. 2024 Aug 31;20(4):1378-1383. doi: 10.5114/aoms/192727. eCollection 2024.PMID: 39439691
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Financial Statements of

**EASTERN ONTARIO  
REGIONAL LABORATORY  
ASSOCIATION INC.**

Year ended March 31, 2025



# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

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Year ended March 31, 2025

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## **INDEPENDENT AUDITOR'S REPORT**

To the Members of Eastern Ontario Regional Laboratory Association Inc.

To the Board of Governors of Trustees/Board of Directors of the Eastern Ontario Regional Laboratory Association

### ***Opinion***

We have audited the financial statements of the Eastern Ontario Regional Laboratory Association, which comprise:

- the statement of financial position as at March 31, 2025
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Eastern Ontario Regional Laboratory Association as at March 31, 2025 and its results of operations, its changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### ***Basis for Opinion***

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditor's Responsibilities for the Audit of the Financial Statements**” section of our auditor's report.

We are independent of the Eastern Ontario Regional Laboratory Association in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### ***Other Information***

Management is responsible for the other information. Other information comprises:

- the information, other than the financial statements and the auditor's report thereon, included in a document likely to be entitled “Annual Report”



Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit and remain alert for indications that the other information appears to be materially misstated.

The information, other than the financial statements and the auditor's report thereon, included in a document likely entitled "Annual Report" is expected to be made available to us after the date of this auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

### ***Responsibilities of Management and Those Charged with Governance for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Eastern Ontario Regional Laboratory Association's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Eastern Ontario Regional Laboratory Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Eastern Ontario Regional Laboratory Association's financial reporting process.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.





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We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Eastern Ontario Regional Laboratory Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Eastern Ontario Regional Laboratory Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink that reads 'KPMG LLP' with a long horizontal line underneath.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

June 27, 2025

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

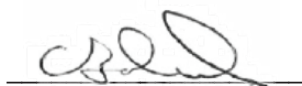
## Statement of Financial Position

March 31, 2025, with comparative information for 2024

|  | 2025                 | 2024                 |
|--|----------------------|----------------------|
| <b>Assets</b>                                      |                      |                      |
| Current assets:                                    |                      |                      |
| Cash   | \$ 28,609,502        | \$ 8,360,388         |
| Due from member hospitals (note 2)                 | 2,648,422            | 6,252,919            |
| Due from The Ottawa Hospital - operations (note 2) | —                    | 258,216              |
| Short-term investments (note 3)                    | 3,631,396            | 12,843,163           |
| Taxes recoverable                                  | 1,951,408            | 1,403,872            |
| Other receivables                                  | 3,631,756            | 5,368,943            |
| Prepaid expenses                                   | 1,250,346            | 1,301,051            |
|  | <u>41,722,830</u>    | <u>35,788,552</u>    |
| Due from member hospitals (note 2)                 | 919,725              | 947,598              |
| Long-term investments (note 3)                     | 2,709,507            | —                    |
| Prepaid occupancy costs (note 2)                   | 4,308,620            | 4,504,520            |
| Capital assets (note 4)                            | 12,371,756           | 9,034,404            |
| Funds held on behalf of others                     | 236,745              | 257,268              |
|  | <u>\$ 62,269,183</u> | <u>\$ 50,532,342</u> |
| <b>Liabilities and Net Assets</b>                  |                      |                      |
| Current liabilities:                               |                      |                      |
| Accounts payable and accrued liabilities           | \$ 22,538,135        | \$ 15,608,090        |
| Due to The Ottawa Hospital - operations (note 2)   | 5,859,724            | —                    |
| Due to The Ottawa Hospital - capital (note 2)      | 813,777              | 1,593,777            |
| Due to member hospitals (note 2)                   | 146,803              | —                    |
| Deferred revenue (note 5)                          | 201,815              | 160,486              |
|  | <u>29,560,254</u>    | <u>17,362,353</u>    |
| Employee future benefits (note 6(a))               | 5,676,719            | 5,513,092            |
| Deferred capital contributions (note 7)            | 812,511              | 811,336              |
| Designated funds                                   | 1,062,669            | 1,207,397            |
| Funds held on behalf of others                     | 236,745              | 257,268              |
| Total liabilities                                  | <u>37,348,898</u>    | <u>25,151,446</u>    |
| Net assets:  |                      |                      |
| Unrestricted                                       | 5,423,383            | 7,089,196            |
| Internally restricted (note 3)                     | 7,937,657            | 10,068,632           |
| Invested in capital assets                         | 11,559,245           | 8,223,068            |
|  | <u>24,920,285</u>    | <u>25,380,896</u>    |
| Contingencies (note 10)                            |                      |                      |
|  | <u>\$ 62,269,183</u> | <u>\$ 50,532,342</u> |

See accompanying notes to financial statements.

On behalf of the Board:



Chairman



Director

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

## Statement of Operations

Year ended March 31, 2025, with comparative information for 2024

|   | 2025           | 2024           |
|---|----------------|----------------|
| Revenue:  |                |                |
| Medical laboratory services                             | \$ 150,178,878 | \$ 145,424,498 |
| Government of Ontario contributions                     | 11,239,572     | 9,643,921      |
| Other income  | 5,907,231      | 6,087,297      |
| Amortization of deferred capital contributions (note 7) | 74,641         | 145,680        |
|   | 167,400,322    | 161,301,396    |
| Expenses:   |                |                |
| Salaries and wages                                      | 86,599,543     | 80,005,413     |
| Medical and scientific remuneration                     | 29,412,611     | 25,847,530     |
| Supplies  | 41,048,073     | 37,629,005     |
| Referred out services (note 2)                          | 3,278,459      | 3,379,245      |
| Amortization of capital assets                          | 2,763,306      | 3,619,441      |
| Courier and delivery                                    | 3,358,737      | 3,245,746      |
| Professional services                                   | 1,204,304      | 1,003,395      |
| Amortization of prepaid occupancy costs                 | 195,900        | 195,900        |
|   | 167,860,933    | 154,925,675    |
| Excess (deficiency) of revenue over expenses            | \$ (460,611)   | \$ 6,375,721   |

See accompanying notes to financial statements.



# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

## Statement of Changes in Net Assets

Year ended March 31, 2025, with comparative information for 2024

|  | Unrestricted<br>(note 3) | Internally<br>restricted | Invested<br>in capital<br>assets | 2025<br>Total | 2024<br>Total |
|--|--------------------------|--------------------------|----------------------------------|---------------|---------------|
| Balance, beginning of year                                 | \$ 7,089,196             | \$ 10,068,632            | \$ 8,223,068                     | \$ 25,380,896 | \$ 19,005,175 |
| Excess (deficiency) of<br>revenue over expenses            | (460,611)                | —                        | —                                | (460,611)     | 6,375,721     |
| Purchase of capital assets                                 | (6,100,658)              | —                        | 6,100,658                        | —             | —             |
| Amortization of capital assets                             | 2,763,306                | —                        | (2,763,306)                      | —             | —             |
| Deferred capital contributions<br>received                 | 75,816                   | —                        | (75,816)                         | —             | —             |
| Amortization of deferred<br>capital contributions (note 7) | (74,641)                 | —                        | 74,641                           | —             | —             |
| Interfund transfers (note 3)                               | 2,130,975                | (2,130,975)              | —                                | —             | —             |
| Balance, end of year                                       | \$ 5,423,383             | \$ 7,937,657             | \$ 11,559,245                    | \$ 24,920,285 | \$ 25,380,896 |

See accompanying notes to financial statements.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

## Statement of Cash Flows

Year ended March 31, 2025, with comparative information for 2024

|   | 2025          | 2024         |
|---|---------------|--------------|
| Cash provided by (used for):  |               |              |
| Operating activities:   |               |              |
| Excess (deficiency) of revenue over expenses                        | \$ (460,611)  | \$ 6,375,721 |
| Items not involving cash:   |               |              |
| Amortization of capital assets                                      | 2,763,306     | 3,619,441    |
| Amortization of deferred capital contributions                      | (74,641)      | (145,680)    |
| Amortization of prepaid occupancy costs                             | 195,900       | 195,900      |
| Net increase in employee future benefits liability                  | 163,627       | 155,614      |
| Change in non-cash operating working capital items:                 |               |              |
| Decrease (increase) in due from member hospitals                    | 3,604,497     | (4,350,056)  |
| Increase in taxes recoverable                                       | (547,536)     | (147,096)    |
| Decrease (increase) in other receivables                            | 1,737,187     | (3,492,820)  |
| Decrease (increase) in prepaid expenses                             | 50,705        | (351,737)    |
| Increase (decrease) in accounts payable and accrued liabilities     | 6,930,045     | (984,495)    |
| Increase (decrease) in deferred revenue                             | 41,329        | (27,471)     |
| Decrease (increase) in designated funds                             | (144,728)     | 1,207,397    |
| Decrease (increase) in due to member hospitals                      | 146,803       | (617,628)    |
| Decrease (increase) in due to/from The Ottawa Hospital - operations | 6,117,940     | (2,016,264)  |
|   | 20,523,823    | (579,174)    |
| Investing activities:   |               |              |
| Sale (purchase) of short-term investments                           | 9,211,767     | (5,665,328)  |
| Sale (purchase) of long-term investments                            | (2,709,507)   | 2,890,797    |
|   | 6,502,260     | (2,774,531)  |
| Capital activities:   |               |              |
| Purchase of capital assets  | (6,100,658)   | (2,032,623)  |
| Donated equipment   | 75,816        | —            |
|   | (6,024,842)   | (2,032,623)  |
| Financing activities:   |               |              |
| Decrease in long term due to/from member hospital                   | 27,873        | 77,560       |
| Decrease in due to The Ottawa Hospital - capital                    | (780,000)     | (780,000)    |
|   | (752,127)     | (702,440)    |
| Net increase (decrease) in cash during the year                     | 20,249,114    | (6,088,768)  |
| Cash, beginning of year   | 8,360,388     | 14,449,156   |
| Cash, end of year   | \$ 28,609,502 | \$ 8,360,388 |

See accompanying notes to financial statements.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements

Year ended March 31, 2025

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Eastern Ontario Regional Laboratory Association Inc. ("EORLA") was incorporated on April 15, 2003, as a shared services corporation without share capital. The member hospitals voluntarily joined EORLA to foster continued and increased cooperation between members and to support the integration of laboratory service in the region. EORLA is an integrated hospital laboratory network with sixteen acute care hospital facilities having on-site laboratories configured to meet program needs while referring specialized services to regional laboratory sites.

These financial statements reflect the assets and liabilities and results of operations of EORLA. They do not include the assets, liabilities or operations of its member hospitals, which, although associated, are separately managed, and report to separate Boards of Directors. Note 2 provides details on related party transactions.

## 1. Significant accounting policies:

The financial statements have been prepared by management in accordance with the Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations and include the following significant accounting policies:

### (a) Revenue recognition:

EORLA follows the deferral method of accounting for contributions for not-for-profit organizations.

Operating grants are recorded as revenue in the period to which they relate. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at rates corresponding with the amortization rates for the related capital assets.

Revenue derived from laboratory services are recognized in the year in which the underlying transaction or event occurred, performance obligations fulfilled, and future economic benefits are measurable and expected to be obtained.



# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

---

## 1. Significant accounting policies (continued):

### (b) Financial instruments:

Financial instruments are recorded at fair value on initial recognition and are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value.

EORLA's financial instruments are measured as follows:

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|  |                |
|--|----------------|
| Cash   | Fair value     |
| Investments                                  | Amortized cost |
| Due from member hospitals                    | Amortized cost |
| Other receivables                            | Amortized cost |
| Funds held on behalf of others               | Fair value     |
| Designated funds                             | Fair value     |
| Accounts payable and accrued liabilities     | Amortized cost |
| Due to/from The Ottawa Hospital – operations | Amortized cost |
| Due to The Ottawa Hospital – capital         | Amortized cost |
| Due to/from member hospitals                 | Amortized cost |

---

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized. When the financial instrument is derecognized, the unrealized gains and losses previously recognized in the statement as remeasurement gains and losses are reversed and recognized in the statement of operations. Unrealized changes in the fair value of the financial asset of funds held on behalf of others is recorded in the corresponding liability.

Financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

EORLA does not have any amounts to record on the statement of remeasurement gains and losses and therefore this statement has not been included in these financial statements.

### (c) Prepaid occupancy costs:

Prepaid occupancy costs are amortized on a straight-line basis over 40 years.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

**1. Significant accounting policies (continued):**

**(d) Capital assets:**

Purchased capital assets, other than minor equipment, are recorded at cost. Minor equipment replacements are expensed in the year of replacement. Computer hardware and software under development and construction in progress are capitalized until placed in service, at which point they will be amortized.

Capital assets are reviewed for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. When a capital asset no longer contributes to EORLA's ability to provide services, it's carrying amount is written down to its residual value.

Construction in progress is not amortized until the project is complete and the assets come into use. Capital assets are amortized on a straight-line basis over their expected useful lives as follows, other than instruments purchased for performing COVID-19 tests, which are amortized over a 2-year useful life.

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|                                |               |
|--------------------------------|---------------|
| Computer hardware and software | 5 to 10 years |
| Major equipment                | 5 to 10 years |
| Lab renovation                 | 20 years      |

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**(e) Employee future benefits:**

EORLA provides defined retirement and other future benefits for substantially all retirees and employees. These future benefits include life insurance and health care benefits.

EORLA accrues its obligations for employee benefit plans as the employees render the services necessary to earn the benefits. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs.

Adjustments arising from plan amendments, including past service costs, are recognized in the year that the plan amendments occur. Actuarial gains or losses are amortized over the average remaining service period of active employees.

The average remaining service period of active employees covered by the employee benefit plan is 12.0 years (2024 - 12.0 years).

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 1. Significant accounting policies (continued):

### (e) Employee future benefits (continued):

EORLA is an employer member of the Healthcare of Ontario Pension Plan, which is a multi-employer, defined benefit pension plan. EORLA has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles.

### (f) Funds held on behalf of others:

EORLA holds resources and makes disbursements on behalf of certain third-party groups. EORLA has no discretion over such transactions; hence, resources received are reported as liabilities, and subsequent distributions are reported as decreases to the liability.

### (g) Designated funds:

EORLA holds funds designated for departmental educational expenses specific to laboratory activities performed by EORLA employees. The use of the funds require approval from limited departmental members. These funds are reported as liabilities, and subsequent distributions are reported as decreases to the liability.

### (h) Use of estimates:

The preparation of these financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from these estimates. These estimates are reviewed annually and, as adjustments become necessary, they are reported in the periods in which they become known. The most significant estimates used in preparing these financial statements include the assumptions underlying the employee future benefit liability.

## 2. Related party transactions:

### (a) The Ottawa Hospital:

The Ottawa Hospital entered into an agreement with the Ministry of Health of Ontario (previously Ministry of Health and Long-Term Care of Ontario) to construct a regional laboratory, including investment in capital equipment. The Ottawa Hospital completed the project in September 2006 at a total cost of \$25,375,812. EORLA's share of the project's total cost was \$7,833,777 and is accounted for as prepaid occupancy costs. In return for this capital investment, EORLA is permitted to occupy the premises at The Ottawa Hospital, General Campus, under the provisions set out in the related agreements. The accumulated amortization as at March 31, 2025 is \$3,525,157 (2024 - \$3,329,257).



# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

---

## 2. Related party transactions (continued):

### (a) The Ottawa Hospital (continued):

The amount due to The Ottawa Hospital - capital, bears interest at prime and is payable on demand. The amount due to The Ottawa Hospital – operations, bears interest at a rate of 3.1% (2024 - 3.1%) with no fixed term of repayment.

During the year, EORLA obtained administrative services from The Ottawa Hospital totaling \$2,725,270 (2024 - \$2,675,549) which are recognized as referred out services expense in the statement of operations.

### (b) Other member hospitals:

EORLA is related to all member hospitals due to the composition of its Board of Directors. Unless otherwise stated, transactions occur in the normal course of operations and are invoiced to member hospitals at pre-established rates. The long-term receivable from members is non-interest bearing with no fixed terms of repayment.

## 3. Internally restricted net assets and investments:

The Board of Directors of EORLA has internally restricted \$7,937,657 (2024 - \$10,068,632) of its net assets to be used to finance the Anatomic Pathology Modernization project. These internally restricted net assets are partially funded by the following short-term and long-term investments:

### (a) Short-term investments

Short-term investments consist of Bonds and Guaranteed Investment Certificates (GIC) totaling \$3,631,396 as at March 31, 2025 (2024 - \$12,843,163). All short-term investments have fixed interest rates ranging from 3.63% to 5.40% (2024 - 4.10% to 5.40%) and are set to mature 365 days or less from year-end.

During the year, EORLA earned interest income of \$363,782 (2024 - \$348,102) on these short-term investments which is recognized as other income in the statement of operations.

### (b) Long-term investments

Long-term investments consist of Bonds and Guaranteed Investment Certificates (GIC) totaling \$2,709,507 as at March 31, 2025 (2024 - \$Nil). All long-term investments have fixed interest rates of 3.75% (2024 - 0.0%) and are set to mature more than 365 days from year-end.

During the year, EORLA earned interest income of \$82,120 (2024 - \$177,357) on these long-term investments which is recognized as other income in the statement of operations.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 4. Capital assets:

|                                |               |                          | 2025           | 2024           |
|--------------------------------|---------------|--------------------------|----------------|----------------|
|                                | Cost          | Accumulated amortization | Net book value | Net book value |
| Computer hardware and software | \$ 19,006,579 | \$ 18,701,397            | \$ 305,182     | \$ 419,606     |
| Equipment                      | 36,993,914    | 28,949,426               | 8,044,488      | 6,284,073      |
| Lab renovation                 | 2,445,061     | 938,840                  | 1,506,221      | 1,626,005      |
| Construction in progress       | 2,515,865     | —                        | 2,515,865      | 704,720        |
|                                | \$ 60,961,419 | \$ 48,589,663            | \$ 12,371,756  | \$ 9,034,404   |

Cost and accumulated amortization of capital assets at March 31, 2024 amounted to \$54,860,761 and \$45,826,357, respectively.

## 5. Deferred revenue:

|                           | Balance, beginning of year | Funds/ interest received | Funds used | Balance, end of year |
|---------------------------|----------------------------|--------------------------|------------|----------------------|
| EORLA Operation Education | \$ 5,999                   | \$ —                     | \$ 5,999   | \$ —                 |
| Other                     | 154,487                    | 59,313                   | 11,985     | 201,815              |
|                           | \$ 160,486                 | \$ 59,313                | \$ 17,984  | \$ 201,815           |

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 6. Employee future benefits:

### (a) Health and dental benefits:

EORLA offers a defined benefit plan which provides extended health care and dental insurance benefits to certain of its employees and extends this coverage to the post-retirement period. The most recent actuarial valuation of employee future benefits was completed as at March 31, 2025. As at March 31, 2025, EORLA's liability associated with the benefit plan is as follows:

|                                       | 2025         | 2024         |
|---------------------------------------|--------------|--------------|
| Accrued benefit obligation            | \$ 5,997,898 | \$ 4,588,065 |
| Unamortized experience gains (losses) | (321,179)    | 925,027      |
| Employee future benefit liability     | \$ 5,676,719 | \$ 5,513,092 |

EORLA's defined benefit plan is not funded, resulting in a plan deficit equal to the accrued benefit obligation. The significant actuarial assumptions adopted in estimating EORLA's accrued benefit obligation are as follows:

|   | 2025       | 2024       |
|---|------------|------------|
| Discount rate to determine accrued benefit obligation | 3.90%      | 3.89%      |
| Dental cost increases                                 | 4.00%      | 3.75%      |
| Extended health care cost escalations                 | 5.67%      | 5.42%      |
| Expected average remaining service life of employees  | 12.0 years | 12.0 years |

The employee future benefit liability change for the year ended March 31, 2025 is \$163,627 (2024 - \$155,615). This amount is comprised of:

|  | 2025       | 2024       |
|--|------------|------------|
| Current service cost                   | \$ 302,830 | \$ 285,775 |
| Amortization experience gains          | (103,973)  | (103,973)  |
| Benefit payments                       | (215,406)  | (196,305)  |
| Interest on accrued benefit obligation | 180,176    | 170,117    |
|  | \$ 163,627 | \$ 155,614 |



# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 6. Employee future benefits (continued):

### (b) Pension:

Substantially all of the employees of EORLA are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospitals Association. Contributions to the Plan made during the year by EORLA on behalf of its employees amounted to \$6,527,788 (2024 - \$6,259,764) and are included in the statement of operations.

In consultation with its actuaries, pension expense is based on Plan management's best estimates of the amount required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at March 31, 2025 indicates the plan is fully-funded.

## 7. Deferred capital contributions:

|                              | Balance,<br>beginning<br>of year | Contributions<br>/returned | Amortization | Balance,<br>end of<br>year |
|------------------------------|----------------------------------|----------------------------|--------------|----------------------------|
| Microscope                   | \$ 16,417                        | \$ —                       | \$ —         | \$ 16,417                  |
| MOH COVID-19 capital funding | 794,919                          | —                          | 63,810       | 731,109                    |
| Donated equipment            | —                                | 75,816                     | 10,831       | 64,985                     |
|                              | \$ 811,336                       | \$ 75,816                  | \$ 74,641    | \$ 812,511                 |

## 8. Bank indebtedness:

EORLA has an available line of credit of \$10,000,000 with its corporate bankers, of which no amount was drawn against at March 31, 2025 (2024 - \$Nil). This line of credit is unsecured and bears interest at prime less 0.25%.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 9. Financial instruments:

EORLA is exposed to financial risks from its financial instruments:

### (a) Establishing fair value:

The following classification system is used to describe the basis of the inputs used to measure the fair values of financial instruments in the fair value measurement category:

Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;

Level 2 – Observable or corroborated inputs, other than Level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of these assets and liabilities.

Cash, designated funds and funds held on behalf of others are Level 1 hierarchy. There have been no movements between levels during the year.

### (b) Credit risk:

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and incurs a financial loss. EORLA is exposed to credit risk on its amounts receivable. Management does not believe it is exposed to any significant credit risk due to the nature of the counterparties of its receivables.

### (c) Liquidity risk:

Liquidity risk is the risk that EORLA will be unable to fulfill its obligations on a timely basis or at a reasonable cost. EORLA manages its liquidity risk by forecasting cash flows from operations and anticipating investing and financing activities and maintaining credit facilities to ensure it has sufficient available funds to meet current and foreseeable financial requirements.

### (d) Market risk:

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk and other price risk.

#### (i) Interest rate risk:

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. EORLA is exposed to this risk through its investments as disclosed in note 3.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 9. Financial instruments (continued):

### (d) Market risk (continued):

#### (ii) Currency and other price risk:

EORLA believes it is not subject to significant currency or other price risk from its financial instruments as it holds insignificant amounts in foreign currencies and does not hold investments traded in an active market.

EORLA's financial risks arising from its financial instruments have not changed significantly in the year. Management believes that its financial risks are appropriately mitigated and do not pose a significant risk to its operations. There have been no significant changes in the policies, procedures and methods used to manage these risks in the year.

## 10. Contingencies:

### (a) Legal matters and litigation:

The nature of EORLA's activities are such that there may be litigation pending or in prospect at any time. With respect to claims as at March 31, 2025, management believes EORLA has valid defenses and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on EORLA's financial position.

### (b) Healthcare Insurance Reciprocal of Canada:

A group of healthcare organizations formed the Healthcare Insurance Reciprocal of Canada ("HIROC"), of which EORLA is a member. HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to healthcare organizations in the provinces and territories where it is licensed. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the year in which they were a subscriber. No such assessments have been made to March 31, 2025.

### (c) Employment matters:

During the normal course of operations, EORLA is involved in certain employment related negotiations and other matters and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable and deemed likely to occur.

# EASTERN ONTARIO REGIONAL LABORATORY ASSOCIATION INC.

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## **11. Comparative information:**

Certain comparative information has been reclassified from those previously presented to conform to the presentation of 2025 financial statements. This includes \$10M in Bill 124 funding reclassified as medical laboratory services from other income.



