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In this issue

Editorial

Marilena Stamouli,
eNews Editor

Dear colleagues,

Autumn is more than just a change of season. It is a time for new beginnings and a fresh perspective on goals, as well as an opportunity for new collaborations and continuous progress.

In her message, our President, Prof. Tomris Ozben, gives us valuable information about her agenda and the opportunity she had to meet laboratory medicine professionals, exchange ideas, and strengthen the collaboration of IFCC for the benefit of the global laboratory medicine community. Moreover, she provides insights on two important WHO initiatives, which promote the integration of diagnostics into national health strategies. She is also inviting us to participate in interesting upcoming events, such as the 32nd BCLF Meeting and the 27th IFCC WorldLab 2026.

In this issue you can read an article by Prof. Bernard Gouget and Dr. Jean-Marc Giannoli, about the "WHO Pandemic Agreement", which aims to the protection of all populations in future pandemic threats, as well as an article by Prof. Bernard Gouget on the "Open Source", a valuable and innovative tool for health emergencies.

Prof. Bernard Gouget and Dr. Swarup Shah invite us to ACBICON-WASPaLM 2025, a strategic opportunity for IFCC ETD, which will be held in Pune, India, in October 2025.

Prof. Renze Bais presents an opinion piece about what can IFCC do more for the developing countries.

You can also read about a cross-disciplinary team at Landspitali National University Hospital of Iceland, awarded with distinction for the 2025 UNIVANTS of Healthcare Excellence award program. If interested, you can apply for the 2026 UNIVANTS of Healthcare Excellence awards until November 15, 2025.

News from member societies from Uruguay, Algeria, Serbia, Pakistan, Nepal and Sri Lanka, are also included in this issue. They share with us interesting information about their congresses, workshops and other activities, as well as their experiences from the IFCC-VLP program. All these activities show the hard work and dedication of these societies and their commitment to quality diagnostic testing.

Interesting news from the IFCC Professional Exchange Program, the IFCC Committee on Clinical Application of Cardiac Biomarkers and the IFCC Task Force-Young Scientists are also included in this issue. It is with great pleasure that we welcome the Senegalese Society of Clinical Biochemistry and the Kuwait Association of Clinical Biochemists, as well as the new IFCC Corporate member Retoo Biotech, and we wish them a fruitful collaboration.

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We also welcome the “LabMed Discovery”, a high-quality, peer-reviewed, and open-access English journal, devoted to creating a world-class interdisciplinary academic journal of laboratory medicine. I take this opportunity to wish to the editors and contributors of “LabMed Discovery” continued success in their scientific work.

Finally, I take the opportunity to remind you the IFCC Calls for nominations. Review the open positions and, if interested, contact your National or Corporate Representative.
I hope that you will enjoy the present issue!

Marilena Stamouli

Marilena Stamouli

The voice of IFCC

IFCC President's Message

September 2025
By Tomris Ozben

Dear Colleagues, Dear Friends

I hope this message finds you well and that you have enjoyed a restful summer season.

Summer is always a unique moment of the year, a time to pause from our busy routines, to reconnect with family and friends, and to recharge our energies. It also offers us the opportunity to reflect on the progress we have made together and to look ahead with renewed enthusiasm to the many activities, projects, and challenges awaiting us in the coming months.

179th IFCC Executive Board meeting Conference Call was held on July 14 and July 23, 2025 (second part of the 179th meeting) to discuss some important and urgent agenda items.

On July 24, 2025, I attended the half-year meeting of the Joint Committee for Traceability in Laboratory Medicine (JCTLM) Executive Committee meeting. The JCTLM President, Mauro Panteghini and Executive Secretary, Robert Wielgozs organized the meeting with the JCTLM representatives of partner organizations and we discussed several agenda items.

I had the pleasure of attending the 2025 ADLM Annual Meeting which was held July 27-31, 2025, in Chicago, Illinois, USA. I was delighted to attend the opening and scientific sessions, great exhibition and meeting with several colleagues. During the ADLM meeting, it is customary for the leadership of ADLM and IFCC to meet and provide updates on each organization and to discuss areas of collaboration. Representatives from IFCC and ADLM Boards attended the leadership meeting on Tuesday, July 29, 2025, from 1:00-2:00 p.m. at the McCormick Place Convention Centre.

Prof. Tomris Ozben
EuSpLM, Ph.D.

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We exchanged and updated information about our activities and discussed areas of interest and the potential collaborations. It was an excellent opportunity to meet in person, exchange ideas, and strengthen our collaboration for the benefit of the global laboratory medicine community.

I would like to inform you that WHO has formed the WHO Diagnostics Task Force in 2023 supporting the Global Diagnostics Coalition. I attended the WHO Global Diagnostics Coalition virtual /zoom meeting held on 13 August 2025, since IFCC has an agreement with WHO as its partner, and IFCC is the biggest diagnostic organization. Many WHO Diagnostic Coalition members attended the meeting, including several Radiology organizations and WASPaLM.

The agenda for the virtual meeting included discussion of WHA Resolutions 76.5 and 78.13, as well as sharing information on other WHO-led diagnostic and health networks.

WHA Resolutions 76.5 and 78.13 address diagnostic requirements across multiple health conditions like infections, pandemics, rare diseases, emergencies and non-communicable diseases.

The WHO Diagnostic Taskforce was created to align WHO staff efforts on diagnostics and to ensure the harmonized implementation of WHA76.5. It comprises senior management, coordination teams, and over 100 technical experts.

WHA76.5 calls for improved data collection on accessibility and availability, updates to essential diagnostics lists, and strengthened health technology management. Under WHA76.5, Member States are expected to develop and implement national diagnostic strategies, invest in research and development as well as workforce training, and ensure equitable and timely access to diagnostic services.

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WHA78.13 focuses on strengthening medical imaging capacity, requesting WHO technical assistance for policy implementation, updates to the priority medical device lists, and the promotion of sustainability in imaging technologies.

Other examples are like the Global Accelerator for Paediatric Formulations (GAP-f). GAP-f addresses the gap in paediatric medicines, aiming to accelerate research, development, and access to child-friendly formulations. It was legitimized through a 2016 WHO resolution and operationalized with a strategic business plan.

The development of the program is structured in three phases: the first focused on building trust and collaborative models; the second concentrated on testing the platform and integrating new therapeutic areas; and the third aims to consolidate operations to improve efficiency and sustainability.

GAP-f operates with a lean and flexible model, organizing working groups for research, product development, regulatory affairs, and access, supported by streamlined governance. Activities are prioritized based on community impact and capacity to execute, focusing on study design, clinical research, and product introduction. Lessons learned highlight accountability, structured engagement, efficient governance, and collaborative fundraising. Its Impact Measurement Framework ensures equitable access to paediatric medicines. Stakeholder engagement with private sector, civil society, funders, regulators, and governments drives progress. GAP-f has strengthened its membership and funding, delivering results through collaboration and innovation.

The strategic roadmap aligns priorities, accelerates research, catalyses development, and supports safe rollout, aiming to transform the paediatric medicines ecosystem. Overall, GAP-f demonstrates an agile, collaborative approach to improving children's healthcare globally.

The 2025 Taskforce Workplan emphasizes quality management systems and the application of artificial intelligence in diagnostics, along with engagement with suppliers of diagnostics for HIV and other priority diseases.

Overall, the Global Diagnostics Coalition is a WHO managed network that seeks to enhance global diagnostic access and capacity, foster collaboration among diverse stakeholders, and promote the integration of diagnostics into national health strategies as a cornerstone of effective health systems.

Looking ahead, our next Executive Board meeting will take place in October in the beautiful city of Sinaia, Romania, during the 32nd Meeting of the Federation of Balkan Clinical Laboratories, which will take place alongside the 16th National Conference of the Romanian Association of Laboratory Medicinal, from October 8 to 11, 2025. This will provide an important occasion for us to gather in person once again and discuss the new priorities and challenges of IFCC.

I would also like to highlight the series of webinars scheduled for the coming months, which represent one of the most dynamic and accessible educational initiatives of IFCC. These online sessions cover a wide range of topics in laboratory medicine, bringing together leading international experts who generously share their knowledge and experience, ensuring that valuable educational content reaches scientists in every region, regardless of geographical or economic barriers.

And let me take this chance to remind you that WorldLab 2026, the 27th International Congress of Clinical Chemistry and Laboratory Medicine, will take place in the vibrant city of New Delhi, hosted by the Association of Clinical Biochemists of India (ACBI) together with IFCC and APFCB.

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The Congress will take place at the India's largest International Convention and Exhibition Centre (Yashobhoomi, IICC), located in Dwarka, New Delhi, 10 km from Indira Gandhi International Airport and Aerocity and 25 km from the city centre of New Delhi. The venue offers seamless connectivity, with a metro station located inside the congress centre, connecting IICC to the Airport, Aerocity hotels and central New Delhi. Accommodations are plentiful, with 3,500 hotel rooms available near the IICC complex and an additional 3,600 rooms in the adjacent Aerocity.

Please mark October 25-29, 2026, in your calendar to attend IFCC Worldlab in New Delhi, India. Join us for an extraordinary opportunity to engage with leading experts and scientists in our field. Your presence promises to elevate the 27th IFCC WorldLab into a truly unforgettable congress.

Looking forward to a very productive fall season for IFCC member societies, national federations, and colleagues from around the world.

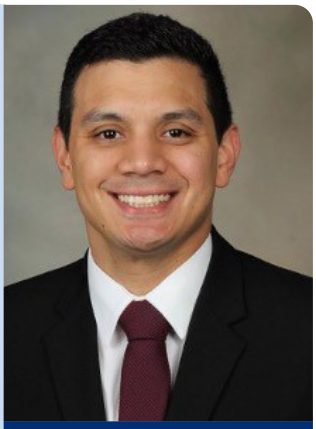
Best regards,

IFCC President, Prof Tomris Ozben

New podcasts from the IFCC Committee on Clinical Application of Cardiac Biomarkers

Two new podcasts are available from the IFCC Committee on Clinical Application of Cardiac Biomarkers. In these podcasts Dr Louise Cullen is interviewing Dr Yader Sandoval, who is an interventional cardiologist from the Minneapolis Heart Institute in the United States. Dr Sandoval, who has conducted multiple biomarker studies in cardiovascular medicine, talks about type 2 Myocardial Infarction related to pathophysiology, how it is diagnosed and the potential challenges related to this diagnosis. Furthermore, they discuss about the differences between Type 1 and Type 2 Myocardial Infarction, their clinical outcomes, as well as their impact on patients. Click here and listen to the podcast **"Type 2 Myocardial Infarction".**

In the "Meet the experts - podcast" (https://eacademy.ifcc.org/lessons/doctor-yader-sandoval/), Dr Sandoval talks about how he entered the field of cardiac biomarkers and explains why he finds this field particularly fascinating and rewarding. Moreover, he explains how his work as an interventional cardiologist inspires him into biomarker research. Dr Sandoval gives some advice for young researchers and discusses future challenges and opportunities in the field of cardiac biomarkers in general and in type 2 Myocardial Infarction specifically.



Dr Yader Sandoval

Interventional Section, Minneapolis Heart Institute, Abbott Northwestern Hospital, Minneapolis, MN - US
Co-Chair, Center for Coronary Artery Disease (CCAD) at the Minneapolis Heart Institute Foundation (MHIF), Minneapolis, MN - US

IFCC Visiting Lecturer Program (VLP): 10th Annual Academic Sessions 2025, College of Chemical Pathologists of Sri Lanka

By **Dr Thushari Vithanage**
Consultant Chemical Pathologist/Joint Secretary of College of Chemical Pathologists of Sri Lanka

This report aims to provide a concise overview about the experience of the College of Chemical Pathologists of Sri Lanka with the IFCC- Abbott Visiting Lecturer Program (VLP). The College of Chemical Pathologists of Sri Lanka is grateful for the program's support in providing two eminent speakers from the United Kingdom for the 10th Annual Academic Sessions, which was held on July 11 and 12, 2025, at Hotel Monarch Imperial, Colombo, Sri Lanka.
The Inauguration Ceremony was held on July 10 at Monarch Imperial Hotel. Prof Devaki Nair delivered the oration at the inauguration ceremony, in the presence of Dr Nalinda Jayatissa, Minister of Health and Mass Media of Sri Lanka, other officials from the Ministry of Health, international and local speakers, as well as chemical pathologists.

The conference commenced on July 11 and continued on July 12. Prof Devaki Nair delivered lectures on appropriate test utilization, as well as on bone and calcium metabolism. These lectures were appreciated not only by chemical pathologists, but also by cardiologists.
Prof Tarekegn Hiwot delivered lectures on inborn errors of metabolism and on planning of a relevant screening program. College of Chemical Pathologists of Sri Lanka hopes for continuing support from the IFCC VLP in the future.
Achieving a recent positive growth in economy, Sri Lanka is looking forward to a better future for the country. The College of Chemical Pathologists is extremely grateful for the opportunity to collaborate with such renowned experts.
The conference, organized by the College of Chemical Pathologists, was a resounding success, attracting a wide range of professionals in the field of chemical pathology and other medical fields, such as cardiology and endocrinology. Medical doctors participated in the main academic program and medical laboratory technologists participated in the Medical Laboratory Science program.
The lectures delivered by Prof Devaki Nair and Prof Tarekegn Hiwot were exceptionally well received by the attendees. Their expertise, knowledge, and engaging presentation styles made a significant impact on the participants, providing them with valuable insights into the latest advancements in the field.

The VLP gave the participants the chance to have interactive sessions with the speakers and solve the problems they encounter in routine practice and research.
Through interactive exchanges and collaborative efforts, participants were able to find practical solutions to their problems. The VLP played a vital role in fostering a collaborative environment that facilitated the sharing of experiences and expertise among professionals.
Also, the VLP provided an excellent platform for networking and establishing connections among the professionals in the field of chemical pathology.

Participants had the opportunity to meet and engage with colleagues from different institutions and professional backgrounds. These interactions allowed the exchange of ideas, best practices, and potential collaborations. The opportunity to build such connections was invaluable for enhancing professional growth and fostering future partnerships.

The College of Chemical Pathologists of Sri Lanka expresses its sincere hope for continuing support from the IFCC Abbott Visiting Lecturer Program in the future. The collaboration with IFCC VLP has been instrumental in the success of the annual sessions, and the college believes that further support would strengthen its ability to provide high-quality education and professional development opportunities in the field of chemical pathology. The College of Chemical Pathologists of Sri Lanka is eager to continue working with the IFCC VLP to promote excellence and advancement in the field.

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Photos turn memories into timeless treasures

Head table at inauguration ceremony
From left to right: Dr Nadeen Senanayake (Joint Secretary), Dr Thushara Hewageegana (President, College of Chemical Pathologists of Sri Lanka), Dr Nalinda Jayatissa (Minister of Health and Mass Media), Prof Devaki Nair (Orator), Dr Thushari VIthanage (Joint Secretary)

Dr Nalinda Jyatissa (chief guest and Minister of Health and Mass Media) addressing the event

Dr Thushara Hewageegana awarded the orator medal to Prof Devaki Nair

Some of the participants and speakers of academic sessions held on day 2

Ceremonial Procession at inauguration ceremony

Surveillance, Solidarity, and Science: Lab Medicine's Role in the WHO Pandemic Agreement

Bernard Gouget, IFCC ETD-EC, TF History, IFCC/EFLM Labac representative
Jean-Marc Giannoli, Labac President, IFCC affiliate member

On May 20, 2025, the World Health Organization (WHO) adopted the Pandemic Agreement during the 78th World Health Assembly in Geneva, marking a significant milestone in global public health governance. Developed in response to the lessons learned from recent global health crises, the agreement seeks to strengthen international collaboration and ensure a safer, more equitable global response to future pandemics. Central to its objectives are the principles of fairness, transparency, and a comprehensive view of health that acknowledges the interconnection between human, animal, and environmental factors. The agreement outlines a shared framework for enhancing pandemic prevention, preparedness, and response, with a particular focus on guaranteeing all countries timely and equitable access to essential tools such as vaccines, diagnostics, and treatments. By fostering solidarity and accountability among nations, the WHO Pandemic Agreement aims to build a more resilient global health architecture capable of protecting all populations in times of crisis.

The COVID-19 pandemic exposed both the strengths and weaknesses of global health systems, highlighting the indispensable role of laboratory medicine in pandemic detection, diagnosis, and surveillance. As countries move forward under the WHO Pandemic Agreement, laboratory medicine must be recognized not only as a diagnostic tool, but also as a strategic pillar in achieving the agreement's overarching goals, particularly those related to equity, timely response, and health system resilience as well as through the One Health approach. This document explores how clinical and public health laboratories, through their scientific expertise, surveillance capacity, and cross sectoral cooperation and potential, can lead efforts in advancing pandemic preparedness and promoting health equity worldwide.

Laboratories are critical first responders in the detection of emerging pathogens. Both clinical and public health laboratories serve essential functions in identifying outbreaks, confirming cases, and coordinating responses. Rapid and accurate diagnostic capabilities are the first line of defense in a pandemic, enabling early detection, case isolation, and the interruption of transmission chains. Laboratory diagnostics from PCR assays to point-of-care rapid tests support healthcare providers by confirming infections, guiding treatment decisions, and monitoring disease progression. According to the WHO, access to reliable and timely diagnostics is fundamental to early disease detection and effective treatment, while also bolstering the overall resilience of health systems.

Improving global diagnostic capacity is therefore a core strategy for effective outbreak response. This requires sustained investment in laboratory infrastructure, personnel training, and supply chains, especially in low-resource and remote settings where testing capacity may be limited. Moreover, coordination between hospital-based (clinical) laboratories and public health reference laboratories is essential. While clinical laboratories detect and report infections at the point of care, reference laboratories play a complementary role in confirming diagnoses, characterizing pathogens, and sharing critical information with health authorities to guide broader public health responses.

The WHO Pandemic Agreement emphasizes the urgent need for universal access to diagnostics, positioning laboratory medicine as a critical component of pandemic preparedness. To meet this goal, laboratories must be equipped to deliver rapid, accurate, and scalable diagnostic services. This includes maintaining surge capacity for outbreak response, implementing multiplex diagnostics to detect multiple pathogens simultaneously, and ensuring equitable access to diagnostic services in under-resourced regions. Equally vital is the role of laboratories in real-time data sharing, which supports global surveillance and coordinated response efforts. The Agreement calls for enhanced international cooperation to strengthen early warning systems and facilitate transparent exchange

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of testing data, case numbers, and pathogen genomic sequences. The global sharing of SARS-CoV-2 genetic data, for example, enabled the timely tracking of variants and informed vaccine updates. Strengthening laboratory networks, such as the WHO's influenza and polio surveillance systems, and adopting interoperable electronic reporting systems will improve global data integration and response coordination. Standardizing data collection and building trust through transparent practices further align with the Agreement's principles of solidarity and accountability, ensuring that countries collaborate rather than act in isolation, and that all populations benefit from fair access to vaccines, diagnostics, and treatments.

The WHO Pandemic Agreement emphasizes One Health as a foundational principle, recognizing the interconnectedness of human, animal, and environmental health. Laboratories are uniquely positioned to operationalize this principle by leading integrated, cross-sector surveillance efforts. This includes zoonotic threat detection via veterinary and wildlife labs, environmental monitoring such as wastewater surveillance, and genomic sequencing to identify mutation trends and emerging variants. Building One Health-aligned laboratory networks, with standardized protocols and real-time data-sharing platforms, enables early detection of pandemic threats before they cross species or borders.

Continuous bio-surveillance is central to this approach. It involves the systematic monitoring of pathogens across human populations and ecological environments. As zoonotic and novel pathogens continue to emerge, the development of sustainable, national laboratory systems becomes imperative. These systems must be capable of early detection, identification, and characterization of organisms with pandemic potential. Effective bio-surveillance depends on a collaborative framework: human health, animal health, and environmental laboratories must coordinate efforts, share early warning signals, and jointly assess health threats. Laboratory medicine plays a crucial role here by connecting clinical diagnostics with broader surveillance activities such as sentinel site monitoring, animal disease testing, and community sampling. This comprehensive integration supports preemptive public health action and aligns directly with the WHO Agreement's emphasis on prevention.

Data sharing is another cornerstone of pandemic preparedness. The rapid sequencing and global dissemination of SARS-CoV-2 data during COVID-19 allowed scientists to track variants and update vaccines effectively. Under the WHO Agreement, timely data sharing is not merely a technical task, it is a political and ethical imperative. Laboratories must commit to open-access data platforms (e.g., GISAID, the WHO Hub for Pandemic and Epidemic Intelligence), adopt interoperable reporting standards to ensure international comparability, and actively participate in global early warning systems. Transparent data exchange builds trust, accelerates access to diagnostics and treatments, and is especially critical for ensuring equitable outcomes in low- and middle-income countries.
To fulfill the Agreement's goals of equity and resilience, investment in laboratory capacity is vital. COVID-19 revealed stark disparities in global diagnostic capabilities, many laboratories, especially in low-resource settings, lacked the supplies, equipment, and trained personnel needed to scale up during a crisis. Addressing these gaps requires coordinated capacity-building through workforce development, infrastructure expansion, and sustainable funding. The WHO has called on nations to enhance laboratory systems by strengthening human resources, decentralizing services, and fostering robust national and regional lab networks.

Regional empowerment is key. Establishing regional reference labs, local production hubs for test kits and reagents, and decentralized diagnostic centers can reduce dependency on a few global suppliers and ensure faster, more equitable access to critical tools. Initiatives like twinning programs, technology transfer, and mentorship between public health laboratories can facilitate knowledge sharing and standardize diagnostic practices. Encouraging South–South cooperation and regional manufacturing (e.g., in Africa) also supports the development of resilient supply chains and improves pandemic response times. Ultimately, laboratories must be seen not only as testing sites, but also

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as centers of innovation, training, and collaboration. Their integration into all levels of preparedness planning, from national reference centers to rural clinics, will ensure no region is left behind. This inclusive and forward-looking approach reinforces the WHO Pandemic Agreement's vision of a whole-of-society, whole-of-government response to future global health emergencies.

Even as laboratory networks expand, maintaining quality and reliability of testing is paramount. Diagnostics are only useful if their results are accurate and trusted. The WHO agreement's objectives are supported by enforcing rigorous quality standards across all laboratories. A 2023 World Health Assembly resolution on diagnostics underscores the need for strengthened quality assurance: laboratories should adhere to stringent standards, rigorous quality control measures, and certification processes to ensure the accuracy and reliability of diagnostic tests. Implementing international accreditation and participating in external quality assessment programs help labs uphold high performance. During a pandemic, consistent quality means that test results from different countries can be confidently compared and acted upon, and it also prevents diagnostic errors that could mislead public health responses. By investing in training for lab personnel on good laboratory practices and by using standardized protocols, countries build trust in each other's data. Quality laboratory medicine underpins evidence-based decisions, supporting the agreement's principle of science-driven pandemic response. Additionally, maintaining strong biosafety and biosecurity standards in labs (e.g. safe handling of dangerous pathogens and secure sample transport) is critical to prevent laboratory incidents and preserve public confidence.

Laboratory medicine must continuously evolve to anticipate future pandemic threats and meet the WHO Pandemic Agreement's principles. This involves not only sustaining the improvements in diagnostics, data systems, surveillance, and quality, but also innovating. Laboratories should adopt emerging technologies such as multiplex molecular assays, genomic sequencing for pathogen discovery, and digital tools for faster data reporting. Regular pandemic simulation exercises and proficiency testing can ensure labs remain ready to scale up testing at short notice. Closer collaboration between clinical labs and public health agencies will facilitate a seamless flow from individual patient diagnosis to community-level outbreak management. Crucially, labs worldwide should embrace the ethos of collaboration and solidarity: sharing specimens, knowledge, and data rapidly when a novel threat emerges, rather than acting competitively. By doing so, the global lab community helps avoid the fragmented and unequal responses of past crises and promotes greater solidarity and equity in future health emergencies. In essence, laboratory medicine can turn the Pandemic Agreement's words into action by providing the diagnostic vigilance, scientific evidence, and international cooperation needed to detect and contain the next pandemic threat. Through strengthened networks, equitable capacity, and unwavering quality and transparency, laboratories will be the cornerstone of a safer, more prepared world.

As pandemics evolve, so must labs. The integration of AI-based diagnostic support, digital pathology, and next-generation sequencing will redefine laboratory medicine. Preparing for the future also means participating in pandemic simulation exercises, contributing to vaccine effectiveness monitoring through post-market surveillance, embedding lab data in national and global health intelligence platforms. Ultimately, laboratory medicine becomes not just a service, but a strategic asset in national security and global health diplomacy. The WHO Pandemic Agreement envisions a world where collaboration, equity, and preparedness define our global health response. Laboratory medicine, grounded in science, surveillance, and solidarity, is central to this vision. Laboratories can bridge disciplines, break down silos, integrate innovations, and lead the way in shaping a resilient, interconnected health system capable not just of reacting to pandemics, but of preventing them.

The Visiting Lecturer Program (VLP) Workshop in Nepal

By Prof. Dr. Egon Amann, Chair IFCC TF-GLQ

The IFCC Education and Management Division manages applications for the IFCC Visiting Lecturer ("In-person VLP") program, which is entirely sponsored by IFCC.

The **Nepal Association for Medical Laboratory Sciences** (NAMLS) with its president Prof. Dr. Mahendra Prasad Bhatt, together with the newly founded **Nepal Accreditation Foundation** (NAF) with its president Er. Abishek Adhikari, applied for a workshop on internal auditor training with focus on ISO 15189:2022, to be conducted by the TF-GLQ. This application was issued to the VLP Chair, Prof. Sedef Yenice, and was subsequently approved.

The workshop took place at the **National Public Health Laboratory in Kathmandu** on June 5 and 6, 2025. Approximately 26 clinical laboratory specialists participated in the workshop. Visiting lecturers were from Australia (Ronda Greaves), India (Pradeep Dabla) and Germany (Egon Amann). Nepal-point-of-view topics were presented by lectures from Mahendra Prasad Bhatt and Abished Adhikari.
Motto of the first day was **"Assuring quality in the Clinical laboratory"** and covered topics on IQC, EQA, and practical tips to fulfil requirements of ISO 15189:2022 to ensure compliance (most Nepal labs have a long way ahead to ensure full compliance). Besides these lectures, a practical round-table session was held, in which participants formed groups to develop learning on most critical quality issues in Nepal's clinical labs and present them to the audience.

The motto of the second day was **"Quality challenges going forward: understanding the needs of Nepal"**. Lectures covered topics on accreditation (only very few labs are accredited according to ISO 15189:2022 in Nepal), stepwise accreditation approaches used in other resource-limited countries, calibration and metrological traceability and artificial intelligence (AI) in the clinical laboratory, among others. Discussion rounds followed open questions concerning IQC, EQA, and compliance with ISO15189:2022 requirements. Participants welcomed the opportunity to present and discuss their specific problems and concerns with great enthusiasm.

At the end of day two, course evaluations revealed that participants were very satisfied with the workshop. The workshop summary was presented by Egon Amann, concluding remarks were given by Mahendra Prasad Bhatt and certificates of participation were handed out to participants. In conclusion, the workshop was considered a success. The author would like to thank Mahendra Prasad Bhatt and Abishek Adhikari, the Nepalese organizers of the workshop, Mahendra Baduwal, Executive Director of Techno Biomed for internal sponsoring, Pradeep Dabla and Ronda Greaves for their excellent contributions, and Sedef Yenice for making this event possible.

Participants, lecturers and organizers celebrate the end of the successful IFCC VLP workshop on ISO15189:2022 in Kathmandu on June 6, 2025.

My experience in the International Federation of Clinical Chemistry Professional Scientific Exchange Programme (IFCC-PSEP) At the Laboratoire de Biochimie Métabolique et Nutrition, Hôpital Bichat Claude-Bernard, Paris, France.

By **Jose Manuel Larramendi Embid**

I had the opportunity to participate in the IFCC-PSEP from March 3rd to May 30th, at the Laboratoire de Biochimie Métabolique et Nutrition, Hôpital Bichat Claude-Bernard, Paris, France.

During my stay, I gained theoretical, as well as practical knowledge about Congenital Disorders of Glycosylation (CDG). I was trained in the processing and interpretation of laboratory analyses related to CDG diagnosis, such as capillary electrophoresis of Transferrin isoforms, 2D electrophoresis of Apolipoprotein CIII and other plasma proteins, and western blotting of proteins like Transferrin and Antithrombin III. At the same time, I was able to actively participate in novel lines of research related to the application of Antithrombin III as a potential biomarker for CDGs and the use of sorbitol dehydrogenase activity as a biomarker for Charcot-Marie-Tooth disease.

I can confidently say that I worked alongside a marvelous group of professionals, who not only welcomed me but also encouraged my involvement and participation in a variety of activities, both inside and outside the lab, making the experience unforgettable.

Apart from my laboratory work, living abroad was both an enriching and adventurous experience. I had the chance to experience Paris from a local's perspective, discovering its lifestyle, cuisine and culture, truly a mind opening opportunity.

I now see the IFCC-PSEP as the beginning of a broader journey into the international scene of clinical chemistry. This experience motivated me to keep participating in scientific activities, such as congresses and webinars, and to further deepen my studies in this beautiful science. Thanks to the IFCC-PSEP, I presented a CDG clinical case study at the XV Uruguayan Congress of Clinical Chemistry, helping introduce this topic to many Uruguayan and Latin American colleagues.

I highly recommend the participation of young scientists in the IFCC-PSEP as I can assure it represents a unique opportunity to experience clinical chemistry from a different perspective.

I would like to personally thank Dr. Elodie Lebredonchel, Professor Kattel Peoc'h, and every member of the Laboratoire de Biochimie Métabolique et Nutrition, Hôpital Bichat Claude-Bernard, that made my stay so memorable. I also thank the Uruguayan Biochemistry Association that encouraged and supported my exchange.

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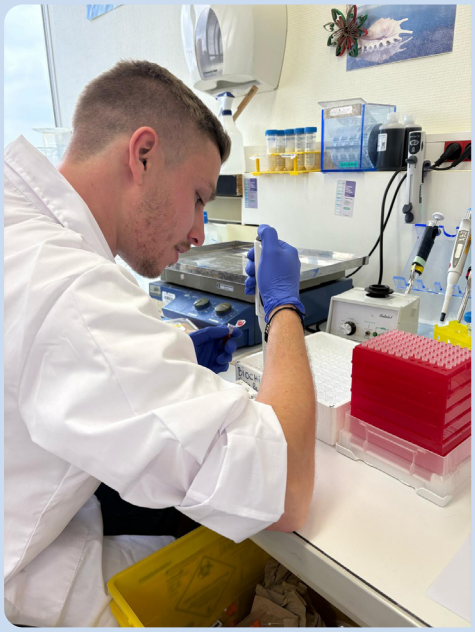

Me during the daily work in the La

A moment of relax and networking with some of the great members of the Laboratoire de Biochimie Métabolique et Nutrition, Hôpital Bichat Claude-Bernard, that made my stay so memorable

On demand content is available at this link.

3rd Algerian Workshop on Flow Cytometry – June 2025

By **Evan Ntrivalas**, Chair of the IFCC Flow Cytometry Working Group (WG-FC)

The 3rd Algerian Workshop on Flow Cytometry took place in Algiers, Algeria, from June 20 to June 23, 2025. The workshop was organized by the Algerian Society of Immunology, under the auspices of IFCC. Dr Evan Ntrivalas, the current Chair of the WG-FC, participated in the workshop in person.

The workshop was a great success. The Organizing Committee, consisting of Pr. A. Tahiat, Pr. K. Djenouhat, Pr. C. Lambert and Pr. M. Brahimi, put together an excellent 4-day workshop that included lectures, tutorials, and practical sessions. International speakers included Dr Evan Ntrivalas from New York (representative of IFCC), Dr Alberto Orfao from Spain (representative of EuroFlow), Dr Iuri Marinov from Czech Republic, Dr Tezaghdenti Aymen from Tunisia and Dr Anis Larbi from France (representative of Beckman Coulter). Beckman Coulter provided the flow cytometer for the hands-on practical sessions. These sessions were commercial free with no bias from the company. Other companies that participated in the workshop were BD, Amgen, Thermo Fisher, and I.M.D. Laboratories.

Participants had the chance to visit the various booths during the breaks and receive educational materials related to their interest. The content of the workshop included a wide range of topics, from basic immunology, basic flow cytometry and advanced clinical applications of flow cytometry in immune deficiencies, to hematological malignancies and transplantation. The hands-on practical sessions facilitated and completed the understanding of the lectures. The entire 4-day program is provided as an addendum at the end of the report.

The workshop participants were both immunologists and hematologists, all from regions of Algeria. There were more than 150 applicants for this workshop, but due to space and resource limitations, the organizing committee limited the number of workshop participants to 35. Nevertheless, the large number of applicants emphasizes the need for similar workshops and the great role that IFCC is playing to ensure their continuation. The 35 workshop participants were vibrant attendees, asking questions for deeper understanding, requesting more information, and trying to get the best out of the sessions. The practical hands-on sessions were a great success. Notably, participants in these sessions did not mind about the time allotted for each one, and there were several that went well above the ending time, driving the sessions in the early evening hours. It was obvious that participants were there to learn and time was not an issue. There were also various coffee breaks and social sessions, during which the participants had the chance to network and discuss with faculty members. At the end of the workshop participants gave excellent remarks and positive feedback for the whole experience.

Overall, it was a very well organized and attended workshop. IFCC was mentioned several times and its contribution to the workshop's success was very well noted.

Group photo of participants and faculty members.

IFCC: the people

IFCC Calls for Nominations

Participate in IFCC activities and give your contribution! Review the open positions and, if interested, contact your National or Corporate Representative.

IFCC is inviting nominations for the following positions:

Task Force on Global Lab Quality
- One member (term 2025-2027)
- Deadline for submission: 15 October 2025

Click here for the Call for nominations letter

Committee on Internet and Digital Communications (C-IDC)
- Two members (term 2026-2028)
- Deadline for submission: 15 October 2025

Click here for the Call for nominations letter

Committee on Clinical Applications of Cardiac Bio-Markers (C-CB)
- One member (term 2026-2028)
- Deadline for submission: 20 October 2025

Click here for the Call for nominations letter

Task Force on Ethics
- Two members (term 2026-2028)
- Deadline for submission: 3 November 2025

Click here for the Call for nominations letter

Committee on Clinical Laboratory Management (C-CLM)
- Two members (term 2026-2028)
- Deadline for submission: 3 November 2025

Click here for the Call for nominations letter

Committee on Kidney Disease (C-KD)
- One member (term 2026-2028)
- Deadline for submission: 5 November 2025

Click here for the Call for nominations letter

FOR UPDATES ABOUT IFCC CALL FOR NOMINATIONS VISIT https://ifcc.org/about/ifcc-calls-for-nominations/

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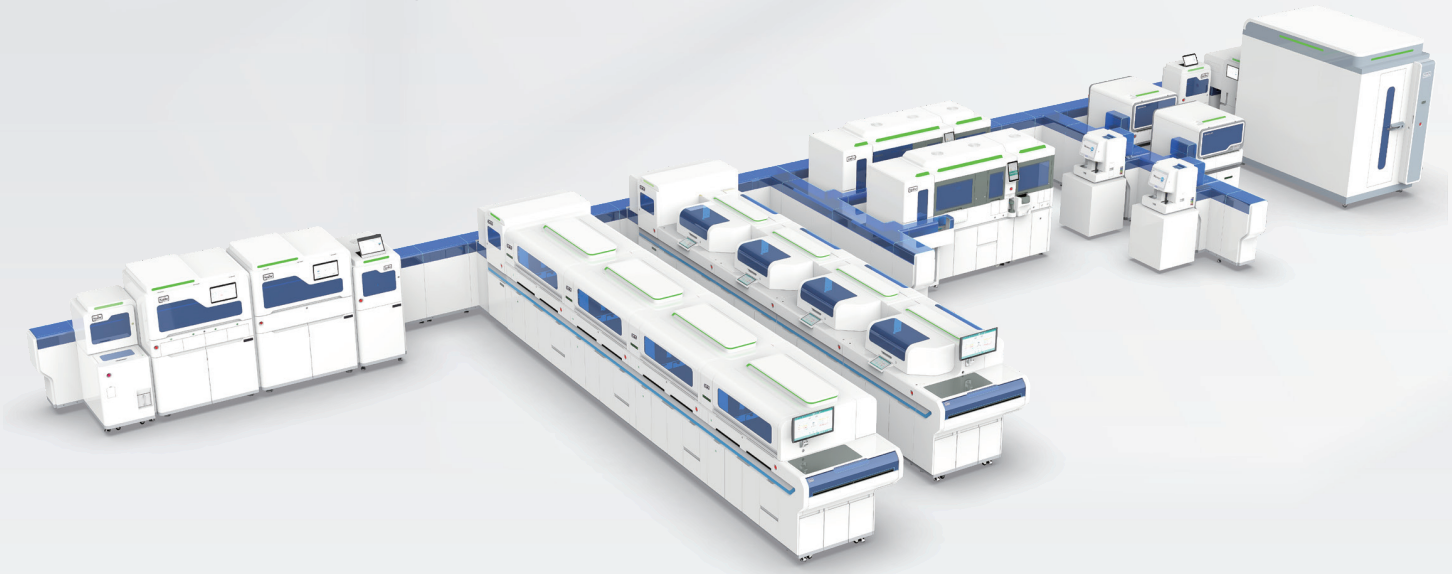

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IFCC: the Young Scientists

Meet a Young Scientist from the IFCC Task Force Young Scientists

Spotlight on: **Refka HASSINE**, IFCC Task Force-Young Scientists corresponding member from Tunisia, nominated by the Société Tunisienne de biologie Clinique (STBC)

Could you please introduce yourself?
My name is Refka Hassine, I am 32 years old. I am originally from Gabès, a beautiful coastal oasis in southern Tunisia where the desert meets the sea. I currently live in Sousse, a city known as the Pearl of the Sahel, located on the eastern coast of the country. Outside of my work in the laboratory, I really enjoy reading and traveling — I would describe myself as a true book lover. I'm also a cat owner, which adds a touch of joy and companionship to my daily routine.

Could you share a bit about your background?
I am a Pharmacist-Biologist specialized in Clinical Biochemistry, graduated from the Faculty of Pharmacy of Monastir. In 2017, I obtained my Doctor of Pharmacy degree.
In March 2022, I got the National Diploma of Specialist in Biology following four years of postgraduate specialized training (residency) in clinical biology. Subsequently, I gained professional experience working in a private medical biology laboratory.
Since October 2022, I have held the position of Hospital-University Assistant in Biochemistry at the Faculty of Pharmacy of Monastir and at the Biochemistry Laboratory of Sahloul University Hospital in Sousse.
I am preparing to pursue a PhD in Pharmaceutical and Biological Sciences at the Faculty of Pharmacy of Monastir. My research will be conducted within the LR12SP11 laboratory, entitled 'Molecular Biology Applied to Cardiovascular and Neurological Diseases, Hereditary Nephropathies, and Pharmacogenetics'.

What is your current role in the lab?
In the laboratory, I am actively involved in performing and supervising biochemical analyses, ensuring adherence to quality management protocols and laboratory standards. I also provide guidance and mentorship to students, interns, and residents during their practical training. I participate in various research projects within our research laboratory, the most recent of which focuses on the personalization of secondary prevention strategies for acute coronary syndromes.
At the Faculty of Pharmacy, I teach structural, metabolic, and clinical biochemistry to pharmacy students. Additionally, I coordinate and deliver courses for the specialized certificate program in biochemistry, overseeing both the curriculum and student progress.

Could you give us a brief introduction to your national society and its main activities/the activities you have in your national society?
I have been member of The Tunisian Society of Clinical Biology (STBC) since 2018. Founded in 1981, STBC is a scientific association committed to advancing medical biology through continuing education, scientific exchange, and collaboration at both national and international levels. Its main

Article continued on the next page

activities include organizing two flagship annual events: the National Clinical Biology Days and the Tunisian Practical Biology Days, and many other webinars and educational workshops, in addition to publishing the Tunisian Journal of Clinical Biology, and offering specialized training programs for professionals.
The Young Scientists Group of STBC was stablished by the STBC Board in September 2020, it is connected to the IFCC Task Force for Young Scientists and aims to provide content tailored to the needs of young medical biologists in Tunisia.
I currently serve as the national coordinator of the YS Group, for the 2024–2027 term.

Can you highlight some of the key activities that you had with the IFCC Task Force-Young Scientists?

I have been a corresponding member of the IFCC Task Force for Young Scientists since November 2024. As part of my involvement, I participate in IFCC webinars and events dedicated to young scientists, which provide valuable opportunities for networking, knowledge exchange, and professional development.
Additionally, in collaboration with the IFCC TF-YS, the Young Scientists group of the Tunisian Society of Clinical Biology (STBC) organizes an annual Young Scientists session during the National Days of Clinical Biology. This year, the 38th edition will be held in Tunis from October 16 to 18, 2025, and we look forward to welcoming international young scientists to join us

How can YS from your national society get additional information about the activities of the association and activities with the TF-YS?

Young Scientists from our national society can get additional information about the STBC's activities and collaborations with the IFCC Task Force for Young Scientists (TF-YS) by visiting our official website, following our social media pages, or directly contacting the STBC YS representative. They are also encouraged to attend national events where TF-YS initiatives are regularly presented and discussed.

Article continued on the next page

Spotlight on: **Claudia IMPERIALI,** IFCC Task Force-Young Scientists core member, and IFCC Task Force-Young Scientists corresponding member from Spain, nominated by the Sociedad Española de Medicina del Laboratorio (SEMEDLAB)

Could you please introduce yourself?
I'm Claudia Imperiali, and I've been a corresponding member from Spain on behalf of the "Sociedad Española de Medicina del Laboratorio" (SEMEDLAB) since 2020.

Could you share a bit about your background?
I hold a BSc degree, and after completing it, I passed a national exam to access the residency program in Clinical Biochemistry at Bellvitge University Hospital (Barcelona, Spain). After four years of healthcare specialized training, I obtained the title of Specialist in Laboratory Medicine. During the last two years of my residency, I combined my training with a PhD program. My PhD project focused on the search for biochemical and hematological biomarkers related to inflammation in critically ill patients. I obtained my PhD in Biochemistry in 2020.

What is your current role in the lab?
I am a laboratory specialist responsible for a regional hospital with 155 beds (Hospital de Viladecans, Barcelona, Spain).
The laboratory includes several specialized areas such as hematology, hemostasis, biochemistry, and the blood bank. Analytical requests come from the emergency department, wards, and outpatient department. These analyses are validated by the laboratory specialist, which is my main responsibility.
In addition to validation tasks, I am involved in activities related to ISO 15189 accreditation, personnel management, the development of hospital protocols, IT systems, and both technological review and equipment renewal, among other tasks.
Another important aspect of my role is research supervision. Since 2021, I have been the head of the hospital's research committee, which means that all innovation and research studies undergo rigorous methodological, ethical, and documentation review before approval and initiation.

Could you give us a brief introduction to your national society and its main activities/the activities you have in your national society?
Recently, the three main Laboratory Medicine societies in Spain (AEBM-ML, AEFA, and SEQCML) merged to create SEMEDLAB, a new scientific society that will serve as a benchmark in Laboratory Medicine and Clinical Laboratory, with the aim of strengthening the sector and improving healthcare quality. Our new national society is highly committed to YS, continuing the legacy of our previous national society (SEQCML). For over a decade, it has included a group of residents and YS within its structure, organized as a commission, of which I was president for four years. This task force annually participates in our National Conferences during the residency round table. Moreover, a full-day workshop for residents and new specialists is organized every year.
Besides actively participating in the national society's activities, I am also a member of the working group for regional hospitals within the Catalan Society (ACCLC). Our aim is to provide ongoing training focused in topics related of these types of hospitals, share experiences and discuss common practices, establish a collaborative network for research (multicenter studies), as well as contribute to the unification of diagnostic criteria and techniques, among other objectives.

Can you highlight some of the key activities that you had with the IFCC Task Force-Young Scientists?
Since 2020, I have been a full member of the IFCC Task Force on YS. Since then, I have been involved in various activities promoted by the TF, one of which I am particularly proud of is the establishment

of the Young Scientists Forum for the first time in Seoul in 2022. Since it was launched, this forum has become an annual event at international and European congresses, with growing participation and success each year.

How can YS from your national society get additional information about the activities of the association and activities with the TF-YS?
Young scientists from our national society can mainly get additional information through social media and regular meetings of the residents' group. Additionally, it is the responsibility of the current corresponding member, to link the national YS with the TF and communicate the activities to encourage their participation.

Contribute to IFCC eNews

Celebrating excellence in healthcare: Reducing anticoagulation variability and adverse patient outcomes through laboratory-led PT-INR monitoring

Clinically, the introduction of warfarin in the 1950s was revolutionary for the management of patients who required long-term anticoagulation. Consequently, laboratory medicine has long since been an integral component of managing warfarin dosing, to ensure safe and effective therapy. And while warfarin remains the most effective and safest anticoagulant, it is not without its drawbacks, including its variable effects that can often be associated with food and/or drug interactions. This variability in warfarin anticoagulation reduces both effectiveness and safety, with significant opportunities for improvement.

The UNIVANTs of Healthcare Excellence awards and prestigious program partners proudly congratulate winning team members from Iceland during ADLM 2025 in Chicago.
Pictured (from left to right): Eduardo Freggiaro, Leslie Lai, Ása Hafsteinsdottir, Brynja R. Gudmundsdottir, Pall T. Onundarson, Tricia Ravalico, Alex Carterson.

Warfarin is a vitamin K antagonist (VKA); thus, its mechanism of action works to inhibit four vitamin K-dependent coagulation factors (F) II, VII, IX, and X. With the effect warfarin has on coagulation factors II, VII and X monitored using the prothrombin time (PT) for dose control and modifications. Deficiencies in any of FVII, FII, or FX have an identical influence on PT test results, however, conventional prothrombin time (PT-INR) based monitoring of warfarin is highly influenced by FVII, which has the shortest half-life of all vitamin K-dependent coagulation factors.

With this in mind, a cross-disciplinary team at Landspitali National University Hospital of Iceland hypothesized that warfarin anticoagulation variability could be partially due to the drawbacks associated with PT-INR monitoring. To stabilize the warfarin effect, this team designed and implemented a new monitoring test, the Fiix prothrombin time (Fiix-PT, aka Fiix test) that only measures reductions in FII and FX.

Following implementation, the Fiix-NR based warfarin monitoring reduced anticoagulation variability by 33% and reduced adverse complications, including a 40-56% reduction in thromboembolism, without an increase in major bleeding compared to traditional PT-INR monitored warfarin treatment and direct oral anticoagulants. Importantly, there was a 0.2-1.0% absolute decrease in per patient year mortality (% py) when using Fiix-monitored warfarin (Fiix-warfarin, 2.0% py) compared to conventional PT monitored warfarin (PT-warfarin, 2.2% py), apixaban (2.6% py), dabigatran (2.7% py) and rivaroxaban (3.0% py). Impressively, this testing pathway is not only safe, but requires fewer tests, longer testing intervals and fewer dose adjustments.

Article continued on the next page

In celebration of their achievements, this integrated clinical care team won honors of Distinction for the 2025 UNIVANTS of Healthcare Excellence award program. Congratulations to Pall T. Onundarson, Professor Emeritus of Hematology and former Chief of Laboratory Hematology, Brynja R. Gudmundsdottir, Former Senior Clinical Scientist, Coagulation Laboratory/Laboratory Hematology, David O. Arnar, Professor of Cardiology and Chief of Cardiology, Einar S. Bjornsson, Professor of Medicine and Chief of Internal Medicine, Charles W. Francis, Professor Emeritus of Medicine and of Pathology and Laboratory Medicine, for your patient-centric best practice.

To learn more about this best practice and others, please visit www.UnivantsHCE.com.

Interested in applying to this prestigious award program? Applications are now being accepted through August 1 to November 15, 2025. Don't miss your chance for global recognition. Apply today at www.UnivantsHCE.com.

On demand content is available at this link.

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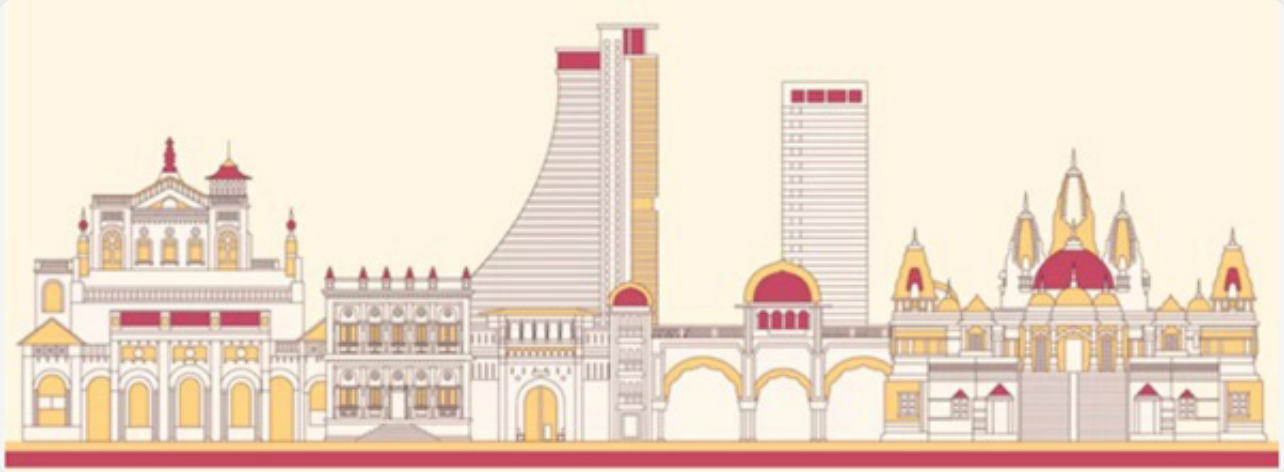
ACBICON-WASPaLM 2025, Pune (IN): Where Innovation Meets Lab Diagnostics : A Strategic Opportunity for IFCC ETD

By **Bernard Gouget** and **Swarup A. V. Shah**, IFCC- ETD EC members



Pune (India) is an historic city with a forward-looking vision. Tucked away in the Deccan Plateau, just 150 kilometers southeast of Mumbai, lies Pune, a city often referred to as the “Oxford of the East” for its renowned academic institutions, and now increasingly recognized as a rising star in health technology and laboratory innovation. With roots as the seat of the 18th-century Maratha Empire, Pune has long been associated with intellectual energy, reformist spirit, and scientific curiosity. It was one of the first Indian cities to establish women’s colleges, science research centers, and public health institutes. Today, this spirit lives on in its thriving biotechnology sector, entrepreneurial culture, and strong public-private partnerships.

Pune’s location, close to Mumbai’s financial ecosystem but more affordable, agile, and research-focused, has attracted a critical mass of startups, researchers, and global health initiatives. Its climate of experimentation, collaboration, and inclusiveness makes it an ideal hub for lab medicine, where global technologies can be tested, adapted, and scaled for impact.

Pune is no stranger to healthcare transformation. It is the place where innovation meets impact. The Serum Institute of India, headquartered here, supplies vaccines to over 170 countries and played a pivotal role in the COVID-19 response. But Pune’s story goes far beyond mass production, it’s also a place where biotechnology, information science, and engineering converge to reshape the tools of diagnostics.

In recent years, the city has become a magnet for: AI-enabled diagnostics and digital pathology solutions, Lab-on-a-chip and microfluidic innovations emerging from academic spin-offs, Pharmacogenomics and precision medicine initiatives tailored to Indian populations, Mobile and cloud-based health platforms designed for point-of-care and remote settings. These technologies are being rapidly integrated into clinical workflows through partnerships with institutions like IISER Pune, BJ Government Medical College, NCCS, CSIR-NCL, and Venture Center, creating a vibrant and translational innovation hub that is uniquely Indian, but globally relevant.

The IFCC Emerging Technologies Division (ETD) will participate in ACBICON-WASPaLM 2025 with a dedicated scientific session that places laboratory innovation at the heart of future healthcare. This session, titled “Advanced Diagnostics for Precision Health: From Omics to On-the-Go Testing” is designed to highlight practical, scalable, and disruptive technologies that are poised to redefine clinical diagnostics. It will feature a presentation on “Integration of Multi-Omics in Clinical

Article continued on the next page

Diagnostics: From Data to Decision" by an Indian expert, exploring how omics-based approaches are being implemented to support precision diagnostics across diverse healthcare systems. Dr. Swarup A. V. Shah, a member of the IFCC ETD Executive Committee, will present "Precision Medicine and Pharmacogenetics in Clinical Practice: Localizing Global Trends," bridging international pharmacogenomics research with real-world applications tailored to low- and middle-income settings. Finally, Dr. Bernard Gouget, also of the IFCC ETD Executive Committee, will offer insights through his presentation on "Lab-on-a-Chip 2.0: Microfluidic Innovations Driving Portable, Multiplexed Precision Diagnostics," demonstrating how compact, cutting-edge platforms can bring high-quality diagnostics directly to the point of care.

The ETD's participation is not just about dissemination of the IFCC activities but it's also about building bridges. Pune offers fertile ground for collaborative innovation, and ETD intends to explore joint validation studies with Indian academic laboratories, pilot projects leveraging Pune's translational infrastructure, skills exchange programs in digital transformation for laboratory professionals and also imagine models for cost-effective, scalable diagnostics in underserved populations.

Only few cities in India combine scientific legacy, global connectivity, and innovation readiness quite like Pune. With a population of over 7 million, it maintains the agility of a tech-forward city while offering a depth of research and academic excellence. It is home to over 20 universities and hosts numerous biotech accelerators and medtech incubators. Most importantly, Pune is deeply grounded in service, its researchers and entrepreneurs are driven by the need to make healthcare more accessible, affordable, and accurate for all. This aligns directly with the IFCC ETD's commitment to equity, innovation, and global scientific partnership.

The upcoming congress offers a rare opportunity for the international laboratory community to engage with a living hub of healthcare innovation—not in theory, but in action. As IFCC ETD contributes its global expertise to this vibrant local context, we extend an open invitation to laboratories, universities, startups, and diagnostic developers around the world:
Come to Pune. Let's learn, share, and build the future of laboratory medicine together.

Join the Momentum at ACBICON-WASPaLM 2025

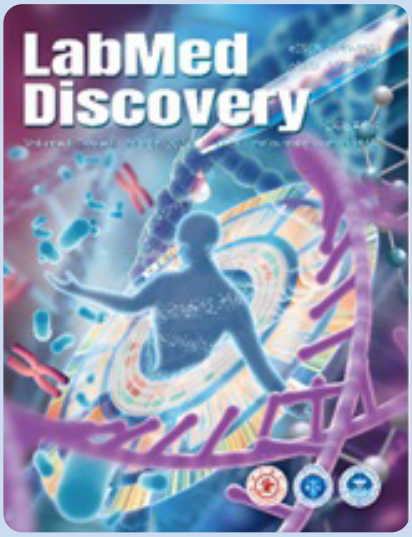
ACBICON-WASPaLM 2025 – Pune, India, 14–17 October 2025- The Westin, Koregaon Park .
Visit: www.acbicon2025.org for more information.

RETHINKING THE FUTURE

1.The AGA KHAN PALACE was designed by Architect Charles Correa

2. The Infosys Building, popularly known as the '**Descended UFO**' for its unusual and unique dome shape with a glass façade, is the work of architect Hafeez Contractor. This is a futuristic building, which is both sustainable and environment friendly.

About the LabMed Discovery (LMD)



LabMed Discovery is a high-quality, peer-reviewed, and open-access English journal of laboratory medicine (quarterly) based on Ruijin Hospital affiliated to Shanghai Jiao Tong University School of Medicine and College of Health Science and Technology, Shanghai Jiao Tong University School of Medicine. It is sponsored by Shanghai Jiao Tong University and supervised by the Ministry of Education, with the mission of "leading innovation in laboratory medicine technology and promoting international exchange of medical technology".

LMD is devoted to creating a world-class interdisciplinary academic journal of laboratory medicine to fill the academic gap of domestic English-language journals of laboratory medicine. The journal aims to comprehensively and multidimensionally showcase the intersection and integration of laboratory medicine with disciplines such as cellular metabolism, tumor metabolism, microbial metabolism, etc. Moreover, LMD is committed to building bridges between medical technology and clinical medicine, serving researchers, clinical physicians, and scholars in precision medicine, intelligent medicine, and laboratory medicine, promoting the cross-disciplinary and integrated development of laboratory medicine. LMD is an international platform for sharing the latest research progress in laboratory medicine, disseminating new viewpoints, exchanging novel technologies.

LMD focuses on cutting-edge hotspots. The content covers cross-disciplinary, strategic frontiers, and key technologies including fundamental sciences, clinical laboratory research, and the translational applications of laboratory medicine. It focusses on tumor marker testing, immunological factor testing, viral testing, molecular biology testing, clinical hematology testing, etc.

Aims and Scope:

LMD concentrates on frontier topics and emerging directions in laboratory medicine, with particular emphasis on tumor markers, immunological factors, molecular diagnostics, viral testing, and clinical hematology. The journal encourages contributions that advance fundamental sciences, clinical laboratory research, and translational applications, with the goal of driving innovation and supporting the continuous development of laboratory medicine worldwide.

Editors-in-Chief:

- **Guang Ning**

Academician of the Chinese Academy of Engineering
Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

- **Khosrow Adeli**

Past President of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC)
The Hospital for Sick Children, University of Toronto, Toronto, Canada

Deputy Editor-in-Chief:
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College of Health Science and Technology, Shanghai Jiao Tong University School of Medicine, Shanghai, China

Journal Characteristics:

The bridge between medical technology and clinical medicine
The center for integration of laboratory medicine and metabolomics
A high-level academic platform for domestic and international exchange in laboratory medicine.

Article continued on the next page

Submissions in the following fields are welcome:
Clinical hematology examination
Immune factor examination
Virus detection
Molecular biological detection
Tumor marker detection

Potential topics include, but are not limited to, the clinical application of laboratory-related medicine associated with:
Endocrine and metabolic diseases
Blood related diseases
Human genomics research
Precision medicine for tumors
Autoimmune rheumatic diseases
Artificial intelligence medicine
Viruses and other microorganisms
New technologies related to sensitive drug screening
The clinical application of testing-related novel technologies

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Open Source: A Vital Engine of Innovation

Bernard Gouget, IFCC-TF History, IFCC ETD-EC, IFCC/EFLM Labac representative

"It ain't much I am asking/if you want the truth/ here is to the future /for the dreams of youth/ I want it all, I want it all, I want it all and I want it now." These lines come from the song "I Want It All" (1989), featured on the album *The Miracle* and written largely by guitarist Brian May. It is an anthem of ambition and an unrelenting thirst for life. Far from being just a rock anthem, Queen's 1989 proclamation, once a youthful cry for change, takes on renewed relevance today in the world of digital health. The song now echoes a contemporary demand: immediate, equitable, and empowered access to the tools shaping 21st-century medicine.

As artificial intelligence (AI) flows into clinical practice, medical biology, research, and health management, open source is emerging as a major strategic driver. No longer just a technological option for more open, reproducible, and transparent medicine, it is becoming a political, ethical, and economic choice, a foundation for sovereignty and collective innovation.

In the biomedical field, open source has moved beyond a matter of software engineering. It now stands as a structural tool for digital sovereignty, security, education, and scientific policy. It empowers medical communities, wherever they are, to understand and master the tools they use, which is crucial in a world where clinical decisions increasingly rely on AI systems that often remain opaque. By making code accessible, modifiable, and auditable, open source restores agency to clinicians, researchers, patients, and institutions.

Freedom, autonomy, transparency, and security, the historical pillars of free software, take on ethical and strategic dimensions in medicine. Algorithms must be understandable, traceable, reusable, and adaptable for medicine to rely on them. These are precisely the qualities guaranteed by open source. It not only builds trust in digital tools but also fosters a model of distributed, agile innovation, less dependent on major platforms and more attuned to local realities.

Beyond labs and hospitals, open source is becoming a key tool for states. It lies at the heart of digital sovereignty strategies, enabling nations to break free from technological dependencies and regain control over critical infrastructure, including in public health. Economically, it reduces licensing costs and encourages shared resource models. Educationally, it serves as a valuable foundation for training, from middle school to university, helping people better understand algorithms, their biases, and their applications. In health education, integrating open-source tools doesn't just train future practitioners in the responsible use of AI, it invites them to become contributors. This marks the birth of an active, critical, and constructive digital medical citizenship.

Yes, there are limitations, open-source tools sometimes lack sophisticated interfaces or advanced features. But these gaps quickly close thanks to the work of dynamic, interdisciplinary communities. The gains in autonomy, transparency, and reliability more than compensate. And in practice, more public institutions, research centers, and governments are adopting this model for their critical services.

Cybersecurity is a revealing example. As cyberattacks on hospitals and health systems multiply, open source becomes a guarantee of responsiveness and a genuine foundation of trust. Open security tools, antiviruses, firewalls, detection systems, are often more reliable because they are audited by thousands of experts worldwide. Applied to health, this philosophy enables more robust and transparent protections that are better aligned with real-world needs. It applies to the protection of biological data, the security of inter-lab communication, and the detection of anomalies in automated decision systems. Cybersecurity can no longer be shrouded in industrial secrecy: it needs the active transparency that only open source provides.

Article continued on the next page

Beyond technical innovation, open source is reshaping the social contract of digital medicine. It paves the way for AI that is "open by design", created not to dictate answers but to support clinical decision-making in all its human complexity. It enables real participation, from caregivers, researchers, and even citizens, in governing the systems that affect them.

It also calls for a rethinking of education. From primary school through university, open code is a powerful pedagogical tool: for understanding, experimenting, transforming. Integrated into medical and biology curricula, it helps form a new generation of caregivers who can engage with AI, understand its limits, and contribute to its improvement.

It is also a tool of digital sovereignty. By promoting local ownership of critical technologies, it helps nations preserve strategic independence, secure health infrastructures, and base public policy on transparent, controllable foundations. Open source has become a geopolitical issue.
The COVID-19 episode was a major turning point. In a matter of weeks, hundreds of open-source tools emerged: viral spread simulators, case-tracking apps, epidemiological dashboards, genomic annotation platforms. The renowned Johns Hopkins University dashboard became one of its most powerful symbols. Thanks to this open approach, tools were rapidly shared between countries, adapted locally, and updated based on field feedback. It was a decisive moment, demonstrating that open source is not just a development tool, it's a vehicle for global coordination in the face of health emergencies.

Even in traditionally closed sectors like vaccine development and biomedical research, open data initiatives are advancing. Making clinical data, predictive models, and genetic databases open now enables large-scale cross-analysis, accelerating treatment discovery, improving clinical trials, and reinforcing scientific reproducibility. Research becomes more rigorous, accessible, and collaborative. Ultimately, open source stands out as one of the most powerful engines of contemporary medical and scientific innovation. It does not replace methodological rigor, clinical expertise, or regulatory standards, but it provides fertile ground for them to evolve, interact, and grow stronger. It fosters a more open, equitable, and reality-based medicine. It is one of the most effective levers for building trustworthy, fair, and sustainable medical AI. It promotes reproducible scientific innovation, more transparent medicine, and more agile public health. It embodies a new ambition: technology in the service of the common good. **"It ain't much I'm asking, if you want the truth..."**

In a world where medical decisions are increasingly mediated by code, programming, and computational chains, openness becomes an ethic, a model, a foundation. Open source is not a compromise, it's an ambition. The ambition to build more resilient, inclusive, and secure health systems where collective intelligence precedes artificial intelligence.

"Here's to the future, for the dreams of youth..." sang Queen. In that future, open source is not an academic luxury, it is the condition for progress that can be understood, shared, and passed on. It's time to make it a strategic priority, not only for technology, but for public health, education, and research.

A freer medicine. A more transparent science. A more democratic innovation. **"I want it all and we need it now !"**

Opinion Piece: Can IFCC Do More for Developing Countries?

By **Renze Bais**
rbaisconsulitng.com, Queensland, Australia
Email: renzebais@rbaisconsulting.com

IFCC has recently held a very successful EuroMedLab meeting in Brussels where participants were able to learn the latest developments in our field. In addition, at the IFCC General Conference held prior to EuroMedLab, IFCC officers were able to discuss the latest work being done by the Federation and some of the directions being considered. At EuroMedLab, the wide range of presentations included reports in many areas, such as oncology, cardiology, genetics, proteomics, analytical performance and many other very important and relevant topics. It was interesting to see that fundamental topics such as internal quality control and external quality assessment, were covered almost exclusively in the Corporate Workshops.

In 2022 and 2023, the IFCC Task Force on Global Laboratory Quality ran external quality assurance programs in 10 countries in South America, Africa and Eastern Europe, and found significant differences in performance between these countries, ranging from excellent (greater than 90% acceptable performance) to relatively poor (less than 70% acceptable). I believe, as the pre-eminent organisation in laboratory medicine, IFCC has a duty to prioritise improving the standard of laboratory medicine in countries that do not meet acceptable performance, resulting in lowered patient care.

Obviously, we do some things already, such as provide visiting lecturers and the IFCC Professional Exchange Program. These initiatives are extremely valuable but they have limitations; how often are visiting lecturer presentations followed up to see if they really achieved their goals? Moreover, the Professional Exchange Program is fantastic for an individual young scientist but are almost exclusively carried out in sophisticated laboratories with excellent up-to-date equipment. The other major support are the Travel Scholarships to attend meetings such as Worldlab and EuroMedLab, again fantastic for the individuals, who will hopefully share what they have learnt with their colleagues.

However, the question I would like to pose is what effect these various IFCC activities have on our colleagues running a small laboratory in developing countries in various parts of the world. In many of these countries, the majority of the population lives in rural or remote areas with limited transport, so are often dependent on small one-person clinical laboratories for any testing that may be required. These laboratories generally have very limited equipment and tightly controlled budgets, so only offer a limited range of tests.

I will use Zambia as an example, as IFCC has been involved there for over 10 years through various EQA programs and presenting symposiums. However, the issues described are also relevant to many other developing countries. One issue to appreciate is that clinical biochemistry testing is not necessarily considered as important as haematology or testing for infectious diseases, and so budget priorities often limit the range of available biochemistry tests. In fact, most laboratories only measure alanine aminotransferase, aspartate aminotransferase, bilirubin, creatinine, glucose, cholesterol, triglycerides, albumin, protein, urea and uric acid. Our results have shown that very few perform electrolytes or thyroid testing using immunoassays and would not even consider doing expensive tests such as troponin or tumour markers. What is encouraging is that given the correct support and resources, we found that most laboratories can perform assays to a clinically acceptable level.

In Zambia, the greatest limitation on the laboratories' ability to carry out their assays has been the supply of reagents. This has been a problem ever since IFCC first started running projects in Zambia, does not seem to have improved over that time and investigations on the root cause(s) have not been successful. The two main instrument suppliers in Zambia are Roche Diagnostics (Cobas C111) and Horiba (Pentra C200 and C400). Roche is an IFCC Corporate Member, Horiba is not. However,

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as this lack of supply, which we have also observed in other countries, can be a major restriction for laboratories, IFCC could cooperate with these companies to investigate the problem and develop strategies that help to alleviate it.

IFCC has 103 full member societies. According to the World Bank list of Gross Domestic Product per capita, an index of the countries' wealth, the following IFCC members are listed in the bottom 20%, namely, Burundi, Ethiopia, Kenya, Malawi, Myanmar, Nepal, Nigeria, Pakistan, Senegal, Syria and Zambia. It would be interesting to survey these countries to determine what are their major issues in laboratory medicine and use this to determine where best the IFCC resources could be allocated, taking in mind factors such as country stability and likely government support.

There is no doubt that IFCC as an organisation has contributed significantly to the improvement of laboratory performance since being established in 1952, but surely the time is right to now look at where these improvements can make the greatest impact, which I believe is by concentrating on countries that are struggling to achieve acceptable standards of performance, and thus for various reasons, create a risk to medical decision making which ultimately will affect patient care.

Disclaimer
The views expressed in this Opinion Piece are solely those of the author and do not necessarily represent the opinion of other members of IFCC.

About the Author
Dr Renze Bais has been an active member of IFCC for over 30 years. He has previously been a member of the Scientific Division for 6 years, was IFCC Secretary from 2000 to 2005, Chair of the IFCC Working Group on Allowable Error for Traceable Results and is currently a member of the Task Force on Global Laboratory Quality.

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MZ EVENTS

News from Regional Federations and Member Societies

NEWS FROM URUGUAYAN SOCIETY OF BIOCHEMISTRY (ABU)

XV Congress of the Uruguayan Society of Biochemistry (ABU)

By: **Dr Ana Maria Piana**

The 15th Congress of the Uruguayan Society of Biochemistry (ABU) and the 3rd Conference of COLABIOCLI Young Professionals was held in Montevideo, Uruguay, form June 5th to June 7th, 2025.

The event had a great turnout with 364 registered attendees, 333 participants, and 74 speakers and moderators. Among the attendees the majority were from Uruguay, in fact there were 287 Uruguayan attendees, while the rest came from Latin American countries such as Argentina, Guatemala, México, Panamá, Paraguay, Bolivia, Brazil, Chile, Colombia, Ecuador and Rep. Dominicana. Some of the attendees were from Spain, Turkey and Great Britain. There was one participant from Australia and one from the United States.

The congress authorities included the following:

- Congress President: MSc. Estela Bidegain
- ABU President: Q.F. B.C. Fernando Antunez

As members of the IFCC Visiting Lecturer Programme (VLP) we can mention the following distinguished professionals who were invited:

- Dr. Nader Rifai (USA)
- Dra. Guzin Aykal (TUR)
- Dra. María Salinas (ESP)

Furthermore, other professionals who are experts in various subjects were invited as well as the following:

- Dr Raúl Girardi (ARG)
- Dr Carlos Peruzzetto (ARG)
- Dr. José Tesser Poloni (BRA)
- Dra. Sofía Duarte (GTM)
- MSc, Catherine Kuhn Jacobs (BRA)
- Dr. Tony Badrick (AUS)

Among other distinguished participants we can mention:

- COLABIOCLI President Dr. Julio Nieto Ramos (PAN)
- FBA President Dr. Eduardo Freggiario (ARG)
- SOBOBLIOCLI President Dr. Álvaro Justiniano Grosz

The symposiums and lectures covered a wide variety of topics including Precision Medicine, Precision Oncology Tumor Biomarkers and Liquid Biopsy, Rational Laboratory Utilization: Optimizing Test Requests for Better Healthcare, Eco-Friendly Clinical Biochemistry: A Green Future and Sustainable Laboratory Practice, Pre and post EQA program in reports, Chronic Kidney Disease and others.

The pre-congress programme included:

An accreditation workshop to present the MA2UY accreditation manual .

Three courses were held:

1. Comparability of analysis results: “A comprehensive approach from protocol design to outcome evaluation”.
2. Hemostasis management in critically ill patients.
3. Molecular Biology in modern clinical laboratory diagnosis.

Article continued on the next page

The event features several highlights such as recognition and the awards ceremony. Awards were given to:

The following university professors for their dedication and academic contributions since the creation of the Clinical Biochemistry career:

- Dra. Graciela Borthagaray
- Dra. Graciela Queiruga
- Dra. Cristina Servetto
- Q.F. B.C. Elizabeth López
- Dra. Stella Raymondo
- Q.F. B.C. Cristina Pintos
- Dra. Cristina Ures
- Q.F. Marina Mastropierro
- Prof. Dra. Patricia Esperón

The following Uruguayan clinical laboratories for their participation in pilot programme of – implementation of accreditation according to the MA2UY manual.

- Laboratorio de Análisis Clínicos Vázquez
- Laboratorio de Análisis Clínicos Alfa
- Laboratorio de Análisis Clínicos Servicio Médico Integra
- Laboratorio de Análisis Clínicos " Alfa" for its outstanding pioneering initiative in green practices.

Two works were awarded with The National Award for Clinical Biochemistry "Prof. QF. José Arechavaleta"

The conference was held in a silent conference format, and the posters presentation activity was well attended. The presentation of the accreditation manual and the accreditation programme represent a milestone in the improvement of the quality of clinical laboratories in Uruguay since by meeting the standards contemplated in the MA2UY manual, achieving recognition that, although not international, is directed towards meeting the goals of the ISO 15189 accreditation standard.

The congress was successful in providing professionals with the opportunity to update their knowledge on the latest trends in clinical biochemistry, the role of the laboratory in personalized medicine, participating in workshops and interacting with experts, an exhibition area of the laboratory equipment , in addition to being an opportunity to meet colleagues and friends. The social activities included the opening cocktail party and the closing dinner.

L-R: SOBOBLIOCLI President Dr. Álvaro Justiniano Grosz and FBA President Dr. Eduardo Freggiario

Congress President: MSc. Estela Bidegain

ABU President: Q.F. B.C. Fernando Antunez

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Audience during the Congress

Participants connecting in the exhibition area

During the plenary sessions

"Strengthening Diagnostic Excellence: A Roundup of PSCP Pathology Seminars (April–June 2025)"

By **Dr. Hijab Batool**
Chughtai Institute of Pathology, Lahore, (Pakistan)

1. Cardiac Biomarkers – 26 April 2025
A focused seminar titled Transforming Heart Care with Cardiac Biomarkers was held at Chughtai Healthcare, Lahore. Dr. Hijab Batool and Dr. Zobia Munawar delivered insightful talks on heart-type fatty acid-binding protein (H-FABP) and NT-proBNP, highlighting their clinical significance in cardiovascular disease diagnosis and management. Mr. Asif Iqbal discussed advances in automation in immunoassays and expanding test menus. The seminar attracted significant attendance from chemical pathologists and residents.

2. Advances in Diagnostics and Public Involvement – 24 May 2025
This engaging seminar at the Nishat Hotel, Gulberg, Lahore, explored strategies to enhance diagnostic accuracy and foster public participation in clinical research. Esteemed speakers, including Dr. Abdus Sattar, Dr. Hafiz Bilal, Dr. Tayyaba Rashid, and Dr. Nimra Ishaque, covered key topics such as diabetes, cardiac biomarkers, and leukemia diagnostics. The event drew a diverse audience of chemical pathologists, hematologists, laboratory scientists, and medical students from across Lahore.

3. Spectrum of Endocrine Disorders – 14 June 2025
Held during the 8th Pak Health International Expo at the International Expo Centre Lahore, this CME-certified seminar offered an in-depth exploration of endocrine disorders. Topics included subfertility, congenital adrenal hyperplasia, thyroid disorders, and short stature, presented by Dr. Hijab Batool, Dr. Sabahat Haider, Dr. Rukhsana Tumrani, and Dr. Masood Afzal. The session featured an international keynote address on global market strategies in immunoassays by Mr. Ethan Yan. The seminar brought together many senior chemical pathologists and trainees for CME-certified training in endocrine diagnostics.

4. Good Laboratory Practices (GLP) – 21 June 2025
Hosted at Nishat Hotel Emporium, Lahore, this seminar focused on strengthening quality assurance, biosafety, and operational efficiency in clinical labs. Dr. M. Riaz discussed QA implementation in tertiary care, while Dr. Komal Yaqoub lectured on Six Sigma and Lean Management. Ms. Kanwal Azhar covered biosafety and risk assessment, and Dr. M. Zubair addressed strategies to reduce pre-analytical errors. The event was well attended by leading chemical pathologists, PGRs, and technologists, with the participants earning 2 CME hours.

Experts and participants at Chughtai Healthcare, Lahore, after an insightful seminar on cardiac biomarkers.

A vibrant gathering of renowned pathologists and speakers at Nishat Hotel, Lahore, following an engaging seminar on diagnostic advancements and public involvement in clinical research

Article continued on the next page

Group photo taken at the 8th Pak Health International Expo following the seminar on endocrine disorders and global diagnostic strategies, organized by PSCP

Participants and speakers pose together at Nishat Emporium Hotel after a successful PSCP seminar on Good Laboratory Practices.

News from the Society of Medical Biochemists of Serbia: 70 Years of Existence and Work

By **Nada Majkić-Singh**
Society of Medical Biochemists of Serbia

This year, the Society of Medical Biochemists of Serbia (DMBS) **is celebrating the 70th anniversary of its dedicated work**. As a member of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM), the Society has contributed to the advancement of clinical chemistry and laboratory medicine both in Serbia and internationally. The Society is also a member of the regional Balkan Clinical Laboratory Federation (BCLF).

The Society of Medical Biochemists of Serbia (formerly the Yugoslavian DMBJ) was founded in 1955, although medical biochemists in Serbia began organizing into professional associations shortly after World War II. In fact, even before 1950, laboratory experts were meeting within the Pharmaceutical Society of Serbia. Among the most active were Prof. Dr. Aleksandar Damanski in bromatology, Prof. Dr. Momčilo Mokranjac in toxicology, and Assoc. Prof. Dr. Pavle Trpinac in biochemistry. The Section for Sanitary Chemistry, which brought together all three profiles of laboratory professionals, was established on January 1, 1951. This section was later renamed the **Section for Medical Biochemistry of Serbia**, with Professor Dr. Pavle Trpinac serving as its first president. In May 1971, the Society of Medical Biochemists of Yugoslavia became the 28th member of the International Federation for Clinical Chemistry (IFCC). At that time, the president of the Society was Primaries Tatjana Plećaš-Drljača, a Serbian medical biochemist, while the president of IFCC was Dr. Martin Rubin. A detailed account of the development of medical biochemistry in Yugoslavia and later in Serbia can be found in two monographs: **"The Development of Medical Biochemistry in Yugoslavia" and "Serbian Medical Biochemistry in the 21st Century – After 70 Years".**

This historical journey began in the latter half of the 12th century when the Serbian people began to shape their national culture at the Studenica Monastery. It continued with the founding of the first Serbian hospital by Saint Sava at the Hilandar Monastery on Mount Athos. At the Sixth Plenary Session of the Association of Pharmaceutical Societies of Yugoslavia (SFDJ), held on May 15, 1955, in Split, a resolution was passed to establish a Section for Medical Biochemistry within the organization. A decade later, at the Sixteenth Plenary Session on May 15, 1965, in Banja Luka, this section was formally reorganized and renamed the Society for Medical Biochemistry within the SFDJ. In recognition of these key events and following a decision made by the Society on April 6, 1995, May 15 was officially designated as the **Day of the Society of Medical Biochemists of Yugoslavia**. After the dissolution of Yugoslavia, the Society briefly operated under the name Society of Medical Biochemists of Serbia and Montenegro. It later adopted its current name, the **Society of Medical Biochemists of Serbia**, under which it continues to function today. Notably, it remains the only professional association from the former Yugoslav region to retain uninterrupted full membership in both the International Federation for Clinical Chemistry and Laboratory Medicine (IFCC) and the European Federation for Clinical Chemistry and Laboratory Medicine (EFLM).
The goal of the Society of Medical Biochemists of Serbia (DMBS) is to bring together medical biochemists, in order to improve and develop all branches of medical biochemistry within the healthcare sector. The tasks of the Society include standardizing practices in clinical-biochemical laboratories, educating medical biochemists at all levels of education, encouraging scientific research, establishing work norms, and implementing, applying, and respecting the code of ethics for healthcare professionals. The DMBS proposes the standards established in the field of medical biochemistry to the relevant national institutions. One of the Society's tasks is to facilitate the exchange of experiences between its members and those of related organizations both in the country and abroad. The Society was renamed the **Society of Medical Biochemists of Serbia (DMBS)** in 2006. The Executive Board and the Assembly govern it. The Society carries out its

Article continued on the next page

activities through several Committees, including those for science, education, congress activities, standardization, organization and technology of laboratory services, quality control, quality management and accreditation, industry cooperation, history of medical and clinical chemistry, the ethics committee, and a committee for collaboration with IFCC, EFLM, BCLF, and related organizations both domestically and internationally. The Society comprises regular members, associate members from companies, and student members, approximately 700 members in total. There is also a growing interest in membership from other related natural and medical science disciplines. As a member of all relevant international professional and scientific organizations for clinical chemistry and laboratory medicine (IFCC, EFLM, BCLF), the Society successfully fulfils its responsibilities on the global stage. Since its founding, the Society has been actively involved in all areas of clinical chemistry in accordance with the guidelines and strategic direction of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC). The main activities of the Society focus on education and the organization of laboratory services, external quality control, as well as congress and publishing activities. In cooperation with the Faculty of Pharmacy, the Society has developed educational programs at both undergraduate and postgraduate levels (master's, doctoral studies, and specializations), including a 5-year medical biochemistry degree program and a 4-year specialist training program.

In 1965, the Society of Medical Biochemists of Yugoslavia introduced an external quality control program for laboratories known as YUNEQAS, which later continued under the name SNEQAS. This program enables the evaluation of laboratory performance and facilitates ongoing improvement in all clinical biochemistry laboratories throughout Serbia. To advance and improve the quality of laboratory services, the Society, together with the Institute of Medical Biochemistry at the Clinical Center of Serbia and the Accreditation Body of Serbia (ATS), began implementing a quality management system in 2000 according to the ISO 9001 standard, as well as accreditation based on ISO 17025 and ISO 15189 standards. The Society of Medical Biochemists of Serbia has also been actively involved in the initiative to establish the Chamber of Biochemists of Serbia. This professional organization brings together medical biochemists as healthcare professionals.

The Society undertakes significant publishing activities. Its members have contributed to the preparation of numerous professional guidelines in the field of medical biochemistry at both the national and, earlier, the federal level. For over 25 years, the Society published the journal **Jugoslovenska medicinska biohemija**, which was renamed in 2007 to the **Journal of Medical Biochemistry.**

The first professional and scientific meeting of medical biochemists in Yugoslavia was held in 1955 in Zagreb, and the first Congress of Medical Biochemists of Yugoslavia also took place in Zagreb in 1963. Each subsequent congress marked a new level of quality and visible progress in the profession's development. Today, the Society regularly organizes:

- Congresses (every two years)
- The annual Scientific Conference "Professor Ivan Berkeš"
- Updates in Laboratory Medicine, as well as courses for continuing medical education.

Under the patronage of IFCC and EFLM, the Society organizes the annual Symposium for the Balkan Region. Sixteen symposia have been held on current topics in clinical chemistry and laboratory medicine. All materials have been published in the Journal of Medical Biochemistry. A significant monograph titled **"Professional Activities of Serbian Laboratory Medicine Specialists in Balkan Region – Neighbouring Countries: The Same Professional Aim" by N. Majkić-Singh and S. Jovičić** documents all 16 Belgrade Symposia for the Balkan Region events (Belgrade, 2022).

In 1997, the Society established the **Fund and Scientific Conference "Professor Ivan Berkeš,"** dedicated to the founder of medical biochemistry and clinical chemistry in Yugoslavia and Serbia. This conference is held annually in Belgrade (with twenty-four scientific conferences held so far). On these occasions, awards are presented to the most successful students of the Faculty of Pharmacy, specifically to pharmacy graduates specializing in medical biochemistry.
The biographies of all 60 award recipients are documented in the monograph **Scientific Fund "Professor Ivan Berkeš" (Belgrade, 2021).**

Article continued on the next page

The Ethical Committee of the Society oversees the implementation and adherence to ethical standards and the code of conduct for its members. At the same time, the **Awards Committee** identifies and nominates individuals and organizations for the Society's honors. These recognitions are given to those who have made significant contributions to the advancement of clinical chemistry and laboratory medicine in Serbia and internationally. The SMBS awards Certificates of Appreciation, Letters of Thanks, and **Honorary Diplomas**. Many awards have been presented to members for their dedication and efforts in advancing the Society. The Society has also granted Honorary Diplomas to distinguished global experts and colleagues who have repeatedly participated in the Society's congresses and supported its activities. Among them are Stoyan Danev, Victor Blaton, Mario Plebani, Jose M. Queralto, Mario Werner, Mathias M. Müller, Jean-Claude Libeer, Graham H. Beastall, Gerard Siest, Mauro Panteghini, Tomris Ozben, Andrea Rita Horvath, Simone Zerah, David Goldberg, and Khosrow Adeli. On the occasion of the 70th anniversary of the Society of Medical Biochemists, on May 15, 2025, Certificates of Appreciation were awarded to deserving organizations that have contributed to the development of the Society.

Prof. Nada Majkić-Singh

Dr. Snežana Jovičić

Prof. Vic Blaton

IFCC welcomes new Members

Kuwait Association of Clinical Biochemists (KACB): A New Era for Clinical Biochemistry in Kuwait

The Kuwait Association of Clinical Biochemists (KACB) is a recently established professional organization that brings together specialists in clinical biochemistry and laboratory medicine across Kuwait. Founded in August 2024, the association serves as a central platform for uniting experts from clinical laboratories, hospitals, academic institutions, and public health sectors.

KACB currently includes over 50 members and is governed by a seven-member Board of Directors. Its mission is to strengthen the role of clinical biochemistry within Kuwait's healthcare system by promoting scientific advancement, supporting education and training, and encouraging national and international collaboration.

The association hosts regular scientific events and continuing education sessions, fostering opportunities for knowledge sharing, networking, and professional development. An emerging focus for KACB is the creation and adaptation of evidence-based clinical guidelines that align with international best practices, while addressing local healthcare needs.

KACB's recent affiliation with the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) marks a significant milestone. This membership connects the Kuwaiti Clinical Biochemistry community with global efforts in laboratory medicine and opens doors to international expertise, resources, and joint initiatives.

Looking ahead, KACB is committed to supporting innovation, research, and continuous improvement in the field. As a growing professional body, it seeks to raise the visibility and impact of clinical biochemists in Kuwait, reinforce laboratory services as a cornerstone of modern healthcare, and position Kuwait as a contributor to global advancements in diagnostic science.

Participants engaged during one of KACB's monthly scientific sessions, fostering dialogue and collaboration within Kuwait's clinical biochemistry community.

The growing KACB family - united in our mission to elevate the field of Clinical Biochemistry in Kuwait and connect with global networks like IFCC.

Audience from KACB's event on NT-proBNP testing - showcasing our commitment to advancing laboratory diagnostics through expert-led education.

Article continued on the next page

Group photo from KACB's event on NT-proBNP testing.

KACB scientific events are designed to bring together laboratory professionals across settings, creating space for connection, education, and innovation.

A moment of reflection and pride — introducing the founding members of the Kuwait Association of Clinical Biochemists during KACB launch event.

Société Sénégalaise de Biochimie Clinique – Senegalese Society of Clinical Biochemistry (2SBC)

Founded on October 2, 2021, in Dakar, the Society of Clinical Biochemistry (2SBC) is a young non-profit professional association dedicated to promoting excellence in Clinical Biochemistry in Senegal.

The 2SBC brings together specialists, researchers, and practitioners in clinical biology from the public and private sectors. Our mission is to develop and promote our discipline through several strategic pillars: advancing education and research, continuously improving practices by developing guidelines, and sharing scientific knowledge.

To implement these objectives, the association relies on a steering committee and three active committees (scientific, communications and external relations, and training committee). Our activities focus on organizing seminars, workshops, and webinars focused on priority public health topics for our region, such as the biological management of hemoglobinopathies, diabetes, and cardiovascular diseases.

Looking toward the future, 2SBC is currently finalizing the launch of its website and its first newsletter, planned for release before the end of the year. We are also proud to announce the preparations for our first national congress in late 2026, which will be a landmark event for the clinical biology community in Senegal.

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Professor Fatou GUEYE TALL

Hemoglobinopathy diagnosis training workshop

Audience from the Hemoglobinopathy diagnosis training workshop showcasing the commitment to advancing laboratory diagnostics through expert-led education events.

Reetoo Biotech

Founded in 2017, Reetoo Biotech is an In Vitro Diagnostics (IVD) company specializing in the design, development, manufacturing, and commercialization of diagnostic solutions in both domestic and international markets.

Reetoo Biotech is committed to advancing medical diagnostics through the application of advanced technology such as artificial intelligence and automation. The company strives to deliver cost-effective, high-efficiency AI-powered solutions for cellular morphology, promoting the standardization and intelligent transformation of diagnostic workflows across the industry.

A key area of innovation for Reetoo Biotech lies in the development of advanced methodologies for the diagnosis of bacterial vaginosis. The company actively collaborates with regional medical associations to establish standardized reporting guidelines, contributing to the development and adoption of best practices within the diagnostic community.

On demand content will be soon available.

IFCC's Calendar of Congresses, Conferences & Events

IFCC and Regional Federation Events			
Date		Title	Place
Sep 25 2025	IFCC Webinars Live Series 2025 ifcc	The use and implementation of POCT in rural areas	Live webinar
Dec 1-2 2025	ifcc International Federation of Clinical Chemistry and Laboratory Medicine	JCTLM Members' and Stakeholders' meeting with Workshop on 'Result harmonization in medical laboratories: accomplishments and challenges'	Sèvres, FR
Oct 25 - 30, 2026	IFCC WorldLab OCTOBER 25-29, 2026 | NEW DELHI, INDIA	XXVII IFCC WORLDLAB 2026	New Delhi, IN
May 16-20, 2027	EUROMEDLAB LONDON2027	XXVII IFCC-EFLM EUROMEDLAB 2027	London, UK
Oct 7 - 11, 2026	COLABIOCLI	COLABIOCLI 2026 SANTA CRUZ	Santa Cruz, BO
Oct 10 - 13, 2027	ifcc International Federation of Clinical Chemistry and Laboratory Medicine	APFCB 2027 KUALA LUMPUR	Kuala Lumpur, MY

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Corporate Member Events with IFCC Auspices

Date	Title	Place
Sep 28, 2025	DiagHub 6th Session: Hematology	Zybio Inc. - Online event
Sep 29, 2025	International Symposium on Laboratory Medicine	SNIBE, Ankara, TR
Oct 1, 2025 - Jul 31, 2026	Diplomado international in Analytical Quality Management	Quality consulting, online event
Oct 18, 2025	Global MicroLabTalk Forum 2025	AUTOBIO, Zhengzhou, CN
Oct 28, 2025	Wondfo Global POCT Summit	Guangzhou Wondfo Biotech Co., Ltd - Guangzhou, CN

Other events with IFCC auspices

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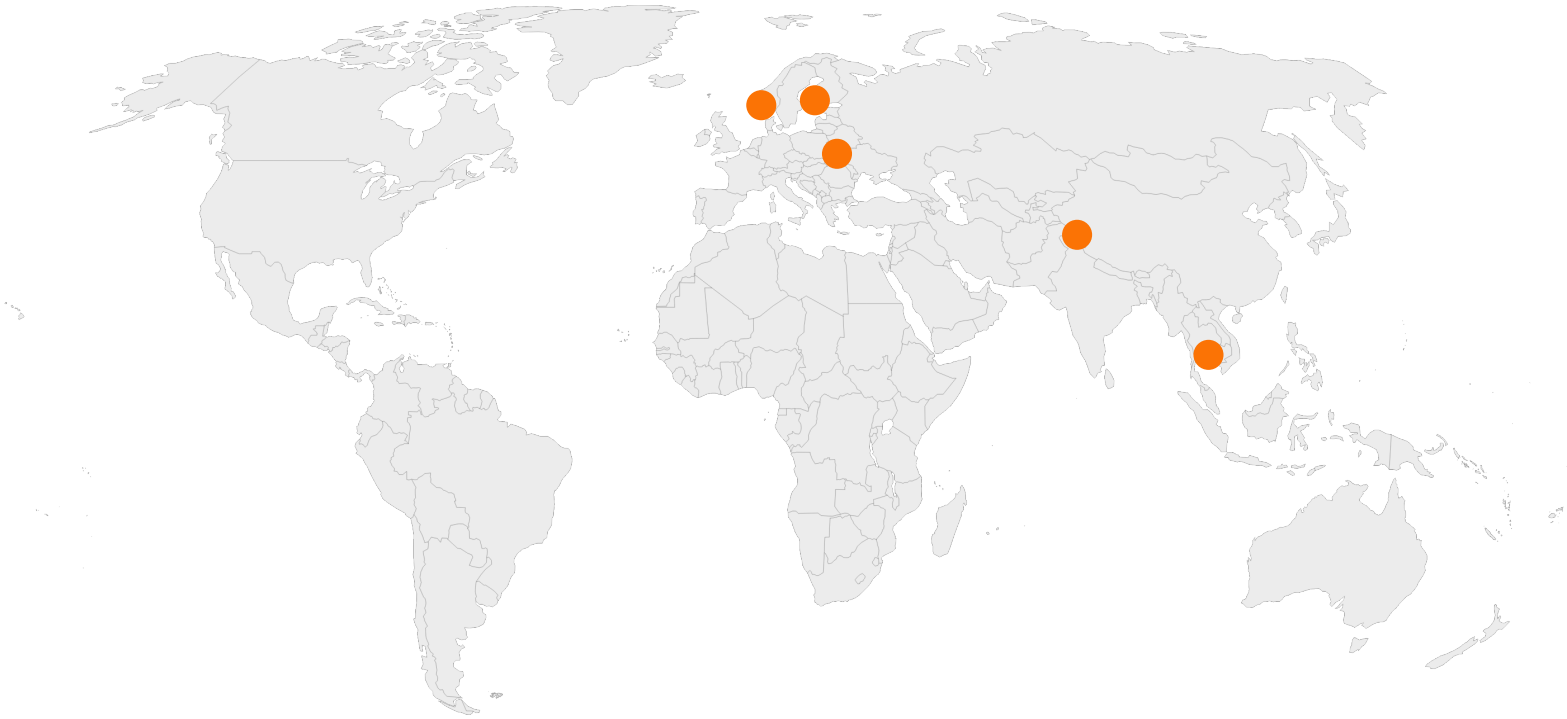

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Albania (AL) - ASoLaM
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Argentina (AR) - CUBRA
Armenia (AM) - AMLDS
Australia and New Zealand (AU/NZ) - AACB
Austria (AT) - ÖGLMKC
Azerbaijan (AZ) - ASCLS
Belgium (BE) - RBSLM
Bolivia (BO) - SOBOBIOCLI
Bosnia Herzegovina (BA) - UMBBiH
Brazil (BR) - SBAC
Brunei Darussalam (BN) - BAMLS
Bulgaria (BG) - BSCL
Burundi (BI)
Canada (CA) - CSCC
Chile (CL) - SCHQC
China (Beijing) (CN) - CSLM
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Colombia (CO) - CNB
Croatia (HR) - HDMBLM
Cuba (CU) - SCPC
Cyprus (CY) - ACLCY
Czech Republic (CZ) - CSKB
Denmark (DK) - DSKB
Dominican Republic (DO) - CODOBIO
Ecuador (EC) - SEBIOCLI
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Iraq (IQ) - ISMBG
Ireland (IE) - ACBI
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Italy (IT) - SIBioC
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Jordan (JO) - JSMLC
Kenya (KE) - CCAK
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Kosovo (XK) - KACC
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Lebanon (LB) - SDBLB
Libya (LY) - LACP
Lithuania (LT) - LLMD
Luxembourg (LU) - SLBC
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Malaysia (MY) - MACB
Mauritania (MR) - SMBC
Mexico (MX) - CMCLABC
Moldova (MD) - AMLRM
Montenegro (MNE) - MACC
Morocco (MA) - SMCC
Myanmar (MM) - MMTA
Nepal (NP) - NAMLS
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Nigeria (NG) - ACCN
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Norway (NO) - NSMB
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Panama (PA) - CONALAC
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Philippines (PH) - PAMET
Poland (PL) - PTDL
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Tunisia (TN) - STBC
Türkiye (TR) - TBS
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United Kingdom (UK) - ALM
United States (US) - ADLM
Uruguay (UY) - ABU
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Zimbabwe (ZW) - ZACB

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