



International Federation  
of Clinical Chemistry  
and Laboratory Medicine



## Handbook 2009 - 2011

IFCC will provide worldwide leadership in clinical chemistry and clinical laboratory medicine to national professional societies, the diagnostic industry, governmental and non-governmental organisations to serve the public interest in health care.



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

## IFCC HANDBOOK 2009-2011

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### Note:

The order of this Handbook has been largely determined by the IFCC Numbering that was originally designed and implemented by Prof. Mathias M. Müller. System and wherever possible the numbering of Chapters and Paragraphs complies with this system. Where this is not possible the appropriate IFCC Number is given in brackets alongside the Handbook entry.

It is helpful to use the IFCC Numbering System when corresponding with IFCC about any topic. A summary of the full IFCC Numbering System is included in Chapter 16 of this Handbook (Paragraph 16.8).

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# Handbook of the International Federation of Clinical Chemistry and Laboratory Medicine

2009-2011 Edition

## Contents

<b>Chapter 1: Organization, Structure and Function of IFCC</b>	<b>1</b>
1.1. Introduction	3
1.2. Organization of IFCC	4
1.3. The IFCC Executive Board 2009-2011 (EB)	6
1.4. Clinical Chemistry and Laboratory Medicine: Role in Healthcare	18
1.5. Mission Statement and Aims of IFCC	20
1.6. Overall Strategic Plan for IFCC	21
1.7. Strategic Objectives 2009-2011	22
1.8. A Brief History of IFCC	24
<b>Chapter 2: National Members</b>	<b>31</b>
2.1. Full Members of IFCC (alphabetical order)	33
<b>Chapter 3: Corporate Members</b>	<b>45</b>
3.1. Corporate Members of IFCC (alphabetical order)	46
<b>Chapter 4: Affiliate Members</b>	<b>69</b>
4.1. Affiliated Members of IFCC (alphabetic order)	71
<b>Chapter 5: Regional Organizations</b>	<b>73</b>
5.1. Asian Pacific Federation of Clinical Biochemistry (APFCB)	75
5.2. Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)	77
5.3. European Federation of Clinical Chemistry and Laboratory Medicine (EFCC)	78
5.4. Arab Federation of Clinical Biochemistry (AFCB)	82
5.5. African Federation of Clinical Chemistry (AFCC)	83
<b>Chapter 6: International Organizations</b>	<b>85</b>
6.1. International Organizations that Work with IFCC (alphabetical order)	87
<b>Chapter 7: Congresses and Conferences</b>	<b>89</b>
7.1. The IFCC Committee on Congresses and Conferences (C-CC)	92
7.2. International Congresses of Clinical Chemistry and Laboratory Medicine	93
7.3. Regional Congresses of Clinical Chemistry and Laboratory Medicine	94
7.4. IFCC Specialized Conferences	96
7.5. Congress Guidelines and Other Documents	99
7.6. List of Addresses	100
<b>Chapter 8: Scientific Division</b>	<b>101</b>
8.1. The IFCC Scientific Division (SD)	104
8.2. Scientific Division Committees	106
8.3. Scientific Division Working Groups	110
8.4. Scientific Division Publications 2006-2009	117
8.5. List of Addresses	118
<b>Chapter 9: Education and Management</b>	<b>123</b>
9.1. The IFCC Education and Management Division (EMD)	126
9.2. Education and Management Division Committees	128
9.3. Education and Management Division Working Groups	131
9.4. Education and Management Division Special Projects	132
9.5. List of Addresses	133

<b>Chapter 10: Communications and Publications Division</b>	<b>135</b>
10.1. The IFCC Communications and Publications Division (CPD)	138
10.2. Communications and Publications Division Committees	140
10.3. Communications and Publications Division Working Groups	142
10.4. Publication of IFCC Documents	144
10.5. General Rules of Procedure	145
10.6. IFCC Publications	146
10.7. IFCC Website	148
10.8. Related Journals	149
10.9. Public Relations	150
10.10. List of Addresses	151
<b>Chapter 11: Proposals for New Projects</b>	<b>153</b>
11.1. Mechanism for Proposing New Projects	155
<b>Chapter 12: IFCC Awards</b>	<b>157</b>
12.1. The IFCC Awards Committee	159
12.2. IFCC Awards and Recipients	159
12.3. List of Addresses	161
<b>Chapter 13: Special Projects</b>	<b>163</b>
13.1. Professional Scientific Exchange Programme (PSEP)	165
13.2. Task Force on Ethics	165
13.3. Task Force on Paediatric Laboratory Medicine (TF-PLM)	167
13.4. Task Force on Pharmacogenetics (TF-PG)	169
13.5. Task Force on Chronic Kidney Disease (TF-CKD)	170
13.6. Task Force on International Clinical Liaison (TF-ICL)	172
13.7. Task Force for Young Scientists (TF-YS)	173
<b>Chapter 14: IFCC Statutes and Rules</b>	<b>177</b>
14.1. Articles of Association	179
14.2. Rules of IFCC	184
<b>Chapter 15: IFCC Finances</b>	<b>193</b>
15.1. Organization of Finances	195
15.2. Budget	195
15.3. Income and Expenditure	195
15.4. Annual Dues	196
15.5. Guidelines for Industry Support	196
15.6. Income from Congresses	196
15.7. Financial Advisory Committee	197
<b>Chapter 16: Organizational Matters</b>	<b>199</b>
16.1. IFCC Office	201
16.2. IFCC Awards	201
16.3. Nominations Committee	201
16.4. Annual Report	203
16.5. IFCC Handbook	203
16.6. IFCC Procedures Manual	203
16.7. Project Proposal Forms	203
16.8. IFCC Numbering System	203
<b>Chapter 17: IFCC Publications 2006-2009</b>	<b>219</b>

# Chapter 1

## Organization, Structure and Function of IFCC



## 1.1. INTRODUCTION

The International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) is a worldwide organization for clinical chemistry and laboratory medicine. As such it has a range of roles that include (1) global standard setting in collaboration with other international organizations, (2) supporting its members through scientific and educational endeavour, and (3) providing a series of congresses, conferences and focussed meetings in order for laboratory medicine specialists to meet and present original findings and best practice.

The IFCC relies very heavily on volunteers to run the organization and to undertake its vast range of activities and programmes. Those volunteers are constantly changing and so a reference document is required to assist people who want to learn more about IFCC and its operation. That reference document is this IFCC Handbook.

The production of the hard copy version of the IFCC Handbook occurs once every three years to coincide with the term of each Executive Board. However, the detail in the IFCC Handbook is constantly being updated and the most up to date version is always available from the IFCC website ([www.ifcc.org](http://www.ifcc.org)).

The Handbook puts in one place all the information about the function and operation of IFCC. This includes the organization of IFCC and its aims and strategic objectives over the three year life of the Executive Board. Also, it includes details of IFCC programmes and projects. The Handbook lists, in logical order, IFCC Regional Organizations, Divisions, Committees and Working Groups. The Full Members, Corporate Members and Affiliate Members are also included. Contact names and addresses are included for the many people who work with and for IFCC. Finally the necessary Statutes and Rules of the IFCC are published in the Handbook.

The Handbook is intended to help readers find answers to questions and to get into contact with laboratory experts, while giving a sense of the character, spirit and ongoing activities of IFCC. If some of these objectives are achieved it makes worthwhile all the hard work of putting together the contents of the IFCC Handbook. We thank the many individuals responsible for preparing this useful document.

Graham H Beastall  
*President*

Päivi Laitinen  
*Secretary*

## 1.2. ORGANIZATION OF IFCC

The IFCC contains three Membership categories.

- Full Members that are recognised and established national societies of clinical chemistry and laboratory medicine.
- Corporate Members, that are individual companies, corporate entities or research establishments concerned with the field of clinical laboratory practice.
- Affiliate Members, that are allied international or national societies or groupings interested in the science and practice of laboratory medicine.

The organisational structure of IFCC is illustrated in the Figure 1. The governing body is the Council that consists of one Representative appointed by each Full Member (voting), Affiliate Member, and Corporate Member. It convenes at the triennial International Congress of Clinical Chemistry and Laboratory Medicine. Between Council meetings, the business of IFCC is conducted by the Executive Board that is elected by the Council. Any important questions that arise between Council meetings, such as the admission of new Full Members to the Federation, approval of recommendations, and changes or amendments of statutes are decided by mail ballot of the Full Member Representatives voting on behalf of their societies.

Membership of IFCC is accorded to National Societies of Clinical Chemistry and/or Laboratory Medicine, each of which pays dues related to the number of members in its society. A National Society applying for Full Membership of IFCC must show that it is recognised as the main society responsible for clinical chemistry and/or laboratory medicine in that country, and satisfy the Executive Board that its statutes and by-laws are in accordance with the principles of the Federation.

The Executive Board comprises the President, Vice-President, Past President, Secretary, and Treasurer and three Members plus an individual representing Corporate Members. The Executive Board normally meets three times a year; the Chairs of the IFCC Divisions attend at least one meeting per year.

The IFCC carries out much of its business through its Divisions and Committees. There are currently three Divisions, each of which has an Executive that reports directly to the Executive Board.

- Scientific Division
- Education and Management Division
- Communications and Publications Division

The Committee for Congresses and Conferences also reports directly to the Executive Board.

Every three years, the Executive Board appoints two further committees, namely, the Nominations Committee to prepare a slate of candidates for elections for the next Executive Board, and the Awards Committee to select the recipients of the IFCC awards. The Executive Board may also appoint Special Project Committees and Task Forces.

Much of the work of the Divisions is delegated to Committees, which report to the Division Executive. These Committees have broad responsibility areas and tend to function for several years. Members of the Division Executives, together with the Chairs of the Committees reporting to Divisions, are appointed by the Executive Board; Ordinary members of Committees reporting to Divisions are appointed by the Division Executives.

Divisions may also appoint Working Groups to work on defined projects or to do less formalised work. Working Groups are dissolved when their specific projects are completed, although their work may lead to the establishment of Committees or other activities funded by IFCC.

All IFCC Members (Full, Corporate and Affiliate) are invited to suggest candidates to serve on Division Executives, Committees and Working Groups. Appointment is according to merit without respect to nationality or other affiliation. Members (Full, Corporate and Affiliate) are also invited to participate in the work of Division Committees and Working Groups by appointing Corresponding Members.

Division Executives and Committees are funded by the IFCC, most of the work of Working Groups is done without financial support from the IFCC.

The other key part of the organisation is the IFCC Office which is located in Milan (IT). This office is responsible for most of the daily and organisational matters and is the point of contact for all IFCC activities. The IFCC Office has responsibilities for supporting the Executive Board, Division Executives and Committees, for maintaining the IFCC website and for all relevant documentation. The IFCC Office also supports the organisation of some IFCC Conferences. IFCC Office staff also provides services to the European Federation of Clinical Chemistry and Laboratory Medicine (EFCC).

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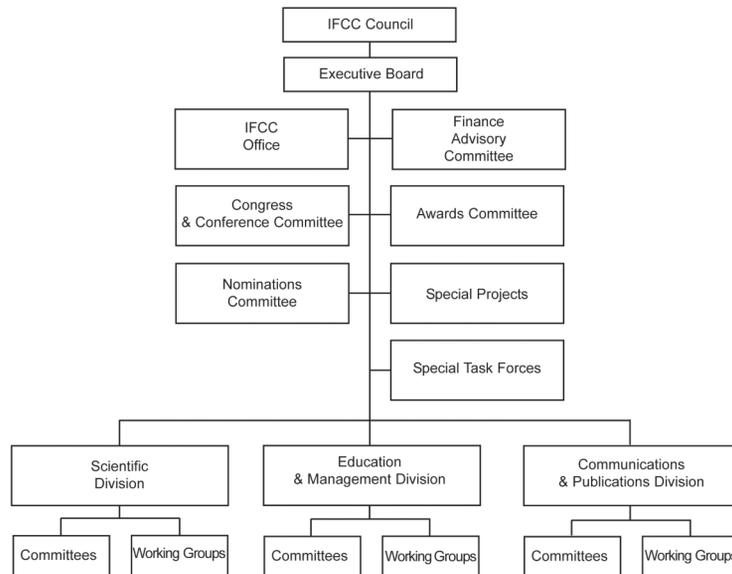
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**Figure 1: IFCC Organisational Structure**



### 1.3. THE IFCC EXECUTIVE BOARD 2009-2011

#### Biographies of the IFCC-EB members 2009-2011



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Doctor Graham Beastall (BSc, PhD, CSci, EurClinChem, FRCPath, FRCP, CBE), currently serves as professional adviser on laboratory medicine for the Department of Health in the UK. Immediately prior to becoming IFCC President he was the Clinical Lead for the multi-site network Department of Clinical Biochemistry in North Glasgow, Scotland, United Kingdom (UK).

He received his BSc and PhD degrees from the University of Liverpool in the late 1960s. After postdoctoral study he moved to Glasgow in 1972 as a University lecturer and became an employee in the National Health Service (NHS) as the rapid expansion of clinical chemistry practice required experienced leaders. He has specialized in biochemical endocrinology and in 1979 he formed and led the Scottish specialist endocrine laboratory based at Glasgow Royal Infirmary.

Doctor Beastall gained Mastership and then Fellowship of the Royal College of Pathologists (FRCPath), the highest professional postgraduate qualification in laboratory medicine in the UK. His breadth of experience enabled him to become Consultant Clinical Scientist and then Clinical Lead for the largest department of clinical chemistry in the UK. In this role he developed an active interest in evidence-based medicine and in the policy of adding value to the role of clinical laboratories.

He is a registered Clinical Scientist with the Health Professions Council and a Chartered Scientist (CSci) with the UK Science Council. He is also a European Specialist in Clinical Chemistry and Laboratory Medicine (EurClinChem). In addition, he has held honorary positions with the University of Glasgow and has taught clinical chemistry to both medical and science students and supervised several postgraduate students. He has co-authored more than 170 peer-reviewed original publications; a number of books, chapters and review articles and has given more than 100 invited lectures and served on the editorial board of a number of journals.

Doctor Beastall has held a number of professional representative roles in the UK including Chairman, President and Past President of the Association for Clinical Biochemistry (ACB). He was the first non-medical Vice President of the Royal College of Pathologists (RCPPath) and has chaired the clinical chemistry steering committee for the UK National External Quality Assurance Schemes (UK NEQAS). He has been a board member and longstanding assessor for Clinical Pathology Accreditation (UK) Ltd (CPA), which accredits laboratories to ISO 15189 standards.

At the international level Doctor Beastall has served as the Secretary of the European Communities Confederation of Clinical Chemistry and Laboratory Medicine (EC4) for several years during its formative stage. He also has served Chair of the IFCC Congress and Conference Division and was Secretary of the organising committee for the 16th International Congress of Clinical Chemistry and Laboratory Medicine held in London in 1996. In 2005, he chaired and the organising committee for EuroMedLab 2005, which was held in his home city of Glasgow.

Doctor Beastall has received a number of honours including the ACB Foundation Award and the EC4 Distinguished Officer Award. He also received the 2005 FESCC European Distinguished Clinical Chemist Award and became an honorary Fellow of the Royal College of Physicians (FRCP). In 2007, he became a Commander of the Order of the British Empire (CBE) for his services to medical science in the UK and received his award from the Queen at Buckingham Palace. In 2009 he became an Honorary Member of the ACB.

Graham is married to Judith, a retired schoolteacher. They have two grown sons. He has been involved in Scouting for more than 50 years and continues to work with children from one of the deprived areas of Glasgow. His other interests include gardening, hill walking and a passion for Liverpool Football Club.



**Vice President**  
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Christopher Lam is Chairman and Chief of Service of the Department of Chemical Pathology, Director of the Clinical Immunology Unit, and Assistant Dean of Medicine (Research) at the 1,400-bed Prince of Wales Hospital, the Chinese University of Hong Kong, Hong Kong.

He has been President of the Asian and Pacific Federation of Clinical Biochemistry (APFCB, 2000-2004), and Executive Board member of IFCC (1999-2005). His honorary appointments and travelling lectureships include (1) Visiting Professor of Clinical Biochemistry for the People's Liberation Army General Hospital and Postgraduate Medical School, Beijing, China (since 2000), (2) Visiting Professor in Laboratory Medicine at the Chongqing Medical University, Chongqing, China (since 2000), (3) Roman Travelling Lecturer of the Australasian Association of Clinical Biochemists (AACB, 2002), (4) APFCB Travelling Lecturer (2005-2006), and (5) IFCC Visiting Lecturer to Croatia, Hungary and the Czech Republic (2008).

Professor Lam served as the Asian-Pacific Editor of the European journal *Clinical Chemistry & Laboratory Medicine* from 2006 to 2007, and has been an advisor of the Clinical Laboratory Science Institute (CLSI), USA (since 2005). He was elected Honorary Fellow of the Royal College of Pathologists, UK in 2006, awarded the APFCB Distinguished Service Medal in 2007, and conferred the IFCC Distinguished Award for Laboratory Medicine and Patient Care in 2008.

At work in Hong Kong Professor Lam fulfils a tripartite responsibility in teaching medical students, directing a hospital laboratory service, and participating in research. He has published over 380 peer-reviewed papers in allergy and clinical immunology, lipidology, nephrology, endocrinology, and other aspects of chemical pathology including the laboratory medicine of emerging infectious diseases. Over recent years, his research interest has focused on aberrations of cytokines and chemokines and intracellular signalling in chronic diseases and acute infections, and the application of such new knowledge of immunopathology in clinical medicine and therapeutics.



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Jocelyn M. B. Hicks, PhD, FACB, FRCPath is Executive Director Emeritus at Children's National Medical Centre and Professor Emeritus of Paediatrics and Pathology at The George Washington University School of Medicine in Washington, DC, US. She is currently the President of JMBH Associates, a laboratory management consulting company that assists clinical laboratories in preparing for accreditation, recommends plans for enhancing scientific research capabilities, evaluates the organization and efficiency of clinical laboratories, and assists laboratories with developing strategic and financial plans. She is also a scientific and marketing adviser to several major international diagnostics companies.

Until recently Dr. Hicks was the Chief Operating Officer of the Genetics and Fairfax Identity Divisions of The Genetics and IVF Institute in Fairfax, Virginia. Prior to that, she was Chair of Laboratory Medicine and Pathology and Executive Director of the Centre for Complex Diseases at the Children's National Medical Centre (CNMC), Washington, DC. While at CNMC Dr. Hicks held many leadership positions, including President of the Medical Faculty Associates, membership on the Leadership Council, membership on the Hospital's Board of Directors, and was a Board member of the Children's Hospital Foundation, the fund-raising arm of the hospital.

Dr. Hicks obtained a BSc. (Honours) in Physiology and her MSc. in Biochemistry from the University of London (UK), and a PhD in Physiology and Biophysics from Georgetown University Medical School (US). She has over 90 peer-reviewed publications, and many books, including Point-of-Care Testing and the Directory of Rare Analyses. She also has served as editor of many journals. Her academic and administrative interests include paediatric reference values, point-of-care testing and strategic and business planning.

Dr. Hicks is a Past President of the American Association for Clinical Chemistry (AACC) and has served on its Board of Directors. Within the AACC, Dr. Hicks founded the Van Slyke Society that is devoted to education and research, as well as providing funds for young clinical chemists to attend national meetings.

Dr. Hicks is the founder and Past President (two terms) of the International Association of Paediatric Laboratory Medicine. Dr. Hicks was Chair of the Publications Division of the International Federation of Clinical Chemistry (IFCC), and introduced the IFCC Website and the IFCC Journal, together with Professor Donald S. Young. Dr. Hicks was the Treasurer and a Board member of the IFCC from 2003-5, and President from 2006-8.

Dr. Hicks' many honours include honorary memberships in the Association of Clinical Biochemists (UK), the Israel Society of Clinical Biochemistry, the Portuguese Association of Clinical Pathology, the Egyptian Society of Laboratory Medicine, the Egyptian Society of Clinical Chemistry, the Tunisian Society of Clinical Biology, the Croatian Society of Medical Biochemists, the French Society of Clinical Biology, and the Spanish Society of Clinical Biochemistry and Molecular Pathology. Dr. Hicks has received three of the AACC's national awards, and is frequently invited to speak both nationally and internationally.

As President of IFCC she supported strongly the activities of the Scientific Division, the Education and Management Division and the Communications and Publications Division. She worked closely with the Committee on Congresses and Conferences. Prof. Hicks expanded and added several major programs, especially those to help Developing Countries, the Federations and National and Corporate Representatives. These included greatly expanding the Abbott/IFCC Visiting Lecture Programme, adding the Roche/IFCC Travel Scholarships, the IFCC/Ortho Clinical Diagnostics Special Conferences and the Siemens Distance Learning Program.

She changed the format of the General Conference to include actively the National and Corporate Representatives, as well as the Past Presidents. She hopes to be able to continue her work with developing countries and Corporations under the leadership of the incoming President, Dr. Graham Beastall.

Her personal interests include cooking, playing bridge, travelling and exercising.



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Päivi Laitinen, PhD is a clinical biochemist in the Laboratory of Oulu University Hospital, Oulu Finland where she is responsible for endocrinology and toxicology. She also has also been a lecturer in clinical chemistry in the Oulu University and in the Institute of Health and Social Care in Oulu. She obtained her PhD degree in Biochemistry in 1986 and MS in Health Care Administration in 2002 from Oulu University. She received her specialist training in clinical biochemistry in Tampere University Hospital, Tampere Finland. In 2003 she was appointed a Docent in Clinical Biochemistry in the Oulu University.

Dr. Laitinen has been an active member of the Finnish Society of Clinical Chemistry since 1987, and has served as a member of its Board (1992-1995), Vice President (1996-1997) and President (1998-2002). She has also had other activities in Finland including serving as a member the Board of Labquality LTD. 1998-2002, a chairman of the Finnish Clinical Chemistry Register Committee (EC4) 1998-2002, a member of the editorial board of *KliinLab* (2002- ), a member of the working group on laboratory nomenclature of the Finnish Union of Counties since 1999, and a member of the expert group on prenatal screening in the Ministry of Social and Health Care in 2008.

Her international activities include memberships of several boards. She has been a member at-large of the Scandinavian Society of Clinical Chemistry 1998-2007, member at-large of the Board of the European Communities Confederation of Clinical Chemistry (EC4) (2003-2005) and a member of the IFCC Awards Committee 2003-2005. She has also been a member of the Scientific or Scientific Advisory Committees of several international congresses of clinical chemistry. At present she also serves on several working groups of EFCC.

Dr. Laitinen started her scientific research on polyamine metabolism. At present, her main interests include prenatal screening, first and second maternal trimester screening for Down syndrome.

In addition to her professional interests, Dr. Laitinen has served as a technical assessor for the Finnish Accreditation Service. She is also a Change Laboratory coach (Center for Activity Theory and Developmental Work Research of Helsinki University) and she has led a Change Laboratory project (development of work process of laboratory) in her laboratory. Her personal interests include aerobics, jogging, gardening, down-hill and cross-country skiing, theatre, handicraft and enjoying her new grandson Benjamin.



**Treasurer**

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Ghassan Shannan, graduated with a B.Sc., from the Faculty of Pharmacy, Damascus University in 1969. He followed extensive training programme in Laboratory Medicine for three years under a special scheme organized by the Ministry of Health.

Dr. Shannan received his Ph.D. in Clinical Biochemistry from the University of Newcastle upon Tyne, England in 1977. He followed several short courses on topics in Laboratory Medicine as well as in other disciplines such as Management, Finance, Reproductive Health, Family Planning and Disaster Management.

He started his career in 1970 as a junior Clinical Biochemist at one of Damascus Hospitals, followed by several positions including Manger and Director of various Medical Laboratories in Damascus, Syria. In 1992 he was appointed as Director of the Supply Department at the Military Medical Service.

In addition to his official public positions, Dr. Shannan has maintained his professional work in his Private Laboratory in Damascus. At the same time, he worked as a lecturer for postgraduate students at Damascus University and the Ministry of Health.

He is involved in various Scientific and Professional Committees and/or Working Groups for the Evaluation of Laboratory Equipment for various Ministries in Syria including the Ministry of Health, the Ministry of Higher Education and the Military Medical Service.

He was appointed by WHO/EMRO and the Ministry of Health to chair the National Committee of Quality Assurance in Medical Laboratories in Syria. He is also, a member of the Accreditation Committees at the Ministry of Health.

He is an active member of the Syrian Clinical Laboratory Association (SCLA) since 1979 and he held several positions at the Executive Board of SCLA including Treasurer, Secretary and President. Also, he has played a major role in the reform of the Arab Federation of Clinical Biology (AFCB) in 1991, since then he has been an active member promoting the federation and its activities. He was a member of the Executive Board of AFCB for several periods.

Dr. Shannan has also been active in the affairs of the IFCC having served as a Member-at-Large on its Executive Board and is current treasurer (2009-2011).



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Thomas Brinkmann, PhD, joined Beckman Coulter in 2003. Currently, he is the Group Manager for Diagnostics and Life Sciences, serving the areas of Europe, Middle East, Africa and India (EMEA), for Beckman Coulter Eurocentre in Nyon, Switzerland.

Dr. Brinkmann graduated from the University of Bielefeld, Germany, and holds a PhD in Biochemistry from the same university. In 1991/92 he worked at the Pasteur Institute, Paris, France, and from 1992-2003 as senior assistant at the Institute of Laboratory and Transfusion Medicine of the Heart and Diabetes Centre Nordrhein-Westfalen in Bad Oeynhausen, a university hospital of the Ruhr-University Bochum, Germany.

He qualified as Clinical Chemist and since 1999 he has been registered as European Clinical Chemist (EurClinChem). Since 2001 he has a qualification as University Lecturer at the Medical Faculty of the Ruhr University of Bochum, Germany, with a Venia legendi for Clinical Biochemistry.

Since Dr. Brinkmann joined Beckman Coulter he has actively collaborated with many IFCC Committees and Working Groups and he will now serve as the Corporate Representative on the IFCC Executive Board for 2009-2011. With his experience in both Scientific Marketing of a global diagnostic company and routine diagnostics and research in laboratory medicine he will serve as a link between IFCC and Diagnostic Industry.



**Member**  
**Dr. Bernard GOUGET**

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Bernard Gouget, Maître de conférences (assistant Professor) at the University Hospital in Paris-Descartes, has over 30 years experience of working with major hospital organisations. He has pursued a career in laboratory medicine with two main thrusts; organ physiology in intensive care and the adaptation of health care services to required standards of patient care. Since 2000, he has been Project Manager for pharmaceutical and medical expertise (2000-2003) and currently Counsellor for public health at the Federation Hospitalière de France in charge of the monitoring of the national programmes facing the growing challenges for the public hospital and the health and safety of the patient such as nosocomial infections, chronic diseases, biomedicine and ethics, patient safety, pandemics, bioterrorism and illnesses related to unhealthy lifestyles. He is also member of the steering committee in charge of the French reform of the medical laboratories, expert in medical biology for EU at the Ministry of health level and member of COFRAC-WG in charge to write the Rules of Accreditation and document specific requirements for the accreditation of medical laboratories.

Prior to this, Bernard Gouget was Mission Coordinator at the Medical Policy Directorate (1999-2000), Manager of Laboratory Projects at the National Centre for Hospital Expertise (CNEH) (consulting, technology surveillance and industry relationships with particular emphasis on automation and robotics, blood gases, POCT and nanotechnologies and biomedical engineering) (1992-1998). He has served as Deputy Director of the clinical laboratory at general hospitals, and section head, emergency laboratory Necker Children University Hospital in Paris.

He has gained extensive academic qualifications in the medical sciences and in health economy, including a Diploma and a Doctorate in Pharmacy from the University of Paris V, a Master in Human Biology from the University of Paris I, a DEA in Science from the University of Paris XII, a DEA in Health economy and a thesis in Public Health. He was nominated to the list of approved hospitals directors in 1995.

Over the past twenty years, he has participated in a number of medical committees and panels at national and International levels as SFBC-EFCC representative and including the FESCC scientific advisory committee. He is currently the chair of the EFCC WG-Communication, e-newsletter and distance learning.

He started his collaboration with the IFCC as member of the publications division in the 1990's. He was chair of the IFCC communications and publications division (CPD) (1998-2003), and previously associate member of the Working Group on Biosensors and Blood Gases (POCT). Bernard Gouget is acting as Deputy General Secretary at the International Francophone Federation of Clinical Biology and Laboratory Medicine created by the French speaking and Euro-Mediterranean countries to reinforce the international network of laboratory scientists within IFCC.

Bernard Gouget has written a large number of medical publications and has been the co-editor of the Proceedings of Journées de Biologie Clinique Institut Pasteur, a SFBC monograph on Instrumentation for Clinical Biochemistry, editor of a special issue in 2007 on Nanotechnologies in the Revue Européenne de Biotechnologies Médicales (IRBM) as well as editor of the IFCC monographs series and Lab Medica International editorial board. He is acting as editorial board member of different French journals and magazines in the field of laboratory medicine and has lectured extensively worldwide at CCLM congresses and international forums given auspices by IFCC and EFCC. In 2001, he was awarded with the AACC International travel fellowship award. He has been, and continue to be, a member of several international scientific advisory boards of national or international meetings and congresses over a period of many years.



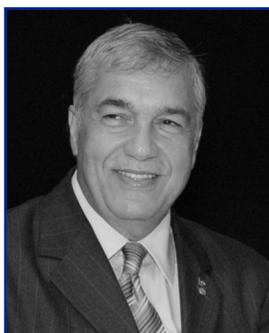
**Member**  
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Joseph Lopez MSc obtained his BSc Honours in Biochemistry from the University of Malaya in Kuala Lumpur in 1973 and then joined the Institute for Medical Research (IMR) as a clinical biochemist where he has served for more than 32 years. While serving at the IMR, he obtained the postgraduate diploma in clinical biochemistry, the Membership of the Australasian Association of Clinical Biochemists (by examination) and subsequently the MSc from the University of Malaya. While at the IMR, he was active in research, the provision of referral diagnostic services, the training of allied health personnel and the provision of consultancy services in clinical biochemistry. During this period, he was also closely associated with the IMR's activities related to its collaboration with the World Health Organization and contributed to policy matters related to the laboratory services of the Ministry of Health. He has been the head of the Department of Biomedical Sciences at MAHSA University College in Kuala Lumpur, since January 2006. His research interests and publications have been in the areas of laboratory methodology and evaluation, quality assurance and tumour markers, particularly the markers for primary cancer of the liver, a disease that has a high prevalence in the Far East. He has been closely involved with quality assurance throughout his career and coordinated the introduction of the first inter-laboratory QA scheme for government hospitals in Malaysia.

Throughout his career Joseph Lopez has always been active in promoting professional activities. He is a founding member of the Malaysian Association of Clinical Biochemists where he held office for some years.

He was of the Secretary of the Asian and Pacific Federation of Clinical Biochemistry (APFCB) from 1998 to 2004. He was first elected President of the APFCB in September 2004 and re-elected in October 2007, to serve until 2010. Together with his colleagues, he has been responsible for the introduction of several new initiatives within the APFCB, including the APFCB Travelling Lectureship, the APFCB Distinguished Service Award and the APFCB Philanthropic Fund. He was primarily responsible for the expansion of the APFCB's ordinary membership from 12 in 1998 to the 16 members today and for the introduction of the corporate and affiliate membership categories. He is the editor of the APFCB News, a member of the IFCC Working Group for the IFCC News, a member of the Editorial Board of the Indian Journal of Clinical Biochemistry and an invited reviewer to several journals in clinical chemistry.



Dr. Ulisses Tuma, M.D. is Director of Laboratory Moderno Ltda, Goiania, Brazil. He is a Past-President and Past-Secretary of the Brazilian Society of Clinical Analyses (SBAC) and has served as Chair of the Organizing Committee of a number of Brazilian Congresses of Clinical Analyses. He has been very active in a number of other professional organizations serving as a member of the Brazilian Council of Pharmacists-Biochemists and as a member of the executive board of the Association of Superior School of War - State of Goiás-Brazil. Dr. Tuma has also served as the President of Regional SBAC for the state of Goiás-Brazil.

#### **Member**

#### **Dr. Ulisses TUMA**

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Academically, Dr. Tuma graduated with a degree in Pharmacy-Biochemistry- Federal University of State of Goiás-Brazil. His titles include Specialist in Clinical Analyses by Brazilian Society for Clinical Analyses (SBAC). He has received post graduate training in Cytology from the Federal University of State of Goiás-Brazil and in Politics and Strategies from the University of the State of Goiás-Brazil.

#### 1.4. CLINICAL CHEMISTRY AND LABORATORY MEDICINE: ROLE IN HEALTHCARE

Clinical Chemistry and Laboratory Medicine is the application of chemical, molecular and cellular concepts and techniques to the understanding and the evaluation of human health and disease.

At the core of the discipline is the provision of results of measurements and observations, together with interpretation and informed clinical advice relevant to:

- The maintenance of health
- The cause of disease
- The diagnosis of disease
- Predicting and monitoring the response to therapy
- Follow up investigations

The discipline is committed to deepening understanding of health and disease through fundamental and applied research.

The use of chemical techniques to examine biological fluids may be traced back more than 300 years. However, it is only in the past 100 years that reliable quantitative assays have become established for constituents in blood and urine. It was in the late 1940s that the first scientific societies and the first journals bearing the title Clinical Chemistry were established. The International Federation of Clinical Chemistry (IFCC) was established in 1955.

In the past 60 years there has been a rapid expansion in Clinical Chemistry and also in other disciplines of Laboratory Medicine including Haematology, Transfusion Medicine, Immunology, Medical Microbiology and Clinical Genetics. These disciplines often use similar technology and may be used in combination to assist the investigation and management of patients. As a result the term Laboratory Medicine is becoming more widely adopted, although its exact definition varies between countries. In recognition of this development the Federation changed its name in 1996 to the International Federation of Clinical Chemistry and Laboratory Medicine, although it maintained the abbreviation IFCC. Today it is widely accepted that approximately 70% of clinical decisions in healthcare are informed by Laboratory Medicine.

Advances in Clinical Chemistry and Laboratory Medicine have occurred as a result of improved knowledge and understanding of the pure sciences (mathematics, physics, chemistry); related medical sciences (biochemistry, physiology, genetics, cellular and molecular biology); and technology (instrumentation, automation, information technology, nanotechnology). As a result modern medical laboratories incorporate highly sophisticated equipment and methodologies. High throughput analytical platforms capable of performing tens of thousands of tests per day sit alongside state of the art mass spectrometers, cell counters and micro-array systems. Consequently, modern medical laboratories require highly trained and skilled medical practitioners, scientists and technologists, including specialists in analysis, clinical application, information management, proteomics and bioinformatics.

Furthermore, the advances in technology have enabled increasing amounts of Clinical Chemistry and Laboratory Medicine to be delivered outside medical laboratories, closer to the patient. Point of care testing now occurs in hospital wards, clinics, doctor's offices, community pharmacies, places of work and in the home. Whilst point of care testing is designed for use by non-specialists considerable education and support is required to ensure high quality results and an understanding of their clinical significance.

The diversification of Clinical Chemistry and Laboratory Medicine has created a natural and positive partnership between Laboratory Medicine specialists in clinical laboratories and in the in-vitro diagnostics industry. Typically original science in research laboratories leads companies to develop new diagnostic products that are translated into service and validated in medical laboratories.

In the modern era of Clinical Chemistry and Laboratory Medicine results are not enough. The quality of results has to be assured. Quality assurance is an all embracing agenda that includes:

- Internal quality control
- External quality assessment
- Quality management and laboratory accreditation
- International method standardization to the highest level of traceability
- Harmonization of nomenclature, properties and units

Quality results are still not the finished product because they need to be converted into knowledge that is then used to shorten patient pathways and lead to improved patient outcomes. Knowledge management includes:

- The application of evidence-based medicine
- The development of practice based clinical guidelines
- Participation in multidisciplinary teams
- Translational research
- The development of personalized medicine
- Promoting the contribution of Clinical Chemistry and Laboratory Medicine to healthcare

As the leading worldwide professional organization for Clinical Chemistry and Laboratory Medicine IFCC has a responsibility to be at the front end of international scientific and clinical development whilst providing education and management support to its members to improve the quality of their service and to convert that quality into transferable and clinically valuable knowledge. The following paragraphs on the IFCC Mission, Strategic Plan and Strategic Objectives explain how IFCC discharges that responsibility.

## 1.5. MISSION STATEMENT AND AIMS OF IFCC

### Mission statement

Our mission is to be the leading organization in the field of Clinical Chemistry and Laboratory Medicine worldwide.

### Aims of IFCC

"Through leadership and innovation in science and education we will strive to enhance the scientific level and the quality of diagnosis and therapy for patients throughout the world. We will build on the professionalism of our members to provide quality services to patients. We will aim to communicate effectively with our members, other healthcare providers and the public to ensure knowledge of our excellent scientific and educational achievements. We will focus always on scientific standards, publications, education and communications. We will communicate effectively through a variety of electronic media. We will hold outstanding congresses and conferences to bring the efforts of IFCC to the global community".

The specific aims of IFCC are:

- To complement and enhance the activities of its members
- To transcend the boundaries of a single nation or a single corporation, or a geographical, cultural or linguistic group of nations in developing the field of Clinical Chemistry and Laboratory Medicine
- To provide a forum for standardisation, in the broadest sense, at a high level
- To disseminate information on "best practice" at various levels of technology and of economic development
- To promote a vision of Clinical Chemistry and Laboratory Medicine that extends beyond traditional narrow perceptions of the field.

IFCC achieves these aims by:

- Publishing information and guidelines relating to the education of clinical chemists and laboratory physicians
- Defining principles and publishing recommendations for the standardisation of analytical procedures and for the interpretation of analytical results
- Promoting meetings of clinical chemists and laboratory scientists through congresses, symposia and workshops in Clinical Chemistry and Laboratory Medicine, and by encouraging dialogues with clinicians on matters of common interest.

IFCC has a major responsibility for co-ordinating the development of Clinical Chemistry and Laboratory Medicine on an international basis. In fulfilling this responsibility, it co-operates with many other international, regional and national organisations, particularly in the fields of education and standardisation.

IFCC also assists and encourages the creation and organisation of national societies of Clinical Chemistry and Laboratory Medicine in countries where these do not yet exist, and establishes and maintains contact with individual clinical scientists in parts of the world where there is no professional body specifically concerned with Clinical Chemistry and Laboratory Medicine.

## 1.6. OVERALL STRATEGIC PLAN FOR IFCC

The original IFCC strategic plan was conceived and refined during the period 1990-1994 by the Executive Board and reviewed by National Societies and Corporate Member. This strategic plan was subsequently developed by successive Executive Boards. The ongoing strategic plan is intended to achieve a number of principal objectives, with the priorities and tactical implementation being guided by the IFCC Membership. These internal and external changes are all intended to maintain IFCC as a valid and credible resource of expertise for the improvement of patient care through laboratory medicine.

Principal objectives of the strategic plan:

- To improve and maintain the multidisciplinary and international leadership of IFCC in standardisation activities.
- To ensure that its standardisation and research activities are more oriented towards the patient and towards the health of the individual.
- To ensure consistency between its activities and the stated expectations of the IFCC members, recognising the needs of both developed and developing countries.
- To develop and maintain IFCC communications, to promote publications and products from IFCC, including publications and reference materials, and to set up joint promotion activities with international organisations such as WHO, WASPaLM, IUPAC, IRMM, CLSI and others.
- To establish collaborations, joint meetings and projects with international organisations having interest in the field of Laboratory Medicine such as IUPAC, ISTM, IATDM, IRMM, CLSI.
- To promote IFCC through international and regional congresses.
- To promote Members' activities.
- To encourage professional development of individuals in National Societies and the recruitment of new members and experts to IFCC operating units.
- To develop and maintain Public Relations.

Each new IFCC Executive Board revisits and interprets these principal objectives so that they are fresh and relevant to current issues, challenges and opportunities. The result is a series of specific strategic objectives for the three year period of an Executive Board.

## 1.7. STRATEGIC OBJECTIVES 2009-2011

The Executive Board for 2009-2011 has identified and agreed the following strategic objectives for its term of office. They accord with the overall IFCC strategic plan and the principal objectives outlined in Section 1.6. They are intended to be in addition to the ongoing work of Division Executives.

### Area A: Structure, internal organization and membership

Number	Strategic Objective
1	Through discussion assess the viability and support for formal agreements between EB and the regional organizations that aim to give each regional organization greater visibility, responsibility, freedom to act and accountability to IFCC members in its region.
2	Through discussion explore the practicability and support for a differential membership subscription for national societies that is linked to international indices of national wealth.
3	Increase the number of Corporate Members of IFCC by two per year.
4	Identify new income streams for IFCC as a means of increasing income by ~10% each year.
5	Work with national societies to encourage the establishment, structure and function of an African regional organization. Recruit at least one new IFCC full member from Africa each year.
6	Formulate and recommend a new membership structure for EB that delivers a Board that is more representative of and responsive to its national and corporate members. For consideration by the Council meeting in June 2011.

### Area B: Education and Management

Number	Strategic Objective
7	Working in partnership with the Education and Management Division identify resource, prepare and deliver at least one new distance learning programme each year. Target distance learning at developing communities.
8	Working in partnership with the Education and Management Division prepare and deliver a programme to support the introduction at local level of a laboratory accreditation programme based on ISO 15189.
9	Working in partnership with the Education and Management Division prepare a generic syllabus for postgraduate education in clinical chemistry and laboratory medicine.

### Area C: Broadening Horizons

Number	Strategic Objective
10	Working in partnership with the Scientific Division identify, resource, prepare and deliver two new initiatives in areas of laboratory medicine other than clinical chemistry - one to be in microbiology.
11	Survey the support for a programme of regional specialty meetings, similar to those held in Europe, for the other IFCC regional organizations. Where support is identified work with EB to resource those meetings and work with the Scientific Division and the Congress Committee to prepare and deliver the programmes.
12	Introduce an IFCC Young Investigator Award with funding already identified. Devise and promote a set of good practice guidelines to encourage regional organizations and national societies to identify and support the development of scientific excellence in young scientists.

13	Prepare a plan of practical ways to achieve greater involvement of young people in IFCC conferences and activities. This plan should complement rather than compromise national initiatives.
14	Identify at least one international clinical organization each year with which IFCC should have close ties. Contact the President and suggest discussions to consider a targeted joint project in an area of mutual interest.
15	Identify at least one international pharmaceutical organization each year with which IFCC should have close ties. Contact the Medical Director and suggest discussions to consider a targeted joint project in an area of mutual interest.
16	Contact the President of the World Associations of Pathology and Laboratory Medicine (WASPALM) to explore areas of mutual interest. Agree at least one joint initiative.
17	Identify a group of interested individuals who can prepare and publish best practice guidelines to raise awareness of environmental responsibility in laboratory medicine.
18	Identify a group of interested individuals who can prepare and publish best practice guidelines to raise awareness of the responsibility of laboratory medicine specialists for improving patient safety.

#### Area D: Communication

Number	Strategic Objective
19	Working with the Liaison Task Force and the Communications and Publications Division identify and introduce a system to improve communication and responsiveness between EB and its national and corporate members.
20	Identify and promote at least two opportunities each year where EB members can meet with regional and national presidents, representatives and other office bearers to discuss matters of mutual interest.
21	Identify and promote at least two opportunities each year where EB members can meet with corporate representatives to discuss matters of mutual interest.
22	Working with the Communications and Publications Division develop a more responsive website facilitating the adoption of more web-based communication.

#### Area E: Public Relations

Number	Strategic Objective
23	Working with the Communications and Publications Division develop and resource a programme of work targeted at national and corporate members to improve the public relations for laboratory medicine. 'Labs Are Vital' will be part of this programme.
24	Working with the Communications and Publications Division identify and implement specific opportunities to derive improved public relations for IFCC arising out of the annual report.
25	Compile, update and utilise examples of best practice to illustrate the added value of laboratory medicine that puts it at the centre of health care.

## 1.8. A BRIEF HISTORY OF THE IFCC

### 1.8.1. Introduction

In 1952, Professor E J King of the Royal Postgraduate Medical School in London suggested that the then emerging national societies of clinical chemistry should organise into an international body under the auspices of the International Union of Pure and Applied Chemistry (IUPAC). This was accomplished on July 24, 1952, at the Second International Congress of Biochemistry in Paris, by the formation of the International Association of Clinical Biochemists. A year later, in Stockholm, it was resolved to change the name to the International Federation of Clinical Chemistry, and this was formally adopted at the next meeting which took place in 1955 in Brussels. The initial objectives of the Federation were to "advance knowledge and promote the interests of biochemistry in its clinical (medical) aspects". In the early years, IFCC was closely associated with the IUPAC Commission (later Section) of Clinical Chemistry, and initially, the Committee of IFCC comprised the members of the IUPAC Commission. It was recognised, however that the IFCC should become independent, but would retain its contacts with IUPAC through affiliation as an Associate Member. This was accomplished in 1967, when the two organisations were formally separated. With time, the organisational structure of IFCC developed so that its efforts in science, education, and publishing, as well as its financial affairs, and congress activities were dealt with by Divisions or Committees and, where appropriate, supported by other Committees and groups responsible for specific tasks. IFCC is now a Federation of 82 Full Member national societies of Clinical Chemistry and Laboratory Medicine representing about 30.000 individual clinical chemists, laboratory scientists, and laboratory physicians and 37 Corporate Members covering the major areas of clinical laboratory developments. In 2002 John Lines and Jacques Heeren published "IFCC Celebrating 50 Years". This book is a more comprehensive history of the Federation and is available from the IFCC office.

### 1.8.2. IFCC Presidents

The history of IFCC must include reference to the eminent clinical chemists who have served as President and guided its development. Professor E J King conceived the idea of the Federation, brought it into being, and guided it through its early years to become the group to which all national societies of Clinical Chemistry could look for guidance. His untimely death created a vacuum which Professor Monroe Freeman ably filled for three years. He was followed by Professor J E Courtois until 1967, during which time the statutes and bylaws, upon which the whole working of IFCC is based, were created. During the seven to eight years of the presidency of Professor Martin Rubin, IFCC became accepted as a major international organisation and was recognised as a non-governmental organisation in official relations with the World Health Organisation (WHO). It became a member of the Council of the International Organisations of Medical Sciences and established its own regular Newsletter, developed education programs in South America; formed Expert Panels became authoritative groups in their own fields, and established constructive relationships with industry.

In 1976, Dr Jörg Frei was elected President after an eight year period as Secretary. Dr Rene Dybkaer followed him in 1979 after six years as Vice-President. During these years the collaboration with industry was formalised by creation of Corporate Membership, IFCC Archives were established, Congress Guidelines were formulated, an IFCC Travelling Lectureship implemented, a major educational program conducted in Thailand, and the IFCC Distinguished International Services Award established in addition to the earlier Distinguished Clinical Chemist Award. As a new concept, a General Conference of IFCC Officers, Divisions and Committees, together with Associate Members, was launched in Denmark in 1982. Finally, a Task Force prepared new Articles for the Federation which were approved by Council in 1984. Dr Donald Young became President in 1985, after a three year term as Vice-President. During his six years as President, Dr Young reorganised the committee structure of the IFCC. The previous Expert Panels were altered to Committees and an integrated structure was formed to allow better communications and delegation of responsibility and activity. Dr Young initiated a further review and modification of the IFCC Statutes which was completed in 1993. During Dr Young's tenure IFCC initiated the publication of its own journal - Journal of the International Federation of Clinical Chemistry. A broader interpretation of clinical chemistry to include other areas of laboratory medicine was developed. Formal associations were initiated with clinical chemistry organisations in Latin America and the Asian and Pacific region. Professor G. Siest, who was President from 1991 to 1996, worked with the Board and Members to develop a Strategic Plan which would guide the organisation into the 21st Century. This involved the identification of six key Strategic issues, relating to : Scientific Credibility, Linkage of Clinical Chemistry to Improved Patient Care, Communication, Promotion of IFCC Products and Services, People and Succession, and Finance. New agreements with the European region (FESCC) and the Latin American Region (COLABIOCLI) were signed. The strategic plan was endorsed by the IFCC Council in 1996.

From 1997-99 the President was Professor Matthew McQueen who was previously a member of the Scientific Committee from 1982-87, Treasurer from 1989-90 and Vice President 1991-96. During his Term the Executive Board translated the Strategic Plan into specific actions. These included increasing scientific activity in the areas of standardisation and reference materials and improved scientific co-operation with other international laboratory professional organisations. The Education and Management Division expanded its role in the pre-analytical and post-analytical phases, while the Communication and Publications Division restructured to meet the challenges of electronic publication. One highlight was the very important name change to the International Federation of Clinical Chemistry and Laboratory Medicine, highlighting the clinical relevance and importance of our profession. The Statutes of the Federation were modified to implement "term limits" for members of the Executive Board. Representatives from the Corporate members were formally included in the structure of each Division. This Executive Board successfully concluded discussions with the World Association of Societies of Pathology and Laboratory Medicine producing a joint policy statement on "Principles of Clinical Laboratory Accreditation". This clearly stated that the Laboratory could be directed by Scientists or Physicians, with the appropriate initial qualifications and specialised post-graduate professional education and training in clinical laboratory work.

Prof. Mathias M. Müller served as President for the period 2000 - 2005, having previously served the Federation as Secretary, Vice-President, and Vice-Chair and Chair of the Scientific Division. He continued to stress high quality scientific endeavour as the backbone of the Federation. Since 2000, the Executive Board emphasized the interdisciplinary character of our discipline and has focused on clinically relevant topics. In this context, the establishment of reference systems for glycated haemoglobin and enzyme activity measurements as well as a global campaign for monitoring diabetes mellitus were initiated.

With the growing complexity of IFCC projects, the requirement for an intellectual property policy became evident. This has been developed. A working relationship with the National Committee for Clinical Laboratory Standards/NCCLS (now known as the Clinical and Laboratory Standards Institute/CLSI) was formalised and joint NCCLS-IFCC projects started. Standardisation on high metrological levels has always been a major undertaking and has contributed to the credibility of IFCC. As a consequence of this policy, collaboration with the Bureau International des Poids et Mesures (BIPM), the National Institute of Standards and Technology (NIST), the Institute of Reference Materials and Measurements (IRMM), European, American and Japanese IVD Associations, and the International Laboratory Accreditation Cooperation (ILAC) is being established for the implementation of traceability in Laboratory Medicine. New awards for significant contributions in molecular diagnostics, in education and in patient care were created. With the opening of the IFCC Office in Milan the IFCC Web site was restructured becoming the main communication vehicle between the Federation and the membership.

Professor Jocelyn Hicks served as President from 2005 to 2008. She also served the Federation as Chair of the Publications Division and as Treasurer. She continued to encourage the scientific excellence for which IFCC is justifiably proud. She assembled a group of clinicians from the key diabetes bodies to develop a consensus statement regarding the use of the new standard for glycated haemoglobin. As President she worked to enhance the quality of laboratory testing worldwide with the able assistance of the Education and Management Division. Under her direction the Communications and Publications Division took public relations and communications to a new level. They, for example, published a PR brochure in many languages. She considered assistance to the lesser developed country Members to be paramount, as it is the patient who benefits. Under her leadership the Visiting Lecturer Program was greatly expanded with the substantial grant from Abbott Laboratories. Travel scholarships to attend major IFCC Congresses were introduced with a generous grant from Roche Diagnostics GmbH. These were awarded on a competitive basis to young scientists from developing countries. Siemens Healthcare Solutions assisted us greatly with starting a distance e-learning program for all members, but with emphasis on topics to assist those in developing countries. A new conference that links the clinician with the clinical laboratory was started with the substantial grant from Ortho Clinical Diagnostics. The first of these was held in Birmingham in the UK in 2008. The topic was on Cardiac Biomarkers. Two new awards were introduced, one in Laboratory Medicine and Patient Care sponsored by Ortho Clinical Diagnostics and one on outstanding contributions to Standardization sponsored by The National Institute on Standards and Technology and the Clinical Laboratory Standards Institute. Professor Hicks developed a new program for National and Corporate Representatives to be involved actively in the General Conference in 2008.

This Conference was well organized with the assistance of The Congress and Conference Committee, the Turkish Association and the IFCC Office. A successful International Congress of Clinical Chemistry and Laboratory Medicine was held in Brazil in 2008 with the able assistance of the Brazilian Association. The number of full Members grew from 72 to 83 during this period. Professor Hicks visited many of our Member countries. The number of Corporate Members also increased also despite many mergers. All of these activities were made possible with the assistance of the Executive Board, the Divisions, the Committees, working Groups and the IFCC office. Dr Graham Beastall was elected as President for 2009-2011. He is based in Glasgow (UK) and is the former Clinical Lead for a large multi-site network Department of Clinical Biochemistry. He has been Chairman and President of the Association of Clinical Biochemistry and Vice President of the Royal College of Pathologists. With the recognition that ~70% of clinical decisions are influenced by Laboratory Medicine Dr Beastall believes that the time is right for IFCC to be more visible and more active in the clinical area. 'Adding Value to Laboratory Medicine' will be the strap line during his Presidency. Dr Beastall will also seek to engender greater connectivity with and involvement of IFCC members in promoting the contribution of Laboratory Medicine to healthcare at local, national and international level.

### 1.8.3. IFCC Office

As the scope of the Federation's activities has expanded, so has the requirement for the exchange of information and the documentation of the various activities which were taking place. As with most other professional groups, the initial secretarial functions were provided by the individual officers and scientists within the Federation. A considerable debt is owed to these individuals and their employing organisations. However, it was obvious to the Executive that for the Federation to continue its development, some form of Secretariat was required. The Federation was fortunate originally to be supported by Radiometer A/S of Copenhagen, which agreed to provide office space and secretarial support. This facility was generously placed at the disposal of the Executive Board and became known in 1983 as the IFCC Technical Secretariat. During this period, the Federation was fortunate in obtaining the services of Mrs Maj-Britt Petersen, who provided invaluable support, in particular for the Scientific Division. In order to facilitate the appropriate distribution of documents, the Technical Secretariat also kept a master file of names and addresses of all those who play a part in the Federation's affairs. During 1988-1990 the Executive Board devoted considerable effort to determining the role and structure of a central office. In 1990 a new Technical Secretariat was established in Nancy, France with the assistance of Prof Gerard Siest. The opening of this office was a major event for the IFCC as for the first time the IFCC employed its own staff. The Technical Secretariat was transferred into the hands of Mrs Chantal Thirion and remained in Nancy until 2001. However, when it became clear that additional professional administrative services were needed, in 2001, the Office was transferred to Milan, Italy where it shares resources with a major Professional Conference Organiser, where Lisa Ionescu is the IFCC office coordinator.

#### 1.8.4. External Links

The IFCC has maintained its relations with WHO and transferred its International Medical Laboratory Information System to WHO. In addition, it has expanded its support of regional organisations and regular regional congresses that are held in Europe, in the Arab Region, in the Asian and Pacific Region, and in the Latin American Region. The IFCC has accepted the ICSU Principles of free circulation of scientists and has assured the attendance of visiting scientist at all meetings. The interests of IFCC continue to expand. It has addressed the policy of patenting key products for analytical methods, and continues to work collaboratively with many international organisations to sponsor major educational programs in Mexico and Argentina. The IFCC is also working with a number of other International Organisations such as IRMM, NIST, NCCLS/CLSI and BIPM in developing new standards and in the area of standardisation of methods. The IFCC continues to be very influential in defining and reviewing appropriate terminology in Laboratory Medicine and other fields of chemistry. In addition, the management structure of the Federation has been reorganised continuously to enable it to respond effectively to contemporary issues.

#### 1.8.5. Membership of IFCC Executive Boards

<b>President</b>		<b>Secretary</b>	
EJ King (UK)	1952 - 1960	IDP Wootton (UK)	1952 - 1958
ME Freeman (US)	1960 - 1963	ME Freeman (US)	1959 - 1960
JE Courtois (FR)	1963 - 1967	B Josephson (SE)	1960 - 1963
M Rubin (US)	1967 - 1975	MC Sanz (CH)	1963 - 1967
J Frei (CH)	1976 - 1978	J Frei (CH)	1967 - 1975
R Dybkaer (DK)	1979 - 1984	PMG Broughton (UK)	1976 - 1978
DS Young (US)	1985 - 1990	A Kallner (SE)	1979 - 1981
G Siest (FR)	1991 - 1996	JG Hill (CA)	1982 - 1984
MJ Mc Queen (CA)	1997 - 1999	MM Müller (AT)	1985 - 1987
MM Müller (AT)	2000 - 2005	R Vihko (FI)	1988 - 1990
JMB Hicks (US)	2006 - 2008	P Garcia Webb (AU)	1991 - 1993
GH Beastall (UK)	2009 - 2011	O Zinder (IL)	1993 - 1996
		J Whitfield (AU)	1997 - 1999
		R Bais (AU)	2000 - 2005
		PH Laitinen (FI)	2006 - 2011

**Vice President**

E Werle (DE)	1966 - 1972
R Dybkaer (DK)	1972 - 1978
RG Edwards (AU)	1979 - 1981
DS Young (US)	1982 - 1984
A Kallner (SE)	1985 - 1990
MJ Mc Queen (CA)	1991 - 1996
MM Müller (AT)	1997 - 1999
CA Burtis (US)	2000 - 2005
V Palicka (CZ)	2006 - 2008
CWK Lam (HK)	2009 - 2011

**Treasurer**

L Hartmann (FR)	1966 - 1972
PMG Broughton (UK)	1972 - 1975
RG Edwards (AU)	1976 - 1978
JG Hill (CA)	1979 - 1981
A Kallner (SE)	1982 - 1984
ML Castillo de Sanchez (MX)	1985 - 1987
MJ Mc Queen (CA)	1988 - 1990
NC Den Boer (NL)	1991 - 1996
P Mocarrelli (IT)	1997 - 2002
JMB Hicks (US)	2003 - 2005
G Shannan (SY)	2006 - 2011

**Assistant Secretary**

G Siest (FR)	1972 - 1975
A Kallner (SE)	1976 - 1978

## Members of Executive Board

A Sobel (US)	1952 - 1954	J de Wael (NL)	1966 - 1967
P Fleury (FR)	1952 - 1954	I Nagy (HU)	1980 - 1987
B Josephson (SE)	1952 - 1960	FW Sunderman Jr (US)	1981 - 1985
JCM Verschure (NL)	1954 - 1959	N Montalbetti (IT)	1981 - 1985
WM Sperry (US)	1955 - 1960	H Wishinsky (US)	1985 - 1987
JE Courtois (FR)	1958 - 1963	SS Brown (UK)	1985 - 1990
K Hinsberg (DE)	1958 - 1963	J Jaervisalo (FI)	1985 - 1990
MC Sanz (CH)	1958 - 1963	I-K Tan (SG)	1985 - 1990
NF Maclagan (UK)	1960 - 1967	D Scheuch (DE)	1985 - 1990
VN Orekhovich (SU)	1960 - 1967	F Dati (DE)	1988 - 1993
SH Jackson (CA)	1960 - 1967	HP Lehmann (US)	1990 - 1994
R Ruyseen (BE)	1963 - 1967	N Montalbetti (IT)	1990 - 1992
M Rubin (US)	1963 - 1967	N de Cediel (CO)	1991 - 1993
		O Zinder (IL)	1991 - 1994
		P Mocarelli (IT)	1994 - 1999
		JB Whitfield (AU)	1994 - 1999
		A Kallner (SE)	1994 - 1999
		H Wetzel (DE)	1994 - 1999
		L Muszbek (HU)	1997 - 1999
		TD Geary (AU)	1994 - 1999
		RI Sierra Amor (MX)	1997 - 2002
		W Hölzel (DE)	2000 - 2002
		CWK Lam (hk)	2000 - 2005
		H Wetzel (DE)	2003 - 2005
		V Palicka (CZ)	2003 - 2005
		D Mazziotta (AR)	2003 - 2008
		N. Madry (DE)	2006 - 2008
		JB Lopez (MY)	2006 - 2011
		B Gouget (FR)	2009 - 2011
		U Tuma (BR)	2009 - 2011
		T Brinkmann (DE)	2009 - 2011

Until 1967 the Titular Members of the Commission on Clinical Chemistry of IUPAC also functioned as the Executive Board of IFCC.

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Founded in 1888 by Dr. Wallace Calvin Abbott, a Chicago physician, Abbott Laboratories is a highly diversified health care company that discovers, develops, manufactures and markets products and services that span the continuum of care - from prevention and diagnosis to treatment and cure. Headquartered in north suburban Chicago, Abbott serves customers in more than 130 countries, with a staff of 70,000 employees at more than 135 manufacturing, distribution, research and development, and other locations around the world. Abbott's products fall into four principal business arenas: pharmaceutical, hospital, diagnostic and nutritional products.

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Manufacturers of complete range Diagnostic Reagents like Biochemistry kits, Serology, Immuno Turbidometry, Coagulation, Hematology Reagents and system packs for Biolis series. Products carry CE Marking. ISO 9001-2008 and 13485 - 2003 certified company. Also deals in a range of Fully Auto and Semi Auto Analyzers for various applications. We are exclusive distributors for world famous brands Like Tokyo Boeki Biolis Series and Mindray.

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For more than 25 years, the "ANALIS R&D Diag", group specialized in electrophoresis, has developed kits for in vitro diagnostic, which have been distributed throughout the world. As a result of our long experience in designing kits for electrophoresis using agarose gels, Analis has developed kits for Capillary Electrophoresis.

CEofix™ kits for Capillary Electrophoresis presented here are for Clinical Routine as well as Clinical Research:

- Carbohydrate Deficient Transferrin kit is used to detect AUD (alcohol use disorder). The same kit has been used for Congenital Disorder of Glycosylation (CDG) and for transferrin in Cerebrospinal Fluid (CSF). This kit is FDA device listed and has CE-IVD label for Europe.
- Hemoglobin analysis including variant analysis is possible using two buffer systems (alkaline and basic). The hemoglobin kits are CE-IVD labeled for Europe.
- More generic buffers are also available which allow analysis of proteins for example in CSF or for peptides such as glutathione (GSH-GSSG) in blood.
- Anions, organic acids or cations may also be analyzed using specific applications.
- And a special dynamic coating may be used to facilitate CE-MS applications for proteome biomarker.

"R&D Diag" is composed of highly trained people, who offer assistance including running customer samples. We welcome ideas and projects in developing new applications using the high resolution power of Capillary Electrophoresis.

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Asahi Kasei Pharma is the core operating company for all operations of the Asahi Kasei Group which serve the health care industries. The product range includes pharmaceuticals, medical devices, pharmaceutical intermediates, diagnostic reagents, nutritional products, and animal health products.

The Diagnostics Department develops and manufactures enzymes for clinical chemistry use, reagents, diagnostic kits, and human enzyme calibrator for standardization, employing state-of-the-art biotechnology, for marketing to reagent manufacturers, OEM reagent manufacturers, and hospital and commercial laboratories. Our focus is on value-added, continuous innovation and quality improvement of enzymes and enzyme-related products to meet the increasing demands for greater measurement accuracy and product-handling flexibility in the clinical chemistry marketplace.

Website: [www-kasei.co.jp/shindan/eng/nn.html](http://www-kasei.co.jp/shindan/eng/nn.html)

### Axis -Shield POC AS

Axis -Shield POC AS is a public diagnostics company with products and patent protected technologies for chemical analysis of blood samples. Changes in blood protein concentrations are measured as indications of illness, or as the case may be, of improvement or deterioration of clinical conditions.

AXIS is actively taking part in and has to some extent been a pioneer in the development of technologies for new commercial analytical products.

AXIS has developed new products or technologies in the following areas:

- Alcohol abuse - %CDT assay
- Diabetes - Glycohaemoglobin assay
- Cardio-vascular disease - Plasma homocysteine assay.

AXIS operates in defined segments of the diagnostics field, and even though AXIS is becoming increasingly oriented, its focus is still on R&D and production.

Website: [www.axis-shield.com/](http://www.axis-shield.com/)

### BD Diagnostics - Preanalytical Systems

BD is a worldwide medical technology company specialising in the field of healthcare for over 100 years. With a mission "to help all people live healthy lives" BD has committed itself to contribute to medical progress by providing safe, accurate and effective systems and solutions for both the patient and the healthcare worker in all fields of the healthcare profession.

BD through its 3 segments BD Medical, BD Bioscience and BD Diagnostics provides the following range of products and services. BD Medical principles products include needles, syringes and intravenous catheters for medication delivery, diabetes care products, prefillable drug delivery devices, surgical blades and regional anesthesia needles, critical care monitoring devices and ophthalmic surgery devices. BD Bioscience principle products include fluorescence activated cell sorters and analyzers, cell imaging systems, monoclonal antibodies and kits, reagent systems for life sciences research, tools to aid in drug discovery and growth of tissue and cells; and diagnostic assays.

BD Medical principles products include needles, syringes and intravenous catheters for medication delivery, diabetes care products, prefillable drug delivery devices, surgical blades and regional anesthesia needles, critical care monitoring devices and ophthalmic surgery devices. BD Bioscience principle products include fluorescence activated cell sorters and analyzers, cell imaging systems, monoclonal antibodies and kits, reagent systems for life sciences research, tools to aid in drug discovery and growth of tissue and cells; and diagnostic assays.

BD Medical principles products include needles, syringes and intravenous catheters for medication delivery, diabetes care products, prefillable drug delivery devices, surgical blades and regional anesthesia needles, critical care monitoring devices and ophthalmic surgery devices. BD Bioscience principle products include fluorescence activated cell sorters and analyzers, cell imaging systems, monoclonal antibodies and kits, reagent systems for life sciences research, tools to aid in drug discovery and growth of tissue and cells; and diagnostic assays.

BD Diagnostics serves hospitals, laboratories and clinics; reference laboratories; blood banks; research organizations; healthcare workers; patients; physicians' office practices; and industrial microbiological laboratories.

BD Diagnostics - Preanalytical Systems through its BD Vacutainer range offers complete systems for evacuated blood collection using a broad range of tubes, needles, needle holders, and safety devices which are optimally designed and tested for controlling preanalytical variability throughout the specimen collection and handling process.

Through its range of Molecular and Proteomic products BD Diagnostics - Preanalytical Systems provides a range of blood collection tubes for the containment and stabilization of blood samples for diagnostic and research purposes.

BD Diagnostics Systems is a leading provider of products for the safe collection and transport of diagnostics (plated media; automated blood culturing), and of instrumentation for quick, accurate analysis for a broad range of microbiology and infectious disease testing (microorganism identification and drug susceptibility). These products provide the diagnostic industry with high quality, efficient arrays for routine microbiology and infectious disease testing.

Website: [www.bd.com](http://www.bd.com)

### **Beckman Coulter**

Beckman Coulter is an organization with one of the most comprehensive product portfolios spanning the continuum between life science research and clinical diagnostics. When laboratories choose Beckman Coulter as their partner, they receive distinct advantages in today's marketplace: a legacy of quality, superior brand equity, and a highly capable team of professionals with a single focus - making laboratories more efficient and productive. We are able to design, develop, manufacture, sell and support testing systems that simplify and automate complex biomedical testing.

Our customers include hospitals, physicians' offices, diagnostic reference laboratories, pharmaceutical and biotechnology companies, universities, medical schools and research institutions.

- Our diagnostic systems are found in hospitals and other critical care settings around the world and produce information used by physicians to diagnose disease, make treatment decisions and monitor patients.
- Instruments for life science research are used by scientists as they study the causes of disease, identify new therapies, and test new drugs.

In fact, Beckman Coulter has placed more than 200,000 clinical and research instrument systems in laboratories around the world, earning the company \$3.1 billion in annual revenue.

Headquartered in Orange County, California, Beckman Coulter employs about 12,400 people worldwide, and operating in more than 50 sites on all continents.

By offering laboratories the tools that increase the accuracy of test results and velocity of decision-making, Beckman Coulter is dedicated to improving patient health and reducing the cost of care.

Website: [www.beckmancoulter.com](http://www.beckmancoulter.com)

### bioMérieux

A world leader in the field of in vitro diagnostics for 45 years, bioMérieux provides diagnostic solutions (reagents, instruments and software) that determine the source of disease and contamination to improve patient health and ensure consumer safety. Our products are used for diagnosing infectious diseases and providing high medical value results for cardiovascular emergencies and cancer screening and monitoring. They are also used for detecting microorganisms in agri-food, pharmaceutical and cosmetic products.

Growth-based microbiology, immunoassays and molecular diagnostics

Our fully automated systems are constantly evolving and must integrate an increasing number of parameters. bioMérieux is one of the few companies mastering the complete range of technologies essential for in vitro diagnostics:

- Growth-based microbiology
- Immunoassays
- Molecular diagnostics

Clinical diagnostics for infectious diseases

We concentrate on diagnosing infectious diseases - in particular, sepsis, healthcare-associated infections, tuberculosis, AIDS and hepatitis - as well as on tests delivering high medical value results for cancer screening and monitoring and cardiovascular emergencies. bioMérieux's primary goals are:

- Reducing time to results to help clinicians choose the right treatment for their patient faster
- Delivering Full Microbiology Lab Automation™ to streamline laboratory workflow and boost efficiency with a complete range of automated platforms for blood culture, identification, antibiotic susceptibility testing and microbial strainotyping

Website: [www.biomerieux.com](http://www.biomerieux.com)

### Bio-Rad Laboratories

Founded in 1952, Bio-Rad has its headquarter based in Hercules, California. It has remained at the centre of scientific discovery for more than 50 years by providing a broad range of innovative tools and services.

Bio-Rad employs more than 4,000 professionals worldwide within a network of more than 30 wholly owned subsidiaries serving more than 150 countries. Its two primary businesses include Clinical Diagnostics and Life Science research.

Bio-Rad serves more than 70,000 research, industry and clinical laboratories around the globe. It is world renowned within its core industry segments with customers in hospitals, universities, research institutions, microbiological and environmental inspection agencies, pharmacological and biological research and private industry laboratory.

Bio-Rad is the number one specialty diagnostics company. It holds leadership positions in quality control management, diabetes monitoring, blood virus and autoimmune disorders testing.

Website: [www.bio-rad.com](http://www.bio-rad.com)

### Care srl

CARE S.r.l. is an Italian Company dealing with the manufacturing and distribution of in vitro diagnostic devices and development and management of Internal and "External Quality Assessment Schemes" (EQAS) and Internal Quality Control (IQC) profiles for Laboratories all over Italy. Originally, CARE was focused on the production and development of Laboratory immunodiagnosics, specializing in infectious diseases as development of reagents for the diagnostics of Hepatitis and HIV . In 1992 has focused its activity on the production of a complete line of ELISA Immunodiagnosics on microplate for Hepatitis B and Torch Group Diseases, starting to sell these products all over Italy and the world. As far as this activity is concerned, in 1993, CARE achieves the registration of the IVD Supermik (HbsAg ELISA kit) at the Italian Department of Health. Subsequently CARE focuses on the organization of External Quality Assessment Schemes (EQAS), which it supplies all over Italy. CARE has always oriented its productive and development activities to GMP and in June 24, 2004 CARE certified its own Quality System, according to UNI EN ISO 9001:2000 and from 2007 UNI EN ISO 13485:2003 having the following subject: "Design and manufacture of in vitro diagnostic reagents, internal quality control (IQC) materials and external quality assessment (EQA) schemes"

Website: [www.dicocare.org](http://www.dicocare.org)

### ControlLab

Since 1977, ControlLab has been developing products and services aiming at quality control of clinical laboratories in Latin America with technical competence and professional ethics recognised by the market. The continuous improvement based on quality and trust helped ControlLab:

Becomes the first Provider of Proficiency testing licensed by ANVISA/REBLAS - National Agency for Sanitary Surveillance - in Brazil since August/2001;

Conquer the seal ISO9001, with the approval BVQI/ Inmetro and BVQI/UKAS, in June/2003;

Credited by RBC/Inmetro as laboratory of volume and microvolume, in December/2002;

Licensed by ANVISA/REBLAS as Laboratory of Analytical Reference for Quality Control in Clinical Analyses, Physical-chemical and Microbiological, in November/2003;

Becomes the first Alternative Proficiency Testing Provider within Brazil approved by the College of American Pathologists, whose approval has initially comprised the areas of Glycohemoglobin and Flow Cytometry since 2006.

Our services (listed below) aim at all laboratories which try to do their best for quality and those who search for technical reliability and efficient control tools:

Proficiency testing (external control): bacteriology, blood components, blood gas, cerebrospinal fluid, clinical chemistry, coagulation, endocrinology, flow cytometry, glycohemoglobin, hematology, immunology, immunoproteins, lipids, malaria, micology, molecular biology, NAT, newborn screening, parasitology, protein electrophoresis, specific proteins, spectrophotometer, sweat analysis, therapeutical drugs, serology, transfusion medicine, tumor markers and urinalysis.

Proficiency testing (veterinary medicine): bacteriology, clinical chemistry, hematology, parasitology and urinalysis.

Internal controls: the same as external control.

Calibration: centrifuge, dispenser, micropipette, thermometer and laboratory glassware.

Equipment and product evaluation.

Adviser and working-shops.

Benchmarking.

Headquartered in Rio de Janeiro, Brazil, with 190 employees and 25 scientific-technician assessors, we are committed with innovations and continuous updating to promote an excellence environment for the clinical laboratory community.

Website: [www.controllab.com.br](http://www.controllab.com.br)

### **Dako A/S**

The Dako Group develops, manufactures and markets products and complete systems that assist medical research and diagnostics in the fields of tissue-based cancer diagnostics, specific proteins and flow cytometry.

Within specific proteins, Dako specializes in the quantitative determination of proteins in body fluids, such as plasma/serum, cerebrospinal fluid and urine. Based on many years of dedicated research, Dako has successfully developed optimized test systems for turbidimetry/nephelometry - some based on the more sensitive technique of particle-enhanced turbidimetry. The portfolio of turbidimetry/nephelometry assays covers the areas of kidney, cardiovascular risk and patient profiling. Protein standardization has always been important for Dako and participation in international standardization committees has brought Dako in the front-line of international protein standardization, particularly through the work of Søren Blirup-Jensen, DVM, PhD.

The flow cytometry portfolio counts more than 200 CE-IVD-labeled reagents. Furthermore, the MultiMix™ color panels for immunophenotyping of leukemia and lymphoma provide a guideline for identification of hematological malignancies with a limited number of antibodies.

Website: [www.dako.com](http://www.dako.com)

### **DiaSys Diagnostic Systems**

DiaSys Diagnostic Systems is a leading specialist in development and manufacturing of diagnostic systems of high quality combined with ease of use and reduced environmental burden.

Focusing on clinical chemistry and immunoturbidimetric tests DiaSys introduced more than 80 optimised reagents for routine and special diagnostics in user-friendly kits for manual or automated use. Additionally, the programme includes a broad range of appropriate calibrators and controls.

The analytical instrumentation portfolio comprises automated clinical chemistry system analyzers, semi-automated analyzers, POCT instruments for diabetes as well as glucose/lactate analyzers. The instrument line is completed by reverse osmosis systems for purified water.

DiaSys is an ISO certified company since 1996 (valid certificates ISO 13485:2003, ISO 9001:2000). To date, customers and partners in more than 100 countries around the world rely on DiaSys quality.

Website: [www.diasys-diagnostics.com](http://www.diasys-diagnostics.com)

### **Drew Scientific Co. Limited**

Drew Scientific designs, manufactures and sells a range of analytical instrumentation for clinical chemistry and haematology laboratories in both human and veterinary medicine. The company operates from three sites in Texas, Connecticut and England. Drew has distributors in 150 countries.

The company's chemistry product range includes analysers for glycated haemoglobin, haemoglobinopathies and blood chemistry. For haematology the company has a range of systems for human, veterinary and research use, offering five part white cell differential counting and as many as 30 different species.

Both ranges of analysers are backed by a comprehensive range of reagents, calibrators and controls. Drew Scientific is a wholly owned subsidiary of Escalon Medical Corporation Inc.

Website: [www.drew-scientific.com](http://www.drew-scientific.com)

### **Gentian AS**

Gentian is a privately held company with products and patent protected technologies for chemical analysis of human and veterinary samples.

Gentian's tests are based on particle enhanced turbidimetry and nephelometry. Focusing on precise measurements of kidney function, Gentian has become a leading force in introducing the novel renal marker Cystatin C in routine diagnostics in clinical laboratories worldwide. Superior to serum creatinine, MDRD and invasive renal diagnostic methods, Cystatin C is also an early risk marker for cardiovascular disease. However, the potential of this marker is dependent on a strong assay signal. The technology of enhancing assay signal strength is Gentian's market advantage.

Gentian is situated in Oslo, Norway and Beijing, China. Valid certificates include ISO 13485:2003 and ISO 9001:2000.

Website: [www.gentian.no](http://www.gentian.no)

### **Genzyme Diagnostics**

Established in 1981, Genzyme Diagnostics formed the first division of Genzyme Corporation, a global healthcare and biotechnology leader.

We offer a unique product portfolio for diagnostic manufacturers and healthcare professionals worldwide, comprising of Diagnostic Enzymes, Clinical Chemistry Reagents, and Point of Care Rapid Tests.

Our competency in microbial fermentation, purification, and reagent formulation allows us to supply more than 50 intermediate products to clinical chemistry manufacturers and over 60 formulated reagents to chemistry instrument manufacturers and clinical laboratories worldwide. These portfolios are focused on Diagnostic solutions for Cardiovascular disease, Diabetes, and Renal disease.

Our OSOM® branded Rapid Tests for infectious diseases and women's health are developed for use in the point-of-care setting, designed to help physicians quickly and accurately diagnose their patients in order to provide the most appropriate treatment.

Genzyme Diagnostics also has active research programs in a variety of different Clinical areas.

Website: [www.genzymediagnosics.com](http://www.genzymediagnosics.com)

### **Hitachi High-Technologies Corporation**

Hitachi High-Technologies Corporation is a global company that has specialized in development and marketing in the cutting-edge technologies in a broad range of fields from leading-edge materials, life science products, semiconductor production systems to IT solutions and products. Hitachi High-Technologies is a subsidiary of Hitachi, Ltd. Founded in 1947, the Headquarter is located in Tokyo and there are 28 offices in Japan and 59 offices outside of Japan in twenty-four countries. The company has earned a reputation as a "high-tech" integrator. The amount of consolidated net sales is US\$ 8 billion in 2005.

In the life science field, Hitachi High-Technologies Corporation offers clinical equipment and systems including automatic chemistry analyzers and clinical laboratory automation systems achieving world-class results as well as DNA sequencers essential to genome analysis, analytical instruments and electron microscopes to assist in a variety of research and development. Hitachi High-Technologies Corporation also delivers advanced technologies and services in a broad range of areas, including the rapidly advancing field of biotechnology, medical facilities requiring improved safety and labor-saving devices, clinical testing, urgently needed environmental measurement, materials research, and more.

Hitachi High-Technologies Corporation's life science business is able to maintain its leadership position with the efforts of its ISO14001-certified Naka Division, a major hub for R&D and manufacture of the advanced clinical and scientific equipment.

Visit the company's Web site at: [www.hitachi-hitec.com/global](http://www.hitachi-hitec.com/global)

### **Hytest Ltd**

HyTest Ltd., founded in 1994, offers innovative solutions for assay development and research applications by providing high-quality immunological reagents in such areas as cardiac markers, infectious, neuroscience, biological warfare agents and autoimmune disease reagents. HyTest is a leading provider of several reagents such as antibodies and antigens of the troponin I, troponin complex and Influenza A and B. HyTest offers also extensive customer services and has a certified ISO 9001:2000 quality system.

Website: [www.hytest.fi](http://www.hytest.fi)

### **Innotrac Diagnostics**

Innotrac Diagnostics provide state-of-the-art immunoassay systems for cardiac markers and critical care diagnostics. Automated Innotrac Aio!™ immunoanalyzers are truly easy-to-use, making them ideal both for critical care environment and for larger laboratories. Innotrac Aio!™ is the only continuous and random-access immunoassay system giving rapid and fully quantitative results directly from whole blood, plasma or serum.

Proven Innotrac Aio!™ systems exploit both the benefits of non-enhancement time-resolved fluorometry and Innotrac's patented dry chemistry technology to provide fast and simple assays with no reagent preparation. In addition to being highly sensitive, the 2nd generation Innotrac Aio!™ cardiac troponin I assay brings increased diagnostic usefulness to troponin measurement by reducing interference from cardiac autoantibodies (improved immunoassay, patent pending), also known as interfering factor.

Innotrac Diagnostics Oy, founded in 1995, is an experienced provider of immunoassay reagents and contract manufacturing services meeting the high requirements of clinical laboratories, diagnostics and pharmaceutical industry and research institutions. Innotrac's expertise in streptavidin plate coating and antibody biotinylation is used to provide both off-the-shelf products and products tailor-made to the individual needs of research and industrial partners.

Website: [www.innotrac.fi](http://www.innotrac.fi)

### A. Menarini Diagnostics

Born as a division of pharmaceutical A. Menarini Industrie Farmaceutiche Riunite, headquartered in Florence and with over 13.000 employees in 70 countries, A. Menarini Diagnostics is a health care company with more than 30 years of experience in developing and leading the European market of prevention and focused on diagnostics. For the European healthcare community we are a dynamic and reliable partner providing innovative diagnostic solutions thanks to our deep relation with the market, and therefore, knowledge of its needs.

All therapy decisions are based on reliable informed diagnosis as well as quality of life is related to prevention. These are the main reasons for our daily committed work. By focusing on well-defined and selected diagnostic areas, we create value for the society as a whole. Extensive investments in research, strategic alliances, and a constant, close, and intelligent presence into the healthcare community, allow us to be a leading European company and a trustful partner for both patients and professionals. Our aim is to make diagnostics management easier, more effective and result cost efficient.

All over Europe each client can be supported by one of our more than 700 skilled scientific consultants. In fact we are one of the diagnostics company with the most capillary presence in Western Europe covering with our own network 90.3% of the population and serving a market of 300 millions people. We have 13 fully owned subsidiaries, and in the future we will establish our presence also in East and North of Europe. We have a leading position in the Diabetes monitoring and our activities also cover Urinalysis, Autoimmune diseases, Hematology, Immunology, Immunohistochemistry, Wet and Dry Chemistry systems.

Website: [www.menarini.com](http://www.menarini.com)

### Mitsubishi Chemical Europe GmbH

Mitsubishi Chemical Medience is a subsidiary of Mitsubishi Chemical Corporation. For more than 40 years now, it provides biological and medical/clinical labs with fast and highly precise analysis methods from its extensive and continuously expanded test portfolio. The outstanding quality of its appliances, reagents and service are the basis and the future perspective of the Japanese cooperation with its decades-long success story. Already back in 1982, Mitsubishi Chemical Corporation was the first company worldwide to develop the LPIA (latex photometric immunoassay) method to market maturity. Latest innovative product is PATHFAST® a fully automated chemiluminescence immuno analyser platform for the determination of biomarkers for fast differential diagnosis in central labs and at the point of care. The Mitsubishi Chemical Medience Group is aiming for further development under the management vision of "Good Health Creator, MEDical+sciENCE: Creating a Healthy and Safe Society through Medical Science." Its core business today comprises the development, production and distribution of analysis devices and reagents sets based on the patented LPIA technology on the one hand, and a significant engagement in the "theranostics" sector on the other. In this sector, the company maintains global connections and cooperations with research companies and internationally operating university factories and labs today. Its major focus on research will also guarantee products with the highest possible state of development in the future. Mitsubishi Chemical Europe GmbH is the representative of diagnostic business in EMEA.

Website: [www.mitsubishichemical.com](http://www.mitsubishichemical.com)

### **MorphoSys UK Ltd T/A AbD Serotec**

AbD Serotec is the research and diagnostic antibody division of MorphoSys, one of the world's leading antibody technology companies.

The AbD Serotec brand was created in early 2006 to market the combined products and services of Antibodies by Design, Biogenesis, Serotec, and Oxford Biotechnology - more than 14,000 antibodies and immunological reagents, custom monoclonal antibodies developed from the MorphoSys HuCAL library, and large and small scale antibody production and conjugation services.

AbD Serotec prides itself on its commitment to providing its customers in research and industry the highest quality products and services, from its ISO certified production facility in Kidlington, near Oxford UK. This new facility is the AbD Serotec headquarters, and supports sales offices in Raleigh, North Carolina and Duesseldorf, Germany. Custom monoclonal development services are performed at MorphoSys headquarters in Martinsried, near Munich in Germany.

Website: [www.abdserotec.com/oem](http://www.abdserotec.com/oem)

### **Ortho-Clinical Diagnostics, Inc**

Ortho-Clinical Diagnostics, Inc., a Johnson & Johnson company, delivers the high quality in vitro diagnostic products that give healthcare professionals around the world the knowledge they need to make better treatment decisions sooner. The company serves the global transfusion medicine community with donor screening and blood typing products to help ensure every patient receives blood that is safe, the right type, and the right unit. Ortho Clinical Diagnostics also brings sophisticated information management, testing technologies, automation and interpretation tools to clinical laboratories worldwide to help them run more efficiently and improve patient care. For more information, visit [www.orthoclinical.com](http://www.orthoclinical.com)

### **PerkinElmer and Analytical Sciences**

PerkinElmer is a global company focused on improving the health and safety of people and their environment. From earlier medical insights and more effective therapies to cleaner water and safer homes, PerkinElmer touches the lives of millions of people around the world every day. At PerkinElmer, we're taking action to make people healthier. Our Human Health business develops research and diagnostic instrumentation technologies as well as clinical resources and support services, all to fight illness proactively, provide medical insight more accurately and develop therapies more quickly.

From preconception through early childhood PerkinElmer is actively committed to protecting the health and well-being of expectant mothers, babies and families. Through screening and diagnostic systems, clinical lab services and cord blood banking, we're integral to the health of your family every step of the way.

Website: [www.perkinelmer.com](http://www.perkinelmer.com)

### **Phadia AB**

Phadia develops, manufactures and markets complete blood test systems to support the clinical diagnosis and monitoring of allergy, asthma and autoimmune diseases. More than 3,000 laboratories in 60 countries use the company's products.

Supplying seven out of ten allergy laboratory tests worldwide, Phadia has remained the world leader in its field for more than 25 years. Our ImmunoCAP symptom profiles provide allergists, paediatricians and primary care physicians with precise, quantitative measurements of specific IgE levels, supporting the prognosis, diagnosis and follow-up of allergic patients.

Website: [www.phadia.com](http://www.phadia.com)

### **Radiometer Medical ApS**

Radiometer Medical is a leading provider of technologically advanced testing solutions for the acute care segment. Radiometer's products and services simplify and automate all phases of acute care testing, so hospitals can get fast results, reduce the risk of errors and improve cost effectiveness.

Radiometer's product offering spans from blood gas analyzers over solutions for transcutaneous monitoring to immunoassay analyzers for measuring cardiac, coagulation, infection and pregnancy markers.

Founded in 1935 and headquartered in Copenhagen, Denmark, Radiometer is a pioneer in blood gas analysis and introduced the first commercially available blood gas analyzer in 1954. A long series of new product platforms have been developed since then making Radiometer the 'gold standard' in blood gas analysis.

Also today, Radiometer is focused on innovation and the company invests heavily in research and development of new and improved acute care solutions that enable a fast and precise diagnosis and treatment of critically ill patients.

Radiometer has subsidiary companies in 13 countries that are responsible for the worldwide sales and distribution of products and services.

For more information about blood gas analyzers, transcutaneous monitoring solutions or immunoassay analyzers, visit the Radiometer corporate website at [www.radiometer.com](http://www.radiometer.com)

For information about the latest trends within acute care testing, visit the Radiometer knowledge site [www.acutecaretesting.org](http://www.acutecaretesting.org).

### **Randox Laboratories Ltd.**

After more than 27 years in the diagnostics healthcare business, Randox is now firmly implanted as a significant investor to improving healthcare technology. Randox develop and manufacture high quality diagnostic kits, mainly for biochemistry laboratories and more recently for virology and endocrinology. Randox also manufacture diagnostic reagents for veterinary laboratories.

Randox's critical products can be found in over 130 countries throughout the world - in fact, wherever there is a need for disease diagnosis. Consequently the role that Randox products play in healthcare decisions is increasing every day. It is evident that clinical diagnostics are taking centre stage in the fight for improved health. It is commonly acknowledged that as much as 70% of the information used by medical personnel to make a diagnosis is information sourced from the laboratory. Through research and design Randox is helping with improved diagnostic systems to present more patient information to the medical professionals, empowering medical staff with a more complete diagnostic patient profile.

This is why Randox has designed the world's first very exciting biochip array system - evidence™ - a diagnostic system that will change the way we think of diagnostic testing. Instead of a patient sample needing to be sub-divided for each test result, evidence™ offers a diagnostic patient profile with each patient sample. The wealth of information facilitated by the incredible capacity sets new standards in clinical analysis. So now, with evidence™, the patient's need becomes the focus and evidence™ from Randox delivers the results as a 'panel' of test results. Evidence™ from Randox is available now for routine and clinical trial laboratories to measure tumour markers, cytokines, drugs of abuse, fertility hormones, cardiac markers, thyroids and drug residues. Now the 1st Ranplex DNA tests are available for continued research in cancer and heart disease with DNA chip technology on the evidence investigator™.

Website: [www.randox.com](http://www.randox.com)

### **Response Biomedical Corporation**

Response Biomedical Corporation manufactures and sells rapid lateral flow immunoassay tests to assist in the diagnosis of cardiovascular and infectious diseases at the Point of Care. The tests are run on RAMP readers, either a portable, single port system or a modular system with the capability of performing up to six (6) simultaneous assays. Fluorescently labeled antibodies are used to detect specific analytes in small sample volumes. RAMP test cartridges and analysis methods are designed to reduce the variability that is inherent to biological samples and lateral flow immunoassays. Current FDA cleared products for the diagnosis of acute myocardial infarction (AMI) are Myoglobin, CK-MB and the cardiac isoform of Troponin I. For congestive heart failure (CHF) diagnosis the company manufactures both a BNP test for Shionogi & Co Ltd for market in Japan, and an NT-proBNP test. RAMP tests for infectious disease diagnosis are available for influenza A/B test and RSV. RAMP tests are currently in use in Canada, US, EU and the rest of the world. In some regions, Infectious Disease tests are private labelled for 3M Health Care as the 3M™ Rapid Detection system and Cardiovascular assays are private labelled for Roche Diagnostics as the Roche Cardiac 200 system.

For more details please visit the website: [www.responsebio.com](http://www.responsebio.com)

### **Roche Diagnostics GmbH**

Headquartered in Basel, Switzerland, Roche is a leader in research-focused healthcare with combined strengths in pharmaceuticals and diagnostics. Roche is the world's largest biotech company with truly differentiated medicines in oncology, virology, inflammation, metabolism and CNS. Roche is also the world leader in in-vitro diagnostics, tissue-based cancer diagnostics and a pioneer in diabetes management. Roche's personalised healthcare strategy aims at providing medicines and diagnostic tools that enable tangible improvements in the health, quality of life and survival of patients.

In 2008, Roche had over 80,000 employees worldwide and invested almost 9 billion Swiss francs in R&D. The Group posted sales of 45.6 billion Swiss francs. Genentech, United States, is a wholly owned member of the Roche Group. Roche has a majority stake in Chugai Pharmaceutical, Japan. For more information: [www.roche.com](http://www.roche.com).

### **Sebia S.A.**

Since its creation in 1967 SEBIA has gained a solid reputation as a company specialized in clinical electrophoresis. Electrophoresis has many applications such as the analysis of proteins present in the serum or in other biological fluids. It is very useful for the diagnosis of pathologies related to cancer, the search of immune system anomaly or for the detection of haemoglobin anomalies.

Through constant evolution of instruments, equipments and reagents, SEBIA provides small and large laboratories with high quality products and high performance procedures.

From the semi-automated HYDRASYS agarose gel electrophoresis system to the completely automated CAPILLARYS 2 capillary electrophoresis system, Sebia keeps on innovating to meet virtually any need in clinical electrophoresis.

Website: [www.sebia.com](http://www.sebia.com)

### **Sentinel CH SpA**

Sentinel CH SpA is an Italian company founded in 1983.

For over twenty years Sentinel has been committed to the development of innovative ICD devices in the bid to make clinical diagnosis ever more reliable. In 2006 Sentinel moved to new high-tech premises covering a total area of about 10.000m.

The company is ISO 9001:2000, ISO 13485:2003 and ISO 13485:2003 CMDCAS certified.

Sentinel is compliant with the European Directives (98/79/CE), 21C CFR 820 "Code of Federal Regulations" FDA (U.A. Food and Drug Administration), SOE-98-282 (Canadian Medical Devices Regulations) as well as with directives of other countries, including Canada (CMDCAS). The facility, equipments and Quality System are regularly audited by Certification Body, Registrar Body and by customers and inspected by the National Competent Authority and FDA. Sentinel's commitment to comply with IVD regulations has facilitated and supported successful partnerships in the industry as well as the distribution of Sentinel's products in over 70 countries worldwide.

Sentinel has an active presence at the major international congresses, presenting posters written by its specialised scientist. Sentinel is an active partner of IRMM projects for the release of new References Preparations for proteins.

The Technical and Manufacturing departments count for 70% of the company.

More than 100 different assays, under our own brand and also as customized kits, are manufactured in contamination-free clean rooms (ISO 8 and ISO 7 qualified).

The company's main areas of activity are:

- Clinical Chemistry
- Immunoturbidimetry
- Calibrators, controls
- Fully automated systems for Clinical and Immunochemistry, Fecal Occult Blood (FOB) testing and Coagulation.
- The new Molecular Biology department initiated in 2008 has its own

Production clean rooms (ISO 7) as well as R&D laboratory.

Sentinel Diagnostics: "Watching over Life"

Website: [www.sentinel diagnostics.com](http://www.sentinel diagnostics.com)

### **Sichuan Maker Biotechnology Co., Ltd.**

Sichuan Maker Biotechnology Co., Ltd. is one of the largest companies specialized in manufacturing clinical diagnostic products in China.

MAKER was incorporated in Nov. 1994, since its inception, MAKER focuses on the production of quality diagnostic products through dedicated R&D, strict QC, and advanced manufacturing processes. Now, over 100 SFDA licensed diagnostic products are manufactured and marked throughout China. Over a decade, MAKER always insists in technology innovation for sustainable development, and has been transformed into one of the leading IVD companies in China.

Website: [www.china-maker.com](http://www.china-maker.com)

### **Siemens Healthcare Diagnostics**

Siemens Healthcare Diagnostics is the leading clinical diagnostics company in the world. We are committed to providing clinicians with the vital information they need for the accurate diagnosis, treatment and monitoring of patients.

Our comprehensive portfolio of performance-driven systems, unmatched menu offering, and IT solutions, in conjunction with highly responsive service, are designed to streamline workflow, enhance operational efficiency and support improved patient care. The depth and breadth of our diagnostic solutions-chemistry, immunoassay, automation, hematology, hemostasis, microbiology, diabetes, urinalysis, blood gas and molecular testing-are designed to meet the growing demands of our customers, today and tomorrow.

Through Siemens extensive expertise in medical imaging and leading-edge information technology, we are also uniquely positioned as the world's first fully integrated diagnostics company to deliver more personalized care to patients around the globe.

To learn more about Siemens Healthcare Diagnostics, please visit our Web site at [www.siemens.com/diagnostics](http://www.siemens.com/diagnostics).

### **Sysmex Europe GmbH**

SYSMEX EUROPE GMBH, Germany-based daughter company of SYSMEX CORPORATION, Kobe, Japan, is responsible for customer and sales support for Sysmex's in vitro diagnostic systems and reagents as well as manufacture and sales of reagents for Sysmex's in vitro diagnostic systems in the European, African and Middle East markets.

Sysmex, a manufacturer of comprehensive clinical testing, is engaged in clinical laboratory testing of blood, urine and other specimens, covering the areas of haematology, haemostasis, immunochemistry, biochemistry, urinalysis and faecal occult blood testing.

In the field of haematology, Sysmex holds the global market leader position. In addition to providing instruments and reagents for clinical laboratory testing, Sysmex is also developing a broad range of laboratory information systems and application software, thus offering information technology as part of its comprehensive service and support system. Integration of those various technologies is the driving force behind Sysmex's business activities.

Sysmex is also developing these technologies and expertise to expand its areas of business. For example, it is expanding into such fields as point of care (POC) testing - clinical laboratory tests conducted on the spot, such as in the hospital operating room, intensive care unit, or at the clinic - to enable faster diagnoses, centralized test data management for improved testing efficiency, and the establishment of local healthcare networks to link hospitals and clinics.

At the same time, Sysmex is also creating new core technologies to address the challenges of disease prevention and early cancer detection.

By expanding its business into these healthcare testing fields, Sysmex intends to contribute to the creation of a vibrant and healthy society. In addition, Sysmex is applying the technologies that it has devised in the field of clinical laboratory testing to industry, sports, and other new business fields.

At Sysmex, we have adopted two commitments to the future: to continually develop advanced technologies and create value with the aim of serving our customers and society at large; and to play a key role in contributing to the health and vitality of people the world over. It begins with close attention to the voices of our customers.

Website: [www.sysmex-europe.com](http://www.sysmex-europe.com)

### **The Binding Site Group Ltd.**

Binding Site is a British-based company specialising in the research, development and production of immunodiagnostic kits and reagents. Binding Site manufactures a wide range of high quality and innovative products used in clinical laboratories worldwide. International support is provided in the UK, USA, Canada, Germany, Austria, France and Spain from Binding Site offices and a network of distributors in over 60 other countries.

The origins of the company go back to the early 1960's when antisera were produced to meet the needs of the Immunology department within the University of Birmingham Medical School. The range of antisera produced was small but novel and of a very high quality, leading to numerous requests for material from Immunology groups around the world. During the ensuing years the range of antibodies grew rapidly and in the early 1980's a commercial immunodiagnostic company, Binding Site, was founded.

Expertise in immunisation and processing techniques has enabled us to build a range of immunodiagnostic products aimed at fulfilling the needs of commercial and government funded laboratories in a range of markets - Hospitals, Reference Centres, Universities, Pharmaceuticals, Therapeutics - whatever their size or complexity.

Innovative new products and improved product performance are the benefits of our collaborations with numerous centres of excellence, coupled with a highly professional scientific and technical manufacturing staff.

Our product portfolio has grown to include the most comprehensive range of assays for Primary Immunodeficiency in the world. We have also been able to develop the Freelite assays, the first nephelometric tests for measuring free immunoglobulin kappa and lambda light chains in serum. These assays give a sensitivity, accessibility and consistency never before achievable, allowing significant improvements in laboratory and clinical practice for the detection and monitoring of B cell malignancies. Rigorous quality assurance procedures help ensure that we provide only products of the very highest standard and with technical support and educational programmes offered world-wide we are able to offer all of our customers the benefits of our technical expertise and knowledge.

Website: [www.bindingsite.co.uk](http://www.bindingsite.co.uk)

### **Thermo Fisher Scientific Oy**

Thermo Fisher Scientific Oy's Clinical Chemistry & Automation Systems business develops, manufactures and markets fully automated analyzer systems and modular laboratory automation for clinical laboratories. With over 30 years of experience, Thermo provides user-friendly Konelab analyzers, which are supported by technical and application services. An extensive range of system reagents are offered for clinical chemistry tests, specific proteins, electrolytes as well as TDM and DoA tests. TCAutomation laboratory automation systems serve automated sample pre-handling, like decapping, aliquoting and centrifugation. The workcell configurations ensure efficient sample processing by using a common sample entry and user interface for several analyzers.

Automation can be started with just a single pre-analytical process, and expanded step by step towards total laboratory automation. Thermo Fisher Scientific Oy is part of Thermo Fisher Scientific Corporation. Website: [www.thermo.com](http://www.thermo.com).

### **Wako Pure Chemical Industries, Ltd./Wako**

Wako Pure Chemical Industries, Ltd. is a leading provider of clinical chemistry reagents and systems. Since 1922, Wako has devoted itself to pioneering the research, development, and manufacturing of high quality reagents since 1922. Headquartered in Osaka, Japan, Wako is an, becoming an international global in vitro diagnostic company with research, manufacturing, and sales offices and marketing in Japan, the United States and Germany. Wako is committed to the development of novel diagnostic and research reagents in the life sciences. Through intensive studies in clinical chemistry, immunoassay and microfluidics, Wako keeps abreast of the latest provides state-of-the-art diagnostic developments in medical science, systems in order to develop products tailored to the sophisticated requirements of our clients in various medical fields. Wako has developed a wide range of liquid chemistry reagents designed for use in the clinical laboratory. They include innovative reagents assays that use microfluidics (AFP-L3% and des-carboxy Prothrombin), liposome technology, the reagent for total complement activity (CH50), and the a micro-organism detection system using LAL and SLP to detect endotoxin, glucan, and peptidoglycan. Wako provides advanced assays for Free Fatty Acid (NEFA), enzymatic Creatinine, hyaluronic acid, as well as superior reagents for standard clinical chemistry analytes.. Wako has a consistent focus on the development of new and important tests for the diagnostic community. For example, Wako now provides a test that includes both novel chemistry and instrumentation for the measurement of AFP-L3%, a test that will improve the chances for finding liver cancers at an earlier and more treatable stage. Recently, Wako has also introduced a bench top clinical analyzer that utilizes many of these chemistries at the point of care in the physician's office, bringing the value of testing closer to the patient. As one of the industry's leading pioneers, Wako will continue to develop and supply chemicals, reagents, and instruments of the highest quality to meet the growing and changing needs of the diagnostic and research communities.

Website: [www.wako-chem.co.jp](http://www.wako-chem.co.jp)

### **Walter De Gruyter, Berlin/New York**

Walter De Gruyter is an international academic publishing house headquartered in Berlin, Germany - with a US branch based in New York. For decades, de Gruyter has been synonymous with superior scientific literature. Annually, we publish more than 250 700 new titles, both print and ebooks, covering the areas of humanities, medicine, mathematics, natural sciences and law in both German and English. In addition, we offer more than 60 100 academic journals, as well as a variety of electronic media publications. As we cater to the academic world, de Gruyter is particularly committed to the highest standards of quality in serving its customers and authors.

De Gruyter is widely recognized for its acclaimed Pschyrembel® Series. Pschyrembel is the standard German medical reference book - a powerful and competent encyclopaedia, continually updated to reflect cutting-edge developments in medicine.

We further have a strong reputation in scientific textbooks with the well-known Bergmann/Schaefer, Lehrbuch der Experimentalphysik (textbook for experimental physics) in 8 volumes as well as translations from English and French in physics (Jackson, Cohen-Tannoudji). In chemistry, de Gruyter offers a wide range of textbooks ranging from the introductory Riedel, Anorganische Chemie (inorganic chemistry), the standard text for undergraduate chemistry students, to Holleman/Wiberg: Lehrbuch der Anorganische Chemie (textbook for inorganic chemistry), the "bible" for students and chemists alike.

Beyond works for students de Gruyter publishes high quality English language handbooks for researchers such as Schinzel: Catalogue of Unbalanced Chromosome Aberrations in Man, the new title Hörnlimann: Prions in Humans and Animals and the series Handbook of Zoology. De Gruyter is currently establishing a book program in laboratory diagnostics. Upcoming titles cover issues such as Molecular Diagnostics of Infectious Diseases, Diagnostic Enzymology as well as Vitamins in the Prevention of Human Diseases.

Last but not least, the de Gruyter journals are well-established in their specific markets. In the biochemical and medical fields, Clinical Chemistry and Laboratory Medicine (CCLM), LaboratoriumsMedizin (Journal of Laboratory Medicine), Biological Chemistry, Biomedizinische Technik (Biomedical Engineering) and the Journal of Perinatal Medicine each offer a high quality, international forum for scientists in the respective disciplines.

Website: [www.reference-global.com](http://www.reference-global.com)

### **Wiener Lab**

Wiener lab. develops, manufactures and markets FDA approved diagnostic reagents since 1960. It is also the distributor of technical equipment from international renowned companies. It is located in Rosario, Argentina, in a crossroads of the Mercosur. It is the leading manufacturer of diagnostic reagents in Latin America and its sales network includes six associated companies in Brazil, Chile, Colombia, Mexico, Peru and Venezuela, and has sales representatives in the other countries of the region. Its exports operations for Eastern Europe and the Middle East are performed through its associate company Wiener lab. Switzerland.

Wiener lab. products are focused on clinical analysis and specialised hospital laboratories. Its products are based on the research, development and production of monoclonal antibodies to manufacture several tests: Hepatitis, Pregnancy, Blood Typing; production and purification of antigens for the detection of parasitic (Chagas'disease, Toxoplasmosis), bacterial (Brucella, Salmonella) or viral (Hepatitis, AIDS) diseases; applied research on recombinant nucleic acids and nucleic acid probes, as well as PCR (Polymerase Chain Reaction) procedures; design of recombinant proteins and synthetic peptides with antigenic activity; and research on different branches of Biotechnology. The leading edge technology in the research and development of diagnostics kits for Chagas'disease have earned Wiener lab. an outstanding position within the diagnostic market.

Some of Wiener lab. products are the result of joint projects with renowned research centres. Along with the Program for Appropriate Technologies in Health (PATH-Seattle, USA), Wiener lab. has developed a high sensitivity, non-instrumental procedure for HIV carriers screening, the D.I.A. (Dot Immuno Assay) HIV 1+2, which has been evaluated and approved by the World Health Organisation.

Wiener lab. keeps up to date in scientific research and manufacturing technologies in order to improve and develop products of advanced technology.

Website: [www.wiener-lab.com.ar](http://www.wiener-lab.com.ar)



## **Chapter 4**

### **Affiliate Members**





#### 4.1. AFFILIATED MEMBERS OF IFCC

##### **Brazil: Sociedade Brasileira de Patologia Clínica / Medicina Laboratorial**

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##### **Eritrea: Eritrean Medical Laboratory Association**

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##### **Palestine: Palestinian Medical Technology Association**

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##### **Romania: Romanian Association of Medical Laboratories**

**Prof. Dr. Carasevici EUGEN**  
**Contact Person: Dr. Chem. Ileana Funduc**  
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ifunduc@yahoo.com  
Website: www.almr.ro;  
www.raml-conference.ro; www.rrml.ro

##### **Russia: Regional Association for Clinical Laboratory Diagnosis, St. Petersburg**

**Prof. Vladimir EMANUEL**  
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##### **Spain: Asociación Española de Farmacéuticos Analistas**

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## Chapter 5

### Regional Organizations



## 5. REGIONAL ORGANIZATIONS

There are five Regional Professional Laboratory Medicine Organizations which can be considered IFCC regional partners.

- Asian-Pacific Federation of Clinical Biochemistry (APFCB)
- Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)
- European Federation of Clinical Chemistry and Laboratory Medicine (EFCC)
- Arab Federation of Clinical Biology (AFCB)
- African Federation of Clinical Chemistry (AFCC)

### 5.1. Asian and Pacific Federation of Clinical Biochemistry (APFCB)

The APFCB is a federation of 16 national and area associations of clinical biochemistry and laboratory medicine in the Asia-Pacific region whose membership comprises the following:

- Australasian Association of Clinical Biochemists (AACB)
- Chinese Society of Clinical Chemistry (CSCC)
- Hong Kong Society of Clinical Chemistry (HKSCC)
- Association of Clinical Biochemists of India (ACBI)
- Indonesian Association for Clinical Chemistry (IACC)
- Japan Society of Clinical Chemistry (JSCC)
- Korean Society of Clinical Chemistry (KSCC)
- Malaysian Association of Clinical Biochemistry (MACB)
- Nepal Association for Medical Laboratory Sciences (NAMLS)
- Pakistan Society of Chemical Pathologists (PSCP)
- Philippine Association of Medical Technologists (PAMET)
- Singapore Association of Clinical Biochemistry (SACB)
- Association for Clinical Biochemistry, Sri Lanka (ACBSL)
- Association for Clinical Biochemistry, Taipei, China (CACB)
- Thailand Association of Clinical Biochemists (TACB)
- Vietnamese Association of Clinical Biochemistry (VACB)

At the time of writing, 14 out of the 16 APFCB members are also IFCC members.

Thirteen *in-vitro* diagnostics companies, both multinational and regional, make up the APFCB's Corporate Membership. Affiliate Membership of the APFCB is offered to organisations in laboratory medicine that are not national/area associations of clinical biochemistry: the Chinese Association for Clinical Laboratory Management is the only such member thus far.

The governing body of the APFCB is the Council while delegates the managements of the federations activities to the Executive Board. The professional activities of the APFCB are executed through its four standing committees, these being the Communications (C-Comm), Education (C-Edu), Laboratory Management (C-LM) and Scientific (C-Sci) committees. In addition ad hoc committees are formed for specific purposes such as awards and scholarships. All committees report to the EB which then reports to the Council. The APFCB is domiciled in Singapore where its bank account is also maintained. The APFCB Office in Singapore manages the APFCB's financial and regulatory affairs.

The major activity of the C-Edu is the organisation of visiting lectureships of which there are three. The longest running of these is the APFCB Travelling Lectureship which was initiated in 1999. This lectureship is organised at an approximately biennial frequency where an eminent speaker from the region is appointed by the Executive Board to travel to member countries to speak on areas of current interest, usually at the annual scientific meetings of the APFCB members.

The C-Edu also organises the annual APFCB-Beckman Coulter Education Symposium lectures where a visiting lecturer from within or outside the region visits about 4 of the APFCB's members to present a series of lectures. The Symposium, which is sponsored by Beckman Coulter, a Corporate Member of the APFCB, tends to focus on the practical aspects of clinical chemistry and laboratory quality. The C-Edu also organises the IFCC VLP to the region once every two years.

The Scientific Committee undertakes the organisation of scientific projects on a regional basis in areas of current interest. A project on reference intervals of populations in different cities within the region has already been completed and its results were published in 2008. The follow-up to this has been an expanded project, organised in 2009, involving more cities and a larger number of analytes.

The activities of the C-LM have thus far have focussed on education in the area of laboratory quality. Towards this end it has helped organise a course on QA/QC in Sri Lanka, in conjunction with the IFCC and the ACBSL. In addition the C-LM conducts an educational programme on interpretative commentary of laboratory results. The first round of this was completed in 2008 and an improved version of this has been organised for 2009.

The triennial Asian-Pacific Congresses of Clinical Biochemistry (APCCBs), is the scientific congress of the APFCB. The APCCBs began in 1979 in Singapore. The 12th APCCB will be held in Seoul, Korea in 2010 and the 13th in Bali, Indonesia, in 2013.

The APFCB publishes an annual newsletter called the APFCB News that is distributed to the APFCB members and senior clinical chemists outside the region, without charge. The Clinical Biochemist Reviews is the Medline-indexed, quarterly journal of the AACB which is published in association with the APFCB.

The APFCB Philanthropic Fund was started in 2005 with a generous donation from the IFCC. Its aim is to assist in the professional and career development of deserving young clinical biochemists with scholarships and travel grants to undergo training and to present their research at meetings within the region. The Fund will also provide assistance to members who are unable to attend the Council meetings of the APFCB.

Linkages with organisations outside the Asia-Pacific region have been established: The agreement on the APCCBs that was signed between the APFCB and the IFCC forms the basis of the formal relationship between the two federations.

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## 5.2. Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)

The Latin-American Confederation of Clinical Biochemistry (COLABIOCLI) includes Argentina, Brazil, Bolivia, Colombia, Cuba, Chile, Ecuador, Honduras, El Salvador, Dominican Republic, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay and Venezuela. Spain (AEFA) and Italy (SIBIOC) are also members. Fourteen of these countries are Full Member societies of IFCC. The Executive Committee (EC) is formed by the President, Vice-President, Secretary, Treasurer and three Members-at-Large. The countries that comprise the COLABIOCLI Executive Committee for the term 2009-2011 are Argentina, Guatemala, Mexico, Paraguay and Uruguay. COLABIOCLI is a non-governmental organization and formally collaborates with the IFCC. It is also an advisor for laboratory services at the Pan American Health Organization (PAHO), and the World Health Organization (WHO). COLABIOCLI's main activities are to improve the level of the profession in all members' countries; stimulate research in the field of laboratory sciences, and encourage the development of postgraduate education in the universities and polytechnic institutes.

The main tasks are to establish quality control programs, supervising the standardization of laboratory procedures, and supporting training and continuing education courses in clinical biochemistry in the region. COLABIOCLI's main publication is the Acta Bioquímica Clínica Latinoamericana, published by the Federación Bioquímica de la Provincia de Buenos Aires, Argentina. The XVIII COLABIOCLI congress was held in Panama, in November 2007 and the XIX congress will be held in Santiago, Chile in October 2010.

### **Dr. Ana-Leticia MASELLI, COLABIOCLI President**

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### 5.3. European Federation of Clinical Chemistry and Laboratory Medicine (EFCC)

The European Federation of Clinical Chemistry and Laboratory Medicine (EFCC) was formed by the merger of FESCC (Forum of European Societies of Clinical Chemistry) and EC4 (European Communities Confederation of Clinical Chemistry) in 2007. EFCC connects National Societies of Clinical Chemistry and Laboratory Medicine and creates a platform for all specialists working in the field in Europe. The mission of EFCC is to enhance patient care and improve outcomes by promoting and improving the scientific, professional and clinical aspects of clinical chemistry and laboratory medicine and to ensure effective representation of laboratory medicine both at European Union level and to other pan-European and sub-regional bodies. EFCC represents IFCC in Europe.

All member societies of IFCC in Europe may become members of EFCC. The President/Chair and one national representative of member societies form the General Assembly which is the main governing body of EFCC. The General Assembly of EFCC convenes at least once every two years. Non-IFCC societies may obtain provisional membership for three years, provided that they apply for IFCC membership in the meantime. The General Assembly can decide to accept as an Affiliate Member into the EFCC a national association of a European country or another organization active in the field of laboratory medicine which has applied for such status. EFCC is domiciled in Milan where its office is also maintained in collaboration with IFCC.

Current membership of EFCC comprises the national societies of the following 36 countries: Albania, Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kosovo (provisional member), Latvia, Lithuania, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia-Montenegro, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

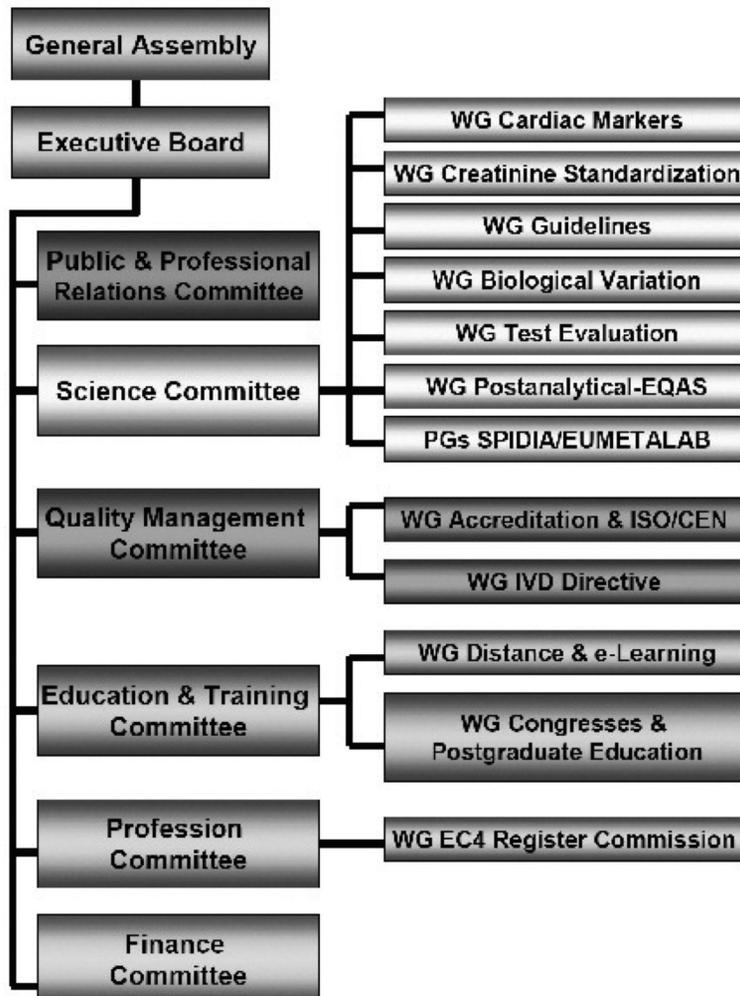
The operational structure of EFCC consists of an Executive Board (EB) and six Committees (C) which carry out their tasks via Working Groups (WG) and Project Groups (PG). Officers of the EB (president, past-president, president elect, secretary, treasurer and two members-at-large) are elected by the General Assembly for 2-year terms. In the current EB the following countries are represented: Hungary, Belgium, United Kingdom, The Netherlands, Germany, Italy, and Finland. Membership and corresponding membership in Cs, WGs and PGs is by application and open to nominations by national societies.

The main activities of EFCC relate to education, research, development of the profession, requirements for competence, quality and accreditation of laboratories, organisation of congresses, and publications. EFCC has six Committees:

- Science (C-S)
- Quality Management (C-QM)
- Profession (C-P)
- Education and Training (C-ET)
- Public and Professional Relations (C-PPR)
- Finance (C-F)

EFCC's structure at the time of writing is shown in the Figure below. For updates, please visit the EFCC website ([www.efccm.eu](http://www.efccm.eu)).

**The Public and Professional Relations Committee** is responsible for communicating EFCC's activities and results to its membership, related partner organizations and the public via EFCC's website ([www.efccm.eu](http://www.efccm.eu)) and Newsletter. The Committee also supports the work of the European editorial board of LabTests Online which, in collaboration with EDMA, provides information to European patients on laboratory testing in Czech, English, German, Greek, Hungarian, Italian, Polish, and Spanish languages. Other European language versions, such as in French and Portuguese are in preparation. The official scientific journal of EFCC is Clinical Chemistry and Laboratory Medicine (CCLM).



**The Science Committee** focuses on promotion of research that translates the scientific results of laboratory medicine to clinical applications and improves patient outcomes through the appropriate use and interpretation of laboratory data in clinical practice. The Committee currently has WGs on:

- *Cardiac Markers* which investigates, via European surveys, how the reporting, interpretation and use of cardiac markers impact on patient outcomes in different countries.
- *Creatinine Standardization* that investigates the effects of IVD 98/79 on creatinine standardisation and the clinical effects of creatinine re-standardisation.
- *Guidelines* for the laboratory investigation and management of various conditions.
- *Biological Variation* which explores the sources of variation in and develops a critical appraisal checklist for papers on biological variation.
- *Test Evaluation* which sets standards and develops practical tools for designing research studies for the evaluation of the clinical value and impact of new biomarkers.
- *Post-analytical external quality assessment* which carries out international surveys amongst general practitioners and investigates how doctors use and interpret laboratory tests commonly used for managing patients in primary care.

The Committee is also involved in the preparation, promotion and support of pan-European projects, such as the SPIDIA Project on standardisation of the preanalytical phase in molecular testing, and the EUMETALAB group on biobanking.

**The Quality Management Committee** supports the establishment of effective accreditation schemes and quality management systems in all European countries and liaises with ISO, CEN and the European Accreditation body (EA). The Committee currently has two WGs on:

- *Accreditation and ISO/CEN*, which represents EFCC in EA, ISO TC212 and CEN TC140. The WG focuses on influencing ISO/CEN standards and harmonisation of accreditation by international surveys, education and training of assessors related to specific professional standards of ISO 15189 and on setting European procedures for accreditation according to the flexible scope.
- *IVD Directive*, focusing on the provision of guidelines and guidance documents for the application of the Directive in laboratory practice and during accreditation of laboratories.

**The Education and Training Committee** has general responsibility for the postgraduate training aspects of the work of EFCC, in liaison with the Congress and Conferences Division and the Education and Management Division of IFCC, and also with UEMS. The Committee organizes regional and sub-regional conferences, workshops and postgraduate continuing education courses in association with relevant national societies. The Committee operates two WGs:

- *Congresses and Postgraduate Education*, which is involved in the organization of EFCC's regional conference, Euromedlab, in collaboration with IFCC; joint European conferences with UEMS, national societies and subregional organizations, such as the annual EFCC Symposium for the Balkan region. It is also responsible for organizing the annual EFCC Continuous Postgraduate Course in Dubrovnik on specific clinical topics, and the Euro-regional scientific educational program involving universities in Aachen-Liege-Maastricht.
- *Distance education and e-learning*, with the first initiative being the EFCC/Bio-Rad Videoconference on Quality Management held in Paris in 2009.

**The Profession Committee** is responsible for matters of professional regulation and certification (via the EC4 EurClinChem Register), and the promotion of the profession in Europe at government level, and to patients and clinical users. It liaises with CEPLIS (European Council of the Liberal Professions) and the European Commission on professional matters, and takes the lead in developing pan-European professional and ethical standards. It also liaises with UEMS (The European Union of Medical Specialists) on the roles and responsibilities of medical and scientific practitioners of the discipline. The Committee currently has a permanent Working Group, the EC4 *Register Commission*. This operates the (EC4) Register of European Specialists in Clinical Chemistry and Laboratory Medicine to achieve recognition of professional qualifications under European Union legislation, based on the principles of free movement of professionals within Europe. The EC4 Register and its finances are independently handled by the EC4 Foundation, a charitable Trust based in The Netherlands.

**The Finance Committee** is responsible for proper financial governance of EFCC, and for initiation and direction of fundraising activities and actions to support the work of EFCC.

**Awards.** EFCC has two awards:

- The *EFCC-Roche Scientific Award for Laboratory Medicine* is awarded every two years to honour an individual from an EFCC member country who has made unique contributions to the promotion and understanding of clinical chemistry throughout Europe or who has made one or more contributions that have had a major impact on clinical chemistry. The Award consists of a certificate and the sum of 10,000 Euros.
- The *EFCC-Labs Are Vital Award for Excellence in Outcomes Research in Laboratory Medicine* is sponsored by Abbott and will be presented to the author(s) of the best published paper, as judged by an independent panel of experts, which demonstrates the relationship between the application of an *in-vitro* diagnostic test or testing strategy and clinical and/or economic outcomes. The award will be presented for the first time at IFCC/Euromedlab 2011 in Berlin and thereafter every two years at Euromedlab conferences. The Award consists of a certificate and the sum of 15,000 Euros.

EFCC collaborates with sub-regional professional organizations in the Balkan, Nordic and Alps-Adria region. A memorandum of understanding between EFCC and IFCC formalizes the relationship between the two Federations. EFCC, as a new Federation, has no corporate membership yet, but negotiations are under way with EDMA and members of the IVD industry in setting up various projects that support the development of the profession in Europe. EFCC is keen to set up wider collaboration with sister Federations in order to harmonize scientific, educational and professional efforts in a complementary fashion, so that laboratory and health care professionals enjoy the benefits of such a collaboration both in the Euro-region and worldwide.

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#### 5.4. Arab Federation of Clinical Biology (AFCB)

The Arab Federation of Clinical Biology (AFCB) is a federation of associations, syndicates and bodies representing specialists in the field of laboratory medicine and health, in scientific and educational institutions and in medical laboratories for diagnosis and research in both private and public sectors, within the Arab world.

The ten countries that form the AFCB are Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine, Sudan, Syria, Tunisia and Yemen. Among the aims of the Federation are to: tighten relationships between all those who work in the field of Clinical Laboratory all over the Arab world, share information, expertise and scientific achievements; organise seminars and training in clinical biology and laboratory medicine; publish scientific journals and periodicals specialising in clinical and laboratory medicine and organise training and educational sessions; participate in the creation of national bodies and associations within the Arab countries that do not have such organisations in respect to their local legislation, to give support and advice to improve their development; provide consultation and expertise to scientific and production institutions in the Arab world; organise scientific congresses, participate at both regional and national congresses in the Arab world, provide the organising countries with all the scientific support needed; co-ordinate with the Council of Arab Ministers of Health clinical laboratory scientific matters; implement International Units; provide support to IVD industry in the Arab world; support Quality Management Programmes in Health Laboratories; participate in the scientific & professional activities of other International & Local organisations.

The AFCB has organised congresses since 1974 in Egypt, Syria, Tunisia, Jordan, Morocco, Tunisia and Syria.

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## 5.5. African Federation of Clinical Chemistry (AFCC)

The African Federation of Clinical Chemistry is an organisation of clinical chemistry societies on the African continent, and a regional society of the IFCC. At present the membership comprises of the following seven countries:

- Kenya (Clinical Chemists Association of Kenya)
- Morocco (Société Marocaine de Chimie Clinique)SMCC)
- Nigeria (Association of Clinical Chemists of Nigeria)
- Rwanda (No official Society)
- South Africa (South African Association of Clinical Biochemistry)
- Sudan (Sudanese Association of Clinical Biology)
- Tunisia (Société Tunisienne de Biologie Clinique)

Six of these countries are Full Member Societies of the IFCC.

The inauguration of the AFCC will take place in October 2009 in Ibadan, Nigeria. The Executive Committee will consist of the President, Vice-President, Secretary, Treasurer and three Members-at-Large.

The aim of the AFCC will be to promote clinical chemistry in Africa. This will include academic exchange between African countries and other developed countries, identification of areas of concern in clinical chemistry that require attention and will lead to improvement of patient care and laboratory analyses. Furthermore, the Federation will provide African countries with the opportunity to attend annual meetings, which is currently not the norm.

### **Prof. Vanessa STEENKAMP, AFCC Inaugural President**

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## Chapter 6

### International Organizations



## 6.1. International Organizations that Work with IFCC

From its early days IFCC saw merit in collaboration with other international organizations to share expertise and to avoid duplication. The initial collaboration was with the International Union of Pure and Applied Chemistry (IUPAC). Thereafter, IFCC began a long and fruitful collaboration with the World Health Organization (WHO) where IFCC is established as a recognized non-governmental organization. Subsequently, the growth of the scientific reputation of IFCC, particularly in the areas of standardisation and reference materials, together with recognition of the quality of its educational endeavours, have led to extensive cooperation with other international organizations. These include:

- Bureau International des Poids et Mesures (BIPM)
- Clinical and Laboratory Standards Institute (CLSI)
- Council of International Organisations of Medical Sciences (CIOMS)
- European Institute of Reference Materials and Methods (IRMM)
- Guidelines for Uncertainty in Measurement (GUM)
- International Association for Therapeutic Drug Monitoring and Clinical Toxicology (IATDMCT)
- International Committee for Standardisation in Haematology (ICSH)
- International Diabetes Federation (IDF)
- International Organisation for Standardisation (ISO)
- International Health Terminology Standards Development Organisation (IHTSDO)
- International Laboratory Accreditation Cooperation (ILAC)
- International Organization for Standardization (ISO)
- International Organization of Legal Metrology (OIML)
- International Society for Chronobiology (ISC)
- International Union of Pure and Applied Chemistry (IUPAC)
- International Union of Biochemistry and Molecular Biology (IUBMB)
- International Union of Immunological Societies (IUIS)
- International Union of Physiological Sciences (IUPS)
- International Society for Thrombosis and Haemostasis (ISTH)
- Joint Committee for Guides in Metrology (JCGM)
- Joint Committee on Traceability in Laboratory Medicine (JCTLM)
- National Institute for Biological Standards and Control (NIBSC)
- National Institute of Standards (NIST)
- Vocabulary in Metrology (VIM)
- World Association of Societies of Pathology and Laboratory Medicine (WASPALM)
- World Health Organisation (WHO)



## **Chapter 7**

### **Congresses and Conferences**

- 7.1. The IFCC Committee on Congresses and Conferences (C-CC)**
  - 7.1.1. Mission statement
  - 7.1.2. Strategy
  - 7.1.3. Projects
  - 7.1.4. Members and terms of appointment
  
- 7.2. International Congresses of Clinical Chemistry and Laboratory Medicine (ICCCLM)**
  
- 7.3. Regional Congresses of Clinical Chemistry and Laboratory Medicine (RCCCLM)**
  - 7.3.1. Asian Pacific Federation of Clinical Biochemistry (APFCB)
  - 7.3.2. European Federation of Clinical Chemistry and Laboratory Medicine (EFCC)
  - 7.3.4. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)
  - 7.3.6. Arab Federation of Clinical Biology
  - 7.3.7. African Federation of Clinical Chemistry (AFCC)
  
- 7.4. IFCC Specialized Conferences**
  - 7.4.1. Roche Bergmeyer Conference
  - 7.4.7. Ortho-Clinical Diagnostics Conference
  - 7.4.4. IFCC General Conference
  
- 7.5. Congress Guidelines and Other Documents**
  
- 7.6. List of Addresses**

## IFCC COMMITTEE ON CONGRESSES AND CONFERENCES (C-CC)

### **Chair:**

Prof. Tomris OZBEN (TR)

### **Members:**

Dr. James WESENBERG (CA)  
Prof. Vanessa STEENKAMP (ZA)

### **Corporate Member:**

Ms. Patricia NOTERMAN (BE)

### **Corresponding Members:**

Prof. Pierre CARAYON (FR)  
Prof. Tomas ZIMA (CZ)

VII

## 7.1. The IFCC Committee on Congresses and Conferences (C-CC)

The Committee on Congresses and Conferences was established in December 2007, and is the continuation of the former Congress and Conference Division (CCD) which was found in 1996, but with an expanded charter and responsibilities. The C-CC has the major administrative and managerial responsibility within the IFCC for all meetings coordinated by the IFCC.

### 7.1.1. Mission statement

It is the mission of the C-CC to provide general administration and management of all IFCC meeting activities (congresses, conferences, and symposia) and to review applications for IFCC auspices from non-IFCC conferences requesting such sponsorship.

### 7.1.2. Strategy

The C-CC supports and promotes Clinical Laboratory Sciences through congresses, conferences, specialised meetings, and other professional meetings. The C-CC works closely with the organisers of the various IFCC related conferences to ensure that they achieve organisational and professional excellence.

### 7.1.3. Projects

- The C-CC formulates and continuously updates, guidelines, procedures and practices for IFCC-designated meetings, and monitors compliance throughout their planning and organisational stages. The C-CC assists the organizing groups in the administration and promotion of conferences, and helps these conferences obtain support, and achieve financial efficiency in the various economical aspects of their meetings.
- The C-CC reviews all existing meeting guidelines every three years to ensure their continued applicability and will write new guidelines for those meetings not covered by existing procedures.
- The C-CC maintains a current 5-year listing of congresses and conferences of professional interest to the members of the IFCC, including both IFCC-related conferences and those outside the IFCC. This allows members to be aware of these meetings, and allows potential conference organisers to plan the dates of their meetings with care.
- The C-CC designates as official IFCC approved meetings those conferences that conform to the requirements of the IFCC as a professional organisation, in order to promote the field of clinical laboratory sciences, and protect the interests of the IFCC. Within the framework of the IFCC-designated meetings, the C-CC will promote the IFCC and its functional units, and discuss the possibility of integration of IFCC units and members in the program of the conference.
- The C-CC assists in expanding the list of IFCC Master Conferences on specific scientific and educational topics and promotes the leadership role of the IFCC in the field of Clinical Laboratory Sciences.

#### 7.1.4. Members of C-CC Executive Committee and Terms of Appointment

Name	Position	Country	Term	Time in Office
T. Ozben	Chair	TR	1st	2008 - 2010
P. Noterman	Corp. Rep.	BE	1st	2008 - 2010
V. Steenkamp	Member	ZA	1st	2009 - 2011
J. Wesenberg	Member	CA	1st	2008 - 2010
P. Carayon	Corr. Member	FR		
T. Zima	Corr. Member	CZ		

#### 7.2. International Congresses of Clinical Chemistry and Laboratory Medicine (ICCLM)

VII

I	Amsterdam	NL	1954
II	New York	US	1956
III	Stockholm	SE	1957
IV	Edinburgh	UK	1960
V	Detroit	US	1963
VI	Munich	DE	1966
VII	Geneva/Evian	CH/FR	1969
VIII	Copenhagen	DK	1972
IX	Toronto	CA	1975
X	Mexico City	MX	1978
XI	Vienna	AT	1981
XII	Rio de Janeiro	BR	1984
XIII	The Hague	NL	1987
XIV	San Francisco	US	1990
XV	Melbourne	AU	1993
XVI	London	UK	1996
XVII	Florence	IT	1999
XVIII	Kyoto	JP	2002
XIX	Orlando	US	2005
XX	Fortaleza	BR	2008
XXI	Berlin	DE	2011
XXII	Istanbul	TR	2014

### 7.3. IFCC Regional Congresses of Clinical Chemistry and Laboratory Medicine (RCCCLM)

#### 7.3.1. Asian Pacific Federation of Clinical Biochemistry (APFCB)

I	Singapore	SG	1979
II	Singapore	SG	1982
III	Bali	ID	1986
IV	Hong Kong	HK	1988
V	Kobe	JP	1991
VI	Melbourne	AU	1993
VII	Bangkok	TH	1995
VIII	Kuala Lumpur	MY	1998
IX	New Delhi	IN	2001
X	Perth	AU	2004
XI	Beijing	CN	2007
XII	Seoul	KR	2010

#### 7.3.2. European Federation of Clinical Chemistry and Laboratory Medicine (EFCC formerly FESCC)

I	Munich	DE	1974
II	Prague	CZ	1976
III	Brighton	UK	1979
IV	Vienna	AT	1981
V	Budapest	HU	1983
VI	Jerusalem	IL	1985
VII	The Hague	NL	1987
VIII	Milan	IT	1989
IX	Krakow	PL	1991
X	Nice	FR	1993
XI	Tampere	FI	1995
XII	Basel	CH	1997
XIII	Florence	IT	1999
XIV	Prague	CZ	2001
XV	Barcelona	ES	2003
XVI	Glasgow	UK	2005
XVII	Amsterdam	NL	2007
XVIII	Innsbruck	AT	2009
XIX	Berlin	DE	2011
XX	Milan	IT	2013

#### 7.3.4. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

I	Mar del Plata	AR	1968
II	Porto Alegre	BR	1973
III	Caracas	VE	1976
IV	Bogota	CO	1977
V	San Salvador	SA	1979
VI	Santo Domingo	DO	1981
VII	Rio de Janeiro	BR	1984
VIII	Cartagena de Indias	CO	1986
IX	Caracas	VE	1989
X	Santo Domingo	DO	1991
XI	Acapulco	MX	1993
XII	Buenos Aires	AR	1995
XIII	Caracas	VE	1997
XIV	Puerto Rico	PR	1999
XV	Florianopolis	BR	2001
XVI	San José	CR	2003
XVII	Asunción	PY	2006
XVIII	Panama	PA	2007
XIX	Santiago del Chile	CL	2010

VII

#### 7.3.6. Arab Federation of Clinical Biology (AFCB)

I	Cairo	EG	1974
II	Faihaa	SY	1976
III	Cairo	EG	1980
IV	Cairo	EG	1983
V	Cairo	EG	1986
VI	Tunis	TN	1991
VII	Faihaa	SY	1994
VIII	Amman	JO	1997
IX	Rabat	MA	2000
X	Monastir	TN	2004
XI	Damascus	SY	2006
XII	Beirut	LB	2009
XII	Morocco	MA	2012
XIV	Sudan	SD	2015

#### 7.3.7. African Federation of Clinical Chemistry (AFCC)

I	Ibadan	NG	2009
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## 7.4. IFCC Specialized Conferences

### 7.4.1. IFCC-Roche Diagnostics Bergmeyer Conferences

#### Goals and Objectives

- The Bergmeyer Conferences founded in 1987 are a collaborative effort of IFCC and Roche Diagnostics focused on standardisation issues.
- The objectives of these Conferences are:
  - Improving the Comparability and Compatibility of Laboratory Assay results in life sciences
  - Improving the Clinical Value of Laboratory Data
  - Discussion of Standardisation Issues and suggesting solutions in order to achieve the first two objectives
  - Master Discussion of Experts and a Brain Storming Forum for projects to be executed by Scientific Division's Committees or Working Groups
  - Each Conference is devoted to a rapid developing new area relevant for laboratory science and clinical medicine. The scope of a Conference is to be organised in that manner that besides comprehensive review also future trends, analytical pitfalls and the rationale, clinical use of the diagnostic procedures have to be considered.
- These Conferences are Master Discussions of experts in the respective topic of a Conference. Participation is only possible on invitation.
- The governing body of these Conferences is the Steering Committee consisting of IFCC (3), the editor of the proceedings (1) and Roche Diagnostics (1) representatives.
- Conferences are held in Eibsee, Germany
- Lectures and contributions presented at the Conferences are published in the Conference proceedings

#### Steering Committee

<b>Name</b>	<b>Position</b>	<b>Country</b>	<b>Time in Office</b>
M. Panteghini	IFCC-SD Chair	IT	2006 -
F. Baumann	Roche Diagnostics	DE	2006 -
A. Kallner	Editor of Proceedings	SE	1988 -
J. Smith	IFCC-EMD Chair	UK	2006 -
T. Ozben	IFCC C-CC Chair	TR	2009 -

## **Terms of Reference**

- Organisation of Bergmeyer Conferences:
  - selection of date and topic
  - responsibility for the scientific content and selection of speakers
  - appointment of an ad hoc Working Group (occasionally) for the preparation of draft documents to be circulated prior to the respective Conference to the participants
  - review of the organisational and financial commitments
- Review of documents produced in conjunction with each Conference
- Submission of documents to the Scientific Division for final approval
- Publication of proceedings - Appointment of editors
- The Proceedings are published in the Scandinavian Journal
- Collaboration with Roche Diagnostics and the local organising group
- Report to Scientific Division, information to the Congress and Conference Division
- The Membership to be nominated by SD and approved by EB. The terms of the IFCC members are usually 3 years; re-appointments are possible.

**VII**

## **Recent Conferences:**

VII	1999	Biochemical markers for myocardial damage
VIII	2001	Biochemical markers of autoimmune disease
IX	2003	Nucleic acid markers for bacterial and viral infections in intensive care
X	2005	Diabetes and cardiovascular disease
XI	2008	Markers of kidney disease
XII	2010	Novel biomarkers: from discovery to clinical application

### **7.4.4. IFCC General Conference**

I	Rungstedgaard	DK	1981
II	Rungstedgaard	DK	1984
III	Monza	IT	1988
IV	Pont-a-Mousson	FR	1992
V	Leipzig	DE	1995
VI	Sevilla	ES	1998
VII	Dubrovnik	HR	2001
VIII	Sousse	TN	2004
IX	Antalya	TR	2008
X	Corfu	GR	2010

## **Aim**

The aim of the IFCC General Conference is to convene all the IFCC functional units at one time and location, in order to discuss present activities and projects, and to plan and decide on future actions of the organization.

### **Responsibilities**

- The Committee on Congresses and Conferences (C-CC) of the IFCC bears overall responsibility for the organization of the General Conference.
- The IFCC Secretary is responsible for the Conference agenda.
- The IFCC Executive Board is responsible for detailed programme content
- The IFCC Office will carry out the administrative activities in preparing for the Conference in collaboration with the C-CC and a local organizing committee from the national society of the country where the meeting is being held.

### **Time and Venue**

- A General Conference is held once during the triennial term of the Executive Board (EB) of IFCC, usually during the second year. The EB decides on the time of the year at which to hold this Conference.
- The EB will decide on the venue for the IFCC General Conference following a recommendation from the C-CC.
- The duration of the General Conference is 2 days, and is preceded by 2 days of an EB meeting and meetings of the Divisions and Committees. This period is required to enable all the IFCC functional units to meet individually and collectively.

### **Scope**

- Prior to the General Conference all IFCC functional units carry out their own meetings, meet with their immediate and/or Divisional supervisors, and report on the progress of their projects and on project proposals. The Division Executive Committees then meet with the EB to present the status of their Division, and to obtain consent for future and/or continuing activities.
- Representatives from Full Members and Corporate Members join IFCC functional units for the General Conference proper.

### **Timetable**

Following a General Conference, the C-CC will solicit the IFCC Full Members for a candidate society that is willing to assist the IFCC in the organization of the next General Conference. The host society will benefit by having the opportunity to interact with the members of the IFCC functional units. The application process will be managed by C-CC and should be completed within three months of solicitation, and a recommendation made by the C-CC to the EB. The EB should decide on the time and venue within a further three months. The total selection process should take less than nine months.

## 7.5. Congress Guidelines and Other Documents

The following documents have been prepared by the C-CC. They are updated regularly.

- Auspices of the IFCC - Guidelines and Procedures (available from [www.ifcc.org](http://www.ifcc.org))
- Guidelines for International Congresses of Clinical Chemistry and Laboratory Medicine (ICCCLM) (available from [www.ifcc.org](http://www.ifcc.org))
- Guidelines for EFCC European Congresses of Clinical Chemistry and Laboratory Medicine (EuroMedLab) (available from [www.ifcc.org](http://www.ifcc.org))
- Guidelines for Regional Congresses of Clinical Chemistry and Laboratory Medicines (RCCCLM's)
- Guidelines for the IFCC General Conference

VII

### 7.4.7. Ortho-Clinical Diagnostics Conference

#### Goals and Objectives:

- This Conference was inaugurated in 2008 with the generous support of Ortho Clinical Diagnostics. It will be held every two years starting in 2011.
- The objective of this conference is to strengthen the link between the clinician and the clinical laboratory. Each conference will be dedicated to a specific disease state or to a particular medical problem. The speakers will be internationally renowned experts in the particular field that is the topic of the conference. There will be strong participation of clinicians as speakers. The attendance will be limited to approximately 200 persons to allow for lively discussion.
- The Scientific Division is responsible for the scientific program and it will appoint a chair for each conference. That chair will take advice from expert clinicians and laboratory medicine specialists.
- The conference proceedings will be published in the Journal, Clinical Chemistry and Laboratory Medicine.

#### Conferences:

I	Birmingham	UK	2008	Cardiac biomarkers
II	Paris	FR	2011	Pregnancy-related disorders

## 7.6. List of Addresses

### **Prof. Tomris OZBEN**

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### **Prof. Tomas ZIMA**

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## **Chapter 8**

### **Scientific Division**



## **8.1. The Scientific Division (SD)**

- 8.1.1. Mission Statement
- 8.1.2. Strategy
- 8.1.3. Projects
- 8.1.4. Members of SD Executive Committee and Terms of Reference

## **8.2. Committees**

- 8.2.6. Nomenclature, Properties and Units (C-NPU)  
in collaboration with International Union of Pure  
and Applied Chemistry (IUPAC)
- 8.2.11. Molecular Diagnostics (C-MD)
- 8.2.13. Plasma Proteins (C-PP)
  - 8.2.21. Reference Systems of Enzymes (C-RSE)
  - 8.2.23. Traceability in Laboratory Medicine (C-TLM)
  - 8.2.24. Reference Intervals and Decision Limits (C-RIDL)

## **8.3. Working Groups**

- 8.3.33. Standardisation of Thyroid Function Tests (WG-STFT)
- 8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)
- 8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)
- 8.3.37. Standardisation of Cystatin C (WG-SCC)
- 8.3.38. Standardisation of Glomerular Filtration Rate Assessment (WG-GFRA)
- 8.3.39. Standardisation of Albumin Assay in Urine (WG-SAU)
- 8.3.40. Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPP A)
- 8.3.41. Growth Hormone (WG-GH)
- 8.3.42. Standardisation of Insulin Assays (WG-SIA)
- 8.3.43. Standardisation of Troponin I (WG-TNI)
- 8.3.44. Allowable Errors for Traceable Results (WG-AETR)
- 8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)
- 8.3.46. Quality Specifications for Glucose POCT (WG-GPOCT)

## **8.5 List of Addresses**

## THE SCIENTIFIC DIVISION EXECUTIVE COMMITTEE (SD-EC)

### **Chair:**

Prof. Mauro PANTEGHINI (IT)

### **Vice Chair:**

Prof. Ian YOUNG (UK)

### **Secretary**

Dr. Gary MYERS (US)

### **Members:**

Prof. Philippe GILLERY (FR)  
Prof. Naotaka HAMASAKI (JP)  
Prof. Lothar SIEKMANN (DE)

### **Corporate Representative**

Mr. James PASSARELLI (US)

### **IRMM Consultant:**

Dr. Heinz SCHIMMEL (BE)

### **NIST Consultant:**

Dr. David BUNK (US)

### **SD Consultant/Chair JCTLM:**

Prof. Mathias M. MÜLLER (AT)

VIII

## 8.1. CHAIRS OF SCIENTIFIC DIVISION COMMITTEES AND WORKING GROUPS

### 8.1. Executive Committee

8.1. SD Executive Committee M. Panteghini (IT)

### 8.2. Committees

8.2.6. Nomenclature, Properties and Units (C-NPU) F. Pontet (FR)  
in collaboration with International Union of Pure  
and Applied Chemistry (IUPAC)

8.2.11. Molecular Diagnostics (C-MD) M. Pazzagli (IT)

8.2.13. Plasma Proteins (C-PP) G. Merlini (IT)

8.2.21. Reference Systems of Enzymes (C-RSE) F. Ceriotti (IT)

8.2.23. Traceability in Laboratory Medicine (C-TLM) A. Kessler (DE)

8.2.24. Reference Intervals and Decision Limits (C-RIDL) K. Ichihara (JP)

### 8.3. Working Groups

8.3.33. Standardisation of Thyroid Function Tests (WG-STFT) L. Thienpont (BE)

8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2) R. Paleari (IT)

8.3.36. Standardisation of Carbohydrate-Deficient Transferrin  
(WG-CDT) A. Helander (SE)

8.3.37. Standardisation of Cystatin C (WG-SCC) A. Grubb (SE)

8.3.38. Standardisation of Glomerular Filtration Rate Assessment  
(WG-GFRA) N. Greenberg (US)

8.3.39. Standardisation of Albumin Assay in Urine (WG-SAU) G. Miller (US)

8.3.40. Standardisation of Pregnancy-Associated  
Plasma Protein A (WG-PAPP A) K. Pettersson (FI)

8.3.41. Growth Hormone (WG-GH) M. Bidlingmaier (DE)

8.3.42. Standardisation of Insulin Assays (WG-SIA) M. Steffes (US)

8.3.43. Standardisation of Troponin I (WG-TNI) J. Tate (AU)

8.3.44. Allowable Errors for Traceable Results (WG-AETR) R. Bais (AU)

8.3.45. Harmonisation of Autoantibody Tests (WG-HAT) J. Sheldon (UK)

8.3.46. Quality Specifications for Glucose POCT (WG-GPOCT) R. Tirimacco (AU)

### 8.1.0 The Scientific Division (SD)

A Committee on Standards was established in 1966 "to instigate and promote theoretical and practical developments in the field of standards and standardisation in clinical chemistry - in its broadest sense." During its first decade, the main efforts of the Committee were directed toward analytical nomenclature, reference materials and methods, and quality control. Its achievements during this period are illustrated by the list of publications on these topics. Following a Council decision in 1978, efforts have been made to extend its work to include more subjects of interest both to clinicians and clinical chemists. Accordingly, the name of the Committee was changed to the Scientific Committee and later to the Scientific Division.

#### 8.1.1. Mission Statement

The mission of the SD is to advance the science of Clinical Chemistry and to apply it to the practice of Clinical Laboratory Medicine.

**VIII**

#### 8.1.2. SD Strategy

According to the Statutes of IFCC, the Federation exists to advance the science and practice of Clinical Chemistry and to further its application in the provision of health services and the practice of medicine. The goals to which the Scientific Division is committed are to:

- Identify research areas of relevance to Clinical Chemistry and Laboratory Medicine and assist the transfer of research results to the profession.
- Identify scientific and technological problems in current practice and provide solutions and guidelines on how to resolve them.
- Facilitate the development and transfer of technical innovations to clinical laboratory professionals and clinicians.
- Facilitate the development and implementation of diagnostic strategies.
- Establish standards for scientific and technical aspects of good laboratory practice.
- Respond to scientific and technical needs of IFCC Member Societies, IFCC Corporate Members and external agencies.
- Participate actively in the scientific programs of IFCC congresses and other scientific meetings.
- Ensure the quality of IFCC scientific documents.
- Organise Master Discussions.

#### 8.1.3. SD Projects

The SD initiates and manages projects with its own resources or through its Committees and Working Groups. Work is conducted in cooperation with other IFCC units and with relevant National and International Organisations. The SD ensures that each of its Committees and Working Groups are functioning under clear terms of reference together with an agreed schedule of activity. The SD will assist in the development of the project proposals, and will undertake an annual review of progress and review and approve any documents that result from the work.

### 8.1.4. Members of SD Executive Committee and Term of Reference

Name	Position	Country	Term	Time in Office
M. Panteghini	Chair	IT	2nd	2009 01 - 2011 12
I. Young	Vice-Chair	UK	2nd	2009 01 - 2011 12
G. Myers	Secretary	US	1st	2009 01 - 2011 12
P. Gillery	Member	FR	2nd	2009 01 - 2011 12
N. Hamasaki	Member	JP	1st	2009 01 - 2011 12
L. Siekmann	Member	DE	2nd	2009 01 - 2011 12
J. Passarelli	Corporate Rep.	US	1st	2010 01 - 2012 12
H. Schimmel	IRMM Consultant	BE		
D. Bunk	NIST Consultant	US		
M.M. Müller	SD Consultant/Chair JCTLM	AT		

#### Terms of Reference

The SD consists of up to six IFCC sponsored-individuals, which include the Chair and the Vice-Chair, and additionally one individual is nominated by the Corporate Members of IFCC. The Division may co-opt additional member(s) to address specific issues. The Chair, the Vice-Chair and all Full Members are appointed by EB after consultation between the EB, SD and Member Societies.

The SD working units are COMMITTEES, that are theme-oriented, and WORKING GROUPS, that are task-oriented. Committees (C) are usually funded by IFCC for one full meeting per year. Only the Chair of Working Groups (WG) is normally funded by IFCC; however, a WG may be partially or totally supported by IFCC, Member Societies, Corporate Members or other Organisations.

## 8.2. Scientific Division Committees

### 8.2.6. Nomenclature, Properties and Units (C-NPU), in collaboration with International Union of Pure and Applied Chemistry (IUPAC)

#### Membership

Name	Position	Country	Term	Time in Office
F. Pontet	Chair	FR	2nd	2009 01 - 2011 12
I. Bruunshuus Petersen	Member	DK	2nd	2008 01 - 2010 12
R. Flatman	Member	AU	1st	2010 01 - 2012 12
X. Fuentes-Arderiu	Member	ES	2nd	2009 01 - 2011 12
U.M.Petersen	Member	DK	1st	2009 01 - 2011 12

### Terms of Reference

- To continuously provide advice in relation to the management, updating and publishing of NPU terminology.
- To make recommendations on NPU for reporting clinical laboratory data that conform to or adapt current standards of authoritative organizations, and that will improve their utilization for health care.
- To provide a connection with other organizations concerned with NPU, such as the Bureau International des Poids et Mesures (BIPM), the European Committee for Standardization (CEN) and the International Organization for Standardization (ISO), and, by extension, clinical laboratory sciences societies, such as the International Union of Pure and Applied Chemistry (IUPAC), and the in vitro diagnostics industry, to ensure that problems encountered by health care professionals in the area of NPU are considered by those organizations.
- To act as a consultant group on NPU in clinical chemistry and, by extension, in the rest of clinical laboratory sciences to international scientific panels, regional and national clinical laboratory sciences organizations, editors of scientific journals, manufacturers of clinical laboratory instrumentation and products, and to individual clinical laboratory professionals and other health care professionals.
- To report and offer advice to the SD Chair and the SD Executive Committee on matters concerning NPU in all its aspects (all items above).

### Current Projects

- Transfer of the NPU generic database to IFCC site : help and advice on training the future IFCC NPU database manager(s) in relation to the installation, updating and management of the database, and on its relationship relations with other national versions.
- Mapping of the IFCC-IUPAC laboratory coding system to SNOMED CT.
- Securing and structural updating of information in the NPU coding system and its environment.
- Development of an international vocabulary for nominal examinations in scientific communication.

#### 8.2.11. Molecular Diagnostics (C-MD)

##### Membership

Name	Position	Country	Term	Time in Office
M. Pazzagli	Chair	IT	1st	2010 01 - 2012 12
J. Belby	Member	AU	1st	2010 01 - 2012 12
L. Jinming	Member	CN	1st	2009 01 - 2011 12
D. Payne	Member	US	2nd	2010 01 - 2012 12
H.J.T. Ruven	Member	NL	1st	2010 01 - 2012 12

##### Terms of Reference

- To foster dynamic exchanges between IFCC and molecular diagnostic laboratories and industry
- To produce guidelines on clinical validation, conduct and reporting of molecular diagnostic tests
- Provision of reference materials
- Creation of a network of locus-specific IFCC Molecular Diagnostics Centres
- Establishment of databases of sequence variations and allele frequencies in regions bracketing disease loci
- Creation of a C-MD web page within the IFCC web site

### Current Projects

- Establishment of an International Network of IFCC Reference Centres in Molecular Diagnostics
- Production of well defined but "low level" reference materials capable of being used as positive and negative controls in clinical testing
- Development of a checklist for technology transfer from development to clinical laboratory testing
- Standardization of formats for reporting of molecular diagnostic results

### 8.2.13. Plasma Proteins (C-PP)

#### Membership

Name	Position	Country	Term	Time in Office
G. Merlini	Chair	IT	Extra Term	2010 01 - 2010 12
A. Larsson	Member	SE	1st	2009 01 - 2011 12
S. Lehman	Member	FR	1st	2010 01 - 2012 12
P. Sinha	Member	AT	2nd	2010 01 - 2012 12
A. Yukio	Member	JP	1st	2009 01 - 2011 12

#### Terms of Reference

- Standardisation of plasma protein determinations by the uniform use of international reference materials
- Establishment of new reference intervals after uniform calibration of different analytical systems

#### Current Projects

- Studies of international reference intervals for a range of plasma proteins in various ethnic populations (completion of the 3rd Asian Study)
- Completion of the value assignment to ERM-DA470k (the replacement for CRM 470/ERM-DA470)
- Provision of an IFCC overview of the reference material for myoglobin
- Preparation of recommendations for the utilization of specific plasma protein assays for the clinical laboratory and physician
- Evaluation of new technologies, including micro and nanotechnologies for protein assays and proteomics.

### 8.2.21. Reference Systems of Enzymes (C-RSE)

#### Membership

Name	Position	Country	Term	Time in Office
F. Ceriotti	Chair	IT	1st	2010 01 - 2012 12
F. Canalias	Member	ES	2nd	2008 01 - 2010 12
P. Jorgensen	Member	DK	2nd	2008 01 - 2010 12
D. Kang	Member	JP	2nd	2009 01 - 2011 12
J.M. Lessinger	Member	FR	1st	2008 01 - 2010 12

#### Terms of Reference

- IFCC Enzyme Reference Measurement Procedures: New 37 °C IFCC enzyme reference procedures are being developed on the basis of the existing 30 °C IFCC methods
- Network of Enzyme Reference Laboratories: Coordination of a group of reference laboratories from hospitals, academy and industry, which are able to perform adequate measurements according to a list of stated requirements
- Enzyme Reference Materials: Evaluate reference materials provided by IRMM within the network of reference laboratories prior to certification. The materials are available as primary reference materials for calibration and/or validation of lower order procedures for the measurement of the catalytic concentration of enzymes

### Current Projects

- Certification campaign for a primary reference material for Aspartate Aminotransferase (AST) (in cooperation with IRMM)
- Optimization of the 30 °C IFCC-approved Amylase method to 37 °C
- Development of a 37 °C Alkaline Phosphatase (ALP) reference method
- A certification campaign for a primary reference material for ALP by the network in cooperation with IRMM is in preparation
- Development of concepts on how to establish the uncertainty for the measurement of the catalytic concentration of enzymes
- A candidate reference procedure for Lipase is under evaluation

### 8.2.23. Traceability in Laboratory Medicine (C-TLM)

#### Membership

Name	Position	Country	Term	Time in Office
A. Kessler	Chair	DE	2nd	2010 01 - 2012 12
O. Dreazen	Member	IL	1st	2010 01 - 2012 12
S. Ignjatovic	Member	SER	1st	2008 01 - 2010 12
J. Middle	Member	UK	2nd	2010 01 - 2012 12
C. Weykamp	Member	NL	1st	2010 01 - 2012 12

VIII

#### Terms of Reference

- To support activities regarding Traceability in Laboratory Medicine, permitting IFCC to continue its international role in this area and providing an operating link between the SD and the WGs of the Joint Committee on Traceability in Laboratory Medicine (JCTLM), concerning identification of reference measurement procedures, reference materials and reference laboratories
- To support reference laboratories in the context of complete reference systems (accepted reference measurement procedures of higher order, reference materials, and reference laboratories), by establishing an External Quality Assessment Scheme (EQAS) for reference laboratories in order to monitor their competence

#### Current Projects

- Organization of IFCC Ring Trials for reference laboratories

### 8.2.24. Reference Intervals and Decision Limits (C-RIDL)

#### Membership

Name	Position	Country	Term	Time in Office
K. Ichihara	Chair	JP	1st	2010 01 - 2012 12
J. Boyd	Member	US	2nd	2008 01 - 2010 12
J. Henny	Member	FR	2nd	2008 01 - 2010 12
J. Queraltó	Member	ES	2nd	2008 01 - 2010 12
Z. Shen	Member	CN	1st	2008 01 - 2010-12

## Terms of Reference

- To review current concepts of establishing reference intervals and decision limits and to prepare state-of-the-art position statements regarding new avenues
- To make available reference intervals and decision limits that respect the requirements of international directives such as the European IVD Directive 98/79, and relevant ISO standards
- To determine priority list of measurands (analytes) for which reference intervals and/or decision limits have to be developed, considering various factors, such as age, gender, ethnicity, and for which the greatest improvements in medical decision making are anticipated
- To monitor and evaluate currently proposed reference intervals for selected measurands (analytes) in the light of the concept of traceability and of the identification of the uncertainty
- To establish transferability protocols of reference intervals and decision limits, which take into consideration inter-routine laboratory method variations and achieve better applicability in clinical practice
- To collaborate with other organizations and/or to undertake establishment of reference intervals or decision limits for measurands (analytes) identified as a priority
- To work in close collaboration with other Cs and WGs of SD and other IFCC Divisions for the development and appropriate clinical utilization of reference intervals and decision limits

## Current Projects

- Preparation of a publication on reference intervals for AST, ALT, GGT and ALP
- Collaboration in a multicenter study for the definition of reference intervals of the most common serum analytes in the Asian population

## 8.3. SD Working Groups

### 8.3.33. Standardisation of Thyroid Function Tests (WG-STFT)

#### Membership

Name	Position	Country	Term	Time in Office
L. Thienpont	Chair	BE	2nd	2008 01 - 2010 12
A. Adelman	Member	US		
G. Beastall	Member	UK		
J. Faix	Member	US		
T. Ieri	Member	JP		
R. Janzen	Member	US		
G. Miller	Member	US		
D. Montague	Member	US		
J. Nelson	Member	US		
F. Quinn	Member	US		
C. Ronin	Member	FR		
H.A. Ross	Member	NL		
M. Rotman	Member	DE		
J. Thijssen	Member	NL		
B. Toussaint	Member	BE		

### Terms of Reference

- Development of reference measurement systems for thyroid hormones (free T4 & T3, TSH)

### Current Projects

- Development of reference measurement systems for validation/standardization of IVD assays: proof-of-concept study for free T4
- Investigation of harmonization of TSH measurements by master comparisons

### 8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)

#### Membership

Name	Position	Country	Term	Time in Office
R. Paleari	Chair	IT	1st	2010 01 - 2012 12
E. Bissé	Member	DE		
D. Caruso	Member	IT		
P. Kaiser	Member	DE		
A. Mosca	Member	IT		
R. Paleari	Member	IT		
H. Reinauer	Member	DE		
C. Schaeffer	Member	FR		
A. Van Dorsselaer	Member	DE		
B. Wild	Member	UK		

VIII

#### Terms of Reference

- To promote the standardisation of hemoglobin A2 measurement through the definition of an international reference system, including a reference measurement procedure and primary and secondary reference materials.

#### Current Projects

- Definition of a reference measurement procedure using mass spectrometry associated with proteolytic degradation.
- Preparation of a secondary reference material for hemoglobin A2 (in cooperation with IRMM).

### 8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)

#### Membership

Name	Position	Country	Term	Time in Office
A. Helander	Chair	SE	2nd	2008 01 - 2010 12
J. Whitfield	Secretary	AU		
R.F. Anton	Member	US		
T. Arndt	Member	DE		
J.O. Jeppsson	Member	SE		
T. Schellenberg	Member	FR		
J. Wielders	Member	NL		

#### Terms of Reference

- Definition of the analyte and standardisation of the nomenclature
- Preparation of reference material and selection of reference method
- Establishment of appropriate reference intervals
- Development of guidelines for clinical use of CDT assays

### Current Projects

- Further improvement of an HPLC candidate reference method
- Establishment of an international network of reference laboratories
- Evaluation of suitable candidate reference materials for CDT

### 8.3.37 Standardisation of Cystatin C (WG-SCC)

#### Membership

Name	Position	Country	Term	Time in Office
A. Grubb	Chair	SE	2nd	2008 01 - 2010 12
C. Smith	Secretary	DK		
H. Althaus	Member	DE		
S. Blirup-Jensen	Member	DK		
Y. Itoh	Member	JP		
V. Lindström	Member	SE		

#### Terms of Reference

- To promote the standardisation of cystatin C measurement through the definition of an international reference system, including a reference measurement procedure and primary and secondary reference materials
- To suggest glomerular filtration rate (GFR) prediction equations based upon plasma/serum cystatin C values

#### Current Projects

- Validation of a secondary reference pool of human serum to be used as an international calibrator
- Value assignment of the secondary reference preparation using the primary reference material and different immunochemical methods
- Commutability studies of the approved international calibrator
- Generation of a general cystatin C-based GFR prediction equation using the approved international calibrator

### 8.3.38 Standardisation of Glomerular Filtration Rate Assessment in collaboration with NKDEP (WG-GFRA)

#### Membership

Name	Position	Country	Term	Time in Office
N. Greenberg	Chair	US	2nd	2009 01 - 2011 12
C. Cobbaert	Member	NL		
J. Delanghe	Member	BE		
G. Jones	Member	AU		
G. Miller	Member	US		
G. Myers	Member	US		
D. Seccombe	Member	CA		
L. Siekmann	Member	DE		
L. Thienpont	Member	BE		
M. Welch	Member	US		

## Terms of Reference

- Coordinate, support and undertake collaborative international studies to evaluate and define performance characteristics of available clinical laboratory measurement procedures supporting the use of eGFR, to enable development of best-practices analytical recommendations for clinical laboratories
- Promote the establishment and growth of a reference laboratory network for creatinine and other laboratory measurements relevant to eGFR

## Current Projects

- Support the international circulation of relevant documents and education materials for clinical laboratories (with focus on laboratory measurement issues)
- Prepare an IFCC recommendation for the use of assays for creatinine measurement with appropriate measurand specificity
- In cooperation with C-TLM, promote establishment of an IFCC reference laboratory network for creatinine and other measurands relevant to eGFR
- In cooperation with the U.S. National Kidney Disease Education Program, develop guidelines to coordinate and promote the global use of standardized creatinine measurement procedures together with the most suitable (IDMS-traceable) GFR estimating equation.

VIII

### 8.3.39. Standardisation of Albumin Assay in Urine in collaboration with NKDEP (WG-SAU)

#### Membership

Name	Position	Country	Term	Time in Office
G. Miller	Chair	US	1st	2008 01 - 2010 12
L.M. Bachmann	Member	US		
D. Bruns	Member	US		
D. Bunk	Member	US		
G. Curhan	Member	US		
J. Eckfeldt	Member	US		
J. Fleming	Member	US		
J. Graham	Member	AU		
N. Greenberg	Member	US		
G. Hortin	Member	US		
Y. Itoh	Member	JP		
D. Kock	Member	US		
J. Lieski	Member	US		
M. McQueen	Member	CA		
G. Myers	Member	US		
A. Narva	Member	US		
M. Panteghini	Member	IT		
K.W. Phinney	Member	US		
J. C. Ritchie	Member	US		
M.K. Robinson	Member	US		
S. Sandberg	Member	NO		
H. Schimmel	Member	BE		
D. Seccombe	Member	CA		
J. Zakowski	Member	US		

### Terms of Reference

- To establish a reference procedure and reference materials for the measurement of albumin in urine
- To establish recommendations for sample collection and handling to improve uniformity of results
- To define the measurand(s) that are important for clinical interpretation of urine albumin

### Current Projects

- Chemical and immunochemical characterization of the various forms of albumin in urine (definition of the analyte)
- Decision on the optimum analyte for the assessment of albuminuria
- Definition of urine albumin biological variability and adsorption to containers (with CDC)
- Determination of the current status of urine albumin method harmonization
- Development of reference materials for urine creatinine and urine albumin ( with NIST)
- Coordination with Japanese Society of Clinical Chemistry (JSCC) project to develop a urine albumin reference material ( by JSCC)
- Full characterization of the Mayo Clinic urine albumin IDMS candidate reference measurement procedure (with Mayo Clinic)

### 8.3.40. Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPP A)

#### Membership

Name	Position	Country	Term	Time in Office
K. Pettersson	Chair	FI	1st	2008 01 - 2010 12
M. Christiansen	Member	DK		
A. Ellis	Member	UK		
C. Oxvig	Member	DK		
Q.P. Qin	Member	FI		
B. Rafferty	Member	UK		

#### Terms of Reference

- To develop a reference system for standardisation of PAPP-A measurement employed as marker for prenatal screening

#### Current Projects

- Evaluation of at least two different PAPP-A preparations in relation to the major assay constructs presently being used on routine prenatal testing.

### 8.3.41. Growth Hormone (WG-GH)

#### Membership

Name	Position	Country	Term	Time in Office
M. Bidlingmaier	Chair	DE	2nd	2009 01 - 2011 12
C. Sturgeon	Secretary	UK		
C. Burns	Member	UK		
P. Freda	Member	US		
K. Nustad	Member	NO		
A. Shimatsu	Member	JP		
J.C. Souberbielle	Member	FR		
G. Wieringa	Member	UK		

## Terms of Reference

- Assessment of the commutability of WHO 98/574 reference material
- Determination of the clinical decision limits for specific assays
- Identification of a reference procedure for GH measurement

### 8.3.42. Standardisation of Insulin Assays, in collaboration with ADA/EASD (WG-SIA)

#### Membership

Name	Position	Country	Term	Time in Office
M. Steffes	Chair	US		
R.R. Bowsher	Member	US		
S. Campbell	Member	US		
S. Caudill	Member	US		
P. Clapshaw	Member	US		
P. Lindstedt	Member	SE		
G. Miller	Member	US		
G.L. Myers	Member	US		
P.M. Clark	Member - IFCC	UK		
L.Thienpont	Member - IFCC	BE		

VIII

#### Terms of reference

- To improve the standardization of assays for insulin by the development of a candidate reference method and materials.

#### Projects

- The development of a reference method for the measurement of insulin by electrospray ionization-isotope dilution-liquid chromatography-tandem mass spectrometry (ID-LC/tandem MS).
- Establishment of the suitability or otherwise of a lyophilized recombinant human insulin preparation as a primary reference material with appropriate properties
- Establishment of the performance of commercially available insulin assays compared to the ID-LC/tandem MS method using single donation samples and the effect of using a common primary reference material or serum pools on between method agreement.
- Determination of the effect of freeze/thawing on measured insulin (a requirement to establish the validity of materials for 3 above).

### 8.3.43. Standardisation of Troponin I (WG-TNI)

#### Membership

Name	Position	Country	Term	Time in Office
J. Tate	Chair	AU	1st	2008 01 - 2010 01
D. Bunk	Member	US		
R. Christenson	Member	US		
A. Katrukha	Member	FI		
R. Porter	Member	UK		
H. Schimmel	Member	BE		
L. Wang	Member	US		

### Terms of Reference

- Development of a candidate secondary reference measurement procedure and candidate secondary reference material for cardiac troponin I (cTnI)
- Testing for cTnI standardization and clinical validation by comparison with validated commercial assays in a round robin study

### Current Projects

- Establishment of a candidate secondary reference immunoassay measurement procedure for cTnI based on an optimal combination of monoclonal antibodies, which have been characterized by epitope mapping and affinity binding studies, and ELISA methodology (Phase 1)
- Preparation of a secondary reference material for cTnI consisting of three cTnI-positive serum pools (Phase 2)
- Validation of cTnI standardization through a round robin after a value transfer using the secondary reference material as common calibrator (Phase 3)

### 8.3.44. Allowable Errors for Traceable Results (WG-AETR)

#### Membership

Name	Position	Country	Term	Time in Office
R. Bais	Chair	AU	1st	2010 01 - 2012 12
D. Armbruster	Member	US		
R. Jansen	Member	NL		
G. Klee	Member	US		
J. Passarelli	Member	US		
K. Sikaris	Member	AU		
D. Stöckl	Member	BE		

#### Terms of Reference

- To define clinically acceptable limits for the metrological traceability of specific analytes.
- To cooperate with manufacturers, regulatory bodies and end-users to work towards patient results being traceable to higher order reference materials and methods.
- Harmonisation of patient results independent of assay platform, manufacturer or testing laboratory

### 8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)

#### Membership

Name	Position	Country	Term	Time in Office
J. Sheldon	Chair	UK	1st	2010 01 - 2012 12
P.L. Meroni	Member	IT		
I. Zegers	Member	BE		

#### Terms of Reference

- To evaluate what are the main causes of variability for a number of diagnostically critical autoantibody measurements.
- To identify autoantibodies where a common calibrator could reduce the inter-assay variability
- To identify or produce commutable reference materials that could be used as interim calibration material for autoantibody assays.
- To produce well-characterised pure antibody preparations with known concentration and identity and use these to transfer values to a matrix preparation.

**Current projects**

- Evaluation of EQA data to identify the autoantibody tests with the potential for harmonisation of results.
- Gathering a comprehensive data base of the assay characteristics of the currently available autoimmune serology methods.
- Identifying existing materials that could be used to assess interassay variability and possibly be used as interim calibration material.
- Defining the requirements for a calibration material for autoimmune serology.

**8.3.46. Quality Specifications for Glucose POCT (WG-GPOCT)****Membership**

<b>Name</b>	<b>Position</b>	<b>Country</b>	<b>Term</b>	<b>Time in Office</b>
R. Tirimacco	Chair	AU	1st	2010 01 - 2012 12
B. Goldsmith	Member	US		
S. Sandberg	Member	SE		
I. Watson	Member	UK		

VIII

**Terms of Reference**

- To investigate the quality specifications required for glucose PoCT meters as glucose testing is used in a wide range of health care settings including:
  - Hospitals - Adult: A&E, medical wards, intensive care - Paediatric: A&E, medical ward, intensive care
  - General practice/physicians office
  - Specialists
  - Ambulances
  - Air Ambulances
  - Patients/Carers - self monitoring
  - Nursing Homes
  - Population surveys - screening

**Current Projects:**

- To develop allowable analytical error (including bias and imprecision) recommendations To develop accuracy and precision recommendations for different clinical situations.
- To develop recommendations about suitability of instruments for different clinical situations.
- To define training standards for both health workers and patients.
- To develop clinician derived quality specifications for critically ill patients.
- To develop clinician derived quality specifications for general practice.
- To develop clinician derived quality specifications for ambulances/Air Ambulances/Emergency Departments.
- To establish epidemiologists derived quality specifications for population surveys.
- To develop patient derived quality specifications for self/testing.
- To develop paediatric derived quality specifications for paediatric patients.

**8.4. Publications**

A complete list of IFCC publications is available on the IFCC web site at:  
[www.ifcc.org/index.asp?dove=B](http://www.ifcc.org/index.asp?dove=B)

## 8.5. List of Addresses

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VIII

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## **Chapter 9**

### **Education and Management**

**9.1. The Education and Management Division (EMD)**

- 9.1.1. Mission Statement
- 9.1.2. Strategy
- 9.1.3. Projects
- 9.1.4. Members of EMD Executive Committee and Terms of Reference

**9.2. Education and Management Division Committees**

- 9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)
- 9.2.5. Analytical Quality (C-AQ)
- 9.2.7. Evidence Based Laboratory Medicine (C-EBLM)
- 9.2.8. Education and Curriculum Development (C-ECD)
- 9.2.9. Clinical Laboratory Management (C-CLM)

**9.3. Education and Management Division Working Groups**

- 9.3.8. Laboratory Errors and Patient Safety (WG-LEPS)
- 9.3.9. Bone Markers Standards on Osteoporosis (WG-BMS)

**9.4. Education and Management Division Special Projects**

- 9.4.1. Visiting Lecturer Program (VLP)
- 9.4.2. Courses on Flow Cytometry (WG-FC)
- 9.4.3. Developing Quality Competence in Medical Laboratories (DQCML)

**9.5. List of Addresses**

**THE EDUCATION AND MANAGEMENT DIVISION  
EXECUTIVE COMMITTEE (EMD-EC)**

**Chair:**

Ms. Janet SMITH (UK)

**Vice Chair:**

Prof. Leslie LAI (MY)

**Members:**

Prof. Maurizio FERRARI (IT)

Prof. Stella RAYMONDO (UY)

**Corporate Representative (Secretary):**

Dr. Rolf HINZMANN (DE)

IX

## 9.0. CHAIRS OF EDUCATION AND MANAGEMENT DIVISION COMMITTEES AND WORKING GROUPS

### 9.1. Executive Committee

9.1. EMD Executive Committee J. Smith (UK)

### 9.2. Committees

9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)	M. Neumaier (DE)
9.2.5. Analytical Quality (C-AQ)	New appointment pending
9.2.7. Evidence Based Laboratory Medicine (C-EBLM)	R. Christenson (US)
9.2.8. Education and Curriculum Development (C-ECD)	P. Kocna (CZ)
9.2.9. Clinical Laboratory Management (C-CLM)	E. Frank (IN)

### 9.3. Working Groups

9.3.8. Laboratory Errors and Patient Safety (WG-LEPS)	M. Plebani (IT)
9.3.9. Bone Markers Standards on Osteoporosis (WG-BMS)	S. Vasikaran (AU)

### 9.4. Special Projects

9.4.1. Visiting Lecturer Program (VLP)	L. Lai (MY)
9.4.2. Courses on Flow Cytometry (WG-FC)	G. Rothe (DE)
9.4.3. Developing Quality Competence in Medical Laboratories (DQCML)	M. Thomas (UK)

## 9.1. The Education and Management Division (EMD)

The Education and Management Division (EMD) fosters educational activities and managerial skills. The Divisional activities are currently conducted by Committees, Working Groups and Special Projects.

### 9.1.1. Mission Statement

EMD will provide IFCC members and the health-care community with education relevant to Clinical Chemistry and Laboratory Medicine, directed at scientific, management, and clinical issues.

### 9.1.2. Strategy

To accomplish this mission EMD will:

- Guide laboratory professionals to function optimally, in a changing environment, so that they might best serve the health-care needs of society.
- Strengthen consultation and collaboration among all groups responsible for the planning and delivery of healthcare.
- Identify areas of relevance to Clinical Chemistry and Laboratory Medicine, and will assist in the transfer of knowledge in these areas to the profession.
- Participate actively in programs of IFCC Congresses and Scientific Meetings
- Produce and ensure the quality of IFCC educational documents.
- Respond to the needs of IFCC Members in education and management skills as well as those of the Corporate Members and external agencies.
- Design, develop and implement diagnostic strategies.
- Identify current problems in education and management practices and provide solutions and guidelines to overcome them.

EMD will implement this strategy by:

- Facilitating the provision of critically evaluated information by means of projects, expert visits, courses, lectures and documents including electronic learning tools.
- Covering topics such as educational principles and methods, quality management, utilization and cost-effectiveness of laboratory measurements and observations.
- Reaching its target audience which includes IFCC Members (National Societies, Corporate Members and Affiliate Members), other healthcare workers, students, health-care agencies and governments, the diagnostic industry and the general public.

### 9.1.3. Projects

- Visiting Lecturer Program
- Clinical Molecular Biology Courses
- Expanding Knowledge in Evidence Based Laboratory Medicine
- Managing the Quality of Laboratory Services, including analytical quality
- Courses and workshops in specialized areas
- Promoting Laboratory Accreditation
- Raising Awareness of Quality Issues

IX

### 9.1.4. Members of EMD Executive Committee and Terms of Reference

#### Membership

Name	Position	Country	Term	Time in Office
J. Smith	Chair	UK	2nd	2009 1 - 2011 12
L. Lai	Vice-Chair	MY	1st	2008 1 - 2010 12
M. Ferrari	Member	IT	1st	2008 1 - 2010 12
S. Raymondo	Member	UY	2nd	2010 1 - 2012 12
R. Hinzmann	Corporate Rep	DE	2nd	2010 1 - 2012 12

#### Terms of Reference

The EMD Executive Committee is the management group responsible for directing and coordinating the activities of the EMD working units.

Its functions include:

- Initiates, manages and coordinates EMD projects.
- Ensures committees and working groups are functioning under clear terms of reference and an agreed schedule of activity.
- Ensures progress on each project, monitoring of activities, and resolutions of conflicts.
- Reviews educational and managerial problems in current practice and initiate projects as appropriate.
- Seeks funding to achieve the completion of selected projects.
- Communicates and interfaces with Executive Board, Divisions and Committee Chairs of IFCC.

## 9.2. Education and Management Division Committees

### 9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)

#### Membership

Name	Position	Country	Term	Time in Office
M. Neumaier	Chair	DE	1st	2008 1 - 2010 12
L. Cremonesi	Member	IT	1st	2008 1 - 2010 12
K. Izuhara	Member	JP	1st	2009 1 - 2011 12
E. Lianidou	Member	GR	1st	2009 1 - 2011 12

#### Terms of Reference

The objective of the C-CMBC is to develop curriculum and hold training courses in Molecular Biology techniques. In addition, C-CMBC will develop techniques for teaching Clinical Molecular Biology in Laboratory Medicine and courses in teaching Clinical Molecular Biology.

#### Projects

- Clinical Molecular Biology Courses
- Symposia at International Congresses
- Liaison with other special International Groups
- Molecular Biology Courses at Regional Meetings

### 9.2.5. Analytical Quality (C-AQ)

#### Membership

Name	Position	Country	Term	Time in Office
New appointment pending	Chair			
E. Amann	Member	DE	2nd	2010 2 - 2012 12
Y. Bilto	Member	JO	2nd	2008 1 - 2010 12
D. Bullock	Member	UK	1st	2008 1 - 2010 12
C. Cobbaert	Member	NL	1st	2010 1 - 2012 12
J. Gill	Member	AU	1st	2008 1 - 2010 12
M.G. Scott	Member	US	1st	2010 2 - 2012 12
A. Vaussalt	Member	FR	1st	2008 1 - 2010 12

#### Terms of Reference

- The scope of C-AQ activity involves various aspects of analytical quality in the clinical laboratory, such as sampling procedures, the selection of measurement procedures, including traceability, reference methods and reference materials, internal quality control, external quality assessment, "good laboratory practice" and suitable reporting.
- The main focus of C-AQ is currently in making with other EMD committees in preparing and presenting educational material for raising awareness of laboratory quality.
- C-AQ promotes collaboration between EQAP from all sub-disciplines of laboratory medicine. This is to fulfil the professional operating domain of C-AQ with the general objectives of EMD, to strengthen consultation and collaboration among all groups responsible for planning and delivery of health-care.

### EQAS Software

A software package for EQAS management and data handling developed by Daniel Mazziotta (dmpeec@netverk.com.ar ) is endorsed by the EMD.

### EQAP Guidelines

As there is no specific guidance document for quality management of EQAP in medical laboratories, the IFCC analytical quality committee prepared this guidance document based on ILAC G13 <http://www.ilac.org/>.

### 9.2.7. Evidence Based Laboratory Medicine (C-EBLM)

#### Membership

Name	Position	Country	Term	Time in Office
R. Christenson	Chair	US	1st	2009 1 - 2011 12
D. Aslan	Member	TR	1st	2009 1 - 2011 12
P. Bunting	Member	CA	2nd	2008 1 - 2010 12
C. Florkowski	Member	NZ	1st	2009 1 - 2011 12

IX

#### Terms of Reference / Mission

To promote the methodology and practice of evidence-based medicine in the laboratory profession.

#### Aims and Objectives

The aims and objectives of the Committee on Evidence-based Laboratory Medicine are to:

1. Promote the understanding and the methodology of EBLM by educating laboratory professionals about:
  - How to find the evidence
  - How to appraise the evidence
  - How to act on evidence
2. Support rational laboratory use by implementation of results from EBLM into daily practice. This can be achieved by methodological research, international surveys and by educating laboratory professionals in the following topics:
  - How to perform primary diagnostic studies
  - How to carry out systematic reviews in laboratory medicine
  - How to make evidence-based guideline recommendations in laboratory medicine
  - How to implement evidence-based diagnostic guidelines in clinical practice
3. Promote the international dissemination of and collaboration in EBLM

#### Projects

- Workshops and training in Evidence Based Laboratory Medicine
- Collaborative projects on the methodology and application of systematic reviews
- Research in evidence-based guideline development and implementation
- Promoting STARD (STAndards for Reporting of Diagnostic accuracy)
- Monitoring and updating of a systematic reviews data base in laboratory medicine

### 9.2.8. Education and Curriculum Development (C-ECD)

#### Membership

Name	Position	Country	Term	Time in Office
P. Kocna	Chair	CZ	1st	2008 1 - 2010 12
R. Chiu	Member	HK	2nd	2009 1 - 2011 12
C. Grigore	Member	RO	1st	2008 1 - 2010 12
M. Klouche	Member	DE	1st	2008 1 - 2010 12
E. Sozmen	Member	TR	2nd	2009 1 - 2011 12

#### Terms of Reference / Mission

To play a leadership role in preparing and recommending training and educational tools and materials in clinical laboratory medicine.

#### Goals:

- Assess the educational needs of the IFCC membership.
- Assess existing teaching materials and programs, such as web-based educational materials, and develop new teaching materials.
- Define core knowledge in clinical laboratory medicine in undergraduate and postgraduate medicine, and for baccalaureate, masters, doctoral and postdoctoral programs.
- Promote and support new directions in the teaching of clinical laboratory medicine.
- Liaise with Corresponding Members to determine educational needs of their countries / regions and work with them to improve education in clinical laboratory medicine.

#### Projects:

- Prepare a questionnaire to obtain insight on the "state of the art" on distance learning in the IFCC National Societies.
- Assist National Societies with development of educational material to be put on their websites.
- Prepare a listing of distance education courses in clinical laboratory medicine..

### 9.2.9. Clinical Laboratory Management (C-CLM)

#### Membership

Name	Position	Country	Term	Time in Office
E. Frank	Chair	IN	1st	2008 1 - 2010 12
J. Krahn	Member	CA	1st	2008 1 - 2010 12
H. Stekel	Member	AT	2nd	2008 1 - 2010 12
S. Vasikaran	Member	AU	1st	2008 1 - 2010 12

#### Terms of Reference

The committee mandate is to produce monographs and/or handbooks on basic clinical laboratory management and to offer courses, seminars, workshops and expertise to IFCC members. The committee's focus is on addressing the needs of developing countries and working closely with other EMD committees to raise awareness of quality issue.

#### Planned Activities

- To produce a further IFCC monograph on Clinical Laboratory Management in collaboration with C-AQ.
- Closely co-operate with the Visiting Lecture Program and other EMD committees to effectively and efficiently ensure that the correct management resources are applied to the right place at the right time for a reasonable cost.

### 9.3. Education and Management Division Working Groups

#### 9.3.8. Laboratory Errors and Patient Safety (WG-LEPS)

##### Membership

Name	Position	Country	Term	Time in Office
M. Plebani	Chair	IT	2nd	2010 1 - 2012 12

##### Mission

The WG mission is to stimulate studies on the topic of errors in laboratory medicine, to collect available data on this topic and to recommend strategies and procedures to improve patient safety.

##### Terms of Reference

- Focus on addressing errors in laboratory medicine.
- Improving the safety of laboratory testing.
- Improve the knowledge in the field at an international level.
- Recommend the development and application of standardised operating protocols.

##### Current Projects

- Improving awareness of laboratory professionals regarding the topic of errors and patient safety.
- Implementing pilot studies to evaluate laboratory errors frequency and types.
- Implementing projects for error reduction through the design of safer procedures and processes.
- Cooperating with other scientific organizations (WHO, AACC, ASCP, etc) for assuring improvements in the field of patient safety.
- Organizing meetings and scientific sessions on the topic of laboratory errors and patient safety.
- Supporting the publications of papers on the topic of laboratory errors and patient safety in scientific journals and monographs.

### 9.3.9. Bone Markers Standards on Osteoporosis (WG-BMS)

#### Membership

Name	Position	Country	Term	Time in Office
S. Vasikaran	Chair	AU	1st	2009 1 - 2011 12

#### Terms of Reference

- Define bone markers standard for fracture risk assessment and for monitoring osteoporosis treatment.
- In collaboration with international specialist clinical societies and the C-EBLM, identify potential candidates for markers of bone formation and resorption.
- Analytical method performance of assays of these markers will be reviewed and recommendations made on assay standardisation.
- Guidelines on the use of bone turnover marker assays for fracture risk assessment and monitoring of osteoporosis will be published.

## 9.4. Education and Management Division Special Projects

### 9.4.1. Visiting Lecturer Program (VLP)

#### Membership

Name	Position	Country	Term	Time in Office
L. Lai	Chair	MY	2nd	2009 1 - 2011 12

#### Terms of Reference

This program supports international cooperation in educational activities through funding of lectureships on professional, educational and managerial topics. National Societies are invited to apply for a Visiting Lecturer on a specific subject and/or request a lecturer.

#### Projects

- Promoting the VLP Program
- Additional Visiting Lectureships

### 9.4.2. Courses on Flow Cytometry (WG-FC)

#### Membership

Name	Position	Country	Term	Time in Office
G. Rothe	Chair	DE	4th	2010 1 - 2012 12

#### Terms of Reference

The Working Group will promote and encourage applications of flow cytometry in diagnostics and clinical research through publication of educational material and the organisation of courses and symposia.

## Projects

- Organisation of flow cytometry courses on the alternating topics of Clinical and Research Applications of Flow Cytometry in Hematology & Oncology and Immunology & Hemostasis
- Publication of course handbooks and other relevant material on flow cytometry
- Organisation of symposia on new trends in cellular diagnostics
- Publication of symposia proceedings

### 9.4.3. Developing Quality Competence in Medical Laboratories (DQCML)

#### Membership

Name	Position	Country	Term	Time in Office
M. Thomas	Consultant	UK	1st	2009 1 - 2011 12

#### Terms of Reference

This major initiative for the EMD is aimed at informing emerging laboratory services on all aspects of quality, but concentrating particularly on internal quality control, external quality assessment and working towards laboratory accreditation with the adoption of a quality system in line with the international standard ISO 15189.

#### Projects

Educational modules, transferable to countries and Regions requesting assistance in these areas have been developed and pilot projects in Vietnam (in collaboration with the Australian Association for Clinical Biochemistry) and Sri Lanka have already been supported. The project has been successful because of close working between the committees of EMD and the generous sponsorship of Roche, via the VLP initiative and Siemens, with whom we are working to develop distance learning packages.

## 9.5. List of Addresses

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## **Chapter 10**

### **Communications and Publications Division**

- 10.1. The IFCC Communications and Publications Division (CPD)**
  - 10.1.1. Mission Statement
  - 10.1.2. Strategy
  - 10.1.4. Members of CPD Executive Committee and Terms of Reference
- 10.2. Communications and Publications Division Committees**
  - 10.2.1. Public Relations (C-PR)
- 10.3. Communications and Publications Division Working Groups**
  - 10.3.1. Electronic Journal of IFCC - eJIFCC (WG-eJIFCC)
  - 10.3.2. IFCC eNews (WG-IFCC eNews)
  - 10.3.3. Internet and Distance Learning (WG-IDL)
  - 10.3.4. Ibero-American Nomenclature and Translation (WG-IANT)
- 10.4. Publication of Recommendations and Documents**
  - 10.4.1. Types of Report
  - 10.4.2. Sources
  - 10.4.3. Products
  - 10.4.4. Translations
  - 10.4.5. Copyright Release
- 10.5. General Rules of Procedure**
  - 10.5.1. IFCC Procedure Manual
  - 10.5.2. Individual Responsibilities for Preparation of IFCC Documents
  - 10.5.3. Instructions to Authors
- 10.6. Publications**
  - 10.6.1. Preparation of Documents of Committees and Working Groups
  - 10.6.2. Monographs
  - 10.6.4. Conference Proceedings
  - 10.6.5. Annual Report
  - 10.6.6. Handbook
  - 10.6.8. Views and Reviews
  - 10.6.10. Electronic Publications
  - 10.6.20. Other Publications
- 10.7. Website ([www.ifcc.org](http://www.ifcc.org))**
  - 10.7.1. Organizational Matters
  - 10.7.2. Bookstore
  - 10.7.3. e-Banners
  - 10.7.4. Database
- 10.8. Related Journals**
  - 10.8.1. Meetings of Editors
  - 10.8.2. Journals
- 10.9. Public Relations**
  - 10.9.1. IFCC Brochure
  - 10.9.2. IFCC Congress Booth
  - 10.9.3. Posters
  - 10.9.4. Publicity
  - 10.9.5. Miscellaneous Public Relations Projects
- 10.10. Corporate Member Activities**
- 10.11. Communications and Publications Division Meetings**
- 10.12. List of Addresses**

**THE COMMUNICATIONS AND PUBLICATIONS DIVISION  
EXECUTIVE COMMITTEE (CPD-EC)**

**Chair:**

Prof. Ellis JACOBS (US)

**Vice Chair:**

Prof. Khosrow ADELI (CA)

**Secretary:**

Prof. Thanh-Van TA (VN)

**Members:**

Prof. Grazyna SYPNIEWSKA (PL)

Prof. Edgard DELVIN (CA)

**Corporate Representative:**

Dr. Franz BAUMANN (DE)

## 10.1. CHAIRS OF COMMUNICATIONS AND PUBLICATIONS DIVISION COMMITTEES AND WORKING GROUPS

### 10.1. Executive Committee

10.1. CPD Executive Committee E. Jacobs (US)

### 10.2. Committees

10.2.1. Public Relations K. Adeli (CA)

### 10.3. Working Groups

10.3.1. Electronic Journal of IFCC (WG-eJIFCC)	G Sypniewska (PL)
10.3.2. IFCC eNews (WG-IFCC eNews)	E. Delvin (CA)
10.3.3. Internet and Distance Learning (WG-IDL)	T. Ta (VN)
10.3.4. Ibero-American Nomenclature and translation (WG-IANT)	M. Blanes (PY)

### 10.1. The Communications and Publications Division (CPD)

The Communications and Publications Division (CPD), reports to the Executive Board and is responsible for all of the publication activities of the IFCC.

The CPD is composed of an Executive Committee, a Committee on Public Relations and Working Groups for each CPD program. Ad hoc task forces for specific projects can also be formed.

The aim of the CPD is to communicate the work of the IFCC to clinical scientists, physicians and health policy-makers world-wide, and to provide continuing education in printed and electronic forms. The CPD publishes the eJIFCC, IFCC News and educational tools including scientific monographs. The CPD coordinates translations of important documents into languages other than English. The CPD is responsible for the coordination of the Internet activities of the IFCC, primarily through the IFCC web site. This includes preparation and promotion of the IFCC website, establishment of links between relevant resources and the production and participation in Internet and computer educational courses designed to promote the IFCC.

In addition, the CPD publishes the eJournal of the Federation (eJIFCC) on the web, IFCC recommendations and documents in a formal collaboration with the journal Clinical Chemistry and Laboratory Medicine (CCLM) and other international journals in the field. It also publishes educational tools including monographs.

The CPD uses electronic communication to facilitate the availability of IFCC documents to all secretary at no cost.

All IFCC publications are copyrighted by IFCC.

### 10.1.1. Mission Statement

The mission of the CPD is to:

- Communicate the work of the IFCC to clinical laboratory scientists, physicians and health care policy makers worldwide.
- Provide educational material to clinical chemists in both printed and electronic forms. Much of the work done by the Education and Management Division and the Scientific Division is published after approval and assistance of the CPD. The National Societies and Full Members, Corporate and Affiliate Members are the target audience for all IFCC publications.
- Promote the image of the IFCC to its individual members, to the biomedical industry and to the world-wide health care community at large.

### 10.1.2. Strategy

The major objectives of this Division are to:

- Define the types of communication and of multimedia training that might be relevant to IFCC members and act as a central point for access to existing information sources, notably those coming from Committees, Working Groups, National Societies and Corporate Members.
- Identify, evaluate and ensure continuing technical awareness of communications methods.
- Develop new products, such as the web-site, virtual book-store and e-commerce.
- Together with other Divisions, to make widely available new techniques for professional training, such as self-training materials, tutorials and other distance learning (web based) programs.
- Prepare and provide the most appropriate supporting techniques for widespread use of the new teaching techniques.



### 10.1.4. Members of CPD Executive Committee and Terms of Appointment

#### Membership

Name	Position	Country	Term	Time in Office
E. Jacobs	Chair	US	2nd	2010 1 - 2012 12
K. Adeli	Vice-Chair	CA	2nd	2010 1 - 2012 12
E. Delvin	Member	CA	2nd	2010 1 - 2012 12
G. Syniewska	Member	PL	2nd	2010 1 - 2012 12
T. Ta	Secretary	VN	1st	2009 1 - 2011 12
F. Baumann	Corporate Rep	DE	2nd	2010 1 - 2012 12

#### Terms of Reference

The CPD Executive Committee is responsible:

- for carrying out public relations policy as it affects production of material to be used for enhancing the professional image of the IFCC
- for the e-JIFCC and the publication process of the IFCC publications
- for the recognition of the IFCC and its activities by establishing and maintaining an IFCC world wide web site
- to the EB and Council to ensure the highest performance standards of its units, and for the activities of its members

The CPD-EC will ensure the progress of each project and publication and will review on an annual basis the contributions of the members of each functional unit.

The CPD is responsible for the continued production of the IFCC Handbook and the Annual Report.

A function of the CPD-EC is to coordinate the publication of all IFCC recommendations, position papers and documents.

The Publications & Distance Learning Coordinator is the liaison to the Editorial Board of Clinical Chemistry and Laboratory Medicine (CCLM).

A register of documents, which catalogues all publications of IFCC, is maintained.

## 10.2. Communications and Publications Division Committees

### 10.2.1. Public Relations (C-PR)

The PR Committee is composed of 4 members plus the Chair from IFCC member countries throughout the world. Each member will represent one major region of the world.

#### Membership

Name	Position	Country	Term	Time in Office
K. Adeli	Chair	CA	1st	2008 1 - 2010 12
M. Krintus	Member	PL	1st	2008 1 - 2010 12
L. Langman	Member	US	1st	2008 1 - 2010 12
S. Matthews	Member	AU	1st	2008 1 - 2010 12
M. Spalvieri	Member	AR	1st	2008 1 - 2010 12
A. Allameh	Consultant	IR	1st	2009 1 - 2011 12
O. Erel	Consultant	TK	1st	2008 1 - 2010 12
D. Holt	Consultant	UK	1st	2008 1 - 2010 12
C. Lam	Consultant	HK	1st	2009 1 - 2011 12
F. Harb	Advisor	AFCB	1st	2009 1 - 2011 12
E. Hoyaranda	Advisor	APFCB	1st	2009 1 - 2011 12
A. Leticia de Maselli	Advisor	COLABIOLCI	1st	2009 1 - 2011 12
I. Watson	Advisor	EFCC	1st	2009 1 - 2011 12

#### Terms of Reference

The chair of the C-PR is a member of the CPD Executive Committee. The C-PR's primary mandate is to assist the IFCC in promotion of both the organization and the discipline of clinical chemistry internationally and to coordinate PR activities of the various IFCC units.

The main objectives of this committee and its members are to:

- Identify key PR tools and make recommendations to the CPD, other divisions and/or EB.
- Develop and update promotional materials, through the CPD, on the IFCC organization and activities, as well as the discipline of clinical chemistry for distribution worldwide.
- Act as a link for distribution of IFCC brochures and other promotion materials to other laboratory professionals in their country of residence, national society, and region.
- Assist IFCC in improving its visibility in their country of residence, national society, region, as well as internationally.
- Act as IFCC ambassadors promoting IFCC and the field of clinical chemistry in their country of residence, national society, and region.

## Projects

### IFCC - Labs are Vital Collaborative:

Labs Are Vital is a program sponsored by Abbott Diagnostics, in partnership with the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and professional societies around the globe - all working together to provide a place where laboratory professionals have a voice.

As of Spring 2006, the IFCC and Labs are Vital developed a mutual agreement to joint forces on the campaign to promote the vital role of laboratory medicine and clinical chemistry in provision of healthcare and overall contributions to the general public.

- The "Labs are Vital" program has been launched in several countries in South America as well as in Australia with the help of PR committee members.
- Joint IFCC-Labs are Vital presentations during IFCC conferences and other events.
- Joint IFCC PR committee and Representatives of Labs are Vital are held at least annually. Additional conference call meetings are also arranged to plan future activities.
- Some of the joint activities have included:
  - Media Monitoring
  - Launch of Labs Are Vital within Countries
  - Website: Registration of Labs Are Vital Supporters
  - Development of a Joint LAV-IFCC website
  - Development of a Promotional Video on "What happens to my sample"
  - Plans for a Global Lab Week

### IFCC PR Brochure:

A brochure introducing IFCC and its international activities was developed and has been used at all IFCC events to publicize the IFCC and its mandate. The brochure has been translated into: Spanish, German, French, Italian, Arabic, Portuguese, Polish, and Chinese.

### IFCC PR Slides:

A set of powerpoint slides have been developed that introduce the IFCC and its divisional activities, for use at member society membership meetings: This slide set is available to all PR committee members and all IFCC member countries for future presentations at local, regional, and international conferences, to promote the IFCC organization.

### Current and Future PR plans:

- Develop a new PR brochure targeted to the general public, governments, industry, etc. is being developed.
- Establish a communication process among PR committee members and regional federation representative so the joint team can most effectively update and work on agreed upon activities and initiatives.
- Prepare and make formal presentations at local and regional conferences.
- Work with the SD to promote IFCC as the global coordinator of Laboratory Practice Guidelines.

### 10.3. Communications and Publications Working Groups

#### 10.3.1. Electronic Journal of IFCC - eJIFCC (WG-eJIFCC)

The journal is an educational and news vehicle intended for the individual members of the Full Member Societies. The journal has been allocated ISSN Number 1650-3414.

Papers are solicited from well known experts in the field of clinical chemistry and laboratory medicine.

Since 1999, the e-JIFCC has only been published on the website.

#### Membership

Name	Position	Country	Term	Time in Office
G. Sypniewska	Chair	PL	1st	2009 1 - 2011 12
B. Bozic	Member	SI		
R. Erasmus	Member	ZA		
N. E. Fink	Member	AR		
E. Koay	Member	SG		
D. Syed	Member	US		
J. Vavrova	Member	CZ		

Note: The chair is Editor in Chief and is a member of the CPD Executive Committee, chairs the WG-e- JIFCC and is responsible for the articles and material in each issue.

#### 10.3.2. IFCC eNews (WG-IFCC eNews)

IFCC News is a section on the web-site which informs members of the activities of the Federation. It is sent via e-mail to subscribers and is printed in Labmedica International.

#### Membership

Name	Position	Country	Term	Time in Office
E. Delvin	Chair	CA	2nd	2010 1 - 2012 12
R. Galimany	Member	ES		
D. Gruson	Member	FR		
M. Hjelm	Member	UK		
J. Lopez	Member	MY		
H. Morris	Member	AU		
KP. Sinha	Member	IN		
M. Tinawi	Member	SY		

#### Terms of Reference

- Gather and disseminate information about the activities of the EB, SD and EMD and their Committees and Working Groups.
- Publish news and information about the activities of IFCC Members and Corporate Members.
- Provide early information about discussions taking place within the Division Committees in order that the topics of current concern, and future developments, are known to all those practicing in the field.
- Publish a calendar of all IFCC congresses and meetings.

### 10.3.3. Internet and Distance Learning (WG-IDL)

#### Membership

The chair of this WG is the IFCC Publications & Distance Learning coordinator and is a member of the CPD Executive Committee

Name	Position	Country	Term	Time in Office
T. Ta	Chair	VN	1st	2009 1 - 2011 12
A. Lyon	Web Editor	CA		
P. Kocna	Member	CZ		

#### Terms of Reference

This WG is responsible for the coordination, maintenance and improvement of the IFCC website and for supporting the EMD through the creation and promotion of web-based distance-learning) educational activities. The WG promotes a multidisciplinary approach to patient care by obtaining educational material, making it available on the web site and by providing links to other relevant resources.

### 10.3.4. Ibero-American Nomenclature and Translations (WG-IANT)

X

#### Membership

Name	Position	Country	Term	Time in Office
M. Blanes-Gonzalez	Chair	PY	1st	2008 1 - 2010 12
E. Abraham	Member	CU		
E. Ferro	Member	PY		
P. Murillo Neufeld	Member	BR		
A. Padros	Member	ES		
A. Rodriguez Prieto	Member	GT		
C. Roldan	Member	AR		
R. Sierra Amor	Member	MX		
G. Velazquez	Member	PA		
C. Wolf	Member	CL		

#### Terms of Reference

- Organise and manage the Ibero-American corner on the web site
- Editorial Board of the e-journal "Diagnostico in vitro" (edited by E. Boquet-Jiménez)
- Produce Spanish and Portuguese terminological documents
- Produce Spanish and Portuguese translations of IFCC documents
- Produce Spanish and Portuguese informative and educational documents

## 10.4. Publication of Recommendations and Documents

### 10.4.1. Types of Report

IFCC publishes three types of report:

- Recommendations
- Position papers
- Documents

### 10.4.2. Sources

The IFCC documents are prepared by the Divisions, their Committees and Working Groups, and by any other IFCC functional unit. Some documents are prepared in conjunction with other organizations.

### 10.4.3. Products

The final outcome of a project may be a recommendation, a position paper or a document. If any of the projects involves significant contribution from external agencies, this credit should be acknowledged at the outset.

#### Recommendations

Recommendations are produced in order to harmonise the educational and scientific development and aspects of the practice of clinical chemistry and laboratory medicine. Recommendations are prepared according to IFCC guidelines and are subject to approval by the IFCC Member Societies through a mail ballot (Council approval) prior to publication. They are intended to be definitive statements by the IFCC.

Recommendations are printed in peer reviewed scientific journals, such as CCLM, and are announced in eJIFCC on the website.

#### Position papers

Position papers are produced in order to stimulate and highlight development within specific areas, for scientific and educational purposes and for purposes of discussion and clarification of selected topics.

Issues identified in position papers may ultimately become Recommendations following further work commissioned by a Division. In such cases they must undergo the procedure outlined above.

Position papers submitted for publication must undergo standard editorial processes including peer review.

Position papers must include a statement that they were commissioned by IFCC although they do not carry any official endorsement by IFCC.

When published, position papers are generally not attributed to any of IFCC's Divisions, Committees or Working Groups, but to individual authors. However, the affiliation of the authors with a Division, Committee or Working Group should be stated. Position papers may appear in peer reviewed scientific journals, such as CCLM, eJIFCC or in journals or newsletters of Member Societies.

## Documents

Any other papers produced by IFCC are considered as "documents." These cover a wide range of topics, such as editorial reviews, educational, standardization and management issues.

Documents reaching publication are organised by the respective Division in collaboration with the CPD and undergo standard editorial review. A statement indicating IFCC support must be included in all documents.

Documents may appear in peer reviewed scientific journals, such as CCLM, eJIFCC or in journals or newsletters of Member Societies.

Publications must be submitted by Committees or Working Groups after their proposal has been approved. If publications are not submitted to, and approved by CPD, they cannot be called official publications of IFCC, nor will they be recorded in the register of IFCC Publications.

### 10.4.4. Translations

To obtain approval for the translation of an IFCC Publication, a request, in writing must be sent to the CPD. The decision to allow the translation will be made by the CPD.

Any IFCC publication that has been translated must carry a statement that "This translation was authorised by the IFCC. However, the IFCC does not accept any responsibility for the accuracy of this translation. The definitive document remains the original document in English".

### 10.4.5. Copyright Release

A copyright release may be requested for all IFCC publications by sending a request in writing to the Chair of CPD.

## 10.5. General Rules of Procedure

### 10.5.1. IFCC Procedure Manual

The CPD Executive supports the Secretary of the IFCC Executive Board in the preparation of the IFCC Procedures Manual.

### 10.5.2. Individual Responsibilities for Preparation of an IFCC Document

The Publications/Distance Learning Coordinator coordinates the publication of Division/Committee/Working Group publications with journal editors. The Publications/Distance Learning Coordinator is responsible for organising the database of IFCC publications. The list includes documents and papers published in journals, conference proceedings and monographs. The entries are listed according to the IFCC-EB numbering system and in chronological order. IFCC publications are edited to ensure the nomenclature and units used conform to approved IFCC recommendations.



The categories of IFCC publications and the individuals responsible for them are:

<a href="#">Publication</a>	<a href="#">Responsible Individual</a>
<b>Documents</b>	
C/WG Recommendations	Publications/Distance Learning Coordinator
C/WG Position papers	Publications/Distance Learning Coordinator
C/WG Technical reports	Publications/Distance Learning Coordinator
C/WG Reviews	Publications/Distance Learning Coordinator
C/WG Guidelines	Publications/Distance Learning Coordinator
Minutes (all Units)	Secretary of Unit
Annual Report	Secretary of EB / Chair of CPD
IFCC News	Editor, IFCC News
eJIFCC	Editor, eJIFCC
Handbook	Secretary of EB / Chair of CPD
Conference Proceedings	Special Editor/Publications/Distance Learning Coordinator *
Monographs, Books	Special Editor/Publications/Distance Learning Coordinator *
Promotional Materials	Vice-Chair of CPD / Corporate Representative
Multimedia	Vice-Chair of CPD / Corporate Representative

Publications/Distance Learning Coordinator has a liaison function \*

### 10.5.3. Instructions to Authors

The latest instructions for authors are available on the IFCC website.

## 10.6. Publications

### 10.6.1. Preparation of Documents of Committees and Working Groups

#### **Stage 1:**

The draft document is developed in order to meet IFCC standards for quality and to ensure consensus with regards to its contents.

**Step 1:** the author arranges consultation and a critical review, involving associate members, member society representatives, corporate member representatives, EB members, Division, Committee and Working Group Chairs, other IFCC groups and the other individual scientists or organizations. Assistance may be requested from the IFCC Office to circulate the document. It is pertinent to acknowledge comments received. The outcome of the consultation and the consequences for the draft document must be reported to the Division.

**Step 2:** If the publication is planned to occur in a peer reviewed scientific journal, the author identifies, in consultation with the Division, two to six external referees. The Division may accept as an alternative, to use referees appointed by the editor of a scientific journal. Comments received from external referees must be acknowledged and commented by the senior author of the document. It is obligatory that reviewers are informed about the decisions taken by the authors. As a courtesy, referees should be addressed in a foot note of the title page.

**Step 3:** The Division evaluates the draft document and decides on taking the referees' comments into consideration, whether it should be upgraded to stage 2 or redrafted. The Division confirms or changes the planned type of product and publication. Draft documents may undergo editorial changes.

**Stage 2:**

The document is reviewed and/or prepared for publication.

**Step 4:** The Executive Board (EB) receives from the Division Stage 2 documents with a recommendation from the Division as to necessity for Council approval and the justification for a mail ballot. EB then decides to arrange a mail ballot or to refer the draft document to CPD for publication as an IFCC document. Decisions concerning further handling of the document are made after consultation between the Division and CPD.

**Step 5:** CPD receives from EB or from the Division, Stage 2 draft documents approved for publication as IFCC Recommendations or IFCC Documents. New Stage 2 documents are announced in e-JIFCC. Copies should be available from the IFCC Office upon request.

**Preparation of IFCC Documents**

**Stage 1:**

- |         |   |
|---------|---|
| Step 1: | Committee, Working Group, Authors<br>Draft document<br>Consultation and Internal Review |
| Step 2: | External Review   |
| Step 3: | Division<br>Evaluation, review, Decision on the Product                                 |

**Stage 2:**

- |          |  |
|----------|--|
| Step 4:  | Recommendation<br>Executive Board / Council<br>Mail Ballot   |
| Step 5:  | Recommendation<br>Communication & Publications Division<br>(Publications/Distance Learning Coordinator)                                  |
| Step 6:  | Document or Position Paper<br>Division (Author)<br>Communication & Publications Division<br>(Publications/Distance Learning Coordinator) |
| Outcome: | CCLM<br>Peer Reviewed Scientific journal<br>eJIFCC   |

### **10.6.2. Monographs**

Monographs are published as a multidisciplinary series featuring an in-depth study or group of closely related studies per issue. Monographs cover all aspects of laboratory medicine.

### **10.6.4. Conference Proceedings**

The CPD produces CD-ROMs in collaboration with SD and EMD of meetings held under the auspices of the IFCC.

### **10.6.5. Annual Report**

The annual report is published once a year on the IFCC website and is available in Lab Medica International in the July issue.

### **10.6.6. Handbook**

The IFCC Handbook is published every three years in printed form and continually updated on the IFCC web site.

### **10.6.8. Views and Reviews**

Technical notes entitled "Views and Reviews" are published in e-JIFCC.

### **10.6.10. Electronic Publications**

Relevant publications in the field of laboratory medicine can be published on the website after CPD approval.

### **10.6.20. Other Publications**

Other publications are considered by the CPD. A proposal must be sent to the Chair for this purpose.

## **10.7. Website ([www.ifcc.org](http://www.ifcc.org))**

### **10.7.1. Organisational Matters**

The management of the website is the responsibility of the Web Master. The IFCC Office Liaison is responsible for continuously updating the information on the website.

### **10.7.2. Bookstore**

The IFCC bookstore is online.

### **10.7.3. e-Banners**

Corporate Members are entitled to purchase e-Banners on the IFCC website.

#### 10.7.4. Information

Information on the web-site includes:

- Membership information
- Member societies (organizations and individuals)
- Corporate members (companies and individuals)
- Members of IFCC units (EB, Divisions, Committees, Working Groups)
- Congresses, meetings, symposia, etc (IFCC/IFCC sponsored/member society/other)
- IFCC units (Divisions, Committees, Working Groups)
- List of IFCC publications (1973 to present)

#### 10.7.5. Distance Learning Programs

Web-based (distance-learning) educational activities will be made available on the IFCC website. This is a joint function with EMD.

### 10.8. Related Journals

#### 10.8.1. Meetings of Editors

CPD organises a meeting of the Editors of Clinical Laboratory journals at each IFCC International Congress with the purpose of working towards common goals, and of allowing the CPD to assist the Member Societies with their publications when requested.

#### 10.8.2. Journals

The Publications/Distance Learning Coordinator coordinates the publication of the IFCC documents with journal editors.

The EB gives a publisher the right to publish news, approved recommendations, and other IFCC documents. The copyright for these contributions lies with the IFCC.

The Publications/Distance Learning Coordinator is responsible for editing IFCC recommendations and documents when necessary. He is also the contact person to the journal editor on publication matters.

Since 1975 the contracted journals for IFCC documents have been:

- European Journal of Clinical Chemistry and Clinical Biochemistry 1975-1991
- Clinica Chimica Acta 1975
- Clinical Chemistry and Laboratory Medicine 1991- present

Free access to the full on line version of the contracted journal is provided for:

- One representative per National Society associated with IFCC
- One representative per Corporate Member of the IFCC
- Chairs of the Divisions
- Members of the Executive Board
- The Presidents of the Regions

## **10.9. Public Relations**

The Public Relations strategy and program of CPD is developed and implemented by the Committee for Public Relations.

CPD develops external communication, where appropriate, with National Societies and Corporate Members in order to promote the image and goals of IFCC. Potential exists for IFCC advertisements or information in announcements and programs of congresses held under IFCC auspices and in monographs adopted by IFCC from Corporate Members.

The CPD will publish program and meeting details on the IFCC website to provide functional web resources to congresses or conferences.

### **10.9.1. IFCC Brochure**

The CPD publishes the IFCC Brochure publicising the IFCC organization. This brochure is available from the IFCC office.

### **10.9.2. IFCC Congress Booth**

CPD in collaboration with the IFCC office organises an IFCC Booth where IFCC publications and activities are exhibited. The booths may include computer facilities to demonstrate IFCC activities when possible.

### **10.9.3. Posters**

A series of posters presenting the activities and the historical accomplishments of the IFCC is available to be displayed during the meetings held under auspices of IFCC. A special booklet "Charting the Milestones of IFCC": the 50th anniversary is available from the IFCC office.

### **10.9.4. Publicity**

The CPD produces advertising tools for IFCC members.

### **10.9.5. Miscellaneous Public Relations Projects**

The CPD organises for specific purposes questionnaires for member society surveys and surveys of individual participants of congresses.

## **10.10. Corporate Member Activities**

The role of the CPD Corporate Representative is to maintain and improve communications between Corporate Members and CPD, solicit support from Corporate Members for CPD activities when required, and facilitate activities of Corporate Members with the CPD.

## 10.19 Communications and Publications Division Meetings

The CPD meets at least twice a year to discuss and approve publications, set policies and communication strategic directions. A quorum is present when at least four members are present, one of whom must be the Chair or his/her designee. Items for the agenda should be introduced prior to a meeting by any member of CPD or by other interested parties.

Corresponding Members are encouraged to attend meetings of CPD, but without funding from the CPD.

At the IFCC General Conference and the IFCC International Congresses, the CPD meets with EMD, SD, C-CC and EB.

## 10.20. LIST OF ADDRESSES

### Prof. Ellis JACOBS

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Bellevue Hospital Center/New York  
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# Chapter 11

## Proposals for New Projects





## 11. PROPOSALS FOR NEW PROJECTS (IFCC number 16.7)

One of the benefits of IFCC Membership is the ability to propose and contribute to new projects. The following may submit proposals for new projects:

- Full Members
- Corporate Members
- Affiliate Members

New project proposals may be on any topic related to laboratory medicine preferably that has a global dimension. Project proposals may be scientific, clinical, educational or promotional in nature with the potential to benefit the quality and/or profile of clinical chemistry and laboratory medicine in healthcare. The final product of an IFCC project will normally be a published document (e.g. scientific article, practice guideline) or a product that can be used and evaluated by a wide audience (e.g. reference material, course, programme, website).

Since IFCC has limited resources for new projects all new proposals need to be assessed and scored. Therefore, a mechanism for making project proposals has been adopted.

### 11.1. Mechanism for Proposing New Projects

Proposals for new projects must be submitted on a Project Proposal Form. For all projects other than those targeted at the Scientific Division the appropriate form may be downloaded from the 'Organisation' section of the IFCC website ([www.ifcc.org](http://www.ifcc.org)). Proposals targeted at the Scientific Division should use a slightly modified form that is available from the 'Scientific Activities' section of the same website.

The Project Proposal Form requires the following information:

- Title of project
- Details of applicant (IFCC Member)
- Aims of project (general overview)
- Objectives (specific proposals)
- Background to problem being addressed by project
- Proposed plan of action
- Users or beneficiaries of the product resulting from the project
- IFCC functional unit to undertake the project (e.g. Division, Committee, Working Group)
- International or regional organizations that could be partners
- Financial requirements of the project (estimate of cost plus any potential sources of income)
- Key personnel who could be involved in the project
- Experts who could act as referees of the project proposal

The completed Project Proposal Form should be forwarded either to the Secretary of the IFCC executive Board or to the Chair of the appropriate IFCC Division. Specific contact addresses are available either from the IFCC website or from the IFCC Office ([ifcc@ifcc.org](mailto:ifcc@ifcc.org)).

All submitted proposals will be evaluated by the IFCC Division and/or Executive Board using a standard evaluation form. External referees may be invited to assist with the evaluation process. The evaluation will assess the validity of the proposal, its relevance to IFCC, the likelihood of a positive outcome and its value for money.

Applicants will be informed of the outcome of the evaluation as soon as possible. Successful applications will be approved subject to adequate finance being available. Approved projects that require financial support will be submitted to a budget setting meeting. These meetings normally occur in November each year in order to support a project starting at the beginning of the following year.



## Chapter 12

### IFCC Awards



## 12.1. The IFCC Awards Committee

Name	Position	Country	Term	Time in Office
CW. Lam	Chair	HK	1st	2009 01 - 2011 12
JC. Forest	Member	CA	1st	2009 01 - 2011 12
V. Palicka	Member	CZ	1st	2009 01 - 2011 12
M. Shaarawy	Member	EG	1st	2009 01 - 2011 12
R. Sierra-Amor	Member	MX	1st	2009 01 - 2011 12

### Consultants:

C. Burtis (US)  
D. Lo (HK)

The officers of the IFCC or members of the IFCC Awards Committee are not eligible for the award during their tenure of office.

## 12.2. IFCC Awards and Recipients

### **IFCC Distinguished Clinical Chemist Award**

This award recognizes an individual who has made outstanding contributions to the science of Clinical Chemistry and Laboratory Medicine, or the application of clinical chemistry to the understanding or solution of medical problems.

1969 DD Van Slyke (US)  
1972 CP Stewart (UK)  
1975 L Eldjarn (NO)  
1978 CB Laurell (SE)  
1981 P Metais (FR)  
1984 P Astrup (DK)  
1987 HU Bergmeyer (DE)  
1990 NG Anderson (US)  
1993 R Ekins (UK)  
1996 M Wilchek (IL)  
1999 DW Moss (UK)  
2002 CN Hales (UK)  
2005 GM Siest (FR)  
2008 DS Young (US)

### **IFCC Distinguished International Services Award (1981-1987) IFCC-Wishinsky Award for Distinguished International Service (Since 1990)**

This award honours an individual who has made unique contributions to the promotion and understanding of Clinical Chemistry and Laboratory Medicine throughout the world.

1981 M Rubin (US)  
1984 P Lous (DK)  
1987 TP Whitehead (UK)  
1990 ML Castillo de Sanchez (MX)  
1993 R Dybkaer (DK)  
1996 N Tietz (US)  
1999 M Shaarawy (EG)  
2002 O Zinder (IL)  
2005 JH Ladenson (US)  
2008 D Burnett (UK)

### **IFCC Award for Distinguished Contribution in Education**

This award honours an individual who has made extraordinary contributions in establishing and developing educational materials for our discipline to improve training and educational programs world-wide or in a region.

1999 L Thomas (DE)  
2002 JB Henry (US)  
2005 WJ Marshall (UK)  
2008 N Tietz (US)

### **IFCC-Abbott Award for Significant Contributions in Molecular Diagnostics**

This award honours an individual who has made unique contributions to the promotion and understanding of molecular biology and its application in Clinical Chemistry and Laboratory Medicine worldwide.

2002 L Peltonen (FI)  
2003 RM Bertina (NL), PH Reitsma (NL)  
2004 M Ferrari (IT)  
2005 CT Wittwer (US)  
2006 YMD Lo (HK)  
2007 U Landegren (SE)  
2008 O Kallioniemi (FI)  
2009 E Diamandis (CA)

### **IFCC Distinguished Award for Laboratory Medicine and Patient Care**

This award honours an individual who has made unique contributions in Laboratory Medicine, its application in improving patient care, and having a worldwide impact in clinical medicine.

2008 CWK Lam (HK)

### **IFCC-Robert Schaffer Award for Outstanding Achievements in the Development of Standards for Use in Laboratory Medicine**

This award honours an individual who has made outstanding and unique contributions to the advancement of reference methods and/or reference materials for laboratory medicine to facilitate improved quality of clinical diagnostics and therapies, which would in turn lead to reduced costs and improved patient care.

2008 L Siekmann (DE)

### 12.3. LIST OF ADDRESSES

#### **Prof. Christopher W K LAM**

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The Chinese University of Hong Kong  
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Hong Kong  
Tel: +852 2632 2332  
Fax: +852 2636 5090  
E-mail: waikelam@cuhk.edu.hk

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## Chapter 13

### Special Projects



### 13.1. Professional Scientific Exchange Programme (PSEP) (IFCC Number 13.5)

The purpose of the PSEP programme is to:

- Promote international cooperation between laboratories
- Facilitate the exchange of laboratory scientists of IFCC Member societies
- Exchange scientific expertise between laboratories based on visits by young scientists to quality laboratories in the field worldwide
- Enable high level education in clinical laboratory sciences to transfer the knowledge of new and state-of-art technology among IFCC Member societies.

The programme is available to students and newly qualified laboratory medicine specialists aged below 40 years who are members of the IFCC Full Member Society in their country. The programme funds a visit to another laboratory for a maximum period of six months (typically 2-3 months). Funding comprises travel (one return journey) and a monthly allowance of 1000 Swiss Francs. Applications must be supported by both partner laboratories. Upon completion of the programme each Exchange Fellow should submit a report of their visit for publication in the electronic journal of IFCC.

For complete details of this programme and how to apply for participation, please visit the IFCC website at [www.ifcc.org](http://www.ifcc.org) and go to the "services" tab.

### 13.2. Task Force on Ethics (IFCC Number 13.7)

#### Membership

Name	Position	Country	Term	Time in Office
D. Bruns	Chair	US	1st	2008 01 - 2010-12
C. Burtis	Member	US	1st	2008 01 - 2011-12
J.J. Jonsson	Member	IS	2nd	2009 01 - 2011-12
M.J. McQueen	Member	CA	2nd	2009 01 - 2011-12
A. Newman	Member	NL	1st	2009 01 - 2011-12

#### Aims

- To increase awareness among Laboratory Medicine Professionals of ethical issues.
- To encourage the practice of Laboratory Medicine to the highest ethical standards.
- To develop position papers on appropriate ethics policies issues.
- To provide a voice for Laboratory Medicine on ethics policies.
- To link Laboratory Medicine, ethics and the public interest.

#### Objectives

- Recognising that IFCC is formed by representatives from Clinical Chemistry and Laboratory Medicine in more than 70 countries plus more than 30 corporate members, it is unlikely that position papers will have the complete agreement of all of our members. They are position papers and should not be put to a vote. The objective is to produce a statement with widespread support from the members of the Federation.
- A secondary objective is to ensure that each paper is published in professional journal(s) and that it is also made available to the general public.

## Background

During the term 1997-1999, the EB of the IFCC accepted the principle of establishing an Ethics Committee. It was identified that the greatest need was not for a Committee that would look inwardly at personal and professional ethics or codes of behaviour, since these can best be dealt with at the level of the individual society or country. During the past 20 years there has been an increasing number of pre-symptomatic tests that can be offered to the community. Some of the challenges have been in laboratory organisation and testing but these are minor compared to broader issues affecting those targeted for screening and the general community. DNA testing combined with newer genetic and biochemical techniques raise significant issues of community awareness, education, informed consent and pre- and post-test counselling. The genetic information stored and used must also have safeguards that ensure there are no stigmatisation and discrimination issues. In various parts of the world individual professional organisations have raised awareness of these issues among their members and have produced documents addressing some of the key issues. In general, the Laboratory Medicine community has not provided organised discussion in which the members can actively participate. There has been even less effort at the international level to create a collective voice for Laboratory Medicine. Laboratory Medicine organisations have a goal and responsibility to advance the interest of their members but the IFCC strategic vision also clearly states that the ultimate goal is to benefit the health and well-being of the patients and communities we serve. This test of our professional responsibility demands that we do not simply perform tests and use technology uncritically. We cannot be isolated from the impact of our work on society.

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### 13.3. Task Force on Paediatric Laboratory Medicine (TF-PLM) (IFCC Number 13.8)

#### Membership

Name	Position	Country	Term	Time in Office
K. Kohse	Chair	DE	2nd	2009 01 - 2011 12
V. L.Grey	Vice-Chair	CA	2nd	2009 01 - 2011 12
P.M. Jones	Member	US	2nd	2009 01 - 2011 12
M. Metz	Member	AU	1st	2009 09 - 2012 09
S. Sethi	Member	SG	2nd	2009 01 - 2011 12

#### Purpose

The purpose of this Task Force is to develop procedures and processes to improve the diagnosis and management of patients from birth to adolescence

This Task Force will:

- Coordinate activities worldwide directed towards the establishment of reference intervals for laboratory test results in paediatric patients of all age groups
- Form a sound support basis for the continuation of the International Congresses of Paediatric Laboratory Medicine which have been very successful over the past 25 years
- Create a worldwide network of scientists working in laboratories specialized in Paediatric Medicine

#### Why Paediatric laboratory medicine?

Children are not simply small adults - this holds especially true when they become patients. Paediatric patients comprise a group with special problems, also with regards to the results of laboratory investigations. Local and regional activities exist in which an exchange of ideas and concepts for the role of the laboratory in the care of children's health take place, but in general, these activities are not linked to each other. In spite of a variety of activities in the past years, reference intervals for laboratory test results are often not very well defined for the paediatric population, a situation which is even worse in adolescent medicine.

The subject of the Task Force is obviously relevant to large numbers of people - a substantial proportion of our patients are children.

Especially in paediatric patients, the role of the laboratory is crucial for diagnosis and follow-up, e.g., in metabolic disorders or genetically determined diseases.

#### Activities of the Task Force will include:

- Coordination, promotion and development of existing IFCC SD research activities associated with reference intervals. Existing regional groups within IFCC, e.g., the Nordic States (Denmark, Sweden, Norway, Finland and Iceland) are currently engaged in the development of Paediatric Reference values. By close interaction with this group and the IFCC SD, the Task Force will expand these activities to other regions of the world
- Establishment of a concept for the next International Congress of Paediatric Medicine, to be held in 2011. As the preferred setting, the Congress will generally be held in conjunction with an IFCC meeting or a meeting taking place under the auspices of IFCC
- Regularly publish reports on the progress of the Task Force's activities and other relevant articles in the field of Paediatric Laboratory Medicine in the IFCC Journal

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### 13.4. Task Force on Pharmacogenetics (TF-PG) (IFCC Number 13.10.01)

#### Membership

Name	Position	Country	Term	Time in Office
R. Van Schaik	Chair	NL	1st	2008 01 - 2010 12
M. Ferrari	Member	IT	1st	2008 01 - 2010 12
H. Guchelaar	Member	NL	1st	2008 01 - 2010 12
M. Neumaier	Member	DE	1st	2008 01 - 2010 12
M. Pirmohamed	Member	UK	1st	2008 01 - 2010 12

#### Aims

The aim of the Task Force is to facilitate integration of pharmacogenetic testing into routine diagnostics at the appropriate quality standards.

#### Objectives

1. Obtain information on the potential clinical utility of specific pharmacogenetic tests
2. Obtain information on current perception of genetic variants to be tested
3. Obtain information on clinical recommendations based on the pharmacogenetic test results from the clinical disciplines involved.
4. Discuss and weigh the information obtained.
5. Prepare guiding documents, with participation of the clinical disciplines involved, per drug/gene combination for pharmacogenetic testing, addressing who to test, how to test, how to interpret and how to report.
6. Identify Pharmacogenetics Expert Labs, in collaboration with the Committee for Molecular Diagnostics.

#### Delivery

1. Network of pharmacogenetic experts from in- and outside Clinical Chemistry.
2. Establish specific contact persons with relevant clinical disciplines.
3. A first guidance document for TPMT testing for 6-mercaptopurine/azathioprine: draft will be ready before the General Assembly in April 2010.
4. A second draft guidance document (topic to be decided on from top 5 list, based on ongoing developments) will be prepared before December 31, 2010.
5. Presentation of ongoing work of IFCC TF-PG in presentations and posters.

## Accountability

The Task Force is directly responsible to the EB through the President.

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## 13.5. Task Force on Chronic Kidney Disease (TF-CKD) (IFCC Number 13.10.02)

### Membership

Name	Position	Country	Term	Time in Office
G. Jones	Chair	AU	1st	2008 01 - 2010 12
J. Coresh	Member	US	1st	2008 01 - 2010 12
J Delanghe	Member	BE	1st	2008 01 - 2010 12
E. Lamb	Member	UK	1st	2008 01 - 2010 12
A. Narva	Member	US	1st	2008 01 - 2010 12
M. Panteghini	Member	IT	1st	2008 01 - 2010 12
D. Seccombe	Member	CA	1st	2008 01 - 2010 12

### Aims

To promote, support and co-ordinate international activities related to laboratory testing in Chronic Kidney Disease (CKD).

## Objectives

1. Obtain information on the current state of co-ordinated national and international activity in the area of pathology testing in CKD.
2. Assess current best practice in CKD-related testing.
3. Assess best practice for implementation of best practice for CKD-related testing.
4. Provide assistance where required for member organizations and others in planning and implementing CKD testing policies and guidelines.
5. Identify other relevant areas of laboratory related issues in CKD.

## Delivery

1. A report on the current status of guidelines on CKD pathology testing.
2. A review of the items covered in CKD pathology testing guidelines.
3. A review of best practice processes for implementing change in CKD-related pathology testing.
4. An assessment of areas of likely relevant future activity in CKD testing.

## Accountability

The Task Force is accountable to the President of the Federation through the chair.

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### 13.6 Task Force on International Clinical Liaison (TF- ICL) (IFCC Number 13.10.04)

#### Membership

Name	Position	Country	Term	Time in Office
I. Watson	Chair	UK	1st	2009 01 - 2011 12
H Morris	Member	AU	1st	2009 01 - 2011 12
R. Sierra-Amor	Member	MX	1st	2009 01 - 2011 12
D. Young	Member	US	1st	2009 01 - 2011 12

#### Aims

1. To enable and develop contacts with International clinical organizations
2. To ensure improved bidirectional relationships between IFCC and its constituent organizations in the advancement of clinical and scientific endeavours nationally and internationally.

#### Objectives

1. To develop and deliver an action plan for approval by IFCC Executive
2. To create mechanisms for the exchange of best clinical and scientific practice to improve standards of practice
3. Identify need and potential for liaison with international clinical organizations
4. Facilitate initiatives and projects from such international contacts as required.
5. Support the President with his International contacts
6. To establish a mailbase for National representatives to interact with IFCC officers and each other
7. To support organizations in their clinical and scientific relationships with their National clinical societies to enable delivery of best practice.
8. Link efforts where appropriate with other IFCC initiatives

#### Delivery

The task force will have an Action Plan in place with key deliverables identified and progressed within 6 months of EB agreement of these Aims & Objectives. The Task Force will be subject to annual review with appraisal of the Chair.

The Task Force is expected to deliver on the Action Plan by the next IFCC Congress in Berlin in 2011.

#### Accountability

The Task Force is directly responsible to the EB through the President.

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## 13.7 IFCC Task Force for Young Scientists (TF-YS) (IFCC Number 13.10.05)

### Membership

Name	Position	Country	Term	Time in Office
D. Gruson	Chair	BE	1st	2010 01 - 2012 12
G Ko	Member	FR	1st	2010 01 - 2012 12
C. McCullum	Member	US	1st	2010 01 - 2012 12
E. Rusanova	Member	RU	1st	2010 01 - 2012 12
J Wijaya	Member	ID	1st	2010 01 - 2012 12

### Aim

The aim of TF-YS is to ensure that young scientists make a significant and growing contribution to the activities of IFCC and to the promotion of laboratory medicine at the centre of healthcare.

### Objectives

- To identify young scientists amongst IFCC Full and Corporate Members
- To use modern information technology to establish formal and informal networks to facilitate the communication between young scientists who are involved in laboratory medicine. Linkage with national society young scientist initiatives will be encouraged
- To encourage young scientists to share experience of laboratory medicine and other healthcare practice around the world
- To disseminate and promote innovation and high quality scientific and clinical practice standards
- To facilitate opportunities for young scientists to train in modern, state of the art laboratory practice
- To enable young scientists to participate in scientific, clinical and educational meetings and other learning sessions

- To encourage young scientists to participate in national and international programmes to promote the essential contribution of laboratory medicine to healthcare
- To make young scientists aware of the existence and role of IFCC and to encourage their participation in IFCC activities
- To assure the future of IFCC through the identification of young scientists who may develop into future experts capable of leading IFCC Divisions, Committees and Working Groups and becoming IFCC Officers

### **Delivery**

- For the purposes of definition a young scientist is a medical or science graduate working or training in laboratory medicine. He/she will normally be aged less than 35y at the time of appointment to work with TF-YS. The term of office of any young scientist involved with TF-YS is three years with renewal for a maximum of one further three year term of office.
- TF-YS will comprise a Chair and a maximum of four other core members. Core membership of TF-YS will ensure geographical representation and linkage to national societies that have experience of working with young scientists. TF-YS will also have an extensive number of corresponding members. All IFCC Full Members and Corporate Members will be invited to nominate young scientists to serve as core or corresponding members of TF-YS. Membership of TF-YS will be confirmed by the IFCC Executive Board on the recommendation of the TF-YS Chair.
- TF-YS will communicate mainly through modern electronic and social networking media. Communication will include all core and corresponding members of TF-YS and may develop into other networks as agreed by TF-YS.
- Core members of TF-YS will be invited to attend one Task Force meeting each year with expenses paid for by IFCC. Any corresponding member of TF-YS will be able to attend this annual meeting although IFCC is unable to provide travel or accommodation costs for corresponding members.
- TF-YS may organise regular workshops for young scientists within the framework of existing IFCC international or regional meetings. With the permission from the organisers TF-YS may also hold occasional workshops within national society or specialist society meetings. No expenses will be paid by IFCC for attendance at these workshops.
- TF-YS will be able to communicate with and request support from other IFCC functional units.

### **Accountability**

The TF-YS will report directly to the IFCC Executive Board. A nominated member of the Executive Board will act as a liaison person for TF-YS. The TF-YS will prepare an update report for each meeting of the Executive Board and may contact the Board, through the designated liaison person, at other times. Any additional finance raised by TF-YS will be accounted for through normal IFCC accounting procedures and will be subject to financial audit.

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## **Chapter 14**

### **IFCC Statutes and Rules**



## 14.1. STATUTES OF THE IFCC

### Preamble

Clinical Chemistry and Laboratory Medicine involves the study and application of chemistry, biochemistry, and molecular biology to the practice of diagnosis in medicine. The scope of the subject matter of this discipline is recognised by several names in various parts of the world (e.g. clinical biochemistry, physiological chemistry, chemical pathology). Included in its scope are the chemical facets of all areas of laboratory medicine. The International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) was formed to advance the science and practice of laboratory medicine throughout the world in the interest of the peoples of the world. These articles of association were approved by the IFCC Council on June 18, 1972 and amended by the IFCC Council on July 13, 1975. They were further reviewed and amended by Council on April 29, 1984, November 14, 1993, October 20, 2002, and July 24, 2005.

### Articles of Association

#### 1. Name and legal domicile

In accordance with the articles set forth hereunder and with articles 60 and following of the Swiss Civil Code, an Association is hereby formed under the name of International Federation of Clinical Chemistry and Laboratory Medicine (hereinafter sometimes referred to as the Federation).

The legal permanent domicile of the Federation is Pfaeffikon (Canton Schwyz), Switzerland.

**1.1** The International Federation of Clinical Chemistry and Laboratory Medicine exists to address the Purposes stated in 2 below. It operates without the intent of making a profit and all revenue that it earns is ultimately used for its stated Purposes.

#### 2. Purposes

The International Federation of Clinical Chemistry and Laboratory Medicine exists to advance the theory and practice of clinical laboratory science and to further its application in the provision of health services and the practice of medicine. Specific purposes of the Federation include, but are not limited to:

**2.1** Establish, encourage and foster high professional standards of clinical laboratory science.

**2.2** Promote international cooperation and coordination in the development of clinical laboratory science in matters of research, procedures, materials, regulations and practices, education and training, codes of ethics and related subjects.

**2.3** Provide a basis for closer liaison and the free exchange of professional information among clinical laboratory scientists worldwide.

**2.4** Sponsor and support International Congresses of Clinical Chemistry and Laboratory Medicine, sponsor and support regional congresses and meetings of international scope and interest.

**2.5** Encourage, sponsor and/or conduct studies, prepare recommendations, reference measurement procedures and reference materials, reviews and reports on facets of clinical laboratory science of international interest and concern.

**2.6** Provide consultation and advice on facets of clinical laboratory science to all Members of the IFCC, other international and regional societies, states, nations, industries and others concerned with the provision of health services and materials.

**2.7** Encourage and assist in the organisation and establishment of new societies concerned with clinical laboratory science.

**2.8** Contribute in other ways wherever practical and feasible to the improvement of clinical laboratory science and its services to humanity.

### **3. Organisation**

The International Federation of Clinical Chemistry and Laboratory Medicine is organised with: (1) a Council (Article 5 hereafter) (2) an Executive Board (Article 6 hereafter) and holds General Meetings as provided for under Article 9 hereafter.

### **4. Membership**

#### **4.1 Types of Membership**

There are three types of membership - Full Member, Affiliate Member and Corporate Member.

**4.1.1** Full Members are drawn from either one established and recognised national society of clinical chemistry or, clinical chemistry and laboratory medicine, or one such organisation in a given geographical area.

**4.1.2** Affiliate Members may be admitted from additional organisations or sections of non-member national or regional organisations.

**4.1.3** Corporate Members may be admitted from organisations manufacturing products or offering services for the field of clinical laboratory science.

#### **4.2. Application Procedures**

**4.2.1** Application for Full Membership (4.1.1) shall be presented to the Secretary of the Executive Board. Applications shall be subject to approval by the Council on the recommendation of the Executive Board. Such application shall state that the applicant:

**4.2.1.1** is an organised society for clinical chemistry, or clinical chemistry and laboratory medicine or other appropriate official organisation that represents the major clinical chemistry, or clinical chemistry and laboratory medicine interests of the country or area.

**4.2.1.2** is recognised by a National Research Council, National Academy of Sciences or National Committee, Ministry of Health, or other appropriate official scientific organisation.

**4.2.1.3** has officers authorized to act for the society.

**4.2.1.4** is composed of persons employed in clinical laboratory science on a professional level.

**4.2.1.5** holds regular meetings that include scientific programmes.

**4.2.1.6** has as its main objectives the improvement of clinical laboratory services in health care and medicine, the advancement of knowledge and the encouragement of research.

**4.2.2** Applications for Affiliate Membership of the IFCC (4.1.2) shall be presented to the Secretary of the Executive Board. The Executive Board shall approve Affiliate Membership following appropriate consultation. Such an application shall state that the applicant Group:

**4.2.2.1** is involved in the field of clinical laboratory science and includes persons employed in clinical laboratory science at a professional level.

**4.2.2.2** is recognised by a National Research Council, National Academy of Sciences or National Committee, Ministry of Health, or other appropriate official organisation.

**4.2.2.3** has officers authorized to act for the Group.

**4.2.2.4** holds regular meetings that include scientific programmes.

**4.2.3** Application for Corporate Membership (4.1.3.) shall be presented to the Corporate Representative of the Executive Board. Applications for Corporate Membership then require approval by the Executive Board. Applications shall contain details to show that the applicant:

**4.2.3.1** is engaged in the manufacture of products and/or the provision of services for use in the field of clinical laboratory science.

**4.2.3.2** has a commitment to the improvement of clinical laboratory science in health care and medicine, the advancement of knowledge and the encouragement of research.

**4.3** Membership in each of the above groups becomes operative from the moment of approval.

**4.4** The Council shall decide upon exclusion of Full Member organisations (4.1.1) that no longer conform to the requirements of articles 4.2.1.1. to 4.2.1.6.

**4.5** The Executive Board shall decide upon exclusion of Affiliate Members (4.1.2) and Corporate Members (4.1.3) that no longer conform to the requirements of the relevant sections of articles 4.2.2 and 4.2.3.

## **5. Council**

**5.1** The supreme body of the Federation shall be a Council which is responsible for the establishment of policy and the overall direction of the Federation. Council may exercise its authority at a meeting or when written submissions are presented to it according to the protocol established below (5.9 to 5.14).

**5.2** Full Members constitute the voting members of Council.

**5.3** Each Full Member from within its membership will designate by writing to the Secretary a Representative to the Council of the Federation, with full powers to act for the Society in all matters coming before the Council.

**5.4** The representatives from Full Members shall be the voting members of Council. An alternate representative may be appointed by a Full Member from within its membership or from the membership of another Full Member. The Secretary must be advised of this appointment in writing by an officer of the Full Member prior to the commencement of the meeting of Council.

**5.5** Each Affiliate Member and Corporate Member may designate a non-voting representative to Council.

**5.6** The Council shall approve the representative of the Corporate Members on the Executive Board as selected by the Corporate Members.

**5.7** The members of the Executive Board of the Federation shall be non-voting members of the Council.

**5.8** The Council is presided over by the President or, in his absence, by the Vice-President.

**5.9** The Council, at the call of the Executive Board, shall meet in the same period and at the same place as an International Congress of Clinical Chemistry and Laboratory Medicine.

**5.10** Extraordinary meetings of the Council may be called by the Executive Board or by one fifth of the voting members writing to the Secretary.

**5.11** At a duly called meeting a quorum of the Council shall consist of a simple majority of all Full Members. The procedures to be followed should a formal vote be required are set out in the Rules. In the absence of a quorum at a duly called meeting, business is subject to a mail ballot conducted as set out in the Rules.

**5.12** In the periods between Council meetings the Executive Board may submit questions by mail ballot to the Full Members' representatives to Council.

## **6. Executive Board**

**6.1** The Executive Board is charged with the day-to-day management of the Federation.

**6.2** The Executive Board consists of the President, Vice-President, Secretary, Treasurer, three Members, the immediate Past President and a representative of the Corporate Members. Other individuals may be co-opted as non-voting members at the Executive Board's discretion.

**6.3** The term of office of the elected members of the Executive Board shall be three years and shall start on the first of January following an International Congress of Clinical Chemistry and Laboratory Medicine. Members of the Executive Board are eligible for re-election once only for a given office. No individual shall serve for more than six consecutive years excluding years served as Past President.

**6.4** The Executive Board shall ensure the orderly discharge of the functions of the Federation and, in particular, carry out the administrative duties between meetings of Council. The Executive Board shall establish and maintain a set of Rules through which it will accomplish these functions.

**6.5** A vacancy on the Executive Board may be filled by the Board. Such an appointment will be subject to ratification by the Council at its next regular meeting.

## **7. Affiliated Organisations**

At its discretion the Executive Board may designate organisations engaged in the broad field of clinical laboratory science as IFCC Affiliated Organisations. The rights associated with such a designation shall be determined by the Executive Board.

## **8. The Rights of Members**

The Rights of Full Members are determined by Council. The Rights of Affiliate Members and Corporate Members shall be determined by the Executive Board and subjected to approval by Council. These Rights shall be set out in the Rules.

## **9. General Meetings**

**9.1** A General Meeting of all interested individuals shall be held at the time and place of sponsored International Congresses of Clinical Chemistry and Laboratory Medicine.

**9.2** The General Meeting shall discuss actions, problems, and issues facing the Federation and shall give participants the opportunity to record their recommendations.

## **10. Dues**

The annual dues for the various forms of membership (4. 1) of the Federation shall be fixed by Council. Failure to pay dues by the prescribed date shall lead to a loss of Rights as is set out in the Rules. Council, on the advice of the Executive Board, has the discretion to recognize exceptional circumstances affecting a Member society and has the power to modify dues.

## **11. Dissolution of the Federation**

If the Federation is dissolved, the net assets will be employed to realise the purposes set out in Article 2.

## **12. Amendments**

Proposals of amendments to these articles of association may be presented in writing through the Executive Board to the Council. Such proposals must be proposed by one voting member of Council and seconded by another voting member. Amendments may also be presented by the Executive Board. Any such proposal must be received six months before a meeting of Council, otherwise it would be processed by mail as set out in the Rules. In either case acceptance of amendments shall require a two-thirds majority of those voting. Should a mail ballot be required for an amendment to the Statutes, then the procedure to be followed for this ballot will be as set out under Rule 2.

## 14.2. RULES OF IFCC

Statute 5.8 states the following:

5.8 The Council Meeting is chaired by the President or, in his/her absence, by the Vice-President.

### 1. VOTING PROCEDURES ESTABLISHED FOR COUNCIL (Refer to Statute 5.12)

1.1. The Past President, or in the absence of the Past President, the Chair of the Nominations Committee, will take the Chair during election of members of the Executive Board. He or she will propose the names of two persons, who are neither National Representatives nor are from the country of any of the candidates, nor candidates for office, as tellers.

1.2. A separate table should be available where tellers are able to receive and count the votes.

1.3. The voting members of Council are the formal representatives of Full Members (ref. Statutes 5.2 and 5.3). Only those Full Members in good standing are eligible to vote. The determination of those in good standing will be made by the Executive Board. (refer to Rule 6.2.1).

1.4. Each Full Member of good standing shall have one vote. No person shall cast votes on behalf of more than one Member.

1.4.1. All National Representatives of Member Societies in good standing or alternates must register prior to the beginning of Council Meeting to be eligible to vote. The IFCC Secretary will provide a list of members in good standing giving the name of the National Representative or the alternate. The voters will be presented with appropriate ballot papers at the time of registration.

1.4.2. For an alternate (proxy) to be eligible to vote for any nominee, the person has to be a member of any Member National Society. The Secretary of the IFCC Executive Board will be informed by the National Society in writing at least one month prior to the voting, the name of the proxy who will represent the National Society. In addition, the nominee must present a copy of this letter at the time of registration to be eligible to vote. No exceptions to the above will be accepted. Any proxy can register only one vote. A candidate for positions of the Executive Board cannot be a proxy for any society. A National Representative cannot be a candidate for positions of the Executive Board.

1.5. For a Council meeting a quorum must be present. A quorum of Council consists of a simple majority of the representatives of the Full Members in good standing or their formal alternates.

1.6. A simple majority of quorum rules; that is for a proposal to be passed, it has to receive a majority of votes of the representatives of the Full Members in good standing (refer to Rule 6) present at the Council Meeting.

1.7. Whenever a vote is required, the meeting shall decide whether this shall be by show of hands or by secret ballot. In this, as in all other procedural matters, the President's or the person presiding over the meeting decision is final. Voting for the Executive Board Members will always be by secret ballot.

1.8. If equal numbers of votes are cast For and Against a proposal, the President or the person presiding over the meeting of Council, will ask the Proposer and Seconder whether they wish to modify their proposal so that it is more acceptable. If they do not, there is a revote. If an equal number of votes are cast For and Against the same proposal on a second ballot, the proposal is lost.

1.9. All proposals and amendments require a Proposer and Secunder before they can be put to a vote. Any voting or non-voting member of Council can propose or second motions. During the debate other proposals or amendments may be made. The original Proposer and Secunder may agree to withdraw or modify their proposal to incorporate suggestions made during the debate, so that one final proposal is put to the vote. If however, they do not accept suggestions or amendments, but wish to press their original proposal, the following procedure must be observed. Amendments must be voted on first, and if passed, are then added to the original proposal, and this then voted upon. If the amendment is defeated, the original proposal is put to the vote. If the proposal is defeated, any amendment is automatically lost as well. A similar procedure is followed with proposed changes to amendments, which is the most recent one is voted on first.

If a second proposal is made during the debate, which is judged not to be an amendment, this cannot be voted upon until a decision has been reached on the first proposal.

1.10. When Council must select one of several alternatives, e.g. in the election for positions on the Executive Board, the procedure will be:

1.11. Voting by Council for Executive Board membership shall be in the following order: President, Vice-President, Secretary, Treasurer and Members-at-Large.

1.12. Provision should be made to conduct the voting in an orderly manner such that all eligible votes can be counted. Representatives or their alternates are personally asked to deliver their votes for the National Societies. For each ballot being conducted, all National Representatives or alternates must be registered for their vote to be valid. National Representatives should represent the wish of the Board of their National Society and not their own personal viewpoint in the voting for candidates.

1.13. If there is one nominee only for an Executive Board position, voting will be by acclamation.

1.14 For election to positions for which there is only one vacancy (President, Vice-President, Secretary and Treasurer), or for deciding on a single course of action when multiple possibilities are under consideration:

1.14.1. A candidate or an alternative who receives a majority of votes cast in a first ballot is elected. If none of the candidates or alternatives receives a majority of the votes cast, all candidates or alternatives except the two which received the highest number of votes are eliminated and a further ballot is held.

1.14.2. If three or more candidates tie for first place they are all entered into the second ballot, but the candidate or candidates with the second highest number of votes is/are not. If two or more candidates tie for second place they are all entered into the second ballot together with the candidate who, gained the highest number of votes.

1.14.3. In a second (or subsequent) round of voting the candidate who, receives the highest number of votes will be elected or adopted, even if he/she has not received a majority of votes cast. If there is a tie for first place the candidates in first place will be entered into a further ballot or ballots until a result is obtained.

1.15. For election to positions for which there are multiple vacancies (i.e. Executive Board Members):

1.15.1. The procedures outlined in Rule 1.14 will be followed, except that the number of candidates carried forward to the second ballot will be up to twice the number of vacancies remaining to be filled. If the number of candidates remaining is less than twice the number of vacancies remaining, all candidates will be considered in the second round.

1.15.2. If any candidate gains a majority of votes cast in the first round of voting for EB Members, this candidate is elected and the number of vacancies to be contested in the second round is therefore reduced to two. In the event of ties (in the first round) for the last available position in the second ballot, all those who tied for this position will be carried forward to the second ballot.

1.15.3. In the second ballot, the three candidates (in the case of three remaining vacancies) or the two candidates (in the case of two remaining vacancies) who receive the highest number of votes will be elected, even if they do not receive a majority of the votes cast.

1.15.4. If two or more candidates gain an equal number of votes in the second round, and if this means that the candidates to be elected under section 1.15.3 cannot be determined, then the tied candidates will be entered into further rounds of voting until a result is obtained.

1.16. Before any new ballot, the Past President, or the person presiding over the voting procedure of Council, may ask each candidate, or in their absence each Proposer and Seconder, to confirm that they wish to continue in the ballot.

1.17. A majority of votes means that the number of votes for a candidate is greater than the total number of votes cast for all other candidates; abstentions are not counted.

1.18. In the case of a casual vacancy during the normal Executive Board term, nominations will be solicited from the Membership and a mail ballot will be conducted.

## **2. PROCEDURE FOR CONDUCTING A MAIL BALLOT (Refer to Statutes 5.12 and 5.13)**

2.1 In the event that a mail ballot is required, the documents to be considered by Full Members will be dispatched to them by the most secure mail or courier service available. In addition, the documents will be sent electronically. Votes may be returned to the IFCC Office by mail, email or fax.

2.2 Full Members are required to respond to the ballot. . Ordinarily, the response must be received no later than three months from the time the ballot documents were mailed. However, in special circumstances the President can vary the time in which a response must be received. For a proposal to be accepted it must receive a simple majority of the votes received.

2.3 In the event of a tie, rule 1.8 will apply.

## **3. RIGHTS OF FULL MEMBERS**

### **3.1 Membership**

3.1.1 Each Full Member will designate in writing to the Secretary a representative to the Council of the Federation, with powers to act for the Society in all matters coming before the council (ref. Statute 5.2).

3.1.2 The representatives from Full Members shall be the Voting members of Council. An alternate representative to Council may be appointed by a Full Member from within its membership, with full powers to participate and vote on Council matters. The Secretary must be advised in writing of this appointment, at least one month before the meeting of Council (ref. Statute 5.3). Exceptions will only be made in highly unusual cases. These will have to be ratified by the Executive Board.

## **3.2 Documentation**

3.2.1 Representatives of Full Members will receive copies of all documents and publications distributed by the IFCC. They are also available on the IFCC website ([www.ifcc.org](http://www.ifcc.org)).

3.2.2 Representatives of Full Members are responsible for providing their Societies formal responses and comments on these documents to the Executive Board or the specifically designated Division or Committee.

3.2.3 Full Member representatives are the official conduit from the Member Societies for bringing relevant matters regarding the profession of clinical chemistry to the attention of the IFCC.

## **3.3 Meetings**

3.3.1 Full Members are eligible to hold an international or regional congress of clinical chemistry and laboratory medicine.

3.3.2 Full Members may seek support from the IFCC for international, regional, national or local meetings. The IFCC may grant either its auspices or sponsorship where appropriate (see Congress guidelines).

## **3.4 Representation in Divisions, Committees and Working Groups**

3.4.1 Each Full Member is entitled to nominate members of Division Executive Committees, Committees and Working Groups. The appointments for the Division Executive Committee membership and the Committee's Chairs lie with the IFCC Executive Board on the recommendation of the appropriate Division Chair. Members of Committees and Working Groups are appointed by the respective Division Executive Committee.

3.4.2. Each Full Member is entitled to appoint a corresponding member to every Committee and Working Group.

## **3.5 Other rights**

3.5.1 Full Members are entitled to apply to host a IFCC Visiting Lecturer, through the Visiting Lecture Program.

3.5.2 Full Members are entitled to describe themselves as such in their publications and other promotional material.

3.5.3 A group working on a specific topic for a Full Member or several such Members may be recognised formally as an IFCC Working Group.

3.5.4 Full Members may submit a project proposal.

3.5.5 Additional rights may be determined by the Executive Board subject to ratification by Council.

## **4. RIGHTS OF AFFILIATE MEMBERS**

### **4.1 Membership**

4.1.1 Each Affiliate Member will designate in writing to the Secretary a representative to the Council of the Federation, with powers to act for the relevant group in all matters coming before the Council (ref. Statute 5.4).

4.1.2 The representatives from Affiliate Members shall be non-voting members of Council. An alternate representative to Council may be appointed by an Affiliate Member with power to act for the relevant group if the representative is unable to attend Council. The Secretary must be advised in writing of this appointment at least one month prior to the Council.

4.1.3 The representatives can propose or second motions in Council and can participate in its discussions (ref. Rule 1.9).

### **4.2 Documentation**

4.2.1 Representatives of Affiliate Members will receive copies of all documents and publications distributed by the IFCC.

4.2.2 The Affiliate Member is entitled to submit formal comments on IFCC documentation.

4.2.3 Representatives of Affiliate Members are the official conduit from the member groups and are responsible for bringing matters regarding the profession of clinical chemistry to the attention of the IFCC.

4.2.4 Appropriate numbers of copies of the journal of IFCC will be provided to relevant groups for individual members.

### **4.3 Other rights**

4.3.1 Affiliate Members are entitled to describe themselves as such in their publications and other promotional material.

4.3.2 An Affiliate Member may submit a project proposal.

4.3.3 Additional rights may be determined by the Executive Board.

## **5. RIGHTS OF CORPORATE MEMBERS**

### **5.1 Membership**

5.1.1 Each Corporate Member will designate in writing to the Secretary a representative to the Council of the Federation, with power to act for the Corporate Body in all matters coming before the Council (ref. Statute 5.4).

5.1.2 The representatives from the Corporate Members shall be non-voting members of Council. An alternative representative to Council may be appointed by a Corporate Member with power to act for the Corporate Body when the representative is unable to attend Council. The Secretary must be advised in writing of this appointment at least one month prior to the Council.

5.1.3 The representative can propose or second motions in Council and can participate in its discussions (ref. Rule 1.9).

### **5.2 Documentation**

5.2.1 Representatives of Corporate Members will receive copies of all documents and publications distributed by the IFCC.

5.2.2 The Corporate Member is entitled to submit formal comments on IFCC documentation.

5.2.3 Representatives of Corporate Members are the official conduit from the member Corporate Bodies and are responsible for bringing matters regarding the profession of clinical chemistry to the attention of the IFCC.

### **5.3 Meetings**

5.3.1 Corporate Members may seek support from the IFCC for relevant meetings (see Congress guidelines).

### **5.4 Representation in Divisions, Committees, and Working Groups.**

A Corporate Representative as a member of a Division or a Committee is entitled to reimbursement of expenses for attending scheduled meetings according to the IFCC reimbursement policy.

5.4.1 Corporate Members are entitled to nominate a representative for the Division Executive Committees. The final appointment of this Division Corporate Representative lies with the Executive Board based on the nomination of the Division chair.

5.4.2. Each Corporate Member is entitled to appoint Corresponding Members to every Division Committee or Working Group.

### **5.5 Other rights**

5.5.1 Corporate Members are entitled to describe themselves as such in their publications and other promotional material.

5.5.2 Corporate Members may participate in the selection process for the Corporate Representative on the Executive Board and the Division Executive Committees.

5.5.3 Corporate Members are entitled to use the IFCC logo on exhibits or when making presentations at meetings.

5.5.4 Each Corporate Member may submit a project proposal.

5.5.5 Additional rights may be determined by the Executive Board.

## **6. RULES GOVERNING THE PAYMENT OF DUES (refer to Statute 10)**

### **6.1. Dues**

6.1.1 The financial year of the Federation is January 1st to December 31st.

6.1.2 The Swiss Franc is the currency of the IFCC.

6.1.3 The dues payable for each category of membership are determined by Council which may delegate this responsibility to the Executive Board for recommending the level at which the dues should be set.

### **6.2 Non-payment of dues**

6.2.1 If dues are not paid by a Full Member for one year without a satisfactory explanation being offered in writing to the Treasurer, voting rights are withdrawn automatically. The Treasurer will inform Members who are likely to lose their voting rights six months prior to the Council Meeting. To avoid this, their dues must be paid no later than two months prior to the Council meeting.

6.2.2 If dues are not paid for two years, the rights of a member of any class are suspended automatically. Suspended members will no longer be sent IFCC correspondence or other information. The Treasurer will inform Members who are likely to lose their voting rights six months prior to the Council Meeting. To avoid this, the dues for two years must be paid no later than two months prior to the Council meeting.

6.2.3 In the case where a Member organisation is unable to pay the full dues for reasons beyond its control, a temporary revised fee structure may be determined by the Executive Board. Such an action requires that the organisation provides the President or Treasurer with a written statement of the circumstances and the action is subject to ratification by Council.

6.2.4. Rights of membership are restored on receipt of payment of dues at a level deemed appropriate and acceptable by the Executive Board.

6.2.5 Where membership in any class has lapsed because of non-payment of dues, readmission may be sought by submitting a new formal application for membership.

6.2.6 After three years of non-payment, it would be proposed to council that the National Society no longer be a member.

## **7. NOMINATION PROCESS**

The Executive Board is elected by Council and the procedures described below are to ensure a fair and democratic process for this election.

7.1 The Executive Board shall appoint a Nominations Committee at least 2 years prior to the beginning of a new triennium. The Nominations Committee shall consist of no fewer than five individuals knowledgeable about the field of clinical laboratory science and the workings of the IFCC. The membership also should reflect the broad geographic diversity of the IFCC and shall include both the Chairman of the immediate previous Nominations Committee and the immediate Past President of the IFCC.

7.2 The Nominations Committee shall solicit suggestions for candidates for each position on the Executive Board (except the Corporate Representative), from Full Members of the IFCC. The Nominations Committee shall establish an appropriate deadline by which all nominations must be received.

7.2.1 Each nominee for office shall give written consent and provide consent of their National Society to indicate acceptance of office if they were to be elected. The nominee's National Society is defined as the IFCC member for the country in which the nominee spends the majority of their time working in Laboratory Medicine. Only members of Full Members in good standing at the time of solicitation are eligible for consideration.

7.2.2 The candidates will be presented to Council at least 3 months before its scheduled meeting.

7.3 The Nominations Committee shall solicit from all Corporate Members suggestions for candidates for the corporate representative on the Executive Board.

7.3.1 Each Corporate Member may propose two nominees, one of whom must not be employed by that company or its subsidiaries or affiliated companies. Any nominee must be an employee of a Corporate Member in good standing. The nominees must provide written verification that they consent to serve, if elected, and a letter from their employer indicating the employer's consent. No less than six months before the scheduled meeting of Council, the Nominations Committee shall submit a ballot containing the names of all nominees to the Corporate Members, together with a short position statement from each of the candidates. From ballots returned no later than three months before the next Council meeting the Nominations Committee shall declare the recipient of most votes the elected Corporate Representative to the Executive Board. In the event of a tie the Corporate Members will be polled again. If a tie continues the Chairman of the Nominations Committee shall decide the representative by means of a coin-toss in the presence of witnesses and inform Council of the selection.

## **8. REGIONAL PROFESSIONAL LABORATORY MEDICINE ORGANISATIONS**

8.1. The IFCC recognises a number of Regional Organisations with whom they work professionally, scientifically and in educational matters.

8.2. Regional Organisations, at their request, may be recognised as a branch of IFCC.

8.3. Terms of collaboration may be formalised in a Memorandum of Understanding between the Executive Boards of IFCC and the Regional Organisation.



## Chapter 15

### IFCC Finances



## 15.1. Organization of Finances

All IFCC activities are financed through the IFCC Treasury, which is under the direct supervision of the IFCC Treasurer. The Treasurer is advised by the Financial Advisory Committee and assisted by staff in the IFCC Office.

The Executive Board has overall responsibility for the financial wellbeing of IFCC. The Executive Board discharges this responsibility by agreeing an annual budget and by considering actual performance against that budget through regular management accounts.

The IFCC financial year coincides with the calendar year. Formal IFCC accounts are prepared annually and subject to external audit. A copy of the latest set of audited accounts is available to IFCC Members on written request to the Treasurer.

The legal domicile of the Federation is in Switzerland and therefore all formal financial transactions and formal accounts are carried out in Swiss Francs (CHF). However, to minimise the loss on exchange rates and to facilitate efficient and timely processing of financial matters the Treasury is able to operate bank accounts in currencies other than Swiss Francs. The Treasury receives expert advice on investments from an international investment bank.

## 15.2. Budget

The annual budget is agreed by the Executive Board at its final meeting of the preceding year. The Chairs of IFCC Divisions are normally invited to attend and participate in the preparation and adoption of the budget. Whilst the Executive Board collectively has responsibility for monitoring expenditure against budget individuals members are charged with responsibility for monitoring sections of the budget.

## 15.3. Income and Expenditure

### 15.3.1. Income

Although the Federation has no category of individual personal membership, the annual contributions from the Full Member Societies are based on their number of individual members.

Corporate Members also contribute significantly to the Federation and their dues are based on the world-wide turnover of the company's business in the field of Clinical Chemistry and Laboratory Medicine.

Affiliate Members pay modest membership dues to IFCC.

Congresses sponsored by the IFCC make valuable contributions to the revenue of the Federation, with the local organisers and IFCC sharing the surplus.

On occasions IFCC receives grants from various sources for special assignments. Corporate Members sponsor IFCC activities, including the Visiting Lecture Programme, various conferences and workshops.

Careful investment of the reserve funds has become an important source of income.

### 15.3.2. Expenditure

All of the scientific and much of the administrative work carried out for IFCC is provided on a voluntary basis, and the financial value of resources put into IFCC by individuals and their employers does not show in the accounts of the Federation. Without this indirect and significant support from the Clinical Chemistry and Laboratory Medicine community, the work of IFCC could not be possible.

Much of the scientific and administrative work of IFCC is carried out by mail, FAX or E-mail, but occasional meetings are necessary. Travel costs are reimbursed and these represent a significant expenditure since it is general policy to select specialists from many different countries, reflecting the international quality of the Federation. The cost of meetings is an important part of the budget setting process.

IFCC also spends money on a variety of special projects. Broadly speaking these projects either support members or they fulfil the role of IFCC in promoting high scientific standards in the worldwide practice of clinical chemistry and laboratory medicine. Finance for all projects is budgeted in advance. The nature of these projects is identified, together with expenditure, in the annual accounts.

The IFCC Office and its activities are supported from its own resources identified in the annual budget.

### 15.4. Annual Dues

The financial amount of annual dues is normally fixed for three years by the IFCC Council. The IFCC Office invoices Full Members, Corporate Members and Affiliate Members on an annual basis. Members that default on payment of dues are considered by the Executive Board. Sanctions for the persistent non-payment of dues are explained in the IFCC Rules (Chapter 14.2).

### 15.5. Guidelines for Industry Support

IFCC Corporate Members pay an annual subscription. IFCC also collaborates with its Corporate Members on projects that aim to advance knowledge and/or improve the quality of clinical laboratory science in health care and medicine. As part of this collaboration the Corporate Members may provide designated sponsorship. IFCC will not accept industry sponsorship for an overtly commercial project that involves IFCC promoting the interests of an individual company.

### 15.6. Income from Congresses

IFCC sponsors a number of scientific congresses. Each WorldLab and EuroMedLab congress is subject to a contract between IFCC, the host national society and the professional conference organiser employed to deliver the congress. One component of that contract is the financial basis upon which IFCC derives income from sponsorship of the congress. IFCC may also derive income from Regional Congresses under the terms of the agreement between IFCC and the Regional Organization.

Specialised conferences that are supported by IFCC are normally subject to a contract between IFCC and a Corporate Member sponsor.

### 15.7. Financial Advisory Committee

The Financial Advisory Committee meets when required, normally three times each year. The Minutes of the Financial Advisory Committee are considered by the Executive Board.

The IFCC Treasurer chairs the Financial Advisory Committee. The Past-President and the Representative of the Corporate Members are members. For the period 2009-2011 members of the Financial Advisory Committee are:

#### **Treasurer, Chair**

##### **Dr. Ghassan SHANNAN**

26 Ghazawy Street,  
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Mazzeh, Damascus, Syria  
Tel: +963 11 6120309  
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#### **Past-President**

##### **Prof. Jocelyn M.B. HICKS**

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#### **Representative of the Corporate Members**

##### **Priv. - Doz. Dr. Thomas BRINKMANN**

Beckman Coulter Eurocentre  
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Tel: +49 2151 333 601  
Fax: +49 2151 333 636  
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## Chapter 16

### Organizational Matters



## 16.1. IFCC Office

The IFCC Office is the unit of the IFCC responsible for carrying out, under the direction of the EB and in conjunction with Division and Committee members, the administrative and communication activities of the Federation. The IFCC Office reports to the EB through the Secretary.

The IFCC Office is the administrative centre of the IFCC, and maintains the Archives of the organisation. The IFCC Office is responsible for day to day financial operations such as: billing members for dues, controlling of claims, accounting of income and expenditures, quarterly budget report to the EB. It is also responsible for all contacts with Member societies for official mail sent to the Members by the Executive Board and its officers. The IFCC Office also assists the regional organizations with which the IFCC has agreements (AFCB, APFCB, COLA BIOCLI, EFCC) in administrative activities.

The IFCC Office is staffed by two full-time and one part-time paid secretaries, and other staff as required.

The IFCC Office is located within the premises of MZ Congressi, Milan, Italy, which is the professional congress organizer (PCO) for the IFCC.

### The IFCC Office address is:

Via Carlo Farini 81  
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Fax: +39 02 60781846  
E-mail: [ifcc@ifcc.org](mailto:ifcc@ifcc.org)  
IFCC website: [www.ifcc.org](http://www.ifcc.org)

## 16.2. IFCC Awards

For a full description of IFCC Awards see Chapter 12

## 16.3. Nominations Committee

### 16.3.1. Summary

The Executive Board creates an ad hoc Nominations Committee (NC) and appoints the Chairperson. This occurs every third year with the Committee being appointed two years prior to the next Council meeting.

It is the responsibility of the NC to invite, receive and process nominations for the next Executive Board. To do so, the NC solicits suggestions for candidates for each position on the Executive Board (except the Past-President and Corporate Representative), from Full Members of the IFCC and from key individuals within the management structure of the IFCC. The NC then recommends a slate of candidates consisting of one or more persons for each vacancy. Also, the candidates MUST be nominated by the Association of the country where the candidate works, and not by another Association of which they are a member.

The Nominations Committee will conduct this activity independent of the current Executive Board (whose members may be seeking re-election). Also, it will establish an appropriate deadline by which all nominations must be received. The NC does not function as a "Search Committee" and has no long-term role in "human resource development" or "succession planning".

The election for the new EB will be conducted at the meeting of Council prior to the IFCC WorldLab 2011 meeting in Berlin.

### 16.3.2. Members

Name	Position	Country	Term	Time in Office
M. Thomas	Chair	UK	1st	2009 01-2011 12
L. Burnett	Member	AU	1st	2009 01-2011 12
M. Burritt	Member	US	2nd	2009 01-2011 12
F. Harb	Member	SY	1st	2009 01-2011 12
J. Hicks	Member	US	1st	2009 01-2011 12
D. Mazziotta	Member	AR	1st	2009 01-2011 12

### 16.3.3. LIST OF ADDRESSES

#### Dr. Michael THOMAS

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London NW3 2QG, UK  
E-mail:  
Michael.Thomas@royalfree.nhs.ukk

#### Prof. Daniel MAZZIOTTA

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#### Prof. Leslie BURNETT

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Service (PaLMS)  
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Fax: +61 2 9926 6395  
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#### Dr. Mary BURRITT

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Email: mburritt@mayo.edu

#### Dr. Fouad HARB

AFCB President  
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Email: fouad.harb@scs-net.org

#### Prof. Jocelyn M.B. HICKS

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Fax: +1 202 363 5322  
Mobile: + 202 250 1057  
Email: hicksjmb@gmail.com

#### 16.4. Annual Report

The IFCC Annual Report is an important document. It is prepared at the beginning of each calendar year as a summary of the past year's activities. It is compiled by the Secretary of IFCC from the reports of the respective IFCC Officers, National Societies and Regional Federations. The IFCC Annual Report gives National Societies an opportunity to report their activities to other member societies. These reports are a part of the IFCC Annual Report, which will be available in the IFCC website [www.ifcc.org](http://www.ifcc.org). The IFCC Annual Report is also published in Lab Medica International as a short version without the reports of the National Societies.

#### 16.5. IFCC Handbook

The production of the hard copy version of the IFCC Handbook occurs once every three years and coincides with the term of the Executive Board. The IFCC Handbook is constantly being updated when needed and the most current version is available from the IFCC website ([www.ifcc.org](http://www.ifcc.org)).

The Handbook gives all the information about the operation and activities of IFCC. The Handbook includes a section on the organization of IFCC, its aims and strategic objectives over the three year term of the Executive Board. The Handbook lists IFCC Regional Organizations, Divisions, Committees and Working Groups, IFCC programmes and projects. The Full Members, Corporate Members and Affiliate Members are also included with the names and addresses of their contact persons. The Statutes and Rules of the IFCC are the basis of its operations and they are also published in the Handbook.

The Handbook is intended to give basic information on IFCC and its operation and to help readers to find contacts with laboratory experts involved in IFCC activities.

#### 16.6. IFCC Procedures Manual

The IFCC Procedure Manual is a document which details the procedures for all the IFCC activities. It helps new IFCC officials learn about how IFCC operates. This document is available for the IFCC officials only.

#### 16.7. Project Proposal Forms

Proposals for new projects must be submitted on a Project Proposal Form. For all projects other than those targeted at the Scientific Division the appropriate form may be downloaded from the 'Organisation' section of the IFCC website ([www.ifcc.org](http://www.ifcc.org)). Proposals targeted at the Scientific Division should use a slightly modified form that is available from the 'Scientific Activities' section of the same website.

#### 16.8. IFCC Numbering System

The IFCC uses a numerical system for all its official correspondence. This number is also used for storing and archiving IFCC records. The numbering system is continually updated with for new activities. The system at the time of preparing this Handbook was as follows.

## 1. Minutes of EB meetings

- 1.1. Minutes
- 1.1.80. Rabat 2000
- 1.1.81. Captiva Island 2000
- 1.1.82. Dubrovnik 2001
- 1.1.83. Prague 2001
- 1.1.84. Milan 2001
- 1.1.85. Vienna 2002
- 1.1.86. Orlando 2002
- 1.1.87. Kyoto 2002
- 1.1.88. Vienna 2003
- 1.1.89. Barcelona 2003
- 1.1.90. Milano 2003
- 1.1.91. Sousse 2004
- 1.1.92. Perth 2004
- 1.1.93. Milano 2004
- 1.1.94. Vienna 2005
- 1.1.95. Orlando 2005
- 1.1.96. Milano 2005
- 1.1.97. Paraguay 2006
- 1.1.98. Chicago 2006
- 1.1.99. Milano 2006
- 1.1.100. Washington 2007
- 1.1.101. Amsterdam 2007
- 1.1.102. Beijing 2007
- 1.1.103. Antalya 2008
- 1.1.104. Fortaleza 2008
- 1.1.105. Milano 2008
- 1.1.106. Windsor 2009
- 1.1.107. Milano 2009
- 1.1.108. Innsbruck 2009
- 1.1.109. Milano 2009

## 1.2. Action Lists

- 1.2.80. Rabat 2000
- 1.2.81. Captiva Island 2000
- 1.2.82. Dubrovnik 2001
- 1.2.83. Prague 2001
- 1.2.84. Milan 2001
- 1.2.85. Vienna 2002
- 1.2.86. Orlando 2002
- 1.2.87. Kyoto 2002
- 1.2.88. Vienna 2003
- 1.2.89. Barcelona 2003
- 1.2.90. Milan 2003
- 1.2.91. Sousse 2004
- 1.2.92. Perth 2004
- 1.2.93. Milano 2004
- 1.2.94. Vienna 2005
- 1.2.95. Orlando 2005
- 1.2.96. Milano 2005
- 1.2.97. Paraguay 2006
- 1.2.98. Chicago 2006

- 1.2.99. Milano 2006
- 1.2.100. Washington 2007
- 1.2.101. Amsterdam 2007
- 1.2.102. Beijing 2007
- 1.2.103. Antalya 2008
- 1.2.104. Fortaleza 2008
- 1.2.105. Milano 2008
- 1.2.106. Windsor 2009
- 1.2.107. Milano 2009
- 1.2.108. Innsbruck 2009
- 1.2.109. Milano 2009

## 1.3. EB Meetings Reports (for IFCC News)

- 1.3.80. Rabat 2000
- 1.3.81. Captiva Island 2000
- 1.3.82. Dubrovnik 2001
- 1.3.83. Prague 2001
- 1.3.84. Milan 2001
- 1.3.85. Vienna 2002
- 1.3.86. Orlando 2002
- 1.3.87. Kyoto 2002
- 1.3.88. Vienna 2003
- 1.3.89. Barcelona 2003
- 1.3.90. Milan 2003
- 1.3.91. Sousse 2004
- 1.3.92. Perth 2004
- 1.3.93. Milano 2004
- 1.3.94. Vienna 2005
- 1.3.95. Orlando 2005
- 1.3.96. Milano 2005
- 1.3.97. Paraguay 2006
- 1.3.98. Chicago 2006
- 1.3.99. Milano 2006
- 1.3.100. Washington 2007
- 1.3.101. Amsterdam 2007
- 1.3.102. Beijing 2007
- 1.3.103. Antalya 2008
- 1.3.104. Fortaleza 2008
- 1.3.105. Milano 2008
- 1.3.106. Windsor 2009
- 1.3.107. Milano 2009
- 1.3.108. Innsbruck 2009
- 1.3.109. Milano 2009

## 2. Full Members

- 2.1. Member Societies
  - 2.1.2. Argentina
  - 2.1.3. Australasia
  - 2.1.4. Austria
  - 2.1.5. Belgium
  - 2.1.6. Brazil
  - 2.1.7. Bulgaria

- |         |                 |         |                    |
|---------|-----------------|---------|--------------------|
| 2.1.8.  | Canada          | 2.1.62. | Slovenia           |
| 2.1.9.  | Chile           | 2.1.63. | Thailand           |
| 2.1.10. | Colombia        | 2.1.64. | Greece             |
| 2.1.11. | Albania         | 2.1.65. | Macedonia          |
| 2.1.12. | Denmark         | 2.1.66. | Paraguay           |
| 2.1.13. | Ecuador         | 2.1.67. | Jordan             |
| 2.1.14. | Egypt           | 2.1.68. | Russia             |
| 2.1.15. | Germany         | 2.1.69. | Uruguay            |
| 2.1.16. | Finland         | 2.1.70. | Lithuania          |
| 2.1.17. | France          | 2.1.71. | Romania            |
| 2.1.19. | Hungary         | 2.1.72. | Turkey             |
| 2.1.20. | Iran            | 2.1.73. | Malaysia           |
| 2.1.21. | Ireland         | 2.1.75. | China (Beijing)    |
| 2.1.22. | Israel          | 2.1.76. | Dominican Republic |
| 2.1.23. | Italy           | 3.1.77. | Lebanon            |
| 2.1.25. | Japan           | 2.1.78. | Honduras           |
| 2.1.26. | Kenya           | 2.1.80. | Estonia            |
| 2.1.27. | Luxembourg      | 2.1.81. | Costa Rica         |
| 2.1.28. | Mexico          | 2.1.82. | Portugal           |
| 2.1.29. | Morocco         | 2.1.83. | Pakistan           |
| 2.1.30. | Netherlands     | 2.1.84. | Bosnia Herzegovina |
| 2.1.31. | Croatia         | 2.1.85. | Cyprus             |
| 2.1.32. | Nigeria         | 2.1.86. | Montenegro         |
| 2.1.33. | Norway          | 2.1.87. | Sri Lanka          |
| 2.1.34. | Poland          | 2.1.88. | Ukraine            |
| 2.1.36. | Singapore       | 2.1.89. | Sudan              |
| 2.1.37. | South Africa    | 2.1.90. | Peru               |
| 2.1.38. | Spain           | 2.1.91. | Ethiopia           |
| 2.1.39. | Sweden          | 2.1.92. | Philippines        |
| 2.1.40. | Switzerland     | 2.1.93. | Algeria            |
| 2.1.41. | Syria           |         |                    |
| 2.1.43. | United Kingdom  |         |                    |
| 2.1.44. | United States   |         |                    |
| 2.1.46. | Serbia          |         |                    |
| 2.1.47. | Indonesia       |         |                    |
| 2.1.49. | Hong Kong       |         |                    |
| 2.1.50. | China Taipei    |         |                    |
| 2.1.51. | Iceland         |         |                    |
| 2.1.52. | Korea           |         |                    |
| 2.1.53. | Kuwait          |         |                    |
| 2.1.54. | Vietnam         |         |                    |
| 2.1.55. | India           |         |                    |
| 2.1.56. | Cuba            |         |                    |
| 2.1.57. | Tunisia         |         |                    |
| 2.1.58. | Czech Republic  |         |                    |
| 2.1.59. | Slovak Republic |         |                    |
| 2.1.60. | Guatemala       |         |                    |
| 2.1.61. | Latvia          |         |                    |

## 2.2 Applications

- |                             |                    |
|-----------------------------|--------------------|
| 2.2.13 Saudi Arabia;        | 2.2.47 Mongolia;   |
| 2.2.16 Panama;              | 2.2.49 Ghana;      |
| 2.2.21 Botswana;            | 2.2.50 Tanzania;   |
| 2.2.25 Yemen Arab Republic; | 2.2.53 Nicaragua;  |
| 2.2.28 Libya;               | 2.2.54 Kazhakstan, |
| 2.2.42 El Salvador;         | 2.2.57 Kosovo      |
| 2.2.44 Puerto Rico;         |                    |

## 2.3. Other Countries

## 2.4. Annual Dues

## 2.6. Non Voting Members

## 2.7. Suspended Members

Ivory Coast, Senegal,  
Zimbabwe, Venezuela

## 2.8. Co-operative Activities Between Members

(e.g. Twinning)

## 2.9. Ballots for Membership

## 2.40. Other Business

## 3. Corporate Members

- |  |  |
|--|--|
| 3.1. Current Members                             | 3.1.48. HyTest Ltd.                          |
| 3.1.1. Abbott Laboratories                       | 3.1.53. A. Menarini Diagnostics              |
| 3.1.2. Asahi Kasei Pharma Corporation            | 3.1.54. Sysmex Europe GmbH                   |
| 3.1.4. Axis Shield POC AS                        | 3.1.55. BD Diagnostics-Preanalytical Systems |
| 3.1.6. Beckman Coulter Inc.                      | 3.1.56. ControlLab                           |
| 3.1.8. bioMérieux                                | 3.1.57. Bio-Rad Laboratories                 |
| 3.1.11. Dako A/S                                 | 3.1.58. Mitsubishi Chemical Europe GmbH      |
| 3.1.13. DiaSys Diagnostic Systems                | 3.1.59. Innotracc Diagnostics                |
| 3.1.15. Genzyme Diagnostics                      | 3.1.60. ANALIS R&D Diag                      |
| 3.1.18. Hitachi High-Technologies Corporation    | 3.1.61. The Binding Site Ltd.                |
| 3.1.21. Ortho-Clinical Diagnostics, Inc          | 3.1.62. Response Biomedical Corporation      |
| 3.1.29. Radiometer Medical ApS                   | 3.1.63. Care Srl                             |
| 3.1.30. Randox Laboratories Ltd.                 | 3.1.65. Phadia AB                            |
| 3.1.31. Roche Diagnostics GmbH                   | 3.1.66. Siemens Healthcare Diagnostics Inc.  |
| 3.1.34. Sebia S.A.                               | 3.1.67. MorphoSys UK Ltd T/A AbD Serotec     |
| 3.1.36. Wako Pure Chemical Industries, Ltd./Wako | 3.1.68. Gentian AS                           |
| 3.1.37. PerkinElmer Life and Analytical Sciences | 3.1.69. Sentinel Diagnostics CH. Spa         |
| 3.1.38. Wiener Lab                               | 3.1.70. Agappe Diagnostics Ltd.              |
| 3.1.40. Walter De Gruyter, Berlin/New York       | 3.1.71. Sichuan Maker Biotechnology Co. Ltd. |
| 3.1.45. Thermo Fisher Scientific Oy              |  |
| 3.1.46. Drew Scientific Co. Limited              |  |

**3.2. Applications****3.3. Withdrawals****3.4. Annual Dues****3.5. Guidelines and Rules****3.6. Corporate Representatives****3.7. Non-CM Companies****3.40. Other Business****4. Affiliated Members****4.1. Current Members**

- 4.1.1. Asociación Española de Farmacéuticos Analistas
- 4.1.3. Regional Association for Clinical Laboratory Diagnosis, St. Petersburg
- 4.1.5. Brazilian Society for Clinical Pathology/ Laboratorial Medicine
- 4.1.6. Eritrean Medical Laboratory Association
- 4.1.7. Romanian Association of Medical Laboratories
- 4.1.8. Palestinian Medical Technology Association

**4.2. Applications**

- 4.2.2. Chemical Pathology Section, Egyptian Society for Laboratory Medicine
- 4.2.3. African Association for Clinical Laboratory Sciences
- 4.2.4. Catalan Association of Clinical Lab Science
- 4.2.5. Association for Molecular Pathology USA
- 4.2.6. Colegio Mexicano de Quimicos Clinicos

**4.4. Annual Dues****4.40. Other Business****5. Organisations (Regional) Affiliated with IFCC****5.1. Asian-Pacific Federation of Clinical Biochemistry (APFCB)****5.2. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)****5.4. European Federation of Clinical Chemistry and Laboratory Medicine (EFCC)****5.5. African Federation of Clinical Chemistry (AFCC)****5.11. Balkan Federation of Clinical Chemistry (formerly 4.1.3)****5.12. Arab Federation of Clinical Biology (AFCB) (formerly 4.2.1)****5.13. Nordisk Forening for Klinisk Kemi (NFKK) (formerly 6.33)****5.40. Other Business****6. International/Regional Organisations****6.1 World Health Organisation (WHO)****6.1.1. Special Programme of Research, Development and Research Training in Human Reproduction (HRP)****6.1.2. WHO Regional Office for Europe****6.1.3. Pan American Health Organization (PAHO)**

- 6.2. Clinical Laboratory Standards Institute (CLSI) (Formerly NCCLS)
- 6.3. United Nations Organization (UNO)
- 6.4. International Union of pure and Applied Chemistry (IUPAC)
- 6.6. International Union of Immunological societies (IUIS)
- 6.7. International Union of Biochemistry and Molecular Biology (IUBMB)
- 6.8. Council of International Organisations of Medical Sciences (CIOMS)
- 6.9. World Medical Association (WMA)
- 6.10. International Society for Haematology (ISH)
- 6.10.1 International Committee for Standardization in Haematology (ICSH)
- 6.11. International Council for Science (ICSU)
- 6.12. International Pharmaceutical Federation (FIP)
- 6.13. World Association of Societies of Pathology and Laboratory Medicine (WASPALM)
- 6.14. International Union of Basic and Clinical Pharmacology (IUPHAR)
- 6.15. International Organization of Legal Metrology (OIML)
- 6.16. International Measurement Confederation (IMEKO)
- 6.18. Asian Pacific Committee for Clinical Laboratory Standards (APCCLS)
- 6.21 American Oil Chemists Society (AOCS)
- 6.22 Bureau International des Poids et Mesures (BIPM)
- 6.23. International Standards Organization (ISO)
- 6.23.1. Technical Advisory Groups (ISO-TAG)
- 6.23.2. Committee on Reference Materials (ISO-REMCO)
- 6.23.3. Forum for Inter-Organisational Cooperation in Metrology (FICOM)
- 6.24. International Federation for Medical and Biological Engineering (IFMBE)
- 6.25. International Electrotechnical Commission (IEC)
- 6.26. Japanese Committee for Clinical Laboratory Standards (JCCLS)
- 6.27. United Nations (UN All United Nations bodies except WHO)
- 6.30. European Committee for Standardization (CEN)
- 6.31. European Institute of Reference Materials and Methods (IRMM)
- 6.33. National Institute for Biological standards and Control (NIBSC)
- 6.36. European Confederation of Laboratory Medicine (ECLM)
- 6.37. National Institute of Standards (NIST)

## **7. Congresses and Conferences**

- 7.1. The IFCC Committee on Congresses and Conferences
- 7.2. International Congresses of Clinical Chemistry and Laboratory Medicine (ICCCs)
  - 7.2.1. 1954 - Amsterdam
  - 7.2.2. 1956 - New York
  - 7.2.3. 1957 - Stockholm
  - 7.2.4. 1960 - Edinburgh
  - 7.2.5. 1963 - Detroit
  - 7.2.6. 1966 - Munich
  - 7.2.7. 1969 - Geneva
  - 7.2.8. 1972 - Copenhagen
  - 7.2.9. 1975 - Toronto
  - 7.2.10. 1978 - Mexico City
  - 7.2.11. 1981 - Vienna
  - 7.2.12. 1984 - Rio de Janeiro
  - 7.2.13. 1987 - Den Hague
  - 7.2.14. 1990 - San Francisco
  - 7.2.15. 1993 - Melbourne
  - 7.2.16. 1996 - London
  - 7.2.17. 1999 - Florence
  - 7.2.18. 2002 - Kyoto
  - 7.2.19. 2005 - Orlando
  - 7.2.20. 2008 - Fortaleza
  - 7.2.21. 2011 - Berlin
  - 7.2.22. 2014 - Istanbul

## **7.3. Regional Congresses of Clinical Chemistry and Laboratory Medicine**

### **7.3.1. Asian Pacific Federation of Clinical Biochemistry (APFCB)**

7. 1995 - Bangkok
8. 1998 - Kuala Lumpur
9. 2001 - New Delhi
10. 2004 - Perth
11. 2007 - Beijing
12. 2010 - Seoul

### 7.3.2. European Federation of Clinical Chemistry and Laboratory Medicine (EFCC)

11. 1995 - Tampere
12. 1997 - Basel
13. 1999 - Florence
14. 2001 - Prague
15. 2003 - Barcelona
16. 2005 - Glasgow
17. 2007 - Amsterdam
18. 2009 - Innsbruck
19. 2011 - Berlin
20. 2013 - Milano

### 7.3.3. AMNE

### 7.3.4. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

12. 1995 - Buenos Aires
13. 1997 - Caracas
14. 1999 - Puerto Rico
15. 2001 - Florianopolis
16. 2003 - San José
17. 2005 - Asunción
18. 2008 - Panama
19. 2010 - Santiago del Chile

### 7.3.5. World Association of Societies of Pathology and Laboratory Medicine (WASPALM)

1. 1999 - Sao Paolo
2. 2002 - Dusseldorf

### 7.3.6. Arab Federation of Clinical Biology (AFCB)

9. 2000 - Rabat
10. 2004 - Monastir
11. 2006 - Damascus
12. 2009 - Beirut
13. 2012 - Morocco
14. 2015 - Sudan

### 7.3.7. African Confederation of Clinical Chemistry (AFCC)

1. 2009 - Ibadan

## 7.4. IFCC Specialised Conferences

### 7.4.1. Roche Bergmeyer Conferences

1. 1988 - Principles of Assays in Medical Sciences
2. 1989 - Laboratory Measurements in Lipid Disorders
3. 1990 - Immunoassay Standardisation
4. 1992 - Two Immunoassay Reference Systems: Cortisol and Human Chorionic Gonadotrophin
5. 1994 - Tumor Markers: Current Status and Future Trends
6. 1996 - Biochemical Markers for Bone Diseases: Current Status and Future Trends
7. 1999 - Markers for Cardiac Damage: Current Status and Future Trends
8. 2001 - Autoimmune Diseases: Current Status and Future Trends
9. 2003 - Nucleic Acid Markers for Bacterial and Viral Infections in Intensive Care
10. 2005 - Diabetes Mellitus & Cardiovascular Disease
11. 2008 - Markers of kidney disease
12. 2010 - Novel biomarkers: From discovery to clinical application

**7.4.2 European Beckman Coulter Molecular Basis of Diseases**

1. 1998 - Inflammatory Diseases
2. 2000 - Cell Biology of Neuronal Dysfunction

**7.4.3. Roche Molecular Biology**

1. 1998 - Recent Progress in Molecular Biology Technology
2. 2000 - Validating and Using Pharmacogenetics

**7.4.4. Education****7.4.5. Medica MediLab****7.4.6. Beckman Coulter Proteins**

1. 2001 - Prague
2. 2003 - Barcelona

**7.4.7. Ortho Clinical Diagnostics Conference**

1. 2008 - Birmingham. Cardiac biomarkers
2. 2011 - Paris. Pregnancy-related disorders

**7.5. Congress Guidelines****7.8. Congresses with IFCC Auspices****7.20. Membership****7.30. Budget****7.40. Other Business****8. Scientific Division****8.0. Agenda/Minutes****8.1. Activity and Annual Reports****8.2 Committees**

- 8.2.6. Nomenclature, Properties and Units (C-NPU)
- 8.2.11. Molecular Diagnostics (C-MD)
- 8.2.13. Plasma Proteins (C-PP)
- 8.2.21. Reference Systems of Enzymes (C-RSE)
- 8.2.23. Traceability in Lab. Medicine (C-TLM)
- 8.2.24. Reference Intervals & Decision Limits (C-RIDL)

**8.3 Working Groups**

- 8.3.33. Standardization of Thyroid Function Tests (WG-STFT)
- 8.3.35. Standardization of Hemoglobin A2 (WG-HbA2)
- 8.3.36. Standardization of Carbohydrate-Deficient Transferrin (WG-CDT)
- 8.3.37. Standardization of Cystatin C (WG-SCC)
- 8.3.38. Standardization of Glomerular Filtration Rate Assessment (WG-GFRA)
- 8.3.39. Standardization of Microalbumin Assays in Urine (WG-SMA)
- 8.3.40. Standardization of Pregnancy-Associated Plasma Protein A (WG-PAPPA)
- 8.3.41. Growth Hormone (WG-GH)
- 8.3.42. Standardization of Insulin Assays (WG-SIA)
- 8.3.43. Standardization of Troponin I (WG-TnI)
- 8.3.44. Allowable Errors for Traceable Results (WG-AETR)
- 8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)
- 8.3.46. Quality Specifications for Glucose POCT (WG-GPOCT)

#### **8.4. WHO collaboration**

#### **8.5. Rules of Procedure**

#### **8.6. Documents**

#### **8.7. Projects**

#### **8.8. Project Proposals**

#### **8.9. Position Paper**

#### **8.10. Internal IFCC Relations of SD**

8.10.1. Executive Board

8.10.7. Congress and Conference

8.10.9. Education and Management

8.10.10. Communications and Publications

8.10.16. Technical Secretariat

8.10.17. Corporate Members Report

8.12. Reference Materials & Standardisation

#### **8.13. Joint Committee for Traceability in Laboratory medicine (JCTLM)**

8.13.1. WG 1: Reference-Measurements and Reference-Materials

8.13.2. WG 2: Reference Laboratories

8.15. SD Aspects of IFCC Specialised Conferences

8.19. Meetings

8.20. Membership

8.30. Budget

8.31. Contingency Fund

8.40. Other Business

### **9. Education and Management Division**

#### **9.0. Agenda/Minutes**

#### **9.1. Activity and Annual Reports**

#### **9.2. Committees (Programs and Courses)**

9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)

9.2.5. Analytical Quality (C-AQ)

9.2.7. Evidence Based on Laboratory Medicine (C-EBLM)

9.2.8. Education and Curriculum Development (C-ECD)

9.2.9. Clinical Laboratory Management (C-CLM)

#### **9.3. Working Groups**

9.3.8. Laboratory Errors and Patient Safety (WG-LEPS)

9.3.9. Bone Markers Standards on Osteoporosis (WG-BMS)

#### **9.4. Special Projects**

9.4.1. Visiting Lecture Program (VLP)

9.4.2. Courses on Flow Cytometry (WG-FC)

9.4.3. Developing Quality Competence in Medical Laboratories (DQCML)

#### **9.5. General Rules of Procedure**

#### **9.6. Documents**

#### **9.8. Project Proposals**

**9.19. Meetings****9.20. Membership****9.30. Budget****9.40. Other Business****10. Communications and Publications Division****10.0. Agenda/Minutes****10.1. Activity and Annual Reports**

10.1.1. Report of the Chair

10.1.2. Report of the Vice Chair

10.1.3. Report of the Secretary

**10.2. Committees**

10.2.1. Committees on Public Relation (C-PR)

**10.3. Working Groups**

10.3.1. Electronic Journal of the IFCC (WG-EJIFCC)

10.3.2. IFCC News (WG-IFCC News)

10.3.3. Internet and Distance learning (WG-IDL)

10.3.4. Ibero-American Nomenclature and Translation (WG-IANT)

**10.4. Publication of Recommendations and Documents****10.5. General Rules of Procedure**

10.5.1. IFCC Procedure manual - Section 6: CPD

10.5.2. Rules for Preparation of an IFCC Document

10.5.3. Instructions for authors to eJIFCC

**10.6. Publications**

10.6.1. Documents (Committee/Working Groups)

10.6.2. Monographs

10.6.3. Books

10.6.4. Conference proceedings

10.6.5. Annual report

10.6.6. Handbook

10.6.8. Views and Reviews

10.6.10. Electronic

10.6.20. Other publications

**10.7. Web Site**

10.7.1. Organisational matters

10.7.2. Bookstore

10.7.3. Advertisement / Banners

10.7.4. Databases

10.7.10. EFCC website

**10.8. Related Journals**

10.8.1. Meetings of Editors

10.8.2. Journals

10.8.2.1 Clinical Chemistry and Laboratory Medicine (CCLM)

10.8.2.2 Clinica Chimica Acta (CCA)

10.8.2.3 Labmedica International (LMI)

10.8.2.5 Annals of Clinical Biochemistry (ACB)

## **10.9. Public Relations**

- 10.9.1. Brochure
- 10.9.2. IFCC Booth
- 10.9.3. Posters
- 10.9.4. Publicity and Meetings
- 10.9.5. Miscellaneous PR Projects

## **10.10. Corporate member Activities**

### **10.19. Meetings**

### **10.20. Membership**

### **10.30. Budget**

### **10.40. Other Business**

## **12. Archives**

### **12.1 Activity report**

### **12.20. Membership**

### **12.30. Budget**

### **12.40. Other Business**

## **13. Special Projects**

### **13.5. Professional Scientific Exchange Programme (PSEP)**

### **13.7. Task Force for Ethics (TF-E)**

### **13.8. Task Force Paediatric Laboratory Medicine (TF-PLM)**

### **13.10. Integrated Projects**

- 13.10.1. Task Force on Pharmacogenomics (TF-PG)
- 13.10.2. Task force on Chronic Kidney Disease (TF-CKD)
- 13.10.3. Task Force on Hemoglobin A1c

### **13.11. Roche/IFCC Travel Scholarship**

### **13.12. Task Force on International Clinical Liaison (TF-ICL)**

### **13.13. Task Force for Young Scientists (TF-YS)**

## **14. IFCC Statutes and Rules**

### **14.1. Statutes**

### **14.2. Rules**

## **15. Financial Report**

### **15.1. Treasurer's Report**

### **15.2. Budget**

### **15.4. Annual Dues**

### **15.5. Guidelines for Industry Support**

### **15.6. Income from Congresses**

### **15.7. Financial Advisory Committee**

**15.40. Other Business****16. Organisational Matters****16.1. IFCC Office****16.2. Awards Committee****16.2.1. Awards****16.2.1.1. IFCC Distinguished Clinical Chemist Award**

1. 1969 DD van Slyke (US)
2. 1972 CP Stewart (UK)
3. 1975 L Eldjarn (NO)
4. 1978 CB Laurell (SE)
5. 1981 P Metais (FR)
6. 1984 P Astrup (DK)
7. 1987 HU Bergmeyer (DE)
8. 1990 NG Anderson (US)
9. 1993 R. Ekins (UK)
10. 1996 M Wilchek (IL)
11. 1999 DW Moss (UK)
12. 2002 N. Hales (UK)
13. 2005 G. Siest (FR)
14. 2008 DS.Young (US)

**16.2.1.2. IFCC Distinguished International Service Award (1981-1987), since 1990 IFCC Henry Wishinsky Award for Distinguished International Service**

1. 1981 M Rubin (US)
2. 1984 P Lous (DK)
3. 1987 TP Whithead (UK)
4. 1990 ML Castillo de Sanchez (MX)
5. 1993 R Dybkaer (DK)
6. 1996 N Tietz (US)
7. 1999 M Shaarawy (Egypt)
8. 2002 O.Zinder (IL)
9. 2005 JH.Ladenson (US)
10. 2008 D.Burnett (UK)

**16.2.1.3. IFCC Award for Distinguished Contributions in Education**

1. 1999 L Thomas (DE)
2. 2002 JB. Henry (US)
3. 2005 WJ. Marshall (UK)
4. 2088 NW. Tietz (US)

**16.2.1.6. IFCC Abbott Award for Significant Contributions to Molecular Diagnostics**

1. 2002 L. Peltonen (US)
2. 2003 R. Bertina & P. Reitsma (NL)
3. 2004 M. Ferrari (IT)
4. 2005 CT. Wittwer (US)
5. 2006 D. Lo (HK)
6. 2008 O. Kallioniemi (FI)
7. 2009 EP. Diamandis (CA)

#### **16.2.1.7. Distinguished Award for Laboratory Medicine and Patient Care**

1. 2008 CWK Lam (HK)

#### **16.2.1.8. IFCC Robert Schaffer Award for Outstanding Achievements in the Development of Standards for Use In Laboratory Medicine for Standards in Laboratory Medicine**

1. 2008 L. Siekmann (DE)

#### **16.3. Nominations Committee**

#### **16.4. Annual Report**

#### **16.5. IFCC Handbook**

#### **16.6. IFCC Procedures Manual**

#### **16.7. Project Proposal Forms**

#### **16.8. IFCC Numbering System**

#### **16.9. Letter from IFCC President**

#### **16.10. Structure of IFCC**

#### **16.11. IFCC Public Relations Project**

#### **16.12. Statutes of IFCC Office**

#### **16.13. Members Mailing Lists**

#### **16.20. Intellectual Property**

#### **16.40. Other Business**

#### **17. Future Development**

#### **17.6. Strategic Plan**

#### **18. Miscellanea**

#### **19. Meetings**

19.1. Council Meetings

19.1.1. Amsterdam, 1954

19.1.2. New York, 1956

19.1.3. Stockholm, 1957

19.1.4. Edinburgh, 1960

19.1.5. Detroit, 1963

19.1.6. Munich, 1966

19.1.7. Geneva, 1969

19.1.8. Copenhagen, 1972

19.1.9. Toronto, 1975

19.1.10. Mexico City, 1978

19.1.11. Vienna, 1981

19.1.12. Rio de Janeiro, 1984

19.1.13. Den Hague, 1987

19.1.14. San Francisco, 1990

19.1.15. Melbourne, 1993

19.1.16. London, 1996

19.1.17. Florence, 1999

19.1.18. Kyoto, 2002

19.1.19. Orlando, 2005

19.1.20. Fortaleza 2008

19.1.21. Berlin 2011

19.1.22. Istanbul 2014

## **19.2. General Assembly**

- 19.2.1. Amsterdam, 1954
- 19.2.2. New York, 1956
- 19.2.3. Stockholm, 1957
- 19.2.4. Edinburgh, 1960
- 19.2.5. Detroit, 1963
- 19.2.6. Munich, 1966
- 19.2.7. Geneva, 1969
- 19.2.8. Copenhagen, 1972
- 19.2.9. Toronto, 1975
- 19.2.10. Mexico City, 1978
- 19.2.11. Vienna, 1981
- 19.2.12. Rio de Janeiro, 1984
- 19.2.13. Den Hague, 1987
- 19.2.14. San Francisco, 1990
- 19.2.15. Melbourne, 1993
- 19.2.16. London, 1996
- 19.2.17. Florence, 1999
- 19.2.18. Kyoto, 2002
- 19.2.19. Orlando, 2005
- 19.2.20. Fortaleza 2008
- 19.2.21. Berlin 2011
- 19.2.22. Istanbul 2014

## **19.3. EB Meetings**

(69 London; 70 Mondorf; 71 Caracas; 72 Basel; 73 Vancouver; 74 Seville; 75 Chicago; 76 Kuala Lumpur; 77 Mexico City; 79 Antalya; 80 Rabat; 81 Captiva Island; 82 Dubrovnik; 83 Prague; 84 Milano; 85 Vienna; 86 Orlando; 87 Kyoto; 88 Vienna; 89 Barcelona; 90 Milano; 91 Sousse; 92 Perth; 93 Milano; 94 Vienna; 95 Orlando; 96 Milano; 97 Asuncion; 98 Chicago; 99 Milano; 103 Antalya; 104 Fortaleza; 105 Milano; 106 Windsor; 107 Milano; 108 Innsbruck; 109 Milano)

## **19.4. Meetings with Representatives of Developing Countries**

(16 London; 17 Caracas)

## **19.5. Meetings with Corporate Members**

(22 Prague; 23 Orlando; 24 Philadelphia; 25 Los Angeles; 26 Orlando; 27 Chicago)

## **19.6. General Conferences**

(1. Copenhagen; 2 Copenhagen; 3 Monza; 4 Pont-a-Mousson; 5 Leipzig; 6 Seville; 7 Dubrovnik; 8 Tunis-Sousse; 9 Antalya; 10 Corfu)

## **19.80.00. EB Meetings & International Relationship**

19.80.01. President's International Relationships

## **20. Inter-EB Correspondence**



## **Chapter 17**

### **IFCC Publications 2006-2009**



### Executive Board (EB)

Muller MM. IFCC and Clinica Chimica Acta - 50 years of partnership. Clin Chim Acta 2006; 369:153-157.

Burnett L, McQueen MJ, Jonsson JJ, Torricelli F. IFCC position paper: report of the IFCC Task Force on Ethics: introduction and framework. Clin Chem Lab Med 2007; 45:1098-1104.

### Scientific Division Executive

Panteghini M, John WG. Implementation of haemoglobin A1c results traceable to the IFCC reference system: the way forward. Clin Chem Lab Med 2007; 45: 942–944.

Hicks JMB, Müller MM, Panteghini M, John WG, Deeb L, Buse J, Nathan DM, Kahn R, Ferrannini E, Heine R, Mbanya JC Consensus Statement on the Worldwide Standardization of the Hemoglobin A1c Measurement. Diabetes Care 2007; 30: 2399-2400.

Hicks JMB, Müller MM, Panteghini M, John WG, Deeb L, Buse J, Nathan DM, Kahn R, Ferrannini E, Heine R, Mbanya JC Consensus statement on the worldwide standardisation of the HbA1c measurement. Diabetologia 2007; 50: 2042–2043.

Panteghini M. Enzymatic assays for creatinine: time for action. Clin Chem Lab Med 2008; 46: 567-572.

Panteghini M. Enzymatic assays for creatinine: time for action. Scand J Clin Lab Invest 2008; 68(suppl 241): 84-88.

John WG, Nordin G, Panteghini M. What's in a name? Standardisation of HbA1c: a response. Clin Chem Lab Med 2008; 46: 1326-1327.

### Nomenclature, Properties and Units (C-NPU). Joint Committee of IFCC/IUPAC

Nordin G, Dybkaer R. Recommendation for term and measurement unit for «HbA1c». Clin Chem Lab Med 2007; 45:1081–1082.

Duffus J, Bruunshuus I, Cornelis R, Dybkaer R, Nordberg M, Külpmann W. Properties and units in the clinical laboratory sciences, Part XX. Properties and units in clinical and environmental human toxicology. Pure and Applied Chemistry 2007; 79: 87–152.

Duffus J, Bruunshuus I, Cornelis R, Dybkær R, Nordberg M, Kuelpmann W. Properties and units in the clinical laboratory Sciences, Part XX. Properties and units in clinical and environmental human toxicology. eJIFCC 2007;18: [http://www.ifcc.org/index.php?option=com\\_content&task=view&id=494&Itemid=311](http://www.ifcc.org/index.php?option=com_content&task=view&id=494&Itemid=311)

### Plasma Proteins (C-PP)

Johnson AM, Merlini GP, Sheldon J, Ichihara K. Clinical Indications for plasma protein assays: transthyretin (prealbumin) in inflammation and malnutrition. Clin Chem Lab Med 2007; 45: 416-426.

Johnson MA, Merlini GP, Sheldon J, Ichihara K. Transthyretin, nutrition, and inflammation: response to Dr. Bernstein. *Clin Chem Lab Med* 2007; 45: 1568–1569.

Blirup-Jensen S, Johnson AM, Larsen M. IFCC Committee on Plasma Proteins. Protein standardization V: value transfer. A practical protocol for the assignment of serum protein values from a reference material to a target material. *Clin Chem Lab Med* 2008; 46:1470-1479.

### **Standardisation of Markers of Cardiac Damage (C-SMCD)**

Apple FS, Jesse RL, Newby LK, Wu AHB, Christenson RH, Cannon CP, Francis G, Morrow DA, Ravkilde J, Storrow AB, Tang W, Mair J, Ordonez-Llanos J, Pagani F, Panteghini M, Tate J. Analytical issues for biomarkers of acute coronary syndromes. National Academy of Clinical Biochemistry and IFCC Committee for Standardization of Markers of Cardiac Damage Laboratory Medicine Practice Guidelines. *Clin Chem* 2007; 53: 547-551.

Apple FS, Jesse RL, Newby LK, Wu AHB, Christenson RH, Cannon CP, Francis G, Morrow DA, Ravkilde J, Storrow AB, Tang W, Mair J, Ordonez-Llanos J, Pagani F, Panteghini M, Tate J. Analytical issues for biomarkers of acute coronary syndromes. National Academy of Clinical Biochemistry and IFCC Committee for Standardization of Markers of Cardiac Damage Laboratory Medicine Practice Guidelines. *Circulation* 2007; 115: e352-e355.

Apple FS, Wu AHB, Jaffe AS, Panteghini M, Christenson RH. National Academy of Clinical Biochemistry and IFCC Committee for Standardization of Markers of Cardiac Damage Laboratory Medicine practice guidelines: Analytical issues for biomarkers of heart failure. *Circulation* 2007; 116: e95-e98.

Luckenbill K, Ler R, Murakami MM, Christenson R, Jaffe AS, Mair J, Ordonez J, Pagani F, Tate J, Wu A, Apple FS. Crossreactivity studies of BNP, NT-proBNP, and proBNP in commercial BNP and NT-proBNP assays: preliminary observations from the IFCC committee for Standardization of Markers of Cardiac Damage. *Clin Chem* 2008; 54: 619-621.

Apple FS, Wu AHB, Jaffe AS, Panteghini M, Christenson RH. National Academy of Clinical Biochemistry and IFCC Committee for Standardization of Markers of Cardiac Damage. Laboratory Medicine Practice Guidelines: analytical issues for biomarkers of heart failure. *Clin Biochem* 2008; 41: 222-226.

### **Reference Systems of Enzymes (C-RSE)**

Schumann G, Aoki R, Ferrero A, Ehler G, Férard G, Gella F-J, Jørgensen PJ, Kanno T, Kessner A, Klauke R, Kytzia H-J, Lessinger J-M, Miller WG, Nagel R, Pauwels J, Schimmel H, Siekmann S, Weidemann G, Yoshida K, Ceriotti F. IFCC primary reference procedures for the measurement of catalytic activity concentrations of enzymes at 37 °C, Part 8. Reference procedure for the measurement of catalytic concentration of  $\alpha$ -amylase. *Clin Chem Lab Med* 2006; 44: 1146-1155.

### **Point of Care Testing (C-POCT)**

D'Orazio P, Burnett RW, Fogh-Andersen N, Jacobs E, Kuwa K, Külpmann WR,

Larsson L, Lewenstam A, Maas AHJ, Mager G, Naskalski JW, Okorodudu AO. Approved IFCC recommendation on reporting results for blood glucose. *Clin Chem Lab Med* 2006; 44: 1486-1490.

Ben Rayana MC, Burnett RW, Covington AK, D'Orazio P, Fogh-Andersen N, Jacobs E, Külpmann WR, Kuwa K, Larsson L, Lewenstam A, Maas AHJ, Mager G, Naskalski JW, Okorodudu AO, Ritter C, St. John A. IFCC Guideline for sampling, measuring and reporting ionized magnesium in plasma. *Clin Chem Lab Med* 2008; 46: 21-26.

### Reference Intervals and Decision Limits (C-RIDL)

Cerioti F, Boyd JC, Klein G, Henny J, Queralto J, Kairisto V, Panteghini M. Reference intervals for serum creatinine concentrations: assessment of available data for global application. *Clinical Chemistry* 2008; 54: 559-566.

Cerioti F, Henny J. "Are my laboratory results normal?" Considerations to be made concerning reference intervals and decision limits", *eJIFCC Vol 19 no 2*: <http://www.ifcc.org/ejifcc/vol19no2/190201200803.htm>

### Selective Electrodes and Biosensors (WG-SEB)

Ben Rayana MC, Burnett RW, Covington AK, D'Orazio P, Fogh-Andersen N, Jacobs E, Katakya R, Külpmann W, Kuwa K, Larsson L, Lewenstam A, Maas AHJ, Mager G, Naskalski JHJ, Okorodudu AO, Ritter CH, St John A. Recommendation for measuring and reporting chloride by ISEs in undiluted serum, plasma or blood. *Clin Chem Lab Med* 2006; 44: 346–352.

### Standardisation of Hemoglobin A1c (WG-HbA1c)

Konnert A, Arends S, Schubert S, Berding C, Weykamp C, Siebelder C. Uncertainty calculation for calibrators of the IFCC HbA1c standardisation network. *Accred Qual Assur* 2006; 11: 319-328.

Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. Global standardization of glycated haemoglobin measurement: the position of the IFCC Working Group. *Clin Chem Lab Med* 2007; 45: 1077–1080.

Weykamp C, John WG, Mosca A, Hoshino T, Little R, Jeppsson J-O, Goodall I, Miedema K, Myers G, Reinauer H, Sacks DB, Slingerland R, Siebelder C. The IFCC reference measurement system for HbA1c: a 6-year progress report. *Clin Chem* 2008; 54: 240-248.

Geistanger A, Arends S, Berding C, Hoshino T, Jeppsson JO, Little R, Siebelder C, Weykamp C. Statistical methods for monitoring the relationship between the IFCC reference measurement procedure for hemoglobin A1c and the designated comparison methods in the United States, Japan, and Sweden. *Clin Chem*. 2008; 54: 1379-1385.

### Standardisation of Thyroid Function Tests (WF-STFT)

Thienpont LM, Beastall G, Christofides ND, Faix JD, Ieri T, Miller WG, Miller R,

Nelson JC, Ross HA, Ronin C, Rottmann M, Thijssen JH, Toussaint B. Measurement of free thyroxine in laboratory medicine – proposal of measurand definition. *Clin Chem Lab Med* 2007; 45: 563–564.

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#### **Standardisation of Hemoglobin A2 (WG-HbA2)**

Mosca A, Paleari R, Galanello R, Sollaino C, Perseu L, Demartis FR, Passarello C, Giambona A, Maggio A, for the IFCC Working Group on Standardization of HbA2. New analytical tools and epidemiological data for the identification of HbA2 borderline subjects in the screening for beta-thalassemia. *Bioelectrochemistry* 2008; 73:137–140

#### **Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)**

Jeppsson J-O, Arndt T, Schellenberger F, Wielders JPM, Anton RF, Whitfield JB, Helander A. Towards standardization of carbohydrate-deficient transferrin (CDT) measurements: I. Analyte definition and proposal of a candidate reference method. *Clin Chem Lab Med* 2007; 45: 558–562.

#### **Standardisation of Cystatin C (WG-SCC)**

Blirup-Jensen S, Grubb A, Lindström V, Schmidt C, Althaus H. Standardization of cystatin C: development of primary and secondary reference preparations. *Scand J Clin Lab Invest* 2008; 68(Suppl. 241): 67-70.

#### **Standardisation of Albumin Assay in Urine (WG-SAU)**

Miller WG. Urine albumin: recommendations for standardization. *Scand J Clin Lab Invest* 2008; 68(suppl241): 71-72.

#### **Standardisazion of TnI (WG-TnI)**

Panteghini M, Bunk DB, Christenson RH, Katrukha A, Porter RA, Schimmel H, Wang L, Tate JR for the IFCC Working Group on Standardization of Troponin I. Standardization of troponin I measurements: an update. *Clin Chem Lab Med* 2008; 46: 1501-1506.

#### **Standardisation of Glomerular Filtration Rate Assessment (WG-GFRA)**

Panteghini M, Myers GL, Miller GW, Greenberg N. The importance of metrological traceability on the validity of creatinine measurement as an index of renal function. *Clin Chem Lab Med* 2006; 44: 1187–1192.

#### **Laboratory Errors and Patient Safety (WG-LEPS)**

Plebani M. Errors in laboratory medicine and patient safety: the road ahead. *Clin Chem Lab Med* 2007; 45: 700-707.

### **Clinical Laboratory Management (C-CLM)**

De Kieviet W, Frank E, Stekel H. Essentials of clinical laboratory management in developing regions. 2008; Monograph, IFCC Self Publication.

### **Proceedings of IFCC Specialized Conferences**

Markers of Kidney Disease. Proceedings of the 11th Bergmeyer Conference. IFCC-Roche Diagnostics Master Discussion. Scand J Clin Lab Invest 2008; 68 (S241): 1-112.



