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## International Federation of Clinical Chemistry and Laboratory Medicine



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2016



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## IFCC WorldLab 2017 Durban



### Why should you attend?

*by Tahir Pillay*

*IFCC eNews Editor*

*Congress Co-president, WorldLab 2017*

- This will be the first time that the conference will be held on the African continent, on the Indian Ocean seaboard. In 2014, CNN listed Durban as one of the world's "10 most underrated cities" and "the coolest city you've never seen". Locals call it "South Africa's best kept secret!!"
- An exciting academic programme is planned: [www.durban2017.org](http://www.durban2017.org).
- A number of satellite meetings will also take place in Durban and elsewhere featuring topics such as point-of-care testing and diabetes.
- A number of African countries will be well-represented amongst delegates.
- Durban can be reached by direct flights with Emirates, Turkish Airlines, Qatar Airways, Ethiopian Airlines and Air Mauritius from abroad.

- One can also fly via Johannesburg airport and then connect with a 45-minute flight to Durban. Airlines flying to Johannesburg include South African Airways, Emirates, Qatar Airways, Turkish Airlines, Air India, Singapore Airlines, Cathay Pacific, British Airways, Virgin Atlantic, Lufthansa, SwissAir, Air France, Delta Airlines.
- Direct flights from the US can be taken from New York (14 hours), from Washington (9 + 9 hours), and from Atlanta.
- There are excellent hotels to choose from and prices are cheaper than in Europe; America or elsewhere; currency exchange is favourable and subsistence prices will be excellent value.
- The programme will feature some unique interactive workshops for delegates.



## IFCC Distinguished Awards for the IFCC Congress Durban (ZA) 2017

by **Howard Morris**  
Chair, IFCC Awards Committee

As you are aware, the IFCC confers several distinguished awards to scientists and clinicians who work in clinical chemistry and laboratory medicine or related disciplines. These triennial awards are the highest honours that our federation can bestow to colleagues worldwide in recognition of their outstanding achievements, to publicize their exceptional research and other contributions that have improved medical and healthcare, and to stimulate and encourage other scientists to accelerate their efforts in advancing clinical chemistry and laboratory medicine.

On behalf of IFCC and its Awards Committee, I am pleased to call for nominations for the following eight (8) IFCC distinguished awards for presentation at the IFCC Congress in October 2017, Durban, South Africa. These eight awards for 2017 are listed below and a more detailed description of them including the former honourees can be found [clicking on this link](#).

- IFCC Distinguished Clinical Chemist Award - Sponsored by [IFCC](#)
- IFCC-Henry Wishinsky Award for Distinguished International Services - Sponsored by [Siemens](#)
- IFCC Award for Distinguished Contributions in Education - Sponsored by [Abbott Diagnostics](#)
- IFCC-Abbott Award for Significant Contributions in Molecular Diagnostics - Sponsored by [Abbott Molecular](#)
- IFCC Distinguished Award for Laboratory Medicine and Patient Care - Sponsored by [Sekisui Diagnostics](#)
- IFCC-Robert Shaffer Award for Outstanding Achievements in the Development of Standards for Use in Laboratory Medicine - Sponsored by [NIST-CLSI](#)
- IFCC Distinguished Award for Contributions to Cardiovascular Diagnostics - Sponsored by [HyTest](#)
- IFCC-Young Investigator Award - Sponsored by [IFCC](#)

Nominations are welcome **from the President or National Representative of the nominees' national society**, which should be a full member of the IFCC.

### Each nomination should contain:

1. a statement as to the reasons for nomination;
2. a full CV of the nominees including a bibliography; and
3. other letters of support (optional).

They should be sent to Ms Colli Lanzi of the IFCC Office ([colli-lanzi@ifcc.org](mailto:colli-lanzi@ifcc.org)).

**The closing date for receipt of nominations is 31 January 2017.**

Please do not hesitate to write to Ms Colli Lanzi or me ([howard.morris@health.sa.gov.au](mailto:howard.morris@health.sa.gov.au)) if you have any queries.



# Shaping the future of laboratory medicine: your role

by *Graham Beastall*  
IFCC Past President

## INTRODUCTION

This is the final article of six that have been published in the IFCC e-News during 2016. The series has attracted significant interest and has prompted discussion at local, national and international levels. The article on 'opportunities and challenges' was reproduced in LabMedica International. The article on the 'value proposition' by President Elect, Howard Morris, is an overview of a benchmark of international collaboration [1].



This final article aims to pull together the messages from the previous five articles and present them in a way that is relevant to every laboratory medicine specialist. The selected method of presentation is twelve actions set around a clock face to indicate moving time into the future (see figure on next page).

## TIME TO ACT

### 1. Optimise the quality of your service

Laboratory medicine specialists know that our results contribute to a high percentage of all clinical decisions. Therefore, we have a responsibility to deliver an affordable, high quality service. Quality in laboratory medicine embraces the pre-analytical, analytical and post-analytical phase. The adoption of structured quality management ties it all together and prepares the way for an application for laboratory accreditation. Quality in laboratory medicine is easily measured. Every laboratory medicine specialist should commit to year on year quality improvement.

### 2. Gather evidence of clinical effectiveness

The purpose of laboratory medicine is to guide clinical decision making by the users of the service. The link between a laboratory result and a clinical outcome is rarely a simple relationship. The measurement of clinical effectiveness is an area of laboratory

medicine that will play an increasingly important future role. Evidence of clinical effectiveness is best gathered through an audit process to ensure that the service complies with the needs of users, complies with evidence-based guidelines, where appropriate, and contributes to improving patient experiences. Gathering evidence of clinical outcomes involves work outside the laboratory.

### 3. Gather evidence of cost effectiveness

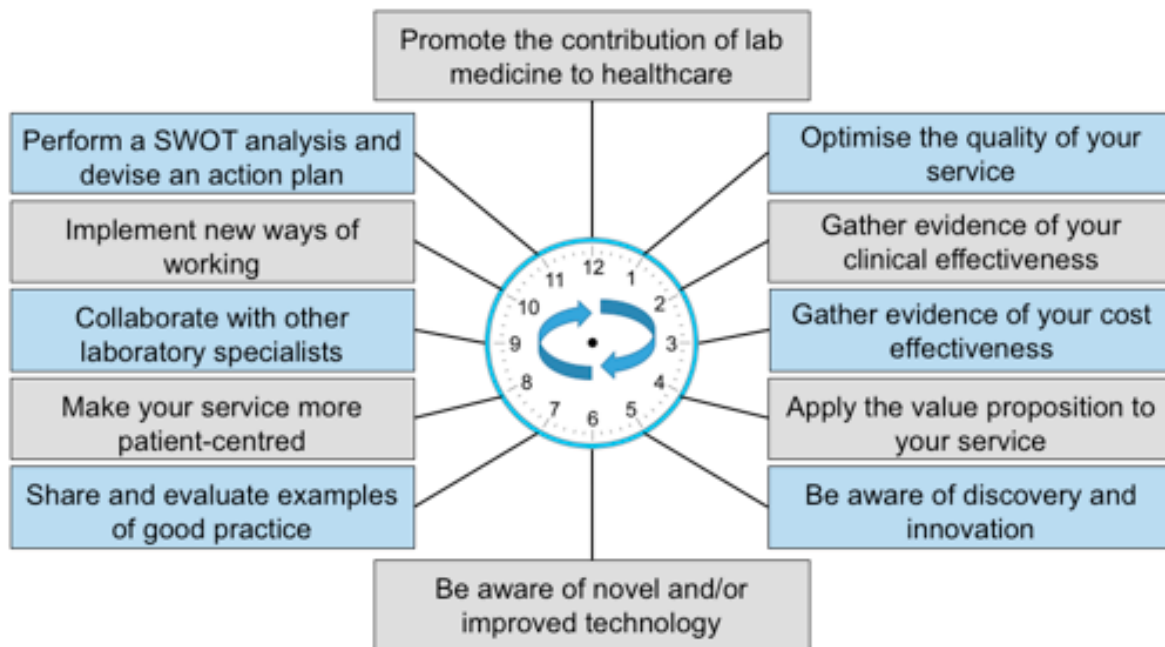
The cost of healthcare is a major issue in all countries, irrespective of who pays for the service. Laboratory medicine specialists are able to cost the services that they provide and have a proud record over decades of providing more service for the same or less expenditure. Cost effectiveness can be facilitated through competitive tendering, active workload management (utilisation), reduction of waste (e.g. LEAN) and a sharing of equipment and facilities. Local opportunities should be identified and realised.

### 4. Apply the value proposition to your service

A recent publication [1], summarised by Howard Morris in the previous issue of e-News, defines a practical value proposition, which has the support of all laboratory medicine global professional organisations. Follow-up publications will define tools to measure value and give examples of use in various

Article continued on next page

## 'Shaping the future of laboratory medicine': YOUR role



clinical settings. Laboratory medicine specialists should familiarise themselves with the value proposition and share it with colleagues and service users.

### 5. Be aware of discovery and innovation

The increasing demands placed on laboratory medicine specialists is squeezing the time available to undertake research and development. However, continuing professional development (CPD) is increasingly important for both personal and laboratory accreditation. That CPD should be used to gain information on clinical discoveries, including the pathophysiology of disease, that may lead to innovation and increased value in the service provided. Reading key journals on line has never been easier and attendance at local, national and international scientific meetings stimulates peer discussion. Excellent reviews on the future of laboratory medicine are published regularly [2].

### 6. Be aware of novel and/or improved technology

Technology is central to modern laboratory medicine. Technological development is happening at a rapid pace enabling laboratory medicine investigations to be performed quicker, to a higher quality, on smaller sample volumes, at less cost and closer to the patient [2]. Awareness of new technology may be gathered from diagnostics companies, from the literature and by attending conferences. Introducing new technology may be challenging and require a strong business case. Leasing may be preferable to purchase.

### 7. Share and evaluate examples of good practice

We work in an environment of instant global communication. This provides a great opportunity for sharing examples of good practice, which may save laboratory medicine specialists' time and money in introducing service modification. On-line blogs and discussion forums enable sharing of good practice but the profession should consider creating a simple electronic library, which may freely accessed.

### 8. Make your service more patient-centred

Patients and the public are now better informed about health issues than ever before and are often keen to take more responsibility for managing their own health. Structured home testing in chronic disease management is

an example. Laboratory medicine specialists can make available information on the services they provide and refer patients to information services such as 'Lab Tests Online' [3]. Providing patients with direct access to their results and to a laboratory advisory service is controversial but can work effectively if carried out in partnership with the primary care physician or medical specialist.

### **9. Collaborate with other laboratory specialists**

Laboratory medicine has suffered from a degree of historical 'tribalism' with divisions created around professional qualifications and roles, and between sub-specialties. Such divisions are not in the interests of the patient or the profession. Greater collaboration is required at local, national and international level to create an effective team that puts the patient first. Sharing of equipment, the adoption of evidence-based patient pathways, and active participation in multi-disciplinary clinical teams are some examples of a future vision for laboratory medicine. Local initiatives are to be encouraged.

### **10. Implement new ways of working**

The traditional model of a laboratory-based service operating at fixed times is outdated. Healthcare is a 24/7/365 activity and laboratory medicine specialists have a responsibility to provide rapid, high quality results, with access to clinical interpretation at all times. This is challenging and will require new ways of working. Examples include: extended working; shared facilities and equipment; more services provided at the point of care; more flexible analysts trained to work across sub-specialties; and a commitment to train others to perform laboratory services to the required high standard.

### **11. Perform a SWOT analysis and devise an action plan**

A formal review of the service that we provide is a good way of checking the present and planning for the future. By examining strengths, weaknesses, opportunities and threats (SWOT) an action plan for the future can be devised. A SWOT analysis should involve users, young scientists and be externally facilitated. A description of the SWOT analysis performed by IFCC serves as an example (<http://www.ifcc.org/media/413764/IFCCeNewsApril2016.pdf>).

### **12. Promote the contribution of laboratory medicine to healthcare**

Laboratory medicine is often taken for granted by users of the service and under-appreciated by patients and the public. Only when something goes wrong do we make the headlines. We should promote the excellent work that we do to our users and customers. We can do this through scheduled visits, laboratory open days, using local media and social media to spread good news stories. There are examples of what may be achieved [4, 5].

## **AND FINALLY!**

Being a laboratory medicine specialist is an exciting and rewarding career. No two days are the same, you work in an environment of continuous discovery and improvement and you make a real difference to the lives of large numbers of people. By reading this article, and its predecessors, you are in a position to look at the service that you provide and 'shape it for the future'. This will be enjoyable and provide job satisfaction.

## **REFERENCES**

- [1] Price CP, St John A, Christenson R, et al. Leveraging the real value of laboratory medicine with the value proposition. Clin Chim Acta. 2016 Sep 17. pii: S0009-8981(16)30379-5. doi: 10.1016/j.cca.2016. 09.006. [Epub ahead of print]
- [2] Kricka LJ, Polsky TG, Park JY, Fortina P. The future of laboratory medicine – a 2014 perspective. Clin Chim Acta 2014; 438: 284-303
- [3] 'Lab Tests Online' [www.labtestsonline.org](http://www.labtestsonline.org)
- [4] UK 'National Pathology Week' [www.rcpath.org/discover-pathology/national-pathology-week.html](http://www.rcpath.org/discover-pathology/national-pathology-week.html)
- [5] Australasia 'Know Pathology, Know Healthcare' [www.knowpathology.com.au](http://www.knowpathology.com.au)

## IFCC – Gérard Siest Award

by **Tomris Ozben**

IFCC Treasurer

*Akdeniz University, Medical Faculty, Department of Clinical Biochemistry, Antalya, Turkey*

The 8th Santorini Conference – “**Systems Medicine, Personalized Health and Therapy**”, under the auspices of IFCC, EFLM and ESPT was held successfully on October 3–5 October 2016, at the Nomikos Conference Centre, Santorini, Greece. On behalf of IFCC Executive Board (EB), I attended the Conference representing IFCC to deliver the IFCC best poster award. I took part in the poster selecting committee and chaired a session for selected oral presentations and delivered a lecture titled “cell free DNA as a prognostic marker in prostate cancer” in the session NEW BIOMARKERS AND COMPANION DIAGNOSTICS. 140 participants and 34 invited speakers from 33 different countries attended the conference.

The conference was supported by industry (5 gold, 6 silver, 2 bronze and 7 others). The program contained 9 sessions and one session for 10 oral presentations. ESPT Satellite meetings organized by four ESPT Working groups and ESPT GENERAL ASSEMBLY were held on October 4th, 2016. Another satellite meeting titled “Practical issues in NAFLD/NASH diagnosis and management” related to the H2020 MSCA-RISE-2015 MAST4HEALTH Project funded by European Union’s Horizon 2020 research and innovation programme was held on October 4th, 2016. Third meeting of the WEGF consortium was held on October 5th, 2016. A Round Table was organized to discuss: “The future of personalised medicine, systems medicine and systems pharmacology – How to translate the big data for the clinicians and personalised therapy” on the last day of the conference on October 5th, 2016. Abstracts of the oral and poster presentations will be published in *Clinical Chemistry and Laboratory Medicine (CCLM)*. Conferences full papers will be published in *Drug Metabolism and Personalized Therapy (DMPT)*.

Fifty posters were submitted, which were divided into two groups:

- Omics, environment and chronic diseases
- Pharmacogenomics

Posters Committee selected two best posters from the two groups indicated above. Two (2) Gérard Siest’s awards of 850 euros each granted by the University of Lorraine and the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC). Malin Lindqvist Appell and her coworkers from Sweden, Linköping University received the IFCC Gérard Siest award for their poster indicated below. The Gérard Siest awards were presented at the gala dinner on October 4th Thursday, by the Rector of University of Lorraine and me, on behalf of IFCC, addressing the audience.

### **B18. Characterization of the single nucleotide polymorphism 497A>G in the drug metabolizing enzyme thiopurine methyltransferase**

**A. Zimdahl Kahlin<sup>1</sup>, S. Helander<sup>1</sup>, L-G Mårtensson<sup>2</sup>, M. Lindqvist Appell<sup>1</sup>**

<sup>1</sup> Department of Medical and Health Sciences, Division of Drug Research, Faculty of Health Sciences, Linköping University, 58183 Linköping, Sweden

<sup>2</sup> Department of Physics, Chemistry, and Biology, Linköping University, 581 83 Linköping, Sweden



Prof. Tomris Ozben, IFCC Treasurer and Dr. Malin Lindqvist Appell during the Award ceremony.

Dr. Sophie Visvikis-Siest is the first on the left.



## IFCC Publications in 2016

by Peter Vervaart

*Publications and Distance Learning Coordinator, IFCC*

To date, in 2016, the IFCC, through its members and its Functional Units, published 16 papers. You can see the list below.

The full list of IFCC publications (since 1973) is available at: [IFCC Publications Database](#)

### ➤ Guidelines & Recommendations

Pharmacogenetic allele nomenclature: International workgroup recommendations for test result reporting.

Kalman LV, Agúndez J, Appell ML, Black JL, Bell GC, Boukouvala S, Bruckner C, Bruford E, Caudle K, Coulthard SA, Daly AK, Del Tredici A, den Dunnen JT, Drozda K, Everts RE, Flockhart D, Freimuth RR, Gaedigk A, Hachad H, Hartshorne T, Ingelman-Sundberg M, Klein TE, Lauschke VM, Maglott DR, McLeod HL, McMillin GA, Meyer UA, Müller DJ, Nickerson DA, Oetting WS, Pacanowski M, Pratt VM, Relling MV, Roberts A, Rubinstein WS, Sangkuhl K, Schwab M, Scott SA, Sim SC, Thirumaran RK, Toji LH, Tyndale RF, van Schaik R, Whirl-Carrillo M, Yeo K, Zanger UM.

Clin Pharmacol Ther. 2016 Feb;99(2):172-85. doi: 10.1002/cpt.280. Epub 2015 Nov 20. Review. PMID: 26479518 [PubMed - indexed for MEDLINE]

### ➤ Positions & Opinion Papers

Assuring the quality of interpretative comments in clinical chemistry.

Vasikaran S, Sikaris K, Kilpatrick E, French J, Badrick T, Osypiw J, Plebani M; IFCC WG Harmonization of Quality Assessment of Interpretative Comments.

Clin Chem Lab Med. 2016 Sep 17. pii: /j/cclm.ahead-of-print/cclm-2016-0709/cclm-2016-0709.xml. doi: 10.1515/cclm-2016-0709. [Epub ahead of print]

PMID: 27641826 [PubMed - as supplied by publisher]

Standardization of FT4 and Harmonization of TSH Measurements--A Request for Input from Endocrinologists and Other Physicians.

Thienpont LM, Faix JD, Beastall G.

Endocr Pract. 2016 Mar;22(3):374. doi: 10.4158/1934-2403-22.3.374. No abstract available.

PMID: 26937820 [PubMed - indexed for MEDLINE]

### ➤ Reviews & Surveys

### ➤ Quality Management and Laboratory Accreditation

### ➤ Standardisation & Harmonisation in Clinical Laboratories

Understanding the 'Silver Book' - An important reference for standardised nomenclature in clinical laboratory sciences.

Flatman R, Féraud G, Dybkaer R; IFCC IUPAC Joint Committee on Nomenclature, Properties and Units (C-NPU) Clin Chim Acta. 2016 Jun 29. pii: S0009-8981(16)30280-7. doi: 10.1016/j.cca.2016.06.035.

PMID: 27372209 [PubMed]

Developing a reference system for the IFCC standardization of HbA

Paleari R, Caruso D, Kaiser P, Arsene CG, Schaeffer-Reiss C, Van Dorselaer A, Bissé E, Ospina M, De Jesús VR, Wild B, Mosca A; IFCC Working Group on Standardisation of Haemoglobin A2 (WG-HbA2).

Clin Chim Acta. 2016 May 27. pii: S0009-8981(16)30235-2. doi: 10.1016/j.cca.2016.05.023.

[Epub ahead of print]

PMID: 27238872 [PubMed - as supplied by publisher]

Standardisation and use of the alcohol biomarker carbohydrate-deficient transferrin (CDT).

Helander A, Wielders J, Anton R, Arndt T, Bianchi V, Deenmamode J, Jeppsson JO, Whitfield JB, Weykamp C, Schellenberg F; International Federation of Clinical Chemistry and Laboratory Medicine Working Group on Standardisation of Carbohydrate-Deficient Transferrin (IFCC WG-CDT).

Clin Chim Acta. 2016 Aug 1;459:19-24. doi: 10.1016/j.cca.2016.05.016. Epub 2016 May 21.

PMID: 27221205 [PubMed - in process]

CSF A $\beta$ 1-42- an excellent but complicated Alzheimer's biomarker - a route to standardisation.

Kuhlmann J, Andreasson U, Pannee J, Bjerke M, Portelius E, Leinenbach A, Bittner T, Korecka M, Jenkins RG, Vanderstichele H, Stoops E, Lewczuk P, Shaw LM, Zegers I, Schimmel H, Zetterberg H, Blennow K; IFCC Working Group on Standardization of CSF proteins (WG-CSF).

Clin Chim Acta. 2016 May 20. pii: S0009-8981(16)30218-2. doi: 10.1016/j.cca.2016.05.014. [Epub ahead of print]

PMID: 27216941 [PubMed - as supplied by publisher]

Monitoring the stability of the standardization status of FT4 and TSH assays by use of daily outpatient medians and flagging frequencies.

De Grande LA, Goossens K, Van Uytvanghe K, Das B, MacKenzie F, Patru MM, Thienpont LM; IFCC Committee for Standardization of Thyroid Function Tests (C-STFT).

Clin Chim Acta. 2016 Apr 27. pii: S0009-8981(16)30157-7. doi: 10.1016/j.cca.2016.04.032. [Epub ahead of print]

PMID: 27132242 [PubMed - as supplied by publisher]

Standardization of FT4 and Harmonization of TSH Measurements--A Request for Input from Endocrinologists and Other Physicians.

Thienpont LM, Faix JD, Beastall G.

Exp Clin Endocrinol Diabetes. 2016 Jan;124(1):61-2. doi: 10.1055/s-0035-1564102. Epub 2015 Sep 15. No abstract available.

PMID: 26372848 [PubMed - in process]

## ➤ Other

A global multicenter study on reference values:

1. Assessment of methods for derivation and comparison of reference intervals.

Ichihara K, Ozarda Y, Barth JH, Klee G, Qiu L, Erasmus R, Borai A, Evgina S, Ashavaid T, Khan D, Schreier L, Rolle R, Shimizu Y, Kimura S, Kawano R, Armbruster D, Mori K, Yadav BK; Committee on Reference Intervals and Decision Limits, International Federation of Clinical Chemistry and Laboratory Medicine.

Clin Chim Acta. 2016 Sep 22. pii: S0009-8981(16)30388-6. doi: 10.1016/j.cca.2016.09.016.

PMID: 27666761 [PubMed] **Free Article**

Leveraging the real value of laboratory medicine with the value proposition.

Price CP, John AS, Christenson R, Scharnhorst V, Oellerich M, Jones P, Morris HA.

Clin Chim Acta. 2016 Sep 17;462:183-186. doi: 10.1016/j.cca.2016.09.006

PMID: 27649855 [PubMed]

Clinical usefulness of bone turnover marker concentrations in osteoporosis.

Morris HA, Eastell R, Jorgesen NR, Cavalier E, Vasikaran S, Chubb SA, Kanis JA, Cooper C, Makris K; IFCC-IOF Working Group for Standardisation of Bone Marker Assays (WG-BMA).

Clin Chim Acta. 2016 Jun 30. pii: S0009-8981(16)30281-9. doi: 10.1016/j.cca.2016.06.036. [Epub ahead of print]

PMID: 27374301 [PubMed - as supplied by publisher]

Pre-examination factors affecting molecular diagnostic test results and interpretation: A case-based approach.

Payne DA, Baluchova K, Peoc'h KH, van Schaik RH, Chan KC, Maekawa M, Mamotte C, Russomando G, Rousseau F, Ahmad-Nejad P; IFCC Committee for Molecular Diagnostics (C-MD).

Clin Chim Acta. 2016 Jun 16. pii: S0009-8981(16)30263-7. doi: 10.1016/j.cca.2016.06.018. [Epub ahead of print]

PMID: 27321365 [PubMed - as supplied by publisher]

Clinical mass spectrometry proteomics (cMSP) for medical laboratory: What does the future hold?

Lehmann S, Brede C, Lescuyer P, Cocho JA, Vialaret J, Bros P, Delatour V, Hirtz C; IFCC Working Group on Clinical Quantitative Mass Spectrometry Proteomics (WG-cMSP).

Clin Chim Acta. 2016 Jun 2. pii: S0009-8981(16)30246-7. doi: 10.1016/j.cca.2016.06.001. [Epub ahead of print]

PMID: 27265523 [PubMed - as supplied by publisher]

Development of a Certified Reference Material for myeloperoxidase-anti-neutrophil cytoplasmic autoantibodies (MPO-ANCA).

Monogioudi E, Hutu DP, Martos G, Sheldon J, Schimmel H, Meroni PL, Zegers I.

Clin Chim Acta. 2016 Jun 1. pii: S0009-8981(16)30243-1. doi: 10.1016/j.cca.2016.05.031.

[Epub ahead of print]

PMID: 27262820 [PubMed - as supplied by publisher]

Free Article

Establishment of reference intervals of clinical chemistry analytes for the adult population in Saudi

Arabia: a study conducted as a part of the IFCC global study on reference values.

Borai A, Ichihara K, Al Masaud A, Tamimi W, Bahijri S, Arbuster D, Bawazeer A, Nawajha M, Otaibi N, Khalil H, Kawano R, Kaddam I, Abdelaal M;

Committee on Reference Intervals and Decision Limits, International Federation for Clinical Chemistry and Laboratory Medicine.

Clin Chem Lab Med. 2016 May;54(5):843-55. doi: 10.1515/cclm-2015-0490.

PMID: 26527074 [PubMed - in process]



## “Lab Surfing” – IFCC-TFYS Project

*by Dr. Pradeep Dabla*

*Department of Biochemistry, G.B.Pant Institute of Postgraduate Medical Education & Research (GIPMER)*

**Lab-Surfing is a Laboratory professional social medium designed and created in order to fulfill the unattended needs of Young Scientists (YS). Results from a global survey showed communication and exchange programme deficits for young scientists. During the current era of continuously evolving professions with upcoming technologies and**

**methods, exchange programme and communication proved to be essential for young laboratorians. Information and communication technologies (ICT's) are an easy and efficient way to connect people from all around the globe. Thus, willing to address these needs the IFCC-TFYS came up with the idea of creating a professional social medium exclusively for Young Laboratory Medicine Scientists, and named it **Lab Surfing**.**

### AIMS

#### *Principal aims:*

- Connect YS from all around the world
- Improve communication among scientists
- Create a fast and easy way to find YS anywhere in the world
- Improve networking and cooperation among world colleagues
- Develop scientific projects with colleagues from other regions
- Make exchange programme easier

#### *Secondary aims:*

- Increase IFCC visibility in developing countries

- Improve Clinical Chemistry and Laboratory Medicine in hospitals with YS
- Denote the important role of YS in Laboratory Medicine
- Make better use of Information and Communication Technologies (ICT's)

### OBJECTIVES

In order to expand and develop the YS online group, we have created a professional social medium system (website) where YS can help each other to grow and expand their horizons in our profession. Please examine and then promote the Lab Surfing to members, and especially YS, in your society or company.

**Visit the website:** [www.lab-surfing.com](http://www.lab-surfing.com)



**EUROMEDLAB**

ATHENS 2017

11-15 JUNE

22<sup>nd</sup> IFCC - EFLM European Congress of Clinical Chemistry and Laboratory Medicine

25<sup>th</sup> Meeting of Balkan Clinical Laboratory Federation

15<sup>th</sup> National Congress of GSCC-CB

[www.athens2017.org](http://www.athens2017.org)





## What's new with the website of the Committee on Clinical Laboratory Management (C-CLM)?

*by Sedef Yenice (Chair), Ed Randell,  
Matthias Orth, Aye aye Khine, Modupe Kuti*

*IFCC Committee on Clinical Laboratory Management (C-CLM)*

The Committee on Clinical Laboratory Management (C-CLM) is a Committee of the Education and Management Division of IFCC whose major role is to promote strong laboratory leadership and management skills among laboratory professionals. This is done through providing resources and educational materials to build these skills. Beginning early April 2016, the C-CLM has been busy on a couple of projects including updating the website in order to make it a more user-friendly and convenient platform to showcase projects and resources of C-CLM and to facilitate its primary directives.

### THE WEBSITE OF C-CLM HAS A NEW LOOK!

C-CLM has launched a dynamic website that reflects C-CLM's major tasks to include updated materials on C-CLM's focus areas. The new website main page design presents the mission and purpose of C-CLM, introduces its full members and its target groups. From there one can learn more about C-CLM and its activities through links to its updated terms of reference, a list of its international team of full and corresponding members, a page from which all C-CLM publications and documents can be downloaded and a page providing a glossary of terms relevant to laboratory leadership and management.

### THE NEW WEBSITE MOVES C-CLM TOWARD A MORE VISUALLY APPEALING APPROACH

Using bold graphics and images and plain language principles, the new site increases awareness of clinical laboratory management and highlights C-CLM's efforts to contribute to this field.

In addition to the visual enhancements, the new website is also easier to navigate. New features include:

- Quotes - related to leadership and team management in an attempt to provide values and inspire discussion on topics that impact the clinical laboratories worldwide. We have the quotes to be rotated on the fortnightly basis that

laboratory professionals can share with their team members. Thanks to Sean Glaze, the owner of the website "the greatresultsteambuilding.net" for his kind contribution.

- Definition of Terms - directs the audience to the information they need.
- Terms of Reference - includes the Purpose, Amendment, Modification or Validation and Related Policies/By-laws.
- Membership - integrates general information to foster improved communication with our full and corresponding members and introduces our collaborators.
- Roles and Responsibilities - emphasize Accountability, Review, Working Methods, Committee Meetings and Sharing of Information and Resources.
- Meetings and Minutes – comprise Upcoming Committee Meetings and Annual Committee Meeting Minutes.
- Publications and Survey Reports
- Recorded Presentations - cover the C-CLM Online Courses, Training Modules and recorded presentations.
- Glossary of Terms - includes the definitions and the sources.
- Clinical Laboratory Management Toolbox - includes IFCC and Non-IFCC Materials Related to Clinical Laboratory Management, and Useful Websites.

The new face of C-CLM website is helping to expand the reach of the activities C-CLM undertakes - bringing the power of scientific expertise and on-the-ground experience to the global clinical laboratory community.

### WANT TO LEARN?

Visit <http://www.ifcc.org/ifcc-education-division/emd-committees/c-clm/>.

We welcome all laboratory professionals wishing to develop good clinical laboratory leadership and management skills, especially in developing countries, to check out and also keep checking the website for

updates. The C-CLM invites comments and feedback on its developing projects and recommendations on where to focus future projects. Contact the chair at [sedefyenice@gmail.com](mailto:sedefyenice@gmail.com).

## IFCC and Helix Laboratory Services in a global multicentre project study on reference intervals

### PRESS RELEASE



**Summary of a Joint Project between Helix Laboratory Services, one of the leaders in the private IVD market in Russia and International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) on reference ranges and threshold values. Helix is the only Russian company that took part in this global multicentre study.**

The project, which Helix joined in 2013, was intended to establish national reference intervals and study the sources of variability that affect them. 19 countries took part in this study. The US was represented by Mayo Clinic, Canada — by ARUP Laboratories, Salt Lake City, Japan — by Beckman Coulter Mishima Laboratory, Shizuoka, Turkey — by Uludag University, Bursa. Russia's participant was Helix Laboratory Services. The research in Russia was supported by Beckman Coulter. The results of the work done were discussed at the symposium *"Results of Major Biochemistry and Immunochemistry Reference Intervals Study"*. Reference intervals were established for 63 biochemistry and immunochemistry tests. 7 potential sources of variability were considered: region of residence, gender, age, body mass index, smoking status, physical activity, alcohol consumption. No regional differences in reference intervals for Russian residents were seen. The most significant variability sources were age, gender, and body mass index. Comparing the results obtained in Russia with the results from other areas, the researchers came to a conclusion that relevant variability sources were the same in all countries that took part in the study. The collected data will help adjust reference intervals for certain analytes. *"The final report will be published in the near future"* summarised Irina Skibo, project coordinator, Director of Technology Division at Helix Laboratory Services.

In the final part of the project, IFCC President, Dr. Maurizio Ferrari, accompanied by his wife, paid the first official visit to Saint Petersburg. He made a speech at the conference titled *"Collaboration of International Federation of Clinical Chemistry (IFCC) and Laboratory Medicine Professionals in Russia"* that was held at Federal Almazov North-West Medical Research Centre chaired by Professor A. M. Ivanov, President of the Research and Practice Society of Laboratory Medicine Specialists, Chief of the Clinical Biochemistry and Laboratory Diagnostics Department of the Military Medical Academy.

An important part of the visit was seeing a Helix Laboratory Facility, which was chosen as a place to show the benchmark equipment and technology. Last year, Helix Laboratory Services together with Roche Diagnostics completed automation of biochemistry and immunochemistry tests. Helix is a member of *Laboratory Medicine Federation* and is the first IVD company to be included in the Reliable Partner Register. Today, the St. Petersburg lab facility together with the other two located in Moscow and Yekaterinburg perform more than 1 million tests per month. During his visit to Helix, Dr. Ferrari was given a tour around Helix Headquarters, was present at personnel training, and saw the Call Centre and Patient Service Centres in action. At the end of the visit Yury Andreychuk, CEO Helix, told the distinguished guest about the Company's prospects and plans for development. Maurizio Ferrari gave a high appraisal of the Laboratory Facility, Helix Headquarters and business processes at the Company and expressed his readiness for further collaboration with Helix within the framework of IFCC projects.



Left to right: Maria Lambakakhar – Deputy CEO Helix, Pavel Yablokov – Deputy CEO Helix  
Prof. Lina Khorovskaya – M.D., Ph.D., Clinical Laboratory Diagnostic Department, 1st Pavlov State Medical University  
Prof. Maurizio Ferrario – President of IFCC, Yuri Andreychuck – The CEO of Helix

## NEWS FROM REGIONAL FEDERATIONS AND MEMBER SOCIETIES



4th Joint EFLM-UEMS Congress  
Warsaw, Poland  
21-24 September 2016

### “Laboratory Medicine at the Clinical Interface”

*by Grazyna Sypniewska  
Congress President*

The 4th Joint EFLM-UEMS Congress “Laboratory Medicine at the Clinical Interface” was held in Warsaw at Double Tree by Hilton Congress Centre on 21-24 September 2016. Professor Grazyna Odrowaz-Sypniewska, EFLM Board Member at Large, was President of the Congress and Chair of the Organizing Committee and Professor Eberhard Wieland from UEMS was the Scientific Committee Chair. The Congress was organized

under the auspices of Collegium Medicum, Nicolaus Copernicus University, Warsaw Medical University, IFCC, APFCB, WASPaLM, IATDMCT and a honorary patronage of City of Warsaw.

The Congress was the most important event in the field of laboratory medicine organized in Europe in 2016 and ended with a great success. We welcomed over 700 attendees from the entire world, many

*Article continued on next page*



EFLM President Sverre Sandberg giving his speech at the conference

came from Turkey, Serbia and Spain but there were also some from Argentina, Brazil, Nigeria, South Africa, Singapore, Australia and New Zealand. Plenary lectures were presented by five excellent speakers, including Prof. Mauro Panteghini, EFLM-Past President. During 16 parallel Congress symposia and two debates on hot-topics, 83 foreign and 25 Polish expert speakers presented their lectures on very diverse topics, related to biomarkers in cardiology, neurology, diabetes, kidney diseases, allergy, cancer, autoimmune, infectious diseases and dyslipidemia. Scientific symposia covered also the topics related to the new technologies, such as POCT and next generation sequencing. In addition, 14 industry sponsored workshops were organized. Over 300 posters were presented in 4 poster sessions.

Before the Opening ceremony of the Congress a short pre-congress symposium on "Clinical utility of bone markers measurement" was organized. During the opening ceremony three Presidents: Prof. Sverre

Sandberg (EFLM), Prof. Siraj Misbach (UEMS) and Prof. Bogdan Solnica (Polish Society) and two University Rectors presented their welcome. The excellent Congress Opening lecture "Plasma DNA: Driver of a revolution in molecular diagnostics for the clinic", was presented by Prof. Dennis Y.M Lo from the University of Hong Kong.

During the Opening Ceremony two awards were also presented: first the EFLM award for the best paper on the preanalytical phase, sponsored by BD was presented by Prof. Eric Kilpatrick to Dr Niamh Daly from Ireland.



The audience during one of the congress sessions



The second was the CCLM award for the most cited paper was presented by Prof. Mario Plebani to Prof. Gregory Tsongalis.

During the Closing Ceremony, the Scientific Committee Chair Prof. Eberhard Wieland, presented 3 UEMS awards for the best posters.

All expert speakers, participants and company representatives evaluated highly both the congress organization and most of all its high scientific level. This congress was the second after 25 years, International Congress organized by Polish Society of Laboratory Diagnostics.



## “Putting patient focused Laboratory Medicine into practice” The EFLM Workshop held in Warsaw at the UEMS-EFLM Meeting

*by Ian D Watson  
EFLM WG-PFLM Chair*



Ian D Watson

### Is there support for Patient Focused Laboratory Medicine in Europe?

*The EFLM Working Group on Patient Focused Laboratory Medicine (PFLM) represented by Dr. Wytze Oosterhuis, and the Chair, Dr. Ian Watson gave a Workshop at the 4th UEMS-EFLM meeting held in Warsaw in September 2016.*

They identified that technological change has driven the so-called ‘Age of Knowledge’; this applies in Medicine as elsewhere. Practice varies across Europe with regard to patient access to medical records and to laboratory test results; in some countries there is ready access and in others there are legal restrictions. Even

where there is access, there is rarely individualised explanation of test results unless through the requesting physician.

In order to understand results, patients may access definitive sources such as ‘Lab Tests OnLine’, but this is not individualised. With increasing expectations by patients and healthcare systems that patients have responsibilities in managing their health along with healthcare professionals and if they wished individualised support this may well overburden their physician. In the the area of chronic disease management particularly, but not necessarily exclusively, there may be a role for other healthcare professionals. We were determined to assess the level of support amongst patients and Specialists in Laboratory Medicine and also assess the level of support provided by specialists.

We surveyed seven countries and in all there was majority support from patients for such a proposal and

there was also majority support from the profession across Europe for such provision. Understandably there were variations between countries e.g. legislation impeding such a service; patients preferring any advice to be free rather than paid for.

The opportunities for initiating such a service had been studied by Dr Oosterhuis who had found that there was acceptance of the concept of PFLM after initial resistance from primary care physicians, the patients expressed a positive view of their experience. From this pilot after it was clear that computer-aided support for personalised comments would be essential, the options were presented.

There was a positive discussion from the workshop participants recognizing the opportunities for the professionals and patients to gain from PFLM and that this is an approach whose time has come and it is now the responsibility of Specialist in Laboratory medicine to be advocates for and deliverers of PFLM.



## EFLM Bursary Programme to attend EuroMedLab 2017



22nd IFCC-EFLM European Congress of Clinical Chemistry  
and Laboratory Medicine - EuroMedLab 2017

Athens, 11-15 June 2017

[www.athens2017.org](http://www.athens2017.org)

*by Ralf Lichtinghagen*

*Chair of the EFLM Education and Training Committee*

We are pleased to announce that EFLM is promoting a bursary programme for young scientists attending the 22nd IFCC-EFLM European Congress of Clinical Chemistry and Laboratory Medicine - EuroMedLab 2017 to be held in Athens on 11-15 June 2017.

The bursaries will cover the cost of the travel and 4-night accommodation for a maximum of Eur 900.

EFLM bursary recipients will also receive the free congress registration, kindly offered by the Congress Organizer Committee, and a free on-line yearly subscription to the journal CCLM, kindly offered by Walter de Gruyter.

**Eligible candidates must be from an EFLM Member Society and meet the following criteria:**

- Young participants ( $\leq 35$ y at the date of the conference);
- Having a poster abstract accepted as First Author (deadline for abstract submission Nov. 6, 2016).

**Applications must be submitted through the attached application form and accompanied by the following documentation:**

1. Copy of the ID or passport;
2. Document proving the membership to the National Society;
3. Notification of poster acceptance (acceptance/rejection will be sent by the conference organizers by December 20).

**Applications have to be sent to [silvia.cattaneo@eflm.eu](mailto:silvia.cattaneo@eflm.eu) by 15 February 2017.**



**With season's greetings and best wishes for a prosperous New Year  
from the European Federation of Clinical Chemistry  
and Laboratory Medicine!**



## 4<sup>th</sup> EFLM-BD European Conference on Preanalytical Phase

Improving quality in the preanalytical phase through innovation



Under the Auspices of IFCC



EFLM thanks BD for the kind and unconditional support



**A pragmatic, practical and interactive conference developed by the EFLM Working Group on Preanalytical Phase to deliver up-to-date knowledge in the field and create an open forum for interactive discussions**

For more information about the conference: [www.preanalytical-phase.org](http://www.preanalytical-phase.org)

### EFLM BURSARIES PROGRAMME

EFLM will promote a bursary programme for young scientists attending the EFLM-BD Conference 2017. The bursary will cover the cost of the travel, 2-night accommodation and a daily meal allowance for a maximum of Eur 750. In addition to this, the free conference registration will be granted. EFLM Bursary recipients will also receive a free on-line yearly subscription to the journal CCLM kindly offered by Walter de Gruyter.

**Eligible candidates must come from an EFLM Member Society and meet the following criteria:**

- Young participants ( $\leq 35$ y at the date of the conference);
- Having a poster abstract accepted as First Author (deadline to submit abstracts: December 31, 2016).

**Applications must be submitted through the proper application form downloadable at**

<http://eflm.eu/index.php/EFLM-bursaries.html> and accompanied by the following documentation:

1. Copy of the ID or passport;
2. Document proving the membership to the EFLM National Society;
3. Notification of poster acceptance.

**Applications have to be sent to [silvia.cattaneo@eflm.eu](mailto:silvia.cattaneo@eflm.eu) by 15 January 2017.**

### CONFERENCE AWARDS

The Conference Organizers are delighted to announce that two poster awards will be given during the conference: one by the decision of the Scientific Committee and the other voted by the audience. The award is the free registration for the next conference in 2019.

by **Maria Stella Graziani**

Chair of the Communications Committee

Four (4) more papers have been published by EFLM functional units since last issue; please find below the list. The papers are freely downloadable at the dedicated page of the EFLM website (<http://www.eflm.eu/index.php/eflm-publications.html>)

### POSITIONS & OPINION PAPERS

➤ Cornes M, van Dongen-Lases E, Grankvist K, Ibarz M, Kristensen G, Lippi G et al.

**Order of blood draw: Opinion Paper by the European Federation for Clinical Chemistry and Laboratory Medicine (EFLM) Working Group for the Preanalytical Phase (WG-PRE).**

Clin Chem Lab Med 2016 DOI 10.1515/cclm-2016-0426  
*National and international (WHO, CLSI) guidelines recommend that the order of draw of blood during phlebotomy should be blood culture/sterile tubes, then plain tubes/gel tubes, then tubes containing additives. This prevents contamination of sample tubes with additives from previous tubes that could cause erroneous results. There have been a number of studies recently looking at whether order of draw remains a problem with modern phlebotomy techniques and materials. In this Opinion Paper, the European Federation of Clinical Chemistry and Laboratory Medicine Working Group for the Preanalytical Phase (EFLM WG-PRE) provides an overview of the literature with regards to order of draw in venous blood collection. Given the evidence presented in this article, the EFLM WG-PRE herein concludes that a significant frequency of sample contamination does occur if order of draw is not followed during blood collection. EFLM WG-PRE supports the continued recommendation of ensuring a correct order of draw for venous blood collection.*

➤ Barth JH, Misra S, Aakre KM, Langlois MR, Watine J, Twomey PJ et al. by the EFLM-UEMS joint WG on Guidelines

**Why are clinical practice guidelines not followed?**

Clin Chem Lab Med 2016 DOI 10.1515/cclm-2015-0871

*An interesting opinion paper that investigates the reasons why clinical practice guidelines are so poorly followed both by clinicians and by laboratory medicine. Few guidelines have been written for laboratories and the ones that affect laboratories are inadequate: we need to change this culture and ensure that we are involved in both the arenas of diagnostic research and guideline writing.*

### REVIEWS & SURVEYS

➤ Ceriotti F, Gligorovic Barhanovic N, Kostovska I, Karel Kotaska K, Perich Alsina MC, on behalf of the EFLM WG on Harmonisation of total testing process

**Harmonisation of the laboratory testing process: need for a coordinated approach.**

Clin Chem Lab Med 2016 DOI 10.1515/cclm-2016-0244  
*A survey aimed to collect information on the harmonisation activities by the different national societies member of EFLM. The results of the survey indicate that there are some harmonisation initiatives in place in Europe, but these initiatives are not coordinated. Considering that the analytical phase is already covered by specific projects, EFLM is focusing its harmonisation efforts on the pre- and post-analytical phases.*

➤ Plebani M, O’Kane M, Vermeersch P, Cadamuro J, Oosterhuis W, Sciacovelli L on behalf of the EFLM Task & Finish Group on “Performance specifications for the extra-analytical phases” (TFG-PSEP).

**The use of extra-analytical phase quality indicators by clinical laboratories: the results of an international survey.**

Clin Chem Lab Med 2016 DOI 10.1515/cclm-2016-0770  
*The paper reports about the first initiative of the Task & Finish Group: a questionnaire administered to all National Societies of the Federation and other stakeholders aimed to understand the state-of-the-art on Quality Indicators (QIs). The data confirm the existence of the QI paradox as all responders were aware of the need to implement QIs and related performance criteria in their laboratories but the*

number and type of QIs monitored varied significantly. There is an important role both for national societies and for international federations to increase awareness in

clinical laboratories and to encourage participation in initiatives to develop consensus on the QIs to be employed and the related performance criteria.



## International Conference on Laboratory Medicine Padova, Italy – 27 October 2016

### Towards performance specifications for the extra-analytical phases of laboratory testing

*by Maria Stella Graziani*

*Chair of the Communications Committee*

**The yearly International Conference is dedicated to the memory of Prof Angelo Burlina, one of the Fathers of Laboratory Medicine in Italy and beyond.**

In 2016, the Conference was organized in collaboration with three EFLM functional units:

- The Task & Finishing Group on Performance specifications for the extra analytical phases (TFG-PSEP) under the chairmanship of Mario Plebani, was created as an outcome of the EFLM 1st Strategic Conference (Milano, 2014) and is dedicated to the generation of performance criteria for the extra-analytical phases;



Prof. Mario Plebani giving his Opening Lecture in the beautiful Aula Magna del BO of the Padova University

- The Working Group on pre-Analytical phase (WG-PRE, Chair Ana-Maria Simundic) that is working to promote the importance of the quality of the preanalytical phase;
- The Working Group on post-Analytical phase (WG-POST, Chair Eva Ajzner) that is working to encourage laboratories in supporting a better clinical utilisation of laboratory tests.

In his introductory presentation, Mario Plebani emphasized the inter-relationship between the different phases of the cycle; in particular the interdependence between the pre-analytical phase, the analytical quality, and the post-analytical steps affecting the quality of the ultimate laboratory information provided. *“What counts is the continuum”* he added; therefore we should make any effort to assure quality in any phase of the process. Quality indicators represent a **valuable tool** for identifying, documenting and **reducing errors** in the total testing process and allow the identification and setting of **performance criteria** for the extra-analytical phases of laboratory testing.

The following presentation by Mauro Panteghini illustrated the steps we should undertake to assure the appropriateness of the test requests. It should be pointed out that the harmonization at the clinical-laboratory interface related to the test demand is a high priority.

We had then the pleasure to listen to a number of presentations concerning different aspects of the pre-analytical phase: *patient and sample identification* (Giuseppe Lippi), *sample collection* (Ana-Maria Simundic), *sample handling and transportation* (Martina Zaninotto) and *sample acceptance and rejection* (Sverre Sandberg). All together, the speakers illustrated very well how the quality in this phase is pivotal: the uniqueness of the pre-analytical phase is that it can influence the subsequent phases (analytical and post-analytical) thus making it a critical step.

The second part of the conference was dedicated to the post-analytical phase. This is the final step of the total testing process, starting after the right result is reported: this needs to be acknowledged, correctly interpreted and an action in accordance with its right interpretation should follow. Again, as it happens for the pre-analytical phase, the harmonization at the clinical- laboratory interface is mandatory. The issues related to the essentials points of the post-analytical phase have been illustrated by brilliant speakers: Ferruccio Ceriotti (*reference values and decision limits*), Paolo Carraro (*turnaround time*), Eva Ajzner (*interpretative reports*), Elisa Piva (*critical results*) and Ann Kristoffersen (*clinical algorithms/guidelines*).

The final presentation by Laura Sciacovelli (Chair of the IFCC WG Laboratory errors and Patient safety and member of the EFLM TFG-PSEP) was devoted to the presentation and discussion of the use of the extra- analytical phase quality indicators (QIs). The joint goals of the two groups are to involve the International providers of EQAS and the Accreditation bodies in order to harmonise the use of the QIs, so that the model of QIs could comply with the ISO 15189:2012 requirements.

An appeal to the audience to join in the project in order to improve the quality of laboratory performances and guarantee the patient safety was launched at the end.



An attentive audience and an amazing view of the Aula Magna



A course developed by the EFLM Working Group on Test Evaluation on the progress of medical tests improving patient outcomes for laboratory professionals, clinicians, biomarker researchers and healthcare companies

With the auspices of 



## Developing medical tests that improve patient outcomes

Leiden (NL), 9-10-11 November 2016

WHO AND WHY SHOULD ATTEND?    SCIENTIFIC PROGRAMME    FACULTY    HOW TO REGISTER GENERAL INFORMATION    ACCOMMODATION    SPONSORS

*by Sarah Robinson*

*Expert Consultant to the EFLM Working Group for Test Evaluation*

The members of the EFLM Working Group on Test Evaluation (WG-TE) developed course content in relation to the 'Development of medical tests that improve patient outcomes'. Taking place in Leiden, The Netherlands, over two and half days (9-11 November 2016), the course was targeted at laboratory medicine professionals, clinicians and researchers involved in biomarker development and test evaluation, as well as healthcare companies and regulatory representatives. The accredited course allowed delegates to claim for attendance from the European Accreditation Council for Continuing Medical Education (EACCME).

The course used lectures from WG-TE members and invited speakers, including clinicians and the diagnostics industry. Delegates were asked to work through assignments that reinforced the learning of lectures, and there was a subsequent group debrief that widened the discussion.

The opening speaker was WG-TE member Patrick Bossuyt, who set out the Test Evaluation framework the group has been working on. The groups' framework sets out to describe the different scenarios that can be experienced when a new test is implemented; for example, compared to the existing scenario it could be a replacement test, a triage test or an add-on test extending the current testing regime. The PICO concept was also introduced for its usefulness in building the clinical pathway (**P**atients **I**ntervention **C**omparator **O**utcomes). By using PICO the right clinical question can be answered to build an accurate clinical pathway: What kind of patient? What is currently being done for the very same patients (comparator)? What change in outcome do you want to achieve or avoid?

WG-TE member Phil Monaghan shared details from the working groups' recent paper that aims to guide researchers by using questions and flowcharts to determine if there is an unmet clinical need. These questions are increasingly important since it was described in the lecture by clinician Rob Tollenaar that there is still no cancer marker available that fulfils all 3 criteria: i) Easy to use test ii) Easy to collect sample iii) One marker specific to one tumour. Furthermore, Roche Diagnostics explained how it has learned lessons in their biomarker pipeline studies. Abbott provided insights on how ever-increasing restrictions in IVD guidelines are imposed upon the industry by regulators.

To close the course WG-TE member, Rita Horvath, had an overarching finishing lecture and stressed the future need of more intensive collaboration, education and communication among all stakeholders of the "biomarker to medical test" pipeline for improving patient outcome. Feedback from the delegates was extremely positive; on the first day one attendee expressed that she 'had never found a course with content like this before; I am very pleased with the course already'. Delegates responded well to working in pairs for the assignment exercises and have already asked if the course will be held again so that they can bring it to the attention of their colleagues. Putting the course together – both content and logistics - has taken time and effort, but the working group is pleased that it has been so well received, and looks forward to studying all of the feedback in order to ensure an even better course in the future.

*Article continued on next page*



Participants at the Leiden course



## News from the IFCC Website

### IFCC eNews Flash Nov 2016

IFCC eNews Flash November edition is now available. In this issue, you will find: important information on IFCC TF YS FREE webinar; the link to the IFCC position paper “Assuring the Quality of Interpretative Comments in Clinical Chemistry”; details on the Clinical Chemistry Trainee, and how to participate in the Labs Are Vital photo contests. Stay tuned with IFCC, read the eNews Flash!

[Read more](#)



## IFCC TF-YS Webinar

The IFCC Task Force for Young Scientists invites you to join the second educational webinar for scientists and laboratorians. This free educational programme is focused on Clinical Laboratory Research, Dos and Dents of Clinical Lab Research, and Challenges from a Clinical Lab Research Case Study. It has been held on Friday, November 11th, 2016.

[Click here for further information](#)

as well as to access to the first webinar, on the topic of **ISO Accreditation: New Trends and Global Differences.**



## IFCC TF-YS Lab-Surfing

The IFCC Task Force for Young Scientists presents Lab-Surfing, a thoughtful development of social media designed and created in order to fulfil the unattended needs of Laboratory Young Scientists. In continuing evolving professions with new technologies and methods, YS find exchange programmes and communication essential for their laboratory practice.

[Read more](#)





## Bolivian Continuing Education Program (PROBOECO) takes forward training courses under the cooperation agreement with the Foundation Bioquímica Argentina

### Programa Boliviano de Educación Continua (PROBOECO) lleva adelante cursos de capacitación en el marco del convenio de cooperación con la Fundación Bioquímica Argentina y su programa de educación continua

*by Dr. Álvaro Justiniano Grosz*  
*Bolivian Society of Clinical Biochemistry*

The Bolivian Society of Clinical Biochemistry has launched the Bolivian Continuing Education Program (PROBOECO) instrument that allows biochemistry professionals in Bolivia to access classroom and distance courses and get training in current issues with the objective being to qualify professionals in the daily performance of their activities within clinical laboratories. This has been done within the framework of the cooperation agreement that the organization has with the Argentina Biochemistry Foundation which has a lot of experience and an extensive programme of continuing education in Argentina.

This program will be endorsed by the new Directive of the Bolivian Society of Clinical Biochemistry. The society has made the decision that Bolivians professionals should undergo continuous training and keep up with the current challenges and demands of the world where the development of knowledge and new technologies require the assistance of trained and skilled professionals in laboratory medicine. This will demonstrate high academic and professional standards in the delicate mission of providing quality and accuracy in conducting laboratory tests, so that they become indispensable agents in the multidisciplinary health team and thus cooperate efficiently in solving the multiple health problems facing our country.

As for the structure of the Bolivian Continuing Education Program, there are strict Rules provided for in the Constitution of Bolivian Society of Clinical Biochemistry to ensure compliance and the same holds for the formation of a National Council of the Bolivian Continuing Education Program with each department being represented and strong

La Sociedad Boliviana de Bioquímica Clínica, durante la presente gestión ha lanzado el Programa Boliviano de Educación Continua (PROBOECO), instrumento que permite a los profesionales Bioquímicos de Bolivia optar a cursos presenciales y a distancia, capacitándose en temas de actualidad cuyo objetivo es el de cualificar a los profesionales en el desempeño diario de sus actividades dentro del Laboratorio de análisis clínicos, esto dentro del marco del Convenio de cooperación que tiene nuestra entidad con la Fundación Bioquímica Argentina quien cuenta con mucha experiencia y un amplio programa de educación continua en Argentina.

Este Programa, tendrá una impronta que no puede dejar de soslayarse en virtud a que la nueva Directiva de la Sociedad Boliviana de Bioquímica Clínica, ha tomado la decisión de que los profesionales Bolivianos deben entrar en procesos de capacitación permanente y ponerse a la altura de los actuales desafíos y exigencias del mundo, donde el desarrollo del conocimiento y las nuevas tecnologías requieren el concurso de profesionales capacitados e idóneos en el área de la medicina de Laboratorio, los cuales demuestren que cuentan con altos estándares académicos y profesionales en la delicada misión de brindar calidad y exactitud en la realización de exámenes de laboratorio, de manera que se constituyan en agentes indispensables en el equipo multidisciplinario de salud y colaboren así de manera eficiente en la solución de los múltiples problemas de salud que enfrenta nuestro país.

En cuanto a la estructura el Programa Boliviano de Educación Continua cuenta con un sólido Reglamento Interno previsto en el Estatuto Orgánico de Sociedad Boliviana de Bioquímica Clínica de cumplimiento estricto, el mismo que se sostiene con la conformación de un Consejo Nacional del Programa Boliviano de Educación

support of the National Executive Committee. This provides guidelines for the organization of courses according to the various requirements and needs of departments.

With the excellent participation of Bolivian biochemists we plan to hold the following courses at PROBOECO (see the table of topics, venues and lecturers, in English, at the bottom of this page).

In this first cycle I will be able to reach seven of the nine departments of Bolivia, which means that professional laboratory biochemists dedicated to the area will benefit from the direct presence of outstanding professionals who will present topics. In these training activities we can reach more than 500 biochemists across the country and nearly 300 final year biochemistry students from the different Bolivian universities that produce professional biochemists.

In making an assessment of this first cycle, we face two major challenges; reaching across the country in person and directly and the need to develop an ambitious training programme for 2017 and develop a platform for virtual courses and expand our national coverage across the distances to benefit professionals who because of travel costs may not benefit from such courses.

Continua constituido por los representase del Programa a nivel de cada Departamento y el apoyo decidido del Comité Ejecutivo Nacional, quien es el que da las líneas maestras para la organización de los cursos de acuerdo a los diversos requerimientos y necesidades de los departamentos del país.

Con una excelente participación de Bioquímicos Bolivianos pudimos llevara adelante los siguientes cursos (ver tabla en español al final del artículo).

En este primer ciclo se puedo llegar a siete de los nueve departamentos de Bolivia, lo que significa que profesionales Bioquímicos dedicados al área de laboratorio se beneficiaron de la presencia directa de destacados profesionales quienes presentaron temas de actualidad. En estas actividades de capacitación permitieron alcanzar a más de 500 profesionales Bioquímicos en todo el país y casi 300 estudiantes de los últimos años de las diferentes Universidades Bolivianas que forman profesionales Bioquímicos.

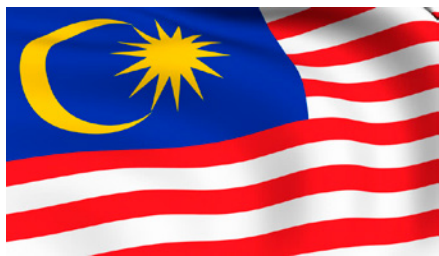
Haciendo una evaluación de los que pudimos llevar adelante en este primer ciclo, vemos que se nos plantea dos grandes retos, llegar a todo el país de manera presencial y directa , por lo que se impone la necesidad de elaborar un ambicioso programa de capacitación para la gestión 2017 y desarrollar una plataforma para cursos virtuales, hecho que permitirá ampliar nuestra cobertura nacional y alcanzar a profesionales que muchas veces por las distancias, costos que implica los traslados no se pueden beneficiar de cursos de actualización de esta magnitud.

TOPIC	Venue	LECTURER
Clinical Update, immune diagnosis and diseases associated with coeliac disease.	Santa Cruz Tarija	Dra. María E. Lasta
Infections of female genital tract and the neonate - The role of the laboratory.	Santa Cruz Beni	Dra. Susana Di Bartolomeo
Advances in the physiology of testicular and ovarian function assessment in the clinical laboratory.	La Paz	Dr. Daniel R. Aquilano
Infertility: bacteriological, immunological and molecular aspects.	La Paz Oruro	Dra. Adriana S. Brufman
Advances in the physiology of testicular and ovarian function assessment in the clinical laboratory.	Cochabamba	Dra. Halina Grosman
Cancer, cancer markers.		Dr. Daniel R. Aquilano
Cancer, cancer markers.	Sucre	Dra. Halina Grosman

SEDE	TEMA	DISERTANTE
Santa Cruz	Actualización clínica ,diagnostico inmunológico y patologías asociadas a la enfermedad celiaca	Dra. María E. Lasta
	Infecciones del tracto genital femenino y en el neonato - El rol del laboratorio.	Dra. Susana Di Bartolomeo
La Paz	Avances en la fisiología de la función ovárico testicular y su valoración en el laboratorio clínico.	Dr. Daniel R. Aquilano
	Infertilidad: Aspectos bacteriológicos, inmunológicos y moleculares.	Dra. Adriana S. Brufman
Cochabamba	Cáncer, marcadores oncológicos.	Dra. Halina Grosman
	Avances en la fisiología de la función ovárico testicular y su valoración en el laboratorio clínico.	Dr. Daniel R. Aquilano
Tarija	Actualización clínica ,diagnostico inmunológico y patologías asociadas a la enfermedad celiaca	Dra. María E. Lasta
Sucre	Cáncer, marcadores oncológicos.	Dra. Halina Grosman
Beni	Infecciones del tracto genital femenino y en el neonato - El rol del laboratorio.	Dra. Susana Di Bartolomeo
Oruro	Infertilidad: Aspectos bacteriológicos, inmunológicos y moleculares.	Dra. Adriana S. Brufman



**ASIA-PACIFIC FEDERATION FOR CLINICAL BIOCHEMISTRY AND LABORATORY MEDICINE**



## APFCB and MACB collaboration for the first regional chemical pathology course

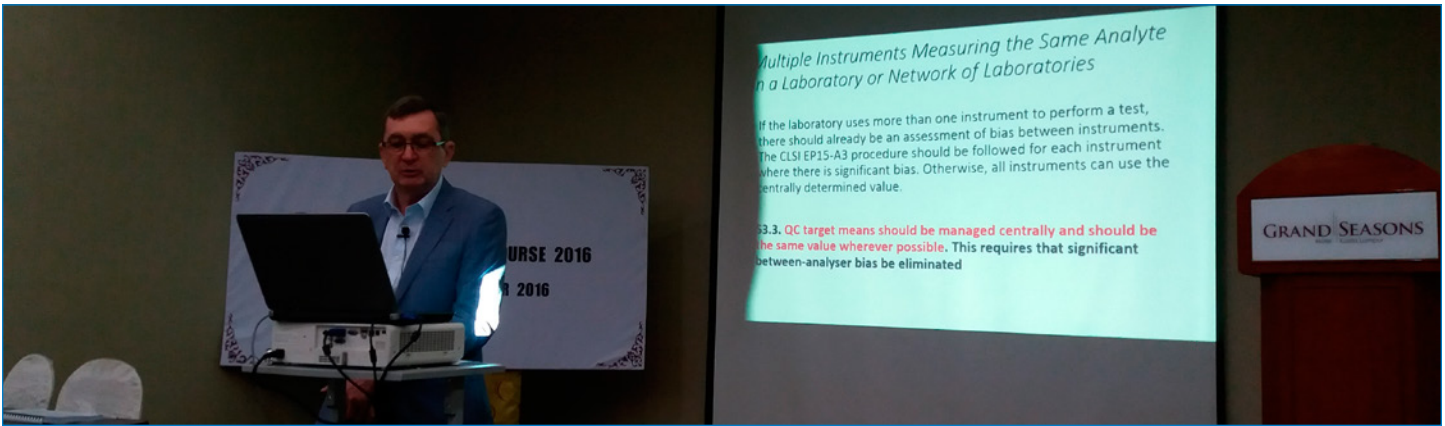
*by Joseph Lopez  
Immediate Past President, APFCB*

The APFCB organizes a variety of educational activities for its members within the Asia-Pacific region. Among these is the APFCB Travelling Lectureship, the IFCC Visiting Lectureship programme which it coordinates, specialty meetings and *ad hoc* courses and workshops.

Sensing the need for basic courses for young clinical biochemists, the APFCB agreed at its Council meeting in Bali in 2013 to hold courses in chemical pathology within the region, along the lines of the

successful annual chemical pathology course of the Australasian Association of Clinical Biochemists (AACB).

In response to the APFCB's invitation, the Malaysian Association of Clinical Biochemistry (MACB) agreed to co-host the first such course in Kuala Lumpur. It was held on 19-21 September 2016 and was attended by more than 50 participants comprising chemical pathologists, laboratory scientists, medical doctors and medical laboratory technologists both from



Dr. Tony Badrick during his presentation

public and private hospitals laboratories from all over Malaysia. The course also had two participants from Hong Kong and another two representatives from the local diagnostics industry.

The programme was coordinated by Dr. Tony Badrick, Chair of the APFCB Committee of Education and Laboratory Medicine. It contained an eclectic mix of laboratory quality, endocrinology, instrumentation and laboratory techniques, organ disease and interactive case studies.

Besides Dr. Badrick, others making up the faculty were Dr. Louise Weinholt (Australia), Dr. Raja Elina Aziddin (MACB President) and Dr. Tze Ping Loh (Singapore).

The feedback from 44 of the participants was positive. They commented that the content was useful and relevant to their work. Many indicated that they would have liked to see more case studies and group activity in the programme. Participants were of the view that speakers were knowledgeable and they rated the delivery of the topics with an average score that was between good and excellent.

Most participants requested the course be continued. The APFCB hopes to hold it annually in the future if there is enough interest.

*(The author wishes to thank Dr. Badrick and Dr. Raja Elina for their input.)*



Images from the first APFCB and MACB regional course held in Kuala Lumpur, Malaysia

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## News from Asociación Bioquímica Uruguaya

### Workshop: Advanced Practices on Analytical Quality

by Dr. Ana M. Piana  
Asociación Bioquímica Uruguaya

On the 8 and 9 September 2016, the Workshop titled "**ADVANCED PRACTICES ON ANALYTICAL QUALITY**", organized by Coulter Foundation and sponsored by AACC took place at the Radisson Montevideo Victoria Plaza Hotel.

The event was attended by 80 people, and the lecturers were as follows:

- Dr. Gabriel Migliarino (Argentina)
- Evangelina Hernandez (Argentina)
- Benjamin Fernandez Concha (Chile)

People welcomed this workshop that shed light on many topics of analytical quality on Clinical Laboratory and provided useful tools.



From left to right : Eduardo Callejas, Elías Caro and Benjamín Fernández Concha



The 10th National Clinical Laboratory Congress brought over 1,500 experts together in Zaragoza from 19 - 21 October 2016. This is the most important scientific conference in Spain on *in vitro* diagnosis, where the key issues of the previous year are reviewed, organised jointly by the Spanish Society of Clinical Biochemistry and Molecular Pathology (SEQC) and the Spanish Medical Biopathology Association (AEBM) and the Spanish Association of Pharmaceutical Analysts (AEFA).

Over 900 scientific papers were presented at the event. The programme included 5 expert lunches, 10 symposia, 2 lectures (covering new developments in management, quality, hepatitis, arteriosclerosis, genetic diagnostic testing, neurodegenerative diseases, the population status of iron deficiencies, intellectual disability and specialist training in the field of laboratory medicine), house-officer and tutor meetings and 4 practical pre-congress courses on haematological cytology, risk management in the lab, biochemical urine

studies and onconeural antibodies. Also noteworthy was the industry sponsorship of 11 workshops, sessions that combined training and innovative proposals by companies in cutting-edge issues.

Experts stress the importance of holding this conference every year due to the extraordinary contribution of clinical laboratories to medical diagnosis. "We are committed to advancing knowledge of new tests that increase sensitivity, specificity and positive and negative predictive values and reduce the cost-benefit ratio", stated Dr. Francisco A. Bernabeu, member of the SEQC and the Congress Steering Committee.

According to Dr. José Puzo Foncillas, member of the SEQC and the Local Congress Committee, "*laboratory medicine represents the single highest volume clinical activity in health systems, covering both primary and specialist care, and is undoubtedly the fastest, safest and most accurate diagnostic system available in medicine*".



*“In fact”, Dr. Bernabeu explained, “this has become a challenge: lab professionals must take on the role of clinical advisor and make full use of their knowledge. Analysts have to work closely with physicians in choosing the most appropriate tests and designing suitable profiles and protocols for each disorder. All without forgetting that the analyst’s main mission is to provide reliable results. Thus, we consider the best way of guaranteeing this reliability is to obtain Standard UNE-EN ISO 15189 accreditation”.*



SEQC Team: J. Peña, S. Cuadrad, C. Merino and M. Ventura with the President I. Caballé



## SEQC-FENIN Workshop

**“Implications of the new codes of ethics: who will pay for attending courses and congresses?”**

At the congress, the SEQC and the Spanish Federation of Healthcare Technology Companies (FENIN) organised a round table entitled *“Implications of the new codes of ethics: Who will pay for attending courses and congresses?”*

The objective of this multidisciplinary workshop was to respond to concerns and work to find a solution to benefit all parties involved (administration, pharmaceutical and healthcare technology industries, professionals and scientific societies), after the approval of the Farmaindustria Code of Good Practices.

A great deal of interest and expectation surrounds this topic, given that it could compromise future organisation of medical congresses and training. As a result, presidents and members of the boards of various scientific societies attended the workshop, including those from the Spanish Society of Medical Radiology (SERAM), the Spanish Society of Pulmonology and the Spanish Society of Thoracic Surgery (SEPAR); the Spanish Association of Surgeons (AEC), the Spanish Society of Gastrointestinal Endoscopy (SEED) and the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC).





A. Moreno (SEQC), J. Vives (FENIN), D. Herrera (PCO), J. Avezuela (KPMG) and F. A. Bernabeu (SEQC)



The in vitro diagnosis sector experiences an extremely high level of innovation and at a staggering rate. This is thanks, among other factors, to rapid changes in the available technology. *“In this context, professional training is an essential tool for maintaining quality levels, all to the benefit of the patient”*, stressed Dr. Imma Caballé, president of the SEQC. She concluded that, given the possible changes implied by the approval of the Code of Good Practices, it is important to facilitate discussion and consensus in order to find a solution that does not impact on professional training.

## IFCC'S CALENDAR OF CONGRESSES, CONFERENCES & EVENTS

### Calendar of IFCC Congresses/Conferences and Regional Federations' Congresses

Jun 11 - 15, 2017		<i>IFCC-EFLM EuroMedLab 2017</i>	Athens, GR
Sep 17 - 20, 2017		<i>XXIII COLABIOCLI Congress 2017</i>	Punta del Este, UY
Oct 20 - 22, 2017		<i>XIV International Congress of Pediatric Laboratory Medicine</i>	Durban, ZA

Oct 22 - 25, 2017		<i>XXIII IFCC WorldLab 2017</i>	Durban, ZA
May 19 - 23, 2019		<i>IFCC-EFLM EuroMedLab 2019</i>	Barcelona, ES
May 24 - 28, 2020		<i>XXIV IFCC WorldLab 2020 Seoul</i>	Seoul, KR

## Calendar of events with IFCC auspices

Dec 14, 2016	<i>ZACBLab Med Symposium 2016</i>	Harare, ZW
Feb 9 - 10, 2017	<i>International Congress on Quality in Laboratory Medicine</i>	Helsinki, FI
Mar 6 - 10, 2017	<i>Intl Winter School - Advanced Cytometry: Applications in Immunology</i>	St. Etienne, FR
Mar 24 - 25, 2017	<i>4th EFLM-BD European Conference on Preanalytical Phase "Improving quality in the preanalytical phase through innovation"</i>	Amsterdam, NL
May 11 - 13, 2017	<i>The VIII Baltic Transfusion Medicine Congress and the I Latvian Congress in Laboratory Medicine</i>	Riga, LV
Jun 10 - 11, 2017	<i>EuroMedLab Athens 2017 Satellite Meeting "Management of Inborn Errors of Metabolism: from Diagnosis to Treatment"</i>	Athens, GR
Jun 10, 2017	<i>EuroMedLab Athens 2017 Satellite Meeting "Metabolic Bone Disease: The Role of the Clinical Laboratory"</i>	Athens, GR
Jun 15 - 16, 2017	<i>EuroMedLab Athens 2017 Satellite Meeting "Diabetes"</i>	Athens, GR
Sep 21 - 22, 2017	<i>13th EFLM Symposium for Balkan Region</i>	Belgrade, SRB



### News from the IFCC Website

#### APFCB News 2016

The Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine News 2016 is now available. Read more below to access a copy and catch up with all the news and future projects announced in the opening message by the APFCB President, Dr Lai.

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Nepal: Nepalese Association for Clinical Chemistry (NACC)
Palestine: Palestinian Medical Technology Association (PALMTA)
Philippines: Philippine Council for Quality Assurance in Clinical Laboratories (PCQACL)
Russia: Regional Association for Clinical Laboratory Diagnosis, St. Petersburg
Spain: Asociación Española de Farmacéuticos Analistas (AEFA)
Turkey: Society of Clinical Biochemistry Specialists (KBUD)
Ukraine: Association of Clinical Chemistry & Laboratory Medicine of Ukraine (ACCLMU)

## Regional Federations

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African Federation of Clinical Chemistry (AFCC)
Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)
European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)
Latin America Confederation of Clinical Biochemistry (COLABIOCLI)
North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC)

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