International Federation
of Clinical Chemistry
and Laboratory Medicine

Handbook
2015-2017

ifcc
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of Clinical Chemistry
and Laboratory Medicine

www.ifcc.org

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

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1 May, 2015

Note:

The order of this Handbook has been largely determined by the IFCC Numbering System that was originally designed and implemented by Prof. Mathias M. Müller. 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).

FOR FURTHER INFORMATION CONTACT:

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Handbook of the International Federation of Clinical Chemistry and Laboratory Medicine

2015-2017 Edition

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Chapter 1
Organisation, Structure and Function of IFCC

1.1. INTRODUCTION

The International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) is a worldwide, non-political organisation 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 organisations, (2) supporting its members through scientific and educational endeavour, and (3) providing a series of congresses, conferences and focused 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 organisation and to undertake its 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 IFCC Handbook occurs once every three years to coincide with the term of each Executive Board. However, IFCC is a dynamic organisation that evolves constantly. The most up to date information about IFCC is always available from the IFCC website (www.ifcc.org).

The Handbook puts in one place all the information about the function and operation of IFCC. This includes the organisation 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 Organisations, Divisions, Committees, Working Groups and Task Forces. 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.

We thank the many individuals responsible for preparing this useful document.

Maurizio Ferrari
President

Sergio Bernardini
Secretary

1.2. ORGANISATION 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 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 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, Past President or President Elect, 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 part funds the staff member of the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM), which is co-located with the IFCC Office.

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The current Office Staff are:

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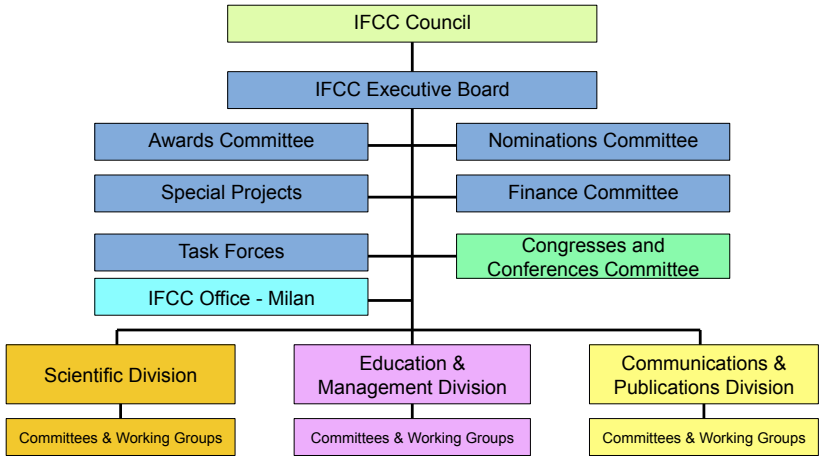
Figure 1: *IFCC Organisational Structure*



1.3. THE IFCC EXECUTIVE BOARD 2015-2017

Biographies of the IFCC-EB members 2015-2017

President
Prof. Maurizio FERRARI

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Maurizio Ferrari, M.D.,is Full Professor of Clinical Pathology, University Vita Salute San Raffaele, Director of Clinical Molecular Biology and Cytogenetics Laboratory, and Head of Genomic Unit for the Diagnosis of Human Pathologies, Division of Genetics and Cell Biology, IRCCS San Raffaele, Milan, Italy. He received his Degree in Medicine at the Milan University, is Specialised in Paediatrics, Haematology and Medical Genetics. He was Post-doc at Hospital Paul Brousse, Villejuif, Paris and Honorary Registrar in Haematology at UCH, London.

He was Scientific Coordinator of Clinical Research, IRCCS H San Raffaele, Milan (1996-1999), Chairman of Committee on Clinical Molecular Biology Curriculum of IFCC (2002-2007), member of the Education and Management Division of IFCC (2008-2011).

He was Chairman of the Education and Management Division of IFCC (2012-2014), member of IFCC Task Force on Pharmacogenetics (from 2008), advisor of CLSI Committee on Molecular Methods.

He is Dean of Master Degree in Molecular and Cellular Medical Biotechnology (2008 at present) and President of the European Society of Predictive Medicine (2009 at present).

He received in 2004 the IFCC-Abbott Award for Significant Contributions in Molecular Diagnostics.

His scientific interests are oriented mainly on molecular diagnostic methods, nucleic acid circulating in maternal plasma, molecular studies of several genetic pathologies. He developed methods for DNA analysis as multiplex PCR and capillary electrophoresis also in a temporal thermal gradient, set up a method involving the ligase chain reaction (LCR) and developed a new method known as double-gradient DGGE (DG-DGGE) for the identification of unknown mutations. In the last 4-5 years he has focused his research activity on the detection of foetal DNA in maternal plasma for non-invasive prenatal diagnosis and for diagnostic application in the genetic and oncology field. At present, his research is focused on the development of diagnostic tests with the application of the next generation sequencing.

He is author of 849 publications: peer reviewed journals: 246, other journals: 67, book: 1, chapter's book: 45 and 490 abstracts at International and National Congress. Total I.F. 1113,83; h-index:42 (scholar Google); citations: 8846; i-10 index:131.

Past President
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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 specialised 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. 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 185 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 and Laboratory Medicine (ACB). He was the first non-medical Vice President of the Royal College of Pathologists (RCPath) 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 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.

Secretary
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Professor **Sergio Bernardini** (MD, PhD), is a full professor of Clinical Biochemistry and Clinical Molecular Biology at the Department of Internal Medicine of The University of Rome Tor Vergata, and the head physician of the Clinical Molecular Biology Unit at the Tor Vergata University Hospital.

He received his degree in Medicine in 1986 and the PhD in Paediatric Sciences in 1995. He has specialised in Paediatrics (1990) and in Clinical Chemistry and Biochemistry (1998).

Professor Bernardini serves as the president of the undergraduate course in "Diagnostic laboratory techniques in the medical field" and, as a clinical laboratory research consultant with Bambino Gesu' Children's Hospital in Rome.

He is a member of (1) the Italian Society of Clinical Biochemistry (SiBioC), (2) the SiBioC Committee of Clinical Molecular Biology, (3) the Italian Society of Biochemistry (SIB) and (4) the Italian Society of Allergology and Immunology (SIAIC). His international activities include membership of the Editorial Advisory Board of The Encyclopedia of Life Sciences.

Prof Bernardini served his first term on IFCC EB between 2012 and 2014 as IFCC Secretary.

As a professor he has several teaching responsibilities including a Bachelor's course in diagnostic laboratory techniques in the medical field, degree courses in medicine, medical biotechnologies, movement sciences and postgraduate courses in Clinical Biochemistry, Gastroenterology, Neurology, Medical Genetics, Allergology and Immunology, and Paediatrics. Professor Bernardini's research interests are diverse in nature and have included work in paediatric endocrinology with particular interest in growth hormone and insulin like growth factors and their binding proteins. He has also worked on apoptotic pathways in oncology, in particular neuroblastoma, as well as on glutathione transferases, a family of enzymes involved in cell detoxification and in the control of the programmed cell death. Also, he has collaborated in the application of molecular biology and proteomic methods and techniques in research applied to neurodegenerative diseases, oncology and pharmacogenetics. Since 2009 he has collaborated in the application of molecular biology and biochemical methods to monitoring of sport training and performance.

Sergio is married to Elisabetta since 1998 and has a son, Andrew 23 years old, and a daughter Marta aged 21. His personal interests include football, theatre and travelling.

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Professor **Tomris Ozben Tomasi**, PhD, DSc. is a full professor since 1990 at the Dept. of Clinical Biochemistry, Faculty of Medicine, Akdeniz University, Antalya Turkey. She obtained her BSc. degree from American University "Robert College" in Istanbul, Turkey; Ph.D. in Biochemistry from Ege University, Izmir, Turkey; and Specialty in Clinical Biochemistry from Marmara University, Istanbul Turkey.
During her tenure at Akdeniz University, she has been Vice Rector, Director of Research Funds, Chairman of the Dept. of Clinical Biochemistry and Founding Director of Central Laboratory at Akdeniz University Hospital which includes Clinical Chemistry, Microbiology, Virology, Toxicology, Haematology, Immunology, Coagulation, Therapeutic Drug Monitoring, Emergency, Preanalytical and Point of Care Services. She has worked for more than 10 years in the Ethical Committee of Akdeniz University Hospital and Medical School on themes concerning drug research in clinical trials. She has served as the Commission Member of the Turkish Ministry of Health for restructuring Medical Education and Teaching and Member-Elect of the Turkish High Educational Council for four years. She has been appointed as the National Representative by the Scientific and Technological Research Council of Turkey (TUBITAK) with the approval of the Ministry of Foreign Affairs since 2008.
Teaching Clinical Laboratory Medicine to medical and non-medical students, residents, and fellows has been a primary activity in her career. She delivers lectures on a variety of topics to clinicians and laboratory scientists. She serves as a mentor to numerous graduate students and takes part at Post-Graduate Education Programmes (Specialty and PhD) at Akdeniz University. Currently, she is Director at Akdeniz University Hospital Central Laboratory and the principal investigator of many research projects. In 2003, she received "Akdeniz University Outstanding Contribution" award, and in 2006 "Akdeniz University Science" award. She is the author of 240 peer-reviewed manuscripts, 12 book chapters and editor of 3 books published by the International Publishers (Plenum Press, New York; IOS Press, Amsterdam). She has attended more than 200 international congresses as an invited speaker. She has organised several International Congresses, Courses, Workshops, Young Scientists Forums and Meetings supported by FEBS-IUBMB-NATO-TUBITAK-BCLF and served as an Organising and Scientific Committee Member of several EuroMedLabs (Innsbruck 2009; Berlin 2011; Milan 2013; Paris 2015); WorldLabs (Fortaleza 2008; Berlin 2011; Istanbul 2014); IFCC General Conferences (Antalya 2008; Corfu 2010; and Kuala Lumpur 2012); Steering Committee Member of IFCC-Roche Bergmeyer Conferences (2008- present); Member of the International Advisory Board of the 18th

ICCCLM 2002, Kyoto, Japan; IFCC/AACC 2005, Orlando, USA; EuroMedLab 2005 Glasgow, UK.

She has been the President (2000-2003), Past-President (2003-2006) and Executive Board member (2006-present) of Balkan Clinical Laboratory Federation (BCLF); Advisory Board member of Forum of European Societies of Clinical Chemistry and Laboratory Medicine (FESCC; 2001-2008); Advanced Courses Committee member of Federation of European Biochemical Societies (FEBS; 1997-2001); American Biographical Institute, Research Board of Advisors since 2001. She is member of the Editorial and Advisory Boards of many Scientific Journals, reviewer for several journals, and scientific projects evaluator for the Italian Ministry for University Education and Research (MIUR; 2003-present), Ministry of Science and Environmental Protection of Republic of Serbia (2005-present) and Israel Science Foundation (2012-present).

She has been serving actively IFCC since 2001, as the Chair of IFCC Committee on Congresses & Conferences (C-CC) (for two consecutive terms, six years); previously as Full Member (three years) and Corresponding Member (three years). In 2014, she has been elected as the IFCC Treasurer by the IFCC Council.

She is married to Prof. Dr Aldo Tomasi having a daughter and twin sons, all three medical doctors.

Corporate Representative
Rolf Hinzmann, MD, PhD

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Rolf Hinzmann, MD, PhD, is Head of Global Medical Affairs, Glucose Monitoring and Science for Roche Diabetes Care based in Mannheim, Germany. In his current role he provides medical support for Roche Diabetes Care in the field of self-monitoring of blood glucose and continuous glucose monitoring.

Dr. Hinzmann studied Medicine and Biochemistry at Hannover Medical School and Hannover University, Germany. He completed his PhD in Biochemistry at the Max Planck Institute for Experimental Endocrinology in Hannover on the fluctuation of the estradiol receptor expression in the porcine ovary during the menstrual cycle. Thereafter, he worked in the field of laboratory diagnostics (clinical chemistry, immunology, haematology, immunohaematology, blood banking, microbiology, serology, molecular biology) and internal medicine at Hannover Medical School and qualified as Clinical Pathologist (in German: Arzt für Laboratoriumsmedizin).

In 1996 Dr. Hinzmann continued his medical career in the in-vitro diagnostic industry where he spent the past 18 years in various management positions: at Beckman Coulter in Munich, Germany, as a European Scientific Marketing Manager, at Sysmex Europe as Medical Director Europe, and since 2010 in the above-mentioned position at Roche.

For several years Dr. Hinzmann represented Beckman Coulter and Sysmex Europe, respectively, in the Working Group Science & Technology in the Association of German Diagnostic Manufacturers (VDGH). He also served as a Member of the Area Committee Haematology in the Clinical and Laboratory Standards Institute (CLSI).

Dr. Hinzmann has many publications in the field of clinical chemistry, haematology and diabetes and is a requested lecturer at scientific conferences. Several times he was rated distinguished speaker by the American Association of Clinical Chemistry AACC.

His special interests are evidence-based medicine, cardiovascular disease, diabetes and metabolism, standardisation of laboratory tests, point-of-care testing, self-empowerment of patients and behavioural change, screening and risk assessment in medicine, didactics and philosophy of science.

Since 2001 Dr. Hinzmann held various positions in the IFCC: as Corporate Representative of the Executive of the Scientific Division (2001-2006), as Corporate Representative of the Executive of the Education & Management Division (2007-2012) and as Member of the Task Force POCT (2013-2014).

In his role as Executive Board Corporate Representative he acts as the interface between IFCC and the in-vitro diagnostic industry.

Member
Prof. Daniel Mazziotta

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Daniel Mazziotta is Professor of Clinical Chemistry at National University of La Plata (1989), Director of the External Quality Assessment Programme of the Argentine Biochemical Foundation (1987) and Director of the Reference and Standardization Laboratory in Clinical Biochemistry of Argentine Biochemical Foundation (1997). He graduated in Chemistry in 1974 and Biochemistry, Clinical Orientation in 1976 at the National University of La Plata, Argentina. From 1974 to 1982, he served the Central Laboratory Service of the Hospital San Juan de Dios of La Plata working for the Intensive Care Unit and the Heart and Lung Functional Exploration Service. He became a member of the Central Commission of External Quality Control of the Ministry of Health of Province of Buenos Aires in 1978 and he was the organiser of External Quality Control Programme for the same Ministry from 1980 to 1986.

Professor Mazziotta was a member of the Executive Board of the Specialists on Biological Analyses Association between 1984 and 1986. Also, he was Secretary of the Biochemical Federation of the Province of Buenos Aires from 1986 to 1992. He has been member of the Permanent Scientific Section of the Latin-American Confederation of Clinical Biochemistry since 1987. He was National Representative of Argentina in several IFCC General Conferences.

He is member of the Editorial Board of Acta Bioquimica Clinica Latinoamericana, the official journal of the Latin-American Confederation of Clinical Biochemistry (COLABIOCLI). He was Member of the Intercontinental Board of Accreditation and Quality Assurance journal.
He received the American Association of Clinical Chemistry International Fellowship Award in 2000. He was designed as Honorary National Member of the Argentine Medical Association and Member of Honor of the Cuban Society of Clinical Pathology in 2004.In 2006 receives the award to the Professional Career in Argentina.

He has developed intensive post-graduate education courses on Quality Control covering all Argentina as well many Latin-American countries, including Bolivia, Chile, Paraguay, Uruguay, Dominican Republic, Ecuador, Guatemala, Costa Rica, Honduras, Mexico, Venezuela and Brazil. He acts as adviser and professor for the Pan-American Health Organisation in Guatemala and Ecuador. Professor Mazziotta has been active in the IFCC since 1992 when he was a corresponding member of the Committee on Analytical Quality (C-AQ) of the Education and Management Division. In 1994 he became member of the Nomination Committee and in 1997 became a

member of the C-AQ. Between 1998 and 2002, he was the chairman of the same committee (C-AQ). In 2002, he was elected to a three year term as a Member of the IFCC Executive Board and was re-elected to that position in 2005 for the term 2006-2008 and in 2014 for the term 2015-2017.

Member
Dr. Rosa Isabel SIERRA-AMOR

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Rosa Isabel Sierra-Amor, Clinical Biochemist, received her MSc. and PhD degrees from the Autonomous University of México, UNAM. She did a fellowship in biochemistry at the Department of Endocrinology and Metabolism, Jewish Hospital and Washington University School of Medicine in St. Louis Mo. In the USA (1982), and a post graduated course in clinical chemistry, University of Reading, England (1986). From 1980 to 1990, she worked as faculty and Head of the laboratory, Nephrology and Mineral Metabolism Department of the National Institute of Medical Sciences and Nutrition SZ in Mexico City; from 1990-2003, she directed the Bone and Mineral Metabolism Research Laboratory at the Division of Neonatology, Department of Pediatrics, University of Cincinnati, and Children´s Hospital Medical Center in Cincinnati, Oh. USA. Since 2004, she is board member of Laboratory LAQUIMS, S.C. and QC/QM Consultant.

In Mexico, she has collaborated closely with the Mexican Accreditation Entity as member of the National Assessment Panel, and former Board Member www.ema.org.mx ; she acted as external consulting member for the postgraduate programme in clinical laboratory science at the University of Veracruz. With BIO RAD Mexico and Latin America, she initiated the International Conference on Quality with the auspices of IFCC (2006 -); she has lectured on laboratory accreditation, quality topics, and bone and mineral metabolism in Mexico, Latin America, and internationally; in 2012, she was elected president of the Mexican Association of Clinical Laboratory Sciences (2013-2014) www.cmclcmx.org

In IFCC, she participated as member of the EB (1997-2002), e.JIFCC WG News, JIFCC Editorial Board, Awards Committee, and WG-IANT/RIA. She served as Member, WHO Laboratory Services Advisory Panel (1997-2001); she is member AACC Latin American WG (2010), former AACC Treasurer, Materno-Fetal Division, former Chair Membership awards, Ohio Valley Section, and former AACC International Relations Committee.

She was awarded with the Latin American Ames Award (1993), the AACC International Fellowship Award (1996), and by several other professional and health organisations from Mexico.

Member
Prof. Vanessa STEENKAMP

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Professor **Vanessa Steenkamp** (PhD) obtained her MSc in Biochemistry at the University of Pretoria in 1991. Her first staff position was at the South African Institute for Medical Research, now the National Health Laboratory Services in the Department of Endocrinology. Later, she was appointed Lecturer in the Department of Chemical Pathology, University of the Witwatersrand and obtained her PhD in Clinical Toxicology. She returned to the University of Pretoria as Senior Lecturer in the Department of Urology and five years later transferred to the Department of Pharmacology, where she is currently Associate Professor and Head of the Phytopharmacology Unit. Her research interest and publications have been in the area of traditional herbal remedies and their effect on patients, as well as the development of methods for thedetection of these active compounds in biological fluids. In addition, she is involved in pre-clinical testing of traditional herbal remedies which includes the isolation of active compounds and development of new drugs.

Throughout her career she has been active in promoting professional activities, especially with regards to developing country needs. She was the Treasurer of the South African Association of Clinical Biochemistry (SAACB) from 2001 to 2005, where after she served as President until 2010 and is currently Past-President. Nationally she also holds board positions as Vice-President of the Toxicology Society of South Africa (TOXSA), Vice-President of the South African Society for Basic and Clinical Pharmacology (SASBCP) and Treasurer of the Federation of the South African Societies of Pathology (FSASP). Internationally her activities include serving as Director of Education on the Council of the International Association of Therapeutic Drug Monitoring and Clinical Toxicology (IATDMCT), and Chair of the Drugs of Abuse and Clinical Toxicology Committee and member of the Standards of Laboratory Practice Committee in this Association.

Prof. Steenkamp started her association with the IFCC as country representative for South Africa during 2005 to 2011. She served on the Committee for Congresses & Conferences (C-CC) for the term 2009–2011. She was first elected President of the African Federation of Clinical Chemistry (AFCC), a regional Federation of the IFCC, at its inauguration in October 2009 and was re-elected for a second term. She currently serves as Past-President. Prof Steenkamp served her first term on IFCC EB between 2012 and 2014..
Prof. Steenkamp has written more than 105 publications and serves on the editorial board of six journals related to Toxicology and Ethnopharmacology. She acts as invited

reviewer for several journals and has lectured worldwide at congresses and international forums. She has and continues to serve as organising member on the scientific advisory boards of national and international congresses.

She is the mother of four boys and the manager of a provincial chess team. Her personal interests include gardening, nature and reading.

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 the 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 standardisation to the highest level of traceability
- Harmonisation 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 personalised medicine
- Promoting the contribution of Clinical Chemistry and Laboratory Medicine to healthcare

As the leading worldwide professional organisation 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 organisation 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 standardistion.

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.

IFCC is a non-political organisation that believes in high ethical standards, equal opportunities and freedom of movement for scientists and doctors around the nations of the world.

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, ISTH, 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 2015-2017

The Executive Board for 2015- 2017 has identified and agreed the following strategic objectives for its term of office. They are in 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.

Introduction
This document has been developed from a gathering of ideas session held at the Executive Board (EB) meeting held in January 2015. It represents the thoughts of EB on its future priorities for the next three years. The document concentrates on EB priorities and it is intended to complement the planning and action of IFCC Divisions, Committees and Working Groups. Some of the identified priorities overlap with the work of Divisions and dialogue is required to agree a co-ordinated approach.

The document identifies 33 strategic actions which have been classified into the following four broad areas:
- A. Supporting our Membership
- B. Broadening our Horizons
- C. Improving the Quality of Laboratory Medicine
- D. Improving the effectiveness of IFCC

Each strategic action has been assigned a timescale over the period February 2015 – December 2017. Each strategic action has also been assigned a member of EB who will lead that particular initiative.

Progress with, and review of the strategic development plan will be an integral part of all future EB meetings during 2015-2017. It is intended that the plan may be modified in the light of changing circumstances.

Area A: Supporting our Membership

Number	Strategic Action
1	Agree and implement a procedure to enable the future election of Regional Federation representatives to the Executive Board.
2	Continue to conduct one/two surveys of Members opinion each year, one of which should relate to identifying the ways in which IFCC can best support its members.
3	a) Maintain support materials and web-based tools to demonstrate the benefits of IFCC membership to all countries. b) Use and evaluate effectiveness of new support materials.
4	Extend to all countries the register of expertise amongst individuals in IFCC that may be of value to Members.
5	a) Deliver the e-academy as the platform to support IFCC educational materials b) Develop and present a series of webinars to meet the needs of Members.
6	Organise at least one opportunity each year for the Executive Board to meet with the Presidents of each of the IFCC Regional Federations to identify opportunities for collaboration.
7	a) Improve communication with COLABIOCLI and with Members in Latin America. b) Support at least one major new project in the Region in 3 year term.
8	a) Improve communication with AFCB and with Members in Arab countries. b) Support at least one major new project in the Region in 3 year term.
9	a) Improve communication with AFCC and with Members in African countries. b) Support at least one major new project in the Region in 3 year term.
10	Devise and introduce a strategy to increase the attractiveness of IFCC to Corporate members
11	Devise and introduce a strategy to encourage participation of countries in the 2017 Council meeting
12	Increase the presence of IFCC Officers' at meetings granted auspices / national congresses
13	Improve the visibility of IFCC in National Societies by encouraging them to include a short IFCC news section in their national newsletter or website
14	Produce and publish an e-booklet to encourage young scientists to undertake research
15	Consolidate the mentoring programme as a Special Project and promote its gradual expansion

Area B: Broadening Our Horizons

Number	Strategic Action
16	a) Further develop and promote "Shaping the Future of Laboratory Medicine" b) Agree and present a strategy to demonstrate the benefits of expanded IFCC Full Membership
17	Identify, resource, prepare and deliver one new project each year in areas of laboratory medicine other than clinical chemistry
18	a) Develop a plan to increase collaboration between IFCC and international clinical organisations b) Establish at least one new collaboration each year with an international clinical organisation
19	Invite organisations from outside laboratory medicine to contribute to IFCC meetings to promote better interaction with healthcare professionals.
20	Agree and deliver a new work programme in the area of promoting the clinical effectiveness of laboratory medicine.
21	Increase the number of young scientists participating in IFCC Committees and Working Groups.
22	Collaborate with CLMA to agree and promote a programme of leadership development training.
23	Conclude and sign an agreement with the North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC)

Area C: Improving the Quality of Laboratory Medicine

Number	Strategic Action
24	a) In conjunction with others, develop a route to laboratory accreditation for countries with limited resources - DQCML b) Apply the resource material at least once per year and evaluate its effectiveness
25	Establish new high level project with WASPaLM that aims to promote the quality of laboratory medicine through global harmonisation
26	Establish at least one new project with ILAC that aims to improve the application of quality management and laboratory accreditation
27	Strengthen the links and collaboration with the World Health Organization (WHO)
28	Establish a WG on the harmonisation of interpretive comments EQA and publish a report with recommendations.

Area D: Improving the Effectiveness of IFCC

Number	Strategic Action
29	Review IFCC finances and identify opportunities to improve financial performance. Identify opportunities for at least one new income stream
30	Launch and promote the Foundation for Emerging Nations as a new income stream for IFCC.
31	Devise and introduce a scheme to recognise the contribution of individuals who have given outstanding service to IFCC
32	Invite an external body to perform a wide-ranging SWOT analysis of IFCC, evaluate the findings and publish a report with recommendations.
33	Solicit nominations for, and conduct the election of the first President Elect

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 89 Full Member national societies of Clinical Chemistry and Laboratory Medicine and 9 Affiliate Members, representing about 45.000 individual clinical chemists, laboratory scientists, and laboratory physicians and 52 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 programmes 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 programme

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 redefined as 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. Under his guidance the Federation continued to stress high quality scientific endeavour as the backbone of the Federation. Since 2000, the Executive Board emphasised 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 NCCLSIFCC 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 Programme 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 programme 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 stared 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 programme for National and Corporate Representatives to be involved actively in the General Conference in 2008. This Conference was organised 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 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 from the UK served as President from 2009-2014, during which time the number of Full Members grew to 89 and the number of Corporate Members grew to 52. Dr Beastall increased transparency and accountability of the Executive Board to the Members. He oversaw changes to the composition of the Executive Board; the introduction of electronic voting; and the introduction of differential membership fees. Devolution of responsibility to the Regional Federations was a key programme, which greatly increased the number of individuals who are actively involved in the 'family of IFCC'. The IFCC WorldLab congresses in Berlin (2011) and Istanbul (2014)

were hugely successful and the General Conferences held in Corfu (2009) and Kuala Lumpur (2012) played an important role in IFCC understanding the needs and priorities of its Members.
IFCC communications and publications improved significantly during this period. A much improved website was introduced and the quality of IFCC News and the electronic journal of IFCC both advanced. Distance learning programmes were developed and an e-Academy was conceived and developed. The Scientific Division enhanced its international reputation, especially in the area of method standardisation. The Education and Management Division increased its educational support to developing countries through a range of programmes, including the Visiting Lecturer Programme, educational scholarships and a new mentorship scheme. Dr Beastall encouraged greater focus on the clinical importance and clinical effectiveness of laboratory medicine. New cross-Divisional Task Forces were created to collaborate with international clinical organisations. Adding value to high quality laboratory medicine services through the application of 'SCIENCE' was Dr Beastall's flagship programme.

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 Board that for the Federation to continue its development, a 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. In 2001 when additional professional administrative services were needed, the Office was transferred to Milan, Italy where it shares resources with a major Professional Conference Organiser. The IFCC Office currently employs three members of staff, Mrs Paola Bramati, Mrs Silvia Cardinale and Mrs Silvia Colli Lanzi.

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, in the Latin American Region and in Africa. IFCC has signed Memoranda of Understanding with its Regional Federations.

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 programmes. The IFCC is also working with a number of other International Organisations such as IRMM, NIST, 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.

IFCC has signed Memoranda of Understanding agreements with ILAC and WASPaLM to formalise and improve collaboration.

1.8.5. Membership of IFCC Executive Boards

President

EJ. King (UK)	1952 - 1960	DS. Young (US)	1985 - 1990
ME. Freeman (US)	1960 - 1963	G. Siest (FR)	1991 - 1996
JE. Courtois (FR)	1963 - 1967	MJ. Mc Queen (CA)	1997 - 1999
M. Rubin (US)	1967 - 1975	MM. Müller (AT)	2000 - 2005
J. Frei (CH)	1976 - 1978	JMB. Hicks (US)	2006 - 2008
R. Dybkaer (DK)	1979 - 1984	GH. Beastall (UK)	2009 - 2014

Vice President

E. Werle (DE)	1966 - 1972	MM. Müller (AT)	1997 - 1999
R. Dybkaer (DK)	1972 - 1978	CA. Burtis (US)	2000 - 2005
RG. Edwards (AU)	1979 - 1981	V. Palicka (CZ)	2006 - 2008
DS. Young (US)	1982 - 1984	CWK. Lam (HK)	2009 - 2011
A. Kallner (SE)	1985 - 1990	H. Morris (AU)	2012 - 2014
MJ. Mc Queen (CA)	1991 - 1996		

Secretary

IDP. Wootton (UK)	1952 - 1958	MM. Müller (AT)	1985 - 1987
ME. Freeman (US)	1959 - 1960	R. Vihko (FI)	1988 - 1990
B. Josephson (SE)	1960 - 1963	P. Garcia Webb (AU)	1991 - 1993
MC. Sanz (CH)	1963 - 1967	O. Zinder (IL)	1993 - 1996
J. Frei (CH)	1967 - 1975	J. Whitfield (AU)	1997 - 1999
PMG. Broughton (UK)	1976 - 1978	R. Bais (AU)	2000 - 2005
A. Kallner (SE)	1979 - 1981	PH. Laitinen (FI)	2006 - 2011
JG. Hill (CA)	1982 - 1984	S. Bernardini (IT)	2012 - 2017

Assistant Secretary

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

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. Mocarelli (IT)	1997 - 2002
JMB. Hicks (US)	2003 - 2005
G. Shannan (SY)	2006 - 2011
B. Gouget (FR)	2012 - 2014
T. Ozben (TR)	2015 - 2017

Members of Executive Board

A. Sobel (US)	1952 - 1954
P. Fleury (FR)	1952 - 1954
B. Josephson (SE)	1952 - 1960
JCM. Verschure (NL)	1954 - 1959
WM. Sperry (US)	1955 - 1960
K. Hinsberg (DE)	1958 - 1963
JE. Courtois (FR)	1958 - 1963
MC. Sanz (CH)	1958 - 1963
NF. Maclagan (UK)	1960 - 1967
VN. Orekhovich (SU)	1960 - 1967
SH. Jackson (CA)	1960 - 1967
M. Rubin (US)	1963 - 1967
R. Ruyseen (BE)	1963 - 1967
J. de Wael (NL)	1966 - 1967
I. Nagy (HU)	1980 - 1987
N. Montalbetti (IT)	1981 - 1985
FW. Sunderman Jr (US)	1981 - 1985
H. Wishinsky (US)	1985 - 1987
SS. Brown (UK)	1985 - 1990
J. Jaervisalo (FI)	1985 - 1990
D. Scheuch (DE)	1985 - 1990
I-K. Tan (SG)	1985 - 1990
F. Dati (DE)	1988 - 1993
N. Montalbetti (IT)	1990 - 1992
HP. Lehmann (US)	1990 - 1994
N. de Cediel (CO)	1991 - 1993
O. Zinder (IL)	1991 - 1994
JB. Whitfield (AU)	1994 - 1999
H. Wetzel (DE)	1994 - 1999
TD. Geary (AU)	1994 - 1999
P. Mocarelli (IT)	1994 - 1999
A. Kallner (SE)	1994 - 1999
L. Muszbek (HU)	1997 - 1999
RI. Sierra Amor (MX)	1997 - 2002
W. Hölzel (DE)	2000 - 2002
CWK. Lam (HK)	2000 - 2005
V. Palicka (CZ)	2003 - 2005
H Wetzel (DE)	2003 - 2005
D. Mazziotta (AR)	2003 - 2008
N. Madry (DE)	2006 - 2008
JB. Lopez (MY)	2006 - 2011
B Gouget (FR)	2009 - 2011
T. Brinkmann (DE)	2009 - 2014
U. Tuma (BR)	2009 - 2014
L. Kricka (US)	2012 - 2014
V. Steenkamp (SA)	2012 - 2017
R. Hinzmann (DE)	2015 - 2017
D. Mazziotta (AR)	2015 - 2017
RI. Sierra-Amor (MX)	2015 - 2017

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

Chapter 2
National Members

2.1. FULL MEMBERS OF IFCC

Albania (AL)

Albanian Society of Clinical Biochemistry and Laboratory Medicine (ASoLaM)
Prof. Asc. Anyla Bulo Kasneci
University Hospital Center "Mother Teresa"
Laboratory Department
Rr. Dibres, 372
Tirana - Albania
Tel.:+355 682074599
Fax: +355 4 2234536
Website: http://www.asolam.org

Algeria (DZ)

National Association of Medical Analysis Laboratories (ALAM)
Prof. Smail Belazzoug
Cité Ain Allah Bat. 212B
N°2 Dely Ibrahim
Alger - Algeria
Tel.: +024 461721
Fax: +024 464790

Argentina (AR)

Confederación Unificada Bioquímica de la Republica Argentina (CUBRA)
Dr. Alejandra Arias
Av. Rivadavia 2319 Piso 11º "A"
CP 1034 Ciudad de Buenos Aires
Argentina
Tel.: +54 221 482 2797
Fax: +54 221 425 4224
Website: http://www.cubra.info/es/index.php

Australia and New Zealand (AU/NZ)

Australasian Association of Clinical Biochemists (AACB)
Dr. Peter Vervaart
Director, LabMed Consulting
24 Queen St
Sandy Bay TAS 7005
Australia
Tel.: +61 3 6223 5946
Website: http://www.aacb.asn.au

Austria (AT)

Austrian Society of Laboratory Medicine and Clinical Chemistry (ÖGLMKC)
Univ. Prof. Dr. Andrea Griesmacher
Head Central Institute of Med. and Chem. Laboratory Diagnostics
LKH-University Hospital of Innsbruck
Austria
Tel.: +43 512 504 24090
Fax: +43 512 504 24088
Website: http://www.oeglmkc.at/

Belgium (BE)

Royal Belgian Society of Laboratory Medicine (RBSLM)
Prof. Jean-Paul Chapelle
Head of Clinical Biology Department
University Hospital of Liège
Sart Tilman B35
B-4000 Liège – Belgium
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Fax: +32 4 3668823
Website: http://www.bvkc.be

Bolivia (BO)

Sociedad Boliviana de Bioquímica Clínica
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Cel.: +591 71860232+ 591 71860232
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Bosnia-Herzegovina (BA)

Association of Medical Biochemists in Bosnia-Herzegovina
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C.P.M. Diagnostic Research SAS

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ELGA LabWater

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Fujirebio Europe

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Gentian AS

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Guangzhou Wondfo Biotech Co. Ltd.

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HyTest Ltd.

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Instrumentation Laboratory

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A. Menarini Diagnostics

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Merck Millipore

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Mindray - Shenzhen Mindray Bio-Medical Electronics Co., Ltd.

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Mitsubishi Chemical Europe GmbH

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Nova Biomedical Corporation

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Oneworld Accuracy Collaboration

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Philips

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PPD Inc.

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Radiometer Medical ApS

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Randox Laboratories Ltd.

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Response Biomedical Corporation

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Roche Diagnostics Gmbh

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Sebia S.A.

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Sekisui Diagnostics (UK) Ltd.

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Sentinel CH SpA

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Sichuan Maker Biotechnology Co., Ltd.

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Siemens Healthcare Diagnostics

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Snibe Co., Ltd (Shenzhen New Industries Biomedical Engineering)

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Sonic Healthcare Europe

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Sysmex Europe GmbH

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Thermo Fisher Scientific

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Unilabs

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Wako Pure Chemical Industries, Ltd./Wako

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Wiener Lab

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Wisplinghoff Laboratoriumsmedizin Köln

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3.2 PROFILES OF IFCC CORPORATE MEMBERS

Abbott

Abbott is a global, broad-based health care company devoted to the discovery, development, manufacturing and marketing of pharmaceuticals and medical products, including nutritionals, devices and diagnostics. The company employs nearly 90,000 people and markets its products in more than 130 countries. Abbott Diagnostics is a global leader in in vitro diagnostics and offers a broad range of innovative instrument systems and tests for hospitals, reference labs, molecular labs, blood banks, physician offices and clinics. Abbott's diagnostic solutions offer customers automation, convenience, bedside testing, cost effectiveness and flexibility.
Website: http://www.abbott.com

ADx NeuroSciences

ADx NeuroSciences is a R&D company committed to improving the diagnosis of Alzheimer's disease & dementia. The company identifies and develops novel biomarkers for accurate diagnosis and the effective treatment and follow-up of patients suffering from Alzheimer's, Parkinson's and other neurodegenerative diseases.
Website: http://www.adxneurosciences.com

Agappe Diagnostics Ltd.

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.
Website: http://www.agappe.com

Analis R&D Diag

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.
Website: http://www.analis.com/ and http://ceofix.analis.be

Asahi Kasei Pharma Corporation

We are growing as a specialty pharmaceutical firm with a global presence by focusing on the development of new world-class drugs in selected therapeutic fields. In diagnostics, management resources are concentrated on products with strong growth prospects. 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: http://www.asahi-kasei.co.jp/asahi/en/aboutasahi/pharma/

Axis-Shield Point of Care Division AS

Axis-Shield is an innovative Anglo-Norwegian company focused on the development and manufacture of important in vitro diagnostic (IVD) tests for use in clinical laboratories and at the point of care. The Group comprises a Point-of-Care Division in Oslo, a Laboratory Division in Dundee and local distribution subsidiaries in the UK (Axis-Shield UK), in Norway, Sweden, Denmark and Finland (Medinor), in Switzerland (Axis-Shield AG) and in Germany (Axis-Shield GmbH) and most of these companies also sell third-party products and non-IVD medical devices. We also have a representative office in China and a growing organisation in the USA which is primarily charged with accelerating the Afinion placement programme.
At the point of care, our products include the NycoCard range and the Afinion. In the laboratory sector we specialise in proprietary markers for the early diagnosis and management of critical illnesses such as cardiovascular and neurodegenerative diseases, rheumatoid arthritis and diabetes. We are playing an increasingly leading role in the fight against the global diabetes epidemic, and the need to keep tight control over blood glucose levels to avoid serious clinical sequelae.
Website: http://www.axis-shield.com/

BD Diagnostics

BD is a leading medical technology company that partners with customers and stakeholders to address many of the world's most pressing and evolving health needs. Our innovative solutions are focused on improving drug delivery, enhancing the diagnosis of infectious diseases and cancers, supporting the management of diabetes and advancing cellular research. We are more than 30,000 associates in 50 countries who strive to fulfill our purpose of "Helping all people live healthy lives" by advancing the quality, accessibility, safety and affordability of healthcare around the world. For more information, please visit: http://www.bd.com/

Beckman Coulter, Inc.

Improving Patient Health and Reducing the Cost of Care
Beckman Coulter is an organisation with one of the most comprehensive product portfolios in both life sciences and clinical diagnostics. When laboratories choose Beckman Coulter as their partner, they receive distinct advantages: 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. In fact, Beckman Coulter has placed more than 200,000 clinical and research instrument systems in laboratories around the world.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.

Headquartered in Orange County, California, Beckman Coulter employs about 12,000 people worldwide, operating in more than 50 sites on six 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: http://www.beckmancoulter.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 world-wide. 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: http://www.bindingsite.com

BIOCRATES Life Sciences AG

BIOCRATES Life Sciences AG is a leading biotechnology company focused on biomarker discovery and development of diagnostics for early disease detection (nephrology, diabetes) and companion diagnostics. BIOCRATES` unique targeted metabolomics platform enables a quick and cost effective way of identification and quantification of a broad range of endogenous metabolites in different body fluids and tissues. BIOCRATES sets the standard for targeted metabolomics by providing the

most trusted and comprehensive research kits and IVDs for assessing disease, as well as understanding drug, food, and environmental effects.
Biomarker Diagnostics: Biocrates works on the identification, validation and commercialization of metabolic biomarkers for diagnostic products developed in house or with strong partners. Biocrates focuses on indications with high medical need and attractive commercial potential, e.g. cancer, chronic kidney nephropathy or metabolic syndrome/Type II diabetes.
TargetIDQ™ Services: Contract research services supports customers in identifying and quantifying hundreds of metabolites from a broad range of samples, ultimately revealing meaningful biomarkers.
AbsoluteIDQ™ Kits: In 2008 the first metabolomic kit of its kind was launched which enables quick, accurate detection and quantification of over 180 metabolites from four classes from only 10 microliters of plasma.
MetaDisIDQ™ Kit: The MetaDisIDQTM Kit is part of a new generation of research diagnostic tools providing metabolomics information that allows a comprehensive assessment of a person's metabolic state.
SteroIDQ Kit: The Kit offers a unique experience in standardized, quantitative steroid hormone detection by simultaneously analyzing (multiplexing) 16 different steroid hormones with tandem mass spectrometry (LC-MS/MS).
Website: http://www.biocrates.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 6,800 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 100,000 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 testing and detection, blood typing and autoimmune disorders testing
Website: http://www.bio-rad.com/

C.P.M. Diagnostic Research SAS

Since 1986 we have been involved in hospital sanitation projects both in Italy and abroad promoted by the Cooperazione Italiana, the European Union and the Vatican Foreign Mission. Our teamwork attitude has gained us loyal customers in the construction industry, oil industry (Agip Recherches) and ONG, the Italian Red Cross, in the construction of hospital and medical centers, like the hospital in Quelimane in Mozambique, the hospital in Sidone Lebanon, the hospital in Thaoua and Zinder in Niger, the San Juan de Dios hospital in Colombia and pharmaceutical products, diagnostic material, medical supplies and hospital facilities to Bosnia, Sierra Leone, New Guinea, Haiti, the Ukraine, Angola, Guatemala, Tanzania and other countries as part of programmes operated by the E.C.H.O and EU programme.
On behalf of the United Nations and in collaboration with LIFE Rome, we built a totally solar powered mobile health-care unit wich was been to Salvador.
To K.P.O - Karachaganak Petroleum Operating - B.V. have been supplied emergency

and intensive care ambulances where these vehicles were able to offer their service above where the climatic conditions and temperature are exesperated (+50°C / -38°C). Moreover, since 15 years, C.P.M. SAS have a branch office in the Rupublic of Cuba recognized by the local government and where we are one of the most important distributor in Chemical Chemisty and Microbiology sector with a wide range of products registred near the local Health Authority.
C.P.M. SAS thanks to its efficiency in quality and manufacturing process have obtained the ISO 9001:2008 and ISO 13485:2004 certifications.
Website: http://www.cpmsas.it/

DiaSys Diagnostic Systems GmbH

DiaSys Diagnostic Systems is a leading specialist in development and manufacturing of diagnostic system solutions of high quality combined with ease of use and reduced environmental burden. Focusing on clinical chemistry and immunoturbidimetric tests, DiaSys has introduced more than 90 optimized reagents in user-friendly kits for manual or automated use. The products give reliable results in routine and special diagnostics as e.g. in diabetes, metabolic syndrome, lipid disorders, iron metabolism, pancreatic, kidney or liver diseases. The analytical instrumentation portfolio comprises automated clinical chemistry system analyzers for small to mid-size labs (respons®, BioMajesty®JCA-BM 6010/C), semi-automated analyzers, POCT instruments (InnovaStar®) as well as glucose/lactate analyzers (SensoSta®). Additionally, DiaSys offers a broad range of quality control material (TruLab®). DiaSys is an ISO certified company since 1996 (ISO 13485:2003, ISO 9001:2000). To date, customers and partners in more than 100 countries around the world rely on DiaSys quality.
Website: http://www.diasys-diagnostics.com

Diatron

Diatron specializes in the development, manufacturing and marketing of hematology analyzers, reagents (both for our own and other manufacturers' analyzers) and hematology control material as well as clinical chemistry analyzers, clinical chemistry reagents and controls for human medical and veterinary use. The brand name of Diatron has been established throughout the world as a result of our capability for manufacturing high quality and extremely reliable instruments, which has resulted in our products being sold and marketed in more than 100 countries. Today, there are more than 30,000 Diatron clinical chemistry and hematology analyzers in laboratory use, and our customer base continues to grow strongly year after year. All of our products have CE marking with some having FDA clearance, thus allowing sale to the USA market.
Website: http://www.diatron.com

ELGA LabWater

ELGA is an integral part of Veolia Water Solutions and Technologies, the world leader in water treatment. Veolia Water Solutions and Technologies has a global revenue of 2.5 billion Euros and worldwide team of 9,500 employees. It is renowned for its capabilities in providing water solutions of any size to customers throughout the entire water cycle. Our commitment to developing and providing purified laboratory water means that you can focus on obtaining accurate results. We specialise in the following markets:

- Research and Testing
- Healthcare
- Clinical Diagnostics

All systems are manufacture in the UK and we are accredited to ISO9001 and ISO14001 standards. We have our own R&D facilities and are always looking to provide products dedicated to providing the right water quality for your application.

ELGA focuses exclusively on water and its treatment. We continually contribute to the unique technical and scientific applications expertise developed during the last 50 years. ELGA is experienced in meeting the challenges that arise during the development, installation and servicing of single point-of-use purification systems as well as large projects involving consultation with architects, consultants and clients.
Website: http://www.elgalabwater.com/home

Fujirebio Europe

Fujirebio is a leading international healthcare company with a strong focus on high qualityin vitrodiagnostics testing solutions. Founded over 60 years ago, the company is recognized as the world-wide leader in oncology for both routine and novel markers and has a strong reputation in Japan within infectious disease testing in hospitals, clinic labs and blood banks. Over the last 20 years Fujirebio has been successfully marketing automated immunoassay testing solutions and has, under the name Innogenetics (now Fujerebio Europe), pioneered the field of molecular diagnostics and multiparameter testing. It is today among the world-leaders in strip-based diagnostics solutions.
Website: http://www.fujirebio.europe.com

Gentian AS

Gentian develop, manufacture and market IVD products based on proprietary technology for flexible, high speed, high sensitivity testing. The Gentian Cystatin C Immunoassay provides standardised and precise measurement of kidney function, which has allowed Gentian to become a leading force in introducing this novel renal marker in routine diagnostics in clinical laboratories worldwide. Gentian's product development focuses on enhancing the assay signal strength of current particle enhanced turbidimetric and nephelometric methods for more sensitive, precise results. Following the success of this technology in the Cystatin C Immunoassay, it is now being utilized in the areas of cardiovascular, cancer, inflammation and veterinary diagnostics.Gentian is located in Oslo, Norway and Beijing, China. Valid certificates include ISO 13485:2012 and ISO 9001:2008.
Website: http://www.gentian.no

Guangzhou Wondfo Biotech Co. Ltd.

Guangzhou Wondfo Biotech Co. Ltd. was founded in 1992 as a research based company in the campus of South China University in Guangzhou, Guangdong Province, China. In 2010, Wondfo moved to a new site which locates at Scientific City, Luogang Distrcit, Guangzhou. The Operation quickly grew beyond research purpose towards manufacturing of quality medical products and biochemical reagents, in particular the point-of-care testing kits and devices. Wondfo has obtained ISO 13485:2003 certificate. Its products have been cleared by the US FDA, Chinese FDA and received CE Mark.
Website: http://www.wondfo.com.cn

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: http://www.hytest.fi

Instrumentation Laboratory

Instrumentation Laboratory (www.ilus.com), founded in 1959, is a worldwide developer, manufacturer and distributor of in vitro diagnostic instruments, related reagents and controls for use primarily in hospitals and independent clinical laboratories. The company's product lines include Critical Care systems, Hemostasis systems and Information Management systems. IL's GEM® product offerings, part of the Critical Care line, include the GEM Premier™ 4000 analyzer with Intelligent Quality Management (iQM®), GEM Premier 3500, GEMweb® Plus Custom Connectivity, and complimentary products GEM PCL Plus, a portable coagulation analyzer the ACL TOP® Family of Hemostasis Testing Systems, fully automated, high-productivity analyzers, including the ACL TOP 700, ACL TOP 700 LAS, ACL TOP 700 CTS, ACL TOP 500 CTS and ACL TOP 300 CTS. IL also offers the ACL AcuStar®, ACL ELITE®, other Hemostasis analyzers and the HemosIL® line of reagents. IL is based in Bedford, Massachusetts.
Website: http://www.ilus.com

A. Menarini Diagnostics

Born as a division of pharmaceutical A. Menarini Industrie Farmaceutiche Riunite, headquartered in Florence and with over 17.000 employees in 70 countries, A. Menarini Diagnostics is a healthcare company with more than 30 years of experience in developing and leading the European market of prevention and 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 Europe, with our 14 fully owned subsidiaries, covering with our own network 90.3% of the population and serving a market of 300 millions people. 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: http://www.menarinidiagnostics.com

Merck Millipore

Overview

Merck Millipore is the Life Science division of Merck KGaA of Germany and offers a broad range of innovative, performance products, services and business relationships that enable our customers' success in research, development and production of biotech and pharmaceutical drug therapies. Through dedicated collaboration on new scientific and engineering insights, and as one of the top three R&D investors in the Life Science Tools industry, Merck Millipore serves as a strategic partner to customers and helps advance the promise of life science. Headquartered in Billerica,Massachusetts, Merck Millipore has around 10,000 employees, operations in 67 countries and 2010 revenues

of EUR 1.7 billion. Merck Millipore operates as EMD Millipore in the U.S. and Canada.
Pure water expertise for biomedical laboratories
With over 50 years of experience in laboratory water purification and an installed base of more than 100,000 water purification systems worldwide, our long history of collaboration with biomedical laboratories has enabled us to develop our expertise concerning biomedical applications as well as water purification technologies. Merck Millipore offers a complete range of water purification systems designed to match the needs of small through large volume applications. Compatible with any analyzer, these direct-feed systems are economical, easy to use, save water and improve productivity and results. Our portfolio includes the AFS®, Elix®, and Elix® Gulfstream Clinical product ranges.
For more information please see our Website: http://www.millipore.com

Mindray
Mindray was founded in 1991 with the goal of delivering high-quality, competitively priced medical devices to make healthcare more accessible and affordable around the world. In 2006, Mindray listed on the New York Stock Exchange.
The company has three well-established business segments: Patient Monitoring and Life Support Products, In-Vitro Diagnostic Products and Medical Imaging Systems. Health care facilities equipped with Mindray's products can be found in over 190 countries and regions. The IVD Mindray has a global R&D network with research centers in Shenzhen, Beijing, Nanjing, Seattle, New Jersey and Stockholm. Approximately 10% of total revenue has been consistently re-invested into R&D each year. An average of eight new products has annually been introduced to the market over the past seven years. The detail information please visit our Website: http://www.mindray.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 anaylser 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: http://www.mitsubishichemical.com

Nova Biomedical Corporation
Nova Biomedical's clinical laboratory business comprises point of care ivd test systems used in hospital and primary care settings. These include innovative new hand held

point of care sensors as well as an array of blood gas and critical care analysers offering a wide menu range.
Website: http://www.novabiomedical.com/

Oneworld Accuracy Collaboration

We invite leading clinical and research groups around the world to become Science Architects in the Oneworld Accuracy Collaboration. We embed their science in programmes that assess, improve and standardize test results. We add those programmes to OASYS - Oneworld Accuracy System. OASYS is an online system that can connect anyone in the world that has Internet access. We invite national groups to own the challenge of achieving testing accuracy in their countries. We empower them as Collaboration Members. We give them the tools they need: programmes, online system, training and the collective experience of their Collaboration peers. We invite laboratories, doctors, clinics and pharmacies to participate in our EQA and Standardization programmes. Oneworld Accuracy currently has 30 Collaboration Members who provide 25,000 programme subscriptions every year to 5,000 participants in 55 countries.
Website: http:www.oneworldaccuracy.com

Ortho-Clinical Diagnostics, Inc.

Ortho-Clinical Diagnostics For nearly 70 years, Ortho Clinical Diagnostics has provided the global healthcare community with the means to make better informed decisions. We've pioneered some of the most important, life-impacting advances in diagnostics - from our earliest work in blood typing to the latest developments in laboratory systems. Today, we serve the clinical laboratory and transfusion medicine communities worldwide. We're a leading provider of laboratory solutions as an aid in the diagnosis and treatment of disease. For more information please visit:
Website: www.orthoclinical.com

Philips

Royal Philips is focused on improving people's lives through meaningful innovation in health and well-being. As a global leader in providing solutions for health care, the needs of the patient are central to everything we do. By pioneering new solutions that improve and expand care around the world, we are dedicated to creating the ideal experience for all patients, young and old. Handheld Diagnostics is a dedicated business that focuses on developing innovative In-Vitro Diagnostics solutions to revolutionize Point-of-Care testing.
Website: www.philips.com/minicare

PPD Inc.

PPD is a leading global contract research organisation providing drug discover, development and lifecycle management services. Our clients and partners include pharmaceutical, biotechnology, medical device, academic and government organisations. PPD laboratories including the Central Clinical Laboratories (US, Belgium, Singapore and China), Bioanalytical laboratories (VA. and WI) and Phase 1 Unit Clinical Laboratory (TX) provide a wide array of clinical laboratory testing services for clinical trial patients and bioanalytical assay development and specimen analysis in support pharmaceutical drug research and development.
Website: http://www.ppdi.com

Radiometer Medical ApS

Radiometer is a leading provider of technologically advanced acute care solutions

that simplify and automate all phases of acute care testing. Radiometer's solutions cover blood sampling, blood gas analysis, transcutaneous monitoring, immunoassay testing and related IT management systems and help healthcare professionals get fast and accurate information on the most critical parameters in acute care testing. This is the foundation for making immediate and well-informed decisions on the treatment of critically ill patients in clinical settings such as emergency care, intensive care, anesthesiology, cardiac surgery, neonatal intensive care and wound care. Founded in 1935 and headquartered in Copenhagen, Denmark, Radiometer was a pioneer in blood gas testing, introducing the world's first commercially available blood gas analyzer in 1954. Today, Radiometer's products and solutions are used in hospitals, clinics and laboratories in over 130 countries, to provide information on the most critical parameters in acute care testing. In fact, five samples are performed every second on a Radiometer analyzer somewhere in the world. That's 300 samples a minute, 18,000 samples an hour, 432,000 samples a day. That's 157,680,000 samples every year performed on a Radiometer analyzer somewhere in the world.
For more information about blood gas analyzers, immunoassay analyzers, transcutaneous monitoring solutions or IT management systems, visit http://www.radiometer.com. For information about the latest trends in acute care testing, visit http://www.acutecaretesting.org, Radiometer's knowledge site.

Randox Laboratories Ltd.

Randox Laboratories, a market leader within the in vitro diagnostics industry, has 30 years experience in developing and manufacturing high quality products for laboratories worldwide. Our extensive product portfolio offers complete solutions within the fields of clinical chemistry, forensic toxicology, veterinary, drug residues, life sciences, oncology, molecular diagnostics and internal and external quality control.
Our innovative approach to diagnostics has enabled the development of a wide range of products including our benchtop clinical chemistry analysers, the RX daytona, RX imola and RX monza. The advanced functionality of each analyser ensures outstanding flexibility, optimum reliability coupled with a comprehensive test panel and cost saving features. The most recent addition to the RX series, the RX suzuka, offers high quality testing for the larger throughput laboratory.
Randox has also developed a full range of immunoassay analyser systems. The Evidence family of analysers include the Evidence, Evidence Investigator, Evidence MultiStat and Evidence Evolution. Each system incorporates revolutionary Biochip Array Technology that allows simultaneous detection of multiple analytes from a single patient sample. Rapid effortless testing, advanced consolidation and high quality results are a few of the many benefits of the Evidence analysers. The extensive biochip test menu includes both protein and DNA biochips, expanding the range to over 215 different biomarkers.
Our goal is to 'revolutionise healthcare through continuously improving diagnostic solutions'. We continue to achieve this year after year due to our commitment and significant re-investment in Research and Development. Our large support network of staff allows us to develop and perfect revolutionary products, specifically designed to provide more efficient, higher quality and reliable results, ensuring patients receive the right diagnosis at the right time.
Website: http://www.randox.com

Response Biomedical Corporation

Response Biomedical develops, manufactures and markets rapid on-site diagnostic tests for use with clinical, biodefense, and environmental applications utilizing its RAMP® platform. RAMP® represents a new paradigm in diagnostics that provides high sensitivity

and reliable information in minutes. It is ideally suited to both point-of-care testing and laboratory use. The RAMP® platform consists of an instrument and single-use, disposable test cartridges; and has the potential to be adapted to more than 250 medical and non-medical tests currently performed in laboratories. RAMP® clinical tests are commercially available for the detection of RSV and Influenza A/B antigens, heart attack/ heart failure biomarkers, and fibrin degradation products characteristic of pulmonary embolism.
For more details please visit the Website: http://www.responsebio.com/

Roche Diagnostics GmbH

Company's Profile: 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, immunology, infectious diseases, ophthalmology and neuroscience. Roche is also the world leader in in vitro diagnostics and tissue-based cancer diagnostics, and a frontrunner in diabetes management. Roche's personalised healthcare strategy aims at providing medicines and diagnostics that enable tangible improvements in the health, quality of life and survival of patients. Founded in 1896, Roche has been making important contributions to global health for more than a century. Twenty-four medicines developed by Roche are included in the World Health Organisation Model Lists of Essential Medicines, among them life-saving antibiotics, antimalarials and chemotherapy.
In 2013 the Roche Group employed over 85,000 people worldwide, invested 8.7 billion Swiss francs in R&D and posted sales of 46.8 billion Swiss francs. Genentech, in the United States, is a wholly owned member of the Roche Group. Roche is the majority shareholder in Chugai Pharmaceutical, Japan. For more information: http://www.roche.com.

Sebia S.A.

Develops, manufactures and commercializes protein electrophoresis tests and analyzers, dedicated to the in vitro diagnosis of cancer, inflammatory, metabolism and hemoglobin disorders. SEBIA's focus on electrophoresis techniques, allows a sustained R&D programme, providing to any type of labs access to genuine evolution. Both agarose gel and capillary assays and their dedicated automation are designed to be integrated into the same routine workflow, for gel (ASSIST, HYDRASYS™ 2) and for capillary electrophoresis, (CAPILLARYS™ 2, MINICAP™). SEBIA has recently diversified its activity by introducing Capillarys 2 Flex Piercing, the most advanced capillary technology, providing high level of performance, bringing complete walk-away automation. Tests available are serum proteins, urine proteins, Immunotyping, high resolution electrophoresis, CDT, and haemoglobinopathy screening from whole blood in primary capped tubes. Recently, SEBIA has diversified its activity in the field of diabetes, to fulfill the growing worldwide demand for more accurate and reproducible methods for HbA1C measurement.
Website: http://www.sebia.com

Sekisui Diagnostics (UK) Ltd.

YOUR GLOBAL PARTNER FOR OVER 30 YEARS
Sekisui Diagnostics was created in 2011 when Sekisui Medical acquired Genzyme Diagnostics. The new company brings together extensive product development capabilities and a broad global sales/distribution network for our comprehensive product lines:

- Clinical chemistry systems and reagents
- Coagulation systems and reagents

- Infectious disease rapid tests, line immunoassays, and ELISA Kits
- Enzymes and specialty biochemical

Sekisui Diagnostics is a diverse company with extensive product development capabilities, state of the art manufacturing facilities, and deep diagnostics expertise. We are dedicated to improving the lives of patients all around the world.
Website: http://www.sekisuidiagnostics.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 IVD 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 10.000m².
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 scientists. 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: http://www.sentineldiagnostics.com

Shanghai Zhicheng Biological Technology Co.,Ltd

Shanghai Zhicheng is an innovative Chinese company devoted to manufacturing and marketing in vitro diagnostic (IVD) tests for use in clinical laboratories. We have been focusing on promoting the quality of our products by serious and pragmatic R&D, strict QC according to ISO 13485 and ISO 9001 since the company was founded by Mr. Wanghui in 1995. Now our products were distributed more than 1000 laboratories in China with famous brand of DENUO.
Website: http://www.shzhicheng.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: http://www.china-maker.com

Siemens Healthcare Diagnostics

Siemens Healthcare Diagnostics provides healthcare professionals in hospital, reference, and physician office laboratories, and point-of-care settings with the vital information required to accurately diagnose, treat, and monitor patients. The company's innovative portfolio of performance-driven solutions and personalized customer care combine to streamline workflow, enhance operational efficiency, and support improved patient outcomes.
The company serves 30,000 customers in more than 120 countries and offers solutions for immunoassay, chemistry, automation, hemostasis, hematology, blood gas, diabetes, urinalysis, microbiology, and molecular testing, and also offers a comprehensive diagnostics IT portfolio. As a global leader in clinical diagnostics, Siemens' forward-thinking products and services are helping clinicians deliver better care so people around the world can lead healthier lives.
To learn more about Siemens Healthcare Diagnostics, please visit our Website at http://www.siemens.com/diagnostics

Snibe Co., Ltd. (Shenzhen New Industries Biomedical Engineering)

As a leading company in in-vitro diagnostic in China, SNIBE focused on the research & development on immunology solution since 1995. With this strategy, SNIBE dedicated to develop, manufacture and provide an extensive range of automated immunoassay solution to hospitals, medical centers, clinical laboratories etc.
The successful launch of automated chemiluminescence immunoassay (CLIA) system, MAGLUMI series, is a great milestone of SNIBE's product development. Based on flash chemiluminescence and magnetic microbead separation technology, MAGLUMI system provides a comprehensive test menu and variety analyzers as a complete solution for laboratories' immunoassay demands. Biolumi 8000 is a powerful and flexible integrated system, including sample processing module, ISE, biochemistry and immunoassay. Continues innovation allow SNIBE fulfill the demands of our customers for lab tests.
Find out more at: http://www.snibe.com

Sonic Healthcare Europe

Sonic Healthcare is an international healthcare group focused on delivering quality, independent services in medical diagnostics worldwide. In eight countries across three continents, the company is structured as a decentralized federation of medically-led practices. Sonic Healthcare operates in three key segments: pathology which includes pathology/clinical laboratory services provided in Australia, New Zealand, the United Kingdom, the United States of America, Germany, Switzerland, Belgium and Ireland; radiology, which include radiology and diagnostic imaging services provided in Australia and New Zealand, and other, which includes the corporate office function, medical centre operations (IPN) and other minor operations. Sonic Healthcare employs approximately 26,000 people with its head office located in Sydney, Australia.
Website:http://www.sonichealthcare.com/

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: http://www.sysmex-europe.com

Thermo Fisher Scientific

Thermo Fisher Scientific Inc. (NYSE: TMO) is the world leader in serving science, with revenues of $17 billion and 50,000 employees in 50 countries. Our mission is to enable our customers to make the world healthier, cleaner and safer. We help our customers accelerate life sciences research, solve complex analytical challenges, improve patient diagnostics and increase laboratory productivity. Our four premier brands - Life Technologies, Thermo Scientific, Fisher Scientific and Unity Lab Services - offer an unmatched combination of innovative technologies, purchasing convenience and comprehensive support.

For more information, please visit: http://www.thermofisher.com/

Unilabs

Unilabs is a leading clinical European supplier of laboratory medicine and radiology services with operations in 12 European countries.

Unilabs supplies diagnostics services to:

- Public and Private healthcare units
  - Hospitals
  - Outpatient clinics

  - GPs
  - Occupational health units
- County councils
- The general public
- Insurance companies

Unilabs also provides Laboratory and Logistics services for drug development companies & CROs.
Website: http://www.unilabs.com

Wako Pure Chemical Industries, Ltd./Wako

Wako Pure Chemical Industries, Ltd. was established in 1922 as a predecessor of Takeda Chobei Shoten (currently, Takeda Pharmaceutical Company Limited) pharmaceutical department.
Interest in healthcare continues to grow. High hopes are now pinned on the diagnostic tests to enable prevention of diseases, as well as their early detection and treatment.
Wako Pure Chemical Industries, Ltd. is engaged in the research, development, and manufacturing of a diverse range of products, such as assay kits for the diagnosis of cancer and life-style related diseases, and infectious disease assays.
We are also steadfastly fulfilling our mission as a comprehensive diagnostic reagent manufacturer by developing assays that integrate reagents and instruments, and by promoting comprehensive total solutions for medical management and operations.
We will contribute to the advancement of the quality of medicine by continuing to develop valuable assays in cutting-edge areas, supporting future medicine such as disease prognosis and diagnosis, and predisposition detection.
Website: http://www.wako-chem.co.jp

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: http://www.wiener-lab.com.ar

Wisplinghoff Laboratoriumsmedizin Köln

Wisplinghoff diagnostic services are backed by a strong team of 29 medical doctors and scientists in Cologne.
contribute to the overall progress of healthcare by leading collaborations with industry and academic institutions in order to develop new techniques, carry out research and promote synergies between our scientists, academics and colleagues in the industry.
Website: http://www.wisplinghoff.de/en

Chapter 4
Affiliate Members

4.1. AFFILIATED MEMBERS OF IFCC

Brazil: Sociedade Brasileira de Patologia Clínica / Medicina Laboratorial (SBPC/ML)

Dr. Paula Fernandes Távora
Presidente
R. Dois de Dezembro, 78, salas 909/910
Catete - CEP 22220-040
Rio de Janeiro RJ
Brazil
Tel.: +21 30771400
Website: http://www.sbpc.org.br

India: Association of Medical Biochemists of India (AMBI)

Dr. Shanthi Naidu Kamatham
c/o Dr.V.Govindaraju
19, 7th Main, 16th Cross, Lakkasandra,
Bangalore - 560030
India
Tel: +91 80 22225179; +91 9908612006

Mexico: Federación Nacional de Químicos Clínicos (CONAQUIC A.C.)

Quim. Nidia de las Mercedes Cardenas Barrera
José Ma. Arteaga # 354, Zona Centro
C.P. 20000 Aguascalientes, Ags.
Mexico
Tel.: +52 449 915 97 23
Website: http://www.conaquic.org.mx/

Palestine: Palestinian Medical Technology Association (PALMTA)

Dr. Osama Najar
PMTA Office
Palestine - Ramallah
P.O. Box 1938
Palestine
Website: http://www.palmta.org

Philippines: Philippine Council for Quality Assurance in Clinical Laboratories (PCQACL)

Dr. Elizabeth Y. Arcellana - Nuqui
PSP Bldg. Unit C
114 Malakas St., Diliman
Quezon City
Philippines
Tel: (632) 926-6604
Website: http://www.pcqacl.com

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

Prof. Tatiana Vavilova
Clinical Laboratory Diagnostic Department
Mechnikov State Medical University
Pyskarevskiy av., 47
St.-Petersburg, 195067
Russia
Tel./Fax: +7 812 5450632 - Mobile: +7 921 91378

Spain: Asociación Española de Farmacéuticos Analistas (AEFA)

Dr. Rafael Calafell Clar
C/Modesto Lafuente 3
28010 Madrid
Spain
Tel.: +34 91 5938490
Fax: +34 91 5930134
Website: http://www.aefa.es/

Ukraine: Association of Clinical Chemistry & Laboratory Medicine of Ukraine (ACCLMU)

Dr. Ganna Lunova
President
18 Chygorina St.
Kyiv 01042
Ukraine
Tel./Fax: +38 044 409-20-75
Website: http://www.acclmu.org.ua

Chapter 5
Regional Organisations

5. REGIONAL ORGANISATIONS

There are six Regional Professional Laboratory Medicine organisations, which can be considered IFCC regional partners:

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

5.1. Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)

The APFCB is a federation of 16 national 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 Laboratory Medicine (CSLM)
- 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 Biochemists (MACB)
- Nepal Association for Medical Laboratory Sciences (NAMLS)
- Pakistan Society of Chemical Pathologists (PSCP)
- Philippine Association of Medical Technologists (PAMET)
- Singapore Association of Clinical Biochemists (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)

All the 16 APFCB members are also IFCC members.

Seventeen in-vitro diagnostics companies, both multinational and regional, make up the APFCB's Corporate Membership. The APFCB has four Affiliate member societies, namely, the Chinese Association for Clinical Laboratory Management, the Association of Medical Biochemists of India (AMBI), the Macao Laboratory Medicine Association and the Mongolian Association of Health Laboratorians.

The governing body of the APFCB is the Council, which delegates the management of the federation's activities to the Executive Board. The professional activities of the APFCB are executed through its four standing committees, these being the Communications, Education & Laboratory Management, Scientific and Congress and Conferences 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 Education and Laboratory Management Committee is the organisation of visiting lectureships. 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 activities of the Education and Laboratory Management Committee also include education in the area of laboratory quality. Towards this end it has helped organise courses on QA/QC and conducts an educational programme on interpretative commentary of laboratory results. A Pre-analytical working group has been established and one of the aims of this working group is to work on projects with the Pre-analytical working group of EFLM.

The Scientific Committee undertakes the organisation of scientific projects on a regional basis in areas of current interest. Seven member societies thus far are collaborating in the IFCC global study on reference intervals. Other regional projects include a regional project for harmonisation of mass spectrometry-based steroid assays, urine steroid metabolomic studies by gas chromatography mass spectrometry to aid the diagnosis of disorders of sexual development.

The Congress and Conferences Committee is involved in the planning and supervising of the triennial APFCB congress and APFCB regional conferences and works closely with the local organising committees to ensure the success of these congresses.
The triennial APFCB congress is the scientific congress of the APFCB. The first congress was held in 1979 in Singapore. The 14th congress will be held in Taiwan in 2016, and the 15th in Jaipur in 2019.

The APFCB publishes an annual e-newsletter called the APFCB e-News that is distributed to the APFCB members and senior clinical chemists outside the region, without charge. The APFCB e-News is published online (available for download at www.apfcb.org). 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 APFCB congress that was signed between the APFCB and the IFCC forms the basis of the formal relationship between the two federations. The APFCB signed a Memorandum of Understanding (MoU) in May 2011 with the World Association of Societies of Pathology and Laboratory Medicine (WASPaLM) and renewed this MoU for another three years on 27th August 2014. The APFCB signed a MoU with the AACC on 11th December 2014 for a two year term (2015 and 2016) in the first instance.

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

The Latin American Confederation of Clinical Biochemistry, COLABIOCLI, was founded in 1968 in Mar del Plata, Argentina and all local societies of Latin America for Clinical Chemistry are today its members. In December 1968, in the first Congress of the Confederation, we have the presence, of distinguished professionals: Dr. Bernardo Houssay, Argentina (Nobel Prize), Dr. Luis Leloir, Argentina (Nobel Prize), Dr. Martin Rubin and Dr. Cesar Milstein, Argentina (Nobel Prize).
In 1973, The Latin American Confederation of Clinical Chemistry was officially established during the II Congress of Biochemistry in Porto Alegre Brazil.

Since 1968, COLABIOCLI has developed multiple activities regarding scientific matters and professional regulations.

The mission of COLABIOCLI is the improvement of the profession through policies aimed at the continuous improvement of the ethical and scientific standards of Clinical Biochemistry. The main objective is to work together with academic units to reach a consensus of the curricular bases for vocational training in the region and also establish a system of continuous quality improvement in all laboratories in Latin America, with the cooperation of PAHO / WHO, IFCC, the National Societies of Clinical Chemistry, ministries of Public Health and University Authorities in Latin America.

Since its formation important results have been achieved with respect to implementation of continuous quality improvement programmes. Due to the dynamics of knowledge impacting on the progress of clinical laboratory science and technology it has become essential to strengthen alliances with the academic units in the region, for the purpose of managing knowledge, and specific policies for continuous training. By the asymmetry between the countries of the Confederation, actions are needed to achieve implementation of registration and licensing of the profession and to support programmes of external and internal quality assessment to ensure the results of the laboratory as a contribution to public health.

The Latin American Congress is organised every two years. These conferences have been held in Argentina, Brazil, Chile, Costa Rica, El Salvador, República Dominicana, Mexico, Panama, Paraguay, Venezuela and Peru. The average attendance was 1,200 professionals.

One of the main objectives of COLABIOCLI, is give support, to the establishment of programmes of continuous quality improvement in the laboratory
Since 1990 COLABIOCLI, PAHO / WHO with support from other institutions have developed complementary activities:

- Courses and workshops on quality
- Publication of three books on quality assurance
- Visits to various health institutions, to stimulate their interest in our programmes
- Provide control material and of course, to develop them
- Seminar on the Management of External Quality Assessment
- Training courses for tutors on Quality Management System
- Participation in National Congresses and organisation of Latin American Congress
- Financing of visiting lecturer, according to local needs.
- National regulations and registration of laboratories in the following countries: Argentina, Brazil, Bolivia, Paraguay, Peru, Colombia, Chile, Ecuador, El Salvador, Honduras, Guatemala, Venezuela and Uruguay

After thirty-eight years since its official creation, the XX Latin American Congress of Clinical Biochemistry, conducted from 24 to 27 November 2011 in Punta Cana, Dominican Republic. On the 26th was held the General Assembly of COLABIOCLI. It proceeded to the election of the National Executive Body for the period 2011 - 2013, being honored at this opportunity the Confederación Unificada Bioquímica de la República Argentina (CUBRA) representing Argentina. It is noteworthy that 18 of the 22 countries that make up COLABIOCLI attended the Assembly. Subsequent to the election the appointment was made of the three countries, that through a representative each, will occupy in the period referred the members of Executive Committee. Dominican Republic, Spain and Panama were elected. Finally, the Assembly elected the three countries that appoint members of the Audit Commission of the institution, and they were: Venezuela, Honduras and Chile.

On October 30, 2013, on the occasion of the XXI Latin American Congress in Lima - Peru, the Confederación Unificada Bioquímica de la República Argentina (CUBRA) was re-elected by unanimous vote of the countries present at the regular meeting. On this occasion were also elected representatives from República Dominicana, Ecuador and Bolivia to fill the other member positions. The National Entities from Venezuela, Honduras and Chile were re-designated as the members of the Audit Commission.

Currently the Executive Committee is conformed as follows:
AUTHORITIES COLABIOCLI (2013 - 2015)
President: Carlos Navarro (Argentina)
Vice President: Roberto García (Argentina)
Secretary: Manuel Arca (Argentina)
Treasurer: Felix Acuña (Argentina)
1st Member: Collado, Angelita Ángeles (República Dominicana)
2nd Member: Saldarreaga, María Magdalena Zambrano (Ecuador)
3rd Member: Justiniano Grosz, Alvaro (Bolivia)
Com. Review of Accounts: Gomez, Rene (Chile)
Com. Review of Accounts: García, Carmen Socorro (Venezuela)
Com. Review of Accounts: Castro, Mitzi (Honduras)

COLABIOCLI has developed the following programmes: (1) Quality Management; (2) for standard operating procedures, (3) documents laboratory (4) internal control and external quality assessment, (5) internal and external audits, (6) continuing education and training, (7) biosafety standards, (8) preventive and corrective maintenance of equipment.

COLABIOCLI also managed to achieve goals in the records of national regulation, in: Argentina, Brazil, Colombia, Cuba, Costa Rica, Dominican Republic, Honduras, Guatemala, Peru, Colombia, Venezuela, Paraguay, Uruguay and Ecuador and, recently, Bolivia.

COLABIOCLI also promotes the implementation of external quality assessment and has an ethical commitment to institutions and professionals of health.The countries with External Quality Assessment are: Argentina, Brazil, Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Colombia, Venezuela, Ecuador, Paraguay, Peru, Spain and Uruguay.

Goals achieved:
1. External Quality Assessment in 89% of countries.
2. Preparation of control samples: Argentina, Brazil, Colombia, Guatemala, Mexico,

Uruguay.
3. Guide to Accreditation, Quality Management Course First Edition 2005 Second Edition 2009.
4. Establishment of a Quality System.
5. Audit of Quality Management Systems.
6. In October 2008, the National Clinical Society of Colombia, held the course, auditing for members of all countries of South America.
7. In June 2009, the National Society of Clinical Chemistry Panama, conducted an auditing course for delegates from Mexico, Central America and the Caribbean.
8. Meetings were organised external quality assessment in: San Salvador, Guatemala, Honduras, Nicaragua, Dominican Republic, Bolivia, Peru, Uruguay, Ecuador and Colombia.

Strategies and Objectives:
1. The completion of the registration procedures, in all countries
2. Innovation of the External Quality Programme,
3. Developing professional resources to manufacture reference materials,
4. Continuing with the efforts for the establishment of a Quality Control Programme in the Latin American countries.
5. To actively involve of health authorities; continuity of local distance learning programmes, and implementation of national and international guidance for the accreditation programme.

In addition to these programmes, COLABIOCLI, implements and administers a programme of visiting professors. This programme ensures participation of Lecturers in the Congress of the National Institutions that require it, according to your needs.

One of the policies of COLABIOCLI also includes visits to Ministers of Health, university authorities and national health programmes to strengthen at laboratory professionals and their activities. Many of the activities described above have been supported by PAHO/WHO, in cooperation with the IFCC.

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5.4. European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

In 2007 the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM formerly EFCC) was formed by the merger of FESCC (Forum of European Societies of Clinical Chemistry) and EC4 (European Communities Confederation of Clinical Chemistry). EFLM 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 EFLM is to 1) enhance patient care, 2) improve outcomes by promoting and improving the scientific, professional and clinical aspects of clinical chemistry and laboratory medicine and 3) to ensure effective representation of laboratory medicine both at European Union level and to other pan-European and sub-regional bodies. EFLM represents IFCC in Europe.

All member societies of IFCC in Europe may become members of EFLM. The President/Chair and one national representative of member societies form the General Assembly which is the main governing body of EFLM. The General Assembly of EFLM 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 EFLM a national association of a European country or another organisation active in the field of laboratory medicine which has applied for such status. EFLM is domiciled in Milan where its office is also maintained in collaboration with IFCC.

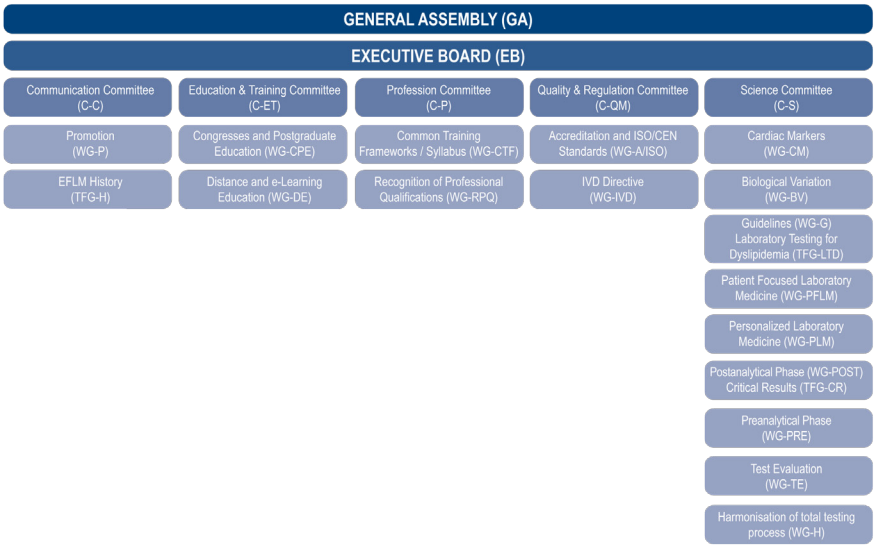
Current (Full) membership of EFLM comprises the national societies of the following 39 countries: Albania, Austria, Belgium, Bosnia Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Macedonia, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, UK, Ukraine (USCLD).

EFLM has 1 Affiliate Member: Ukraine (UCCLMU) and 1 Provisional Member: Kosovo.

The operational structure of EFLM consists of an Executive Board (EB) and currently five Committees (C) which conduct out their tasks via Working Groups (WG) and Task and Finish 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: Italy, United Kingdom, Norway, Croatia, The Netherlands, Poland and Czech Republic. Membership and corresponding membership in Cs, WGs and PGs is by application and open to nominations by national societies.

The main activities of EFLM relate to education, research, development of the profession, requirements for competence, quality and accreditation of laboratories, organisation of congresses, and publications. EFLM has five Committees:
- Science (C-S)
- Quality and Regulations (C-QR)
- Profession (C-P)
- Education and Training (C-ET)
- Communication (C-C)

EFLM's structure at the time of writing is shown in the Figure below. For updates, please visit the EFLM website (www.eflm.eu).



The Communication Committee (C-C) is responsible for efficient communication channels between EFLM and its member societies and other professional institutions, individuals and other targeted audiences via EFLM's website (www.eflm.eu) and EFLM Newsletter. The official scientific journal of EFLM is Clinical Chemistry and Laboratory Medicine (CCLM).

The Science Committee (C-S) 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 (WG-CM)* which investigates, via European surveys, how the reporting, interpretation and use of cardiac markers impact on patient outcomes in different countries.
- *Biological Variation (WG-BV)* which explores the sources of variation in and develops a critical appraisal checklist for papers on biological variation.
- *Guidelines (WG-G)* for the laboratory investigation and management of various conditions based on best practice.
- *Test Evaluation (WG-TE)* 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 Phase (WG-POST)* 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.
- *Pre-analytical Phase (WG-PRE)* which aims to promote the importance of the quality of the pre-analytical phase of laboratory medicine by carrying questionnaires for assessing the current practices related to some pre-analytical variables and defining the best practices for some critical activities in the pre-analytical phase.
- *Harmonisation of Total Testing Process (WG-H)* aims to act as a collector of the harmonisation initiatives arising from other WGs or Task and Finish Groups of EFLM and from National Member Societies active in the field and will disseminate them to all the EFLM Member Societies attempting to monitor their application and effects.

- *Patient Focused Laboratory Medicine (WG-PFLM)* aims to evaluate and study methods for how specialists in laboratory medicine can communicate directly with the patients and how the laboratory can play an active role in patients using self-monitoring for monitoring their disease.
- *Personalised Laboratory Medicine (WG-PLM)* aims to develop papers on potentials and limits of the most recent laboratory technologies applied in personalised medicine.

The Quality and Regulations Committee (C-QR) 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 (WG- WG-A/IS)*, which represents EFLM 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 (WG-IVD)*, 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 (C-ET) has general responsibility for the postgraduate training aspects of the work of EFLM, in liaison with the Congress and Conferences Division and the Education and Management Division of IFCC, and also with UEMS. The Committee organises 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 (WG-CPE)*, which is involved in the organisation of EFLM-UEMS European Joint Congress, Euromedlab, in collaboration with IFCC; joint European conferences with national societies and sub-regional organisations, such as the annual EFLM Symposium for the Balkan region. It is also responsible for organising the annual EFLM Continuous Postgraduate Course and other educational and scientific events.
- *Distance education and e-learning (WG-DE)*, which aims to establish and maintain efficient distance learning channels between EFLM and its member societies in education within the field of clinical chemistry and laboratory medicine.

The Professional Committee (C-P) 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 group manages 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.

Awards. EFLM has three awards:

- *The EFLM-Roche Scientific Award for Laboratory Medicine* is awarded every two years to honour an individual from an EFLM 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 7,500 Euros.
- *The EFLM-Abbott Award for Excellence in Outcomes Research in Laboratory Medicine* is 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 was presented for the first time at IFCC/EuroMedLab 2011 in Berlin and will thereafter be presented every two years at an EFLM conference. The Award consists of a certificate and the sum of 10,000 Euros.
- *The EFLM-BD Walter Guder Pre-analytical Award* is addressed to young scientists under 40 years of age who have made a significant contribution to the advancement of the pre-analytical phase. The award is given to the best study accepted for peer reviewed publication, where the nominee is the first author and a member of an EFLM member society. The award is financially supported by Becton Dickinson with an amount of 5,000 Euros.

EFLM collaborates with sub-regional professional organisations in the Balkan, Nordic and Alps-Adriatic region. A memorandum of understanding between EFLM and IFCC has formalised the relationship between the two Federations. EFLM has recently published its Corporate membership policy and is aiming to establish various models of collaboration with corporate partners from the IVD industry by setting up various projects that support the development of the profession in Europe.
Currently EFLM has formalised its collaboration with the following organisations:
AACC (American Association of Clinical Chemistry), AACB (Australasian Association of Clinical Biochemists), CEPLIS (European Council of the Liberal Professions), EC (European Commission), EA (European co-operation for Accreditation), EAPM (European Alliance for Personalised Medicine), EAS (European Atherosclerosis Society), EASL (European Association for the Study of Liver), EDMA (European Diagnostic Manufacturers Association), EuPA (European Proteomics Association), EUCOMED (Medical Devices Industry), ISO-CEN, EPMA (European Ass. for Predictive, Preventive & Personalised Medicine), EQALM (External Quality Assurance Programmes in Laboratory Medicine), ESPT (European Society for Pharmacogenomics and Theranostics), UEMS (European Union of Medical Specialists).
EFLM intends to set up even wider collaboration with sister Federations in order to harmonise 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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5.5. Arab Federation of Clinical Biology (AFCB)

The Arab Federation of Clinical Biology (AFCB) was established in 1974 in Egypt. The AFCB is managed by its Executive Board (EB) that is elected periodically every three years. Each member society in the AFCB is represented by one delegate in the EB. In its first meeting the EB elects its president, Vice-president, Treasurer, General Secretary, and chairs of its needed committees according to its bylaws. The past AFCB president also is a member of the EB. 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 twelve countries that currently form the AFCB are Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Palestine, Saudi Arabia, 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 including (1) sharing information, expertise and scientific achievements; (2) organising seminars and training in clinical biology and laboratory medicine; (3) publishing scientific journals and periodicals specializing in clinical and laboratory medicine (4) organising training and educational sessions (5) ; participating in the creation of national bodies and associations within the Arab countries that do not have such organisations in respect to their local legislation, (7) giving support and advice to national bodies and associations within the Arab countries, (8) providing consultation and expertise as requested 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; (9) co-ordinate with the Council of Arab Ministers of Health on clinical laboratory scientific matters; (10) implement International Units; (11) provide support to IVD industry in the Arab world; and (12) support Quality Management Programmes in Health Laboratories.
The AFCB has organised 13 congresses since 1974 in Egypt (1974, 1980, 1986 and 1988), Syria (1979, 1994 and 2006), Tunisia (1991 and 2004), Jordan (1997), Morocco (2000 and 2012), Lebanon (2009), Sudan (2015).

Our Vision:
To work on the development of the profession and the science of laboratory medicine in the Arabic world.

Our Mission:
1. To be the legitimate voice for the profession of laboratory medicine in the Arabic world.
2. To be lead in the Arab and international community with regard to the profession of laboratory medicine.
3. To serve members with the maximum potential.
4. To maintain high professional standards in the practice of medical laboratory sciences in the Arabic world.

Our Objectives:
1. Strengthening the link between workers in the field of clinical laboratory science in the Arab world, and exchange of experiences and scientific information.
2. Organisation of periodic scientific conferences in the field of clinical laboratory science and scientific symposia, seminars, exchange briefing visits, contribute to the Arab national conferences, and provide adequate scientific support.
3. Issuing scientific documents and specialised publications.
4. Contribute in the formation of national bodies and associations in the Arab countries

that do not have such bodies, where such formations, according to the laws and regulations in force in those countries, and support them.
5. Provide advice and expertise to the Arab production companies in the field of clinical laboratory reagents and equipment.
6. Support the programmes of quality assurance in laboratory in the Arab world and exchange of information and provision of scientific advice, and study the possibility of the use of international units.
7. Coordination with the Council of Arab Ministers of Health in matters of clinical laboratory science.
8. Work on the harmonisation of legislation and laws governing the work of the laboratory in different countries and make an agreement on a common definition of certificates of competence and work with the Arab Health Ministers for approval.
9. Cooperation and coordination with the World Health Organization in the curricula of rehabilitation, training and quality assurance programmes.
10. Proof of the presence in international and regional organisations concerned with the clinical laboratory sciences.

Membership:
Arab Federation of Clinical Biology accepts membership of organisations, associations, trade unions and professional associations that accept the AFCB Statute, and works to achieve its objectives and submit a request for enrollment that is not inconsistent with its basic system of the AFCB.

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5.6. 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 fifteen countries:

- Botswana (no official Society)
- Egypt (Egyptian Society of Clinical Chemistry and Clinical Laboratory Sciences - ESCC)
- Ethiopia (Ethiopian Medical Laboratory Association -EMLA)
- Ghana (no official Society)
- Kenya (Clinical Chemists Association of Kenya)
- Malawi (Malawi Association of Medical Laboratory Scientists – MAMLS)
- 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)
- Uganda (Uganda Association of Biomedical Scientists)
- Zambia (Biomedical Society of Zambia-BSZ)
- Zimbabwe (Zimbabwe Association of Clinical Biochemists (ZACB)

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

The inaugural congress of the AFCC took place in October 2009 in Ibadan, Nigeria and the second congress in Nairobi, Kenya 2011. The third congress was held in Cape Town, South Africa in 2013. The fourth congress has taken place in Harare, Zimbabwe 28-30 April 2015. The fifth congress will coincide with the IFCC WordLab congress in 2017 in Durban, South Africa.

The current Board members serving for the term 2014 – 2015 are: President: Prof AB Okesina (Nigeria), Immediate Past-President: Prof V Steenkamp (South Africa), President-Elect: Prof RT Erasmus (South Africa), Secretary: Prof HT Marima-Matarira (Zimbabwe), Treasurer: Prof A Amayo (Kenya), Members-at-large: Mr H Lumano (Zambia) and Dr M Charles-Davies (Nigeria).

The aim of the AFCC is to promote improvement in the health wellness of the communities it serves through improving the development and practice of clinical chemistry through education and scientific excellence and promote clinical chemistry in Africa. To date academic exchange between Nigeria and South Africa has taken place, areas of concern in clinical chemistry have been identified and to this end a quality management course has been organised. The clinical case study programme provided by the AACC has been distributed to all AFCC member countries where it is being incorporated in the registrar training course.

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5.7. North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC)

The North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC) was formed in December of 2014, representing the American Association for Clinical Chemistry (AACC) and the Canadian Society of Clinical Chemists (CSCC), both member societies of the IFCC. The NAFCC was recognised by the IFCC in February of 2015. The NAFCC was formed in response to changes to the structure of the IFCC Executive Board to allow each federation to nominate a member to the EB, thus providing for regional representation of all IFCC member societies on the EB.

The AACC or CSCC Boards will approve a member to serve as the NAFCC representative to the IFCC EB, alternating between the AACC and CSCC with each new EB election cycle. The first representative for the period of 2015-2017 will be Dr. David Kinniburgh, President of the CSCC (2013 – 2015) and a member of the AACC.

The AACC will nominate a representative to fill the election cycle of 2018-2020.
The primary responsibility of the NAFCC is to to facilitate high level communication in relation to the work of IFCC, including:

- Developing and promoting the contribution of laboratory medicine to healthcare
- Strategic planning, policy direction and implementation

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Chapter 6
International Organisations

6.1. International Organisations that work with IFCC

From its early days, IFCC saw merit in collaboration with other international organisations 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 recognised non-governmental organisation 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 organisations. These include:

- Bureau International des Poids et Mesures (BIPM)
- Clinical Laboratory Management Association (CLMA)
- 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) (JCGM WG1)
- International Association for Therapeutic Drug Monitoring and Clinical Toxicology (IATDMCT)
- International Committee for Standardisation in Haematology (ICSH)
- International Committee for Weights and Measures (CIPM)
- International Diabetes Federation (IDF)
- International Organisation for Standardisation (ISO)
- International Osteoporosis Foundation (IOF)
- International Health Terminology Standards Development Organisation (IHTSDO)
- International Laboratory Accreditation Cooperation (ILAC)
- International Organization of Legal Metrology (OIML)
- 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)
- Kidney Disease Improving Global Outcomes (KDIGO)
- National Institute for Biological Standards and Control (NIBSC)
- National Institute of Standards (NIST)
- Vocabulary in Metrology (VIM) (JCGM WG2)
- World Association of Societies of Pathology and Laboratory Medicine (WASPALM)
- World Health Organization (WHO)

Chapter 7
Congresses and Conferences Committee

7.1. Congresses and Conferences

7.1.1. Mission statement
7.1.2. Strategy
7.1.3. Projects

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. Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)
7.3.2. European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)
7.3.4. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)
7.3.6. Arab Federation of Clinical Biology (AFCB)
7.3.7. African Federation of Clinical Chemistry (AFCC)

7.4. IFCC Specialised Conferences

7.4.1. Roche Bergmeyer Conference

7.5. Congress Guidelines and Other Documents

7.8. IFCC Auspices

7.9. IFCC General Conference

CONGRESSES AND CONFERENCES COMMITTEE (C-CC)

Chair:
Dr. James WESENBERG (CA)

Members:
Mr. Joseph LOPEZ (MY)
Prof. Tomas ZIMA (CZ)

Corporate Member:
Dr. Peng YIN (US)

Corresponding Members:
Prof. Montserrat BLANES GONZÁLES (PY)
Prof. Pierre CARAYON (FR)
Prof. Rajv ERASMUS (ZA)
Prof. Abderrazek HEDILI (TU)
Ms Orla MAGUIRE (IE)

7. Congresses and Conferences Committee (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 founded 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. C-CC Executive

Name	Position	Country	Term	Time in Office
J. Wesenberg	Chair	CA	1st	2015 01 – 2017 12
J. Lopez	Member	MY	2nd	2015 01 – 2017 12
T. Zima	Member	CZ	1st	2014 01 – 2016 12
P. Yin	Corp. Rep.	US	2nd	2015 01 – 2017 12
M. Blanes Gonzáles	Corr. Member	PY		
P. Carayon	Corr. Member	FR		
R. Erasmus	Corr. Member	ZA		
A. Hedili	Corr. Member	TU		
O. Maguire	Corr. Member	IE		

7.1.1. Mission statement

The mission of the C-CC is 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 updates as required the guidelines, procedures and practices for IFCC-designated meetings, and also monitors compliance throughout the planning and organisational stages. The C-CC assists the organising 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 programme 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.

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

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
XXIII	Durban	ZA	2017
XXIV	Seoul	KR	2020

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

7.3.1. Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (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
XIII	Bali	ID	2013
XIV	Taiwan	TW	2016
XV	Jaipur	IN	2019

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

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
XXI	Paris	FR	2015
XXII	Athens	GR	2017

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
XX	Punta Cana	DO	2011
XXI	Lima	PE	2013
XXII	Quito	EC	2015
XXIII	Punta del Este	UY	2017

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	Marrakech	MA	2012
XIV	Khartoum	SD	2015

7.3.7. African Federation of Clinical Chemistry (AFCC)

I	Ibadan	NG	2009
II	Nairobi	KE	2011
III	Harare	ZW	2015

7.4. IFCC Specialised 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 issues of standardisation.
- 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

Name	Position	Country	Time in Office
I. Young	IFCC-SD Chair	(UK)	2011 -
J. Passarelli	Roche Diagnostics	(US)	2011 -
A. Kallner	Editor of Proceedings	(SE)	1988 -
L. Lai	IFCC-EMD Chair	(MY)	2015 -
J. Wesenberg	IFCC C-CC Chair	(CA)	2015 -

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 The Scandinavian Journal of Clinical and Laboratory Investigation;
- Collaboration with Roche Diagnostics and the local organising group;
- Report to Scientific Division, information to the Congresses and Conferences Committee;
- 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.

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
XIII	2012	Vitamin D in health and disease
XIV	2014	Women's health

7.5. Congress Guidelines and other Documents

The following documents have been prepared by the C-CC. They are updated regularly on the website (www.ifcc.org).

- Auspices of the IFCC - Guidelines and Procedures
- Guidelines for International Congresses of Clinical Chemistry and Laboratory Medicine (ICCCLM)
- Guidelines for IFCC-EFLM European Congresses of Clinical Chemistry and Laboratory Medicine (EuroMedLab)

7.8. IFCC Auspices

IFCC Auspices designates recognition of a professional conference activity of high scientific and/or educational level.

IFCC is committed to maintaining and promoting a world-wide exchange of information in Clinical Chemistry and all disciplines of Laboratory Medicine. Therefore, a major effort should be made in the academic, clinical and industrial setting to create links of communication for clinical laboratory scientists and physicians through highly qualified professional meetings which the IFCC may support in a variety of ways. According to this, IFCC is interested in granting its Auspices for meetings, conferences and congresses in order to assist conference organising committees to promote their meeting and attract a large professional participation.
The granting of IFCC Auspices, and its involvement in conferences enhancing the field of Laboratory Medicine, furthers the reputation of IFCC.

Specific guidelines (available on the IFCC website) have been prepared to assist groups to apply for IFCC Auspices for their meetings, symposia, conferences and congresses.

The granting of IFCC Auspices does not imply any financial agreement between the organisers of the event and the IFCC. It indicates that the official IFCC logo should be used on all relevant brochures and publications. Moreover, notices of meetings approved for IFCC Auspices will be included in the congress calendar which is part of the IFCC web-site (www.ifcc.org) and circulated by mail to the IFCC mailing list.

IFCC Auspices may be sought by:

- Any IFCC Member Society, Specialty Group or Corporate Member;
- The organising committee of any meeting, conference or congress outside the IFCC in which the meeting topics are directly related to the goals of the IFCC.

7.9. IFCC General Conference

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 organisation.

Responsibilities

- The Committee on Congresses and Conferences (C-CC) of the IFCC bears overall responsibility for the organisation 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 organising 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 Executives 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.

Conferences

I	Rungestedgaard	DK	1981
II	Rungestedgaard	DK	1984
III	Monza	IT	1988
IV	Pont-à-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
XI	Kuala Lumpur	MY	2012
XII	Madrid	ES	2016

List of Addresses

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Chapter 8
Scientific Division

8.1. Scientific Division Executive Committee

8.1.1. Mission Statement
8.1.2. Strategy
8.1.3. Projects
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8.2. Scientific Division Committees

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8.2.11. Molecular Diagnostics (C-MD)
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)
8.2.25. Standardisation of Thyroid Function Tests (C-STFT)

8.3. Scientific Division Working Groups

8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)
8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)
8.3.39. Standardisation of Albumin Assay in Urine (WG-SAU) in collaboration with National Kidney Disease Education Program (NKDEP)
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) in collaboration with American Diabetes Association (ADA) and European Association for the Study of Diabetes (EASD)
8.3.43. Standardisation of Troponin I (WG-TNI)
8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)
8.3.47. Clinical Quantitative Mass-Spectrometry Proteomics (WG-cMSP)
8.3.48. Parathyroid Hormone (WG-PTH)
8.3.49. CSF-Proteins (WG-CSF)
8.3.50. Standardisation of Bone Marker Assays (WG-SBMA)
8.3.51. Commutability (WG-C)
8.3.52. Serum Total Protein (WG-STP)

SCIENTIFIC DIVISION
EXECUTIVE COMMITTEE (SD-EC)

Chair:
Prof. Ian YOUNG (UK)

Vice Chair:
Prof. Philippe GILLERY (FR)

Secretary
Mr. Joseph PASSARELLI (US)

Members:
Dr. Christa M. COBBAERT (NL)
Prof. Giampaolo MERLINI (IT)
Prof. Tsutomu NOBORI (JP)

Corporate Representative:
Mr. James F. PIERSON-PERRY (US)

IRMM Consultant:
Dr. Heinz SCHIMMEL (BE)

NIST Consultant:
Dr. David BUNK (US)

SD Consultant/Chair JCTLM:
Dr. Gary L. MYERS (US)

CHAIRS OF SCIENTIFIC DIVISION COMMITTEES AND WORKING GROUPS

8.1. Executive — I.Young (UK)

8.2. Committees

8.2.6. Nomenclature, Properties and Units (C-NPU) in collaboration with International Union of Pure and Applied Chemistry (IUPAC)	R. Flatman (AU)
8.2.11. Molecular Diagnostics (C-MD)	D. Payne (US)
8.2.21. Reference Systems of Enzymes (C-RSE)	F. Ceriotti (IT)
8.2.23. Traceability in Laboratory Medicine (C-TLM)	L. Siekmann (DE)
8.2.24. Reference Intervals and Decision Limits (C-RIDL)	K. Ichihara (JP)
8.2.25. Standardisation of Thyroid Function Tests (C-STFT)	L. Thienpont (BE)

8.3. Working Groups

8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)	R. Paleari (IT)
8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)	J. Wielders (NL)
8.3.39. Standardisation of Albumin Assay in Urine (WG-SAU) in collaboration with National Kidney Disease Education Program (NKDEP)	L.M. Bachmann (US)
8.3.40. Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPP A)	S. Wittfooth (FI)
8.3.41. Growth Hormone (WG-GH)	to be appointed
8.3.42. Standardisation of Insulin Assays (WG-SIA) in collaboration with American Diabetes Association (ADA) and European Association for the Study of Diabetes (EASD)	M. Steffes (US)
8.3.43. Standardisation of Troponin I (WG-TNI)	D. Bunk (US)
8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)	J. Sheldon (UK)
8.3.47. Clinical Quantitative Mass-Spectrometry Proteomics (WG-cMSP)	S. Lehmann (FR)
8.3.48. Parathyroid Hormone (WG- PTH)	C. Sturgeon (UK)
8.3.49. CSF-Proteins (WG-CSF)	K. Blennow (SE)
8.3.50. Standardisation of Bone Marker Assays (WG-BMA)	H. Morris (AU)
8.3.51. Commutability (WG-C)	G. Miller (US)
8.3.52. Serum Total Protein (WG-STP)	to be appointed

8. 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 (1) analytical nomenclature, (2) reference materials and methods, and (3) 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 and laboratorians. Accordingly, the name of the Committee was changed to the Scientific Committee and later to the Scientific Division.
The Division and its activities are managed by an Executive Committee. This Committee is responsible for (1) developing a mission statement, (2) developing strategy and tactics, (3) initiating and managing projects, and (4) generating and adhering to its Terms of Reference.

8.1. SD-Executive Committee (SD-EC)

Membership

Name	Position	Country	Term	Time in Office
I. Young	Chair	UK	2nd	2014 01 - 2016 12
P. Gillery	Vice-Chair	FR	2nd	2014 01 - 2016 12
J. Passarelli	Secretary	US	1st	2015 01 - 2017 12
C.M. Cobbaert	Member	NL	2nd	2015 01 - 2017 12
G. Merlini	Member	IT	2nd	2014 01 - 2016 12
T. Nobori	Member	JP	1st	2015 01 - 2017 12
J.F. Pierson-Perry	Corp. Member	US	1st	2015 01 - 2017 12
H. Schimmel	IRMM Consultant	BE		
D. Bunk	NIST Consultant	US		
G. Myers	SD Consultant/Chair JCTLM	US		

8.1.1. Mission Statement

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

8.1.2. Strategy

ccording to the Statutes of IFCC, the Federation exists to advance the science and practice of Clinical Chemistry and Laboratory Medicine and to further their application in the provision of health services and the practice of medicine. The strategic and tactical 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 programmes of IFCC congresses and other scientific meetings.
- Ensure the quality of IFCC scientific documents.
- Organise Master Discussions.

8.1.3. 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. 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. SD Committees

Over the years, the SD has initiated and managed a number of applicable committees. These have been numbered sequentially with the Mueller numbering system beginning with 8.2.1. Current committees and their activities are listed below. Earlier Committees and those with missing numbers are found in prior editions of the IFCC Handbook.

8.2.6. Nomenclature, Properties and Units (C-NPU) in collaboration with IUPAC

Membership

Name	Position	Country	Term	Time in Office
R. Flatman	Chair	AU	2nd	2015 01 - 2017 12
U. Forsum	Member	SE	2nd	2014 01 - 2016 12
A. Jabor	Member	CZ	1st	2013 03 - 2015 12
F. Scherrer	Member	FR	1st	2015 01 - 2017 12
K. Toska	Member	NO	1st	2015 01 - 2017 12
R. Dybkaer	Consultant	DK		

Terms of Reference

- Continuously provide advice in relation to the management, updating and publishing of NPU terminology
- Make recommendations on NPU for reporting clinical laboratory data that conform to or adapt current standards of authoritative organisations, and that will improve their

utilisation for health care.
- Provide a connection with other organisations concerned with NPU, such as the Bureau International des Poids et Mesures (BIPM), the European Committee for Standardisation (CEN) and the International Organisation for Standardisation (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 organisations.
- Act as a consultant group on NPU in clinical chemistry and laboratory medicine and, by extension, in the rest of clinical laboratory sciences to international scientific panels, regional and national clinical laboratory sciences organisations, editors of scientific journals, manufacturers of clinical laboratory instrumentation and products, and to individual clinical laboratory professionals and other health care professionals.
- 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
D. Payne	Chair	IT	1st	2013 01 - 2015 12
P. Ahmad-Nejad	Member	DE	1st	2013 01 - 2015 12
A.K.C. Chan	Member	HK	1st	2013 01 - 2015 12
M. Maekawa	Member	JP	2nd	2015 01 - 2017 12
C. Mamotte	Member	AU	1st	2013 01 - 2015 12
G. Russomando	Member	PY	1st	2013 01 - 2015 12

Terms of Reference
- Foster dynamic exchanges between IFCC and molecular diagnostic laboratories and industry
- Produce guidelines on clinical validation of tests, conduct and reporting of molecular diagnostic tests
- Provide reference materials
- Create a network of locus-specific IFCC Molecular Diagnostics Centres

Current Projects
- Establish an International Network of IFCC Reference Centres in Molecular Diagnostics
- Development of a checklist for technology transfer from development to clinical laboratory testing
- Standardise formats for reporting of molecular diagnostic results

8.2.21. Reference Systems of Enzymes (C-RSE)

Membership

Name	Position	Country	Term	Time in Office
F. Ceriotti	Chair	IT	2nd	2013 01 - 2015 12
J. Gella	Member	ES	2nd	2014 01 - 2016 12
D. Grote-Koska	Member	DE	1st	2014 01 - 2016 12
S. Pal	Member	IN	1st	2014 01 - 2016 12
R. Rej	Member	US	2nd	2014 01 - 2016 12
S. Ueda	Member	JP	2nd	2015 01 - 2017 12

Terms of Reference

- Develop IFCC Enzyme Reference Measurement Procedures: New 37 °C IFCC enzyme reference procedures are being developed
- Create a 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
- Evaluate 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

- Development of a reference measurement procedure for Pancreatic Lipase
- A recertification campaign for a primary reference material for LD, CK and ALT by the network in cooperation with IRMM.
- A certification campaign for a primary reference material for ALP by the network in cooperation with IRMM

8.2.23. Traceability in Laboratory Medicine (C-TLM)

Membership

Name	Position	Country	Term	Time in Office
L. Siekmann	Chair	DE	1st	2013 01 - 2015 12
D. Clark	Member	US	1st	2013 01 - 2015 12
L. Mackay	Member	AU	1st	2013 01 - 2015 12
G. Schumann	Member	DE	2nd	2014 01 - 2016 12
C. Weykamp	Member	NL	2nd	2013 01 - 2015 12
A. Kessler	RELA Consultant			

Terms of Reference

- Support activities regarding Traceability in Laboratory Medicine (TLM), 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.
- 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.
- Promote establishment and maintenance of IFCC reference laboratory networks for clinically relevant measurands (e.g. the IFCC HbA1c network).

Current Projects

- Organisation 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	2nd	2013 01 - 2015 12
J. Barth	Member	UK	2nd	2014 01 - 2016 12
G. Klee	Member	US	2nd	2014 01 - 2016 12
J. Macri	Member	CA	1st	2014 01 - 2016 12
Y. Ozarda	Member	TR	2nd	2014 01 - 2016 12
B. Yadav	Member	NP	1st	2014 01 - 2016 12

Terms of Reference

- Review current concepts of establishing reference intervals and decision limits and to prepare state-of-the-art position statements regarding new avenues
- 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
- 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
- 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
- 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
- Collaborate with other organisations and/or to undertake establishment of reference intervals or decision limits for measurands (analytes) identified as a priority
- Work in close collaboration with other Cs and WGs of SD and other IFCC Divisions for the development and appropriate clinical utilisation of reference intervals and decision limits

Current Projects

- The global multicentre study for derivation of reference intervals (RI) for common analytes has been conducted since 2011 by use of a harmonised protocol. Currently 19 countries from 5 continents are in collaboration. The RIs for the standardised analytes are made traceable to the RMPs.
- Sources-of-variation of reference values are being explored in a global scale after aligning test results through measurements of the serum panel.

8.2.25. Standardisation of Thyroid Function Tests (C-STFT)

Membership

Name	Position	Country	Term	Time in Office
L. Thienpont	Chair	BE	2nd	2015 01 - 2017 12
B. Das	Member	IN	2nd	2015 01 - 2017 12
J.D. Faix	Member	US	2nd	2015 01 - 2017 12
F. MacKenzie	Member	UK	2nd	2015 01 - 2017 12
F. Quinn	Member/Abbott	US	2nd	2015 01 - 2017 12
M. Rottmann	Member/Roche	DE	2nd	2015 01 - 2017 12
K. VanUytfanghe	Consultant	BE		

Terms of Reference

- Develop reference measurement systems (reference materials/reference methods) to establish traceability of free thyroid hormone and TSH assays.
- Establish a network of laboratories competent to offer reference measurement services for free thyroid hormones
- Provide an infrastructure for procurement of serum panels.
- Demonstrate that the traceable assays can use a common reference interval; use this as a basis for further elaboration of the reference intervals by the IVD manufacturers; consult with clinicians about the need for ethnic, age- or sub-population-specific reference intervals in co-operation with C-RIDL.
- Liaise with key stakeholders to implement the use of the traceable assays in routine clinical practice.
- Provide, through collaboration with IFCC EMD, educational materials for manufacturers, clinicians and patients which will support the implementation of traceable assays.

Current Projects

- Phase IV method comparison studies for FT4 and TSH on clinically relevant samples: is intended as technical FT4 standardisation and TSH harmonisation process, by which FT4 assays will become traceable to the conventional reference measurement procedure based on equilibrium dialysis (ED) isotope dilution-liquid chromatography-/tandem mass spectrometry (ID-LC/MS/MS), TSH assays to the statistically inferred all-procedure trimmed mean (APTM).
- C-STFT web site: www.ifcc-cstft.org (under construction)

8.3. SD Working Groups

8.3.35. Standardisation of Haemoglobin A2 (WG-HbA2)

Membership

Name	Position	Country	Term	Time in Office
R. Paleari	Chair	IT	2nd	2013 01 - 2015 12
C. Arsene	Member	DE		
E. Bissé	Member	DE		
D. Caruso	Member	IT		
V. De Jesus	Member	US		
P. Kaiser	Member	DE		
A. Mosca	Member	IT		
M. Ospina	Member	US		
C. Schaeffer	Member	FR		

A. Van Dorsselaer	Member	FR
B. Wild	Member	UK

Terms of Reference

- Promote the standardisation of Haemoglobin 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 Haemoglobin A2 (in cooperation with IRMM).

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

Membership

Name	Position	Country	Term	Time in Office
P.M. Wielders	Chair	NL	1st	2015 01 - 2017 12
J.B. Whitfield	Secretary	AU		
R.F. Anton	Member	US		
V. Bianchi	Member	IT		
A. Helander	Member	SE		
F. Schellenberg	Member	FR		
C. Weykamp	Member	NL		

Terms of Reference

- Establish a network of CDT reference laboratories that perform the HPLC candidate reference method
- Develop a reference material for CDT (suitable for harmonisation of present methods)
- Appoint the HPLC reference method, the reference interval and measurement uncertainty
  •

Current Projects

- Finalisation of work done on the HPLC candidate reference method, publication of reference method
- Expanding and renewing the international network of reference laboratories
- Evaluation the use of reference materials for CDT, harmonisation of commercial methods

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

Membership

Name	Position	Country	Term	Time in Office
L.M. Bachmann	Member	US	1st	2013 01 – 2015 12
D. Bruns	Member	US		
D. Bunk	Member	US		
G. Curhan	Member	US		
J. Eckfeldt	Member	US		
J. Fleming	Member	US		
N. Greenberg	Member	US		

G. Hortin	Member	US
Y. Itoh	Member	JP
G. Jones	Member	AU
J. Lieski	Member	US
M. McQueen	Member	CA
G. Miller	Member	US
G. Myers	Member	US
A. Narva	Member	US
M. Panteghini	Member	IT
K.W. Phinney	Member	US
S. Sandberg	Member	NO
H. Schimmel	Member	BE
D. Seccombe	Member	CA
J. Zakowski	Member	US

Terms of Reference

- Establish a reference procedure and commutable reference materials to facilitate standardisation of measurement of albumin in urine.
- Establish recommendations for sample collection and handling to improve uniformity of results
- Define the measurand(s) that are important for clinical interpretation of urine albumin

Current Projects

- Determination of physiological variability of urine albumin (with CDC)
- Determination of the current status of urine albumin method harmonisation
- Chemical and immunochemical characterisation of the various forms of albumin in urine (definition of the measurand)
- Determination of the optimum measurand for the assessment of albuminuria
- Development of reference materials for urine creatinine and urine albumin (with NIST)
- Coordination with Japanese Society of Clinical Chemsitry (JSCC) project to develop a urine albumin reference material (by JSCC)
- Development of urine albumin IDMS candidate reference measurement procedures (with Mayo Clinic and NIST)

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

Membership

Name	Position	Country	Term	Time in Office
S. Wittfooth	Chair	FI	1st	2015 01- 2017 12
C. Sturgeon	Member	UK		
A. Ellis	Member	UK		
A. Katrukha	Member	RU		
C. Oxvig	Member	DK		
K. Pettersson	Member	FI		
B. Rafferty	Member	UK		
K. Spencer	Member	UK		

Terms of Reference

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

Current Projects

- Evaluate 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)

Terms of Reference

- Growth Hormone in serum has been identified as a priority measurand for harmonisation/standardisation by the International Consortium for Harmonization of Clinical Laboratory Results. The objective of this WG is to identify the best approach to achieving comparability of patient results through harmonization or standardization of current assays and to develop and implement a program of work to achieve this.

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

Membership

Name	Position	Country
M.W. Steffes	Chair	US
J. Dekker	Member	NL
D. Li	Member	US
R. Little	Member	US
G. Miller	Member	US
D. Sacks	Member	US
G. Wark	Member-IFCC	UK

Terms of Reference

- Improve the standardisation of assays for insulin by the development of a candidate reference method and materials.

Current Projects

- Development of a reference method for the measurement of insulin by electrospray ionisation-isotope dilution-liquid chromatography-tandem mass spectrometry (ID-LC/tandem MS).
- Establishment of the suitability or otherwise of a lyophilised 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
D. Bunk	Chair	US	1st	2015 01 - 2017 12
J. Barth	Member	UK		
R. Christenson	Member	US		
A. Katrukha	Member	FI		
J. Noble	Member	UK		

M. Panteghini	Member	IT
H. Schimmel	Member	BE
J. Tate	Member	AU
L. Wang	Member	US

Terms of Reference
- Develop a candidate secondary reference measurement procedure and candidate secondary reference material for cardiac troponin I (cTnI)
- Test for cTnI standardisation and clinical validation by comparison with validated commercial assays in a round robin study

Current Projects
- Preparation of a secondary reference material for cTnI consisting of three cTnI positive serum pools (Phase 2)
- Validation of cTnI standardisation through a round robin after a value transfer using the secondary reference material as common calibrator (Phase 3)

8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)

Membership

Name	Position	Country	Term	Time in Office
J. Sheldon	Chair	UK	2nd	2013 01 - 2015 12
P.L. Meroni	Member	IT		
I. Zegers	Member	BE		

Terms of Reference
- Evaluate the main causes of variability for a number of diagnostically critical autoantibody measurements.
- Identify autoantibodies where a common calibrator could reduce the inter-assay variability
- Identify or produce commutable reference materials that could be used as interim calibration material for autoantibody assays.
- Produce thoroughly 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.

8.3.47 Working Group on Clinical Quantitative Mass Spectrometry Proteomics (WG-cMSP)

Membership

Name	Position	Country	Term	Time in Office
S. Lehmann	Chair	FR	2nd	2014 01 - 2016 12
EO. Agbedana	Member	NG		
Y. Ando	Member	JP		
C. Brede	Member	NO		

U. Ceglarek	Member	DE
JA Cocho	Member	ES
M. Glückmann	Member	DE
Y. Gong	Member	CA
D. Hochstrasser	Member	CH
A Hoofnagle	Member	US
BE. Krastin	Member	US
A. Urbani	Member	IT

Terms of Reference

- Define appropriate operating procedures to perform quantitative mass spectrometry analyses for peptides and proteins from biological fluids.
- Evaluate the specification and the need for reference materials for quantitative proteomics applied to clinical biology
- Design of a Quality Assurance/Quality Control (QA/QC) Programme and to select a small series of analytes to be the subject of a future multi-site validation study
- Test the implementation in clinical laboratories of quantitative mass spectrometry analyses for peptides and proteins, using the examples of hepcidin and apolipoproteins.

Current Projects

- Evaluate different procedures to collect, fractionate/enzymatic digest biological samples prior to quantitative mass spectrometry analysis.
- Evaluate the multi-site implementation of different quantitative mass spectrometry analysis including: the detection of hepcidin and the multiplex detection of proteins in blood, with a specific focus on apolipoproteins.
- Coordination with other proteomics intiatives (HUPO/EuPA, FP7) in particular regarding mass spectrometry based quantitative assays.

8.3.48 Working Group on Parathyroid Hormone (WG- PTH)

Membership

Name	Position	Country	Term	Time in Office
C. Sturgeon	Chair	UK	2nd	2015 01 - 2017 12
C. Burns	Member	UK		
W. Fraser	Member	UK		
R. Singh	Member	US		
J-C. Souberbielle	Member	FR		
S. Sprague	Member	US		
H. Vesper	Member	US		
A. Algeciras	Consultant	US		
L. Demers	Consultant	US		
D. Fogarty	Consultant	UK		

Terms of Reference

- Promote collaborative educational effort to encourage worldwide implementation of PTH IS 95/646 and to assess the effect of this on between-method agreement.
- Define inclusion / exclusion requirements for an appropriate panel of sera and plasma with which to establish reference intervals and establishment of such a panel with support from the clinical community and diagnostics manufacturers
- Develop a reference measurement procedure for PTH(1-84) to a standard that would enable its adoption by the IFCC reference laboratory network.

Current Projects

- Raise awareness of shortcomings of current PTH assays with renal physicians and clinical biochemists.
- Prepare good practice recommendations for the optimal pre-analytical handling of patients and samples.
- Confirm results of a harmonisation study that derived assay-specific targets
- Encourage adoption of assay-specific PTH action limits for managing renal patients as an interim measure pending standardisation of PTH methods in terms of a common standard.

8.3.49 Working Group on CSF-Proteins (WG-CSF)

Membership

Name	Position	Country	Term	Time in Office
Kaj Blennow	Chair	SE	2nd	2015 01 – 2017 12
U. Andreasson	Member	SE		
R. Bateman	Member	US		
R. Jenkins	Member	US		
M. Korecka	Member	US		
P. Lewczuk	Member	DE		
M. Lowenthal	Member	US		
E. Portelius	Member	SE		
L.M. Shaw	Member	US		
H. Vanderstichele	Member	BE		
I. Zegers	Member	BE		
H. Zetterberg	Member	SE		

Terms of Reference

- Develop an international reference material for cerebrospinal fluid (CSF).

Current Projects

- Collection of CSF material
- Preparation of the reference material
- Establishment of reference methods for the key measurands for assignment of values to the reference material

8.3.50 Working Group on Standardisation of Bone Marker Assays (WG-SBMA)

Membership

Name	Position	Country	Term	Time in Office
H. Morris	Chair	AU	2nd	2015 01 - 2017 12
C. Cooper	Co Chair - International Osteoporosis Foundation			
S. Vasikaran	Secretary	AU		
C. Biegelmayer	Member	AT		
E. Cavalier	Member	BE		
EF. Eriksen	Member	NO		
A. Griesmacher	Member	AT		
K. Makris	Member	GR		
S. Niemi	Member			
J. Kanis	Member/IOF			
M. Munk	Corp. Rep/IDS			
B. Ofenloch Haehnle	Corp. Rep./Roche			
S. Silverman	National Bone Health Alliance (NBHA)			

Terms of Reference

- Standardise or harmonise (as technically feasible or appropriate at this time) clinical assays available for routine and research use, for the following two bone turnover markers; the serum assay for C-telopeptide fragments of collagen type I a1 chains containing the epitope Glu-Lys-Ala-His-Asp-ß-Gly-Gly-Arg in an isomerised form (also known as serum Crosslaps (CTx)) and the serum assay for N-terminal Propeptide of Type I Procollagen (P1NP).

Current Projects

- Review literature and current status of available assays in order to develop and undertake a project to establish a reference measurement system for serum β-CTx or harmonisation of the assays for serum β-CTx as appropriate.
- Review literature and current status of available assays in order to develop and undertake a project to establish a reference measurement system for serum P1NP or harmonisation of the assays for serum P1NP as appropriate.
- Review and identify data required for the regulatory authorisation of these modified assays.
- Review literature and consider the critical decision limits and potential target levels of serum β-CTx and serum P1NP for treatment of postmenopausal osteoporosis and other causes of osteoporosis as appropriate
- IOF-IFCC study summarises fracture prediction strength of reference bone turnover markers

8.3.51 Commutability (WG-C)

Membership

Name	Position	Country	Term	Time in Office
G. Miller	Chair	US	1st	2013 06 - 2015 12
J. Budd	Member	US		
C. Burns	Member	UK		
A. Caliendo	Member	US		
J. Camara	Member	US		
G. Cattozzo	Member	IT		
F. Ceriotti	Member	IT		
C. Cobbaert	Member	NL		
V. Delatour	Member	FR		
R. Durazo	Member	US		
N. Greenberg	Member	US		
G. Horowitz	Member	US		
P. Kaiser	Member	DE		
A. Kessler	Member	DE		
A. Killeen	Member	US		
P. Lindstedt	Member	SE		
F. MacKenzie	Member	UK		
G. Nilsson	Member	SE		
A. Padilla	Member	CH		
M. Panteghini	Member	IT		
K. Phinney	Member	US		
R. Rej	Member	US		
S. Sandberg	Member	NO		
H. Schimmel	Member	EU		
G. Schumann	Member	DE		

M. Spannagl	Member	DE
J. Vaks	Member	US
H. Vesper	Member	US
C. Weykamp	Member	NL
I. Zegers	Member	EU

Terms of Reference

- Establish operating procedures for the formal assessment of the commutability of a reference material intended for use as a calibrator, trueness control or EQA sample, taking into account different measurement procedure properties and categories of traceability described in ISO 17511.
- Establish how to define the degree of commutability which is required for a given reference material, taking into account its intended use and the intended use of the measurand. The degree of commutability becomes the criteria used in the assessment process.
- Propose standard terminology to describe the degree of commutability of a reference material, taking into account its intended use.
- Provide guidance to manufacturers and laboratories about what information should be provided by manufacturers in relation to the commutability of reference materials used to establish the calibration traceability of a measurement procedure.
- Advise IFCC Committees and Working Groups on how to assess the commutability of materials on which they are working.
- Develop educational materials regarding commutability for manufacturers, laboratories and users of laboratory results.

Current Projects

- Develop recommendations for the experimental design and statistical assessment of commutability of reference materials
- Develop recommendations for qualification of measurement procedures to be included in an assessment of commutability of reference materials
- Develop recommendations for the clinical samples suitable for use in an assessment of commutability of reference materials

8.3.52 Serum Total Protein (WG-STP)

Terms of Reference

- While serum total protein measurement is one of the most widely performed tests in clinical chemistry, there are significant differences between currently available methods and a reference measurement system with full traceability of routine methods has not been implemented at present. The objective of this WG is to develop and implement a reference measurement system for serum total protein, building on previously suggested procedures, and to provide a description and statement of measurement uncertainty.

8.4. Publications

A complete list of IFCC publications is available on the IFCC web site at:
http://www.ifcc.org/ifcc-scientific-division/sd-yearly-publications-of-interest/

8.5. List of Addresses

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Chapter 9
Education and Management Division

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EDUCATION AND MANAGEMENT DIVISION EXECUTIVE COMMITTEE (EMD-EC)

Chair:
Prof. Leslie LAI (MY)

Secretary:
Dr. Elizabeth FRANK (IN)

Members:
Prof. Paolo Fortina (US)
Prof. Ana-Leticia Maselli (GT)

Corporate Representative:
Dr. Christoph Ebert (DE)

CHAIRS OF EDUCATION AND MANAGEMENT DIVISION COMMITTEES AND WORKING GROUPS

9.1. Executive	**L. Lai (MY)**
9.2. Committees	
9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)	E. Lianidou (GR)
9.2.5. Analytical Quality (C-AQ)	E. Amann (DE)
9.2.7. Evidence Based Laboratory Medicine (C-EBLM)	C. Florkowski (NZ)
9.2.9. Clinical Laboratory Management (C-CLM)	S. Yenice (TR)
9.2.10. Distance Learning (C-DL)	J. Smith (UK)
9.3. Working Groups	
9.3.8. Laboratory Errors and Patient Safety (WG-LEPS)	L. Sciacovelli (IT)
9.3.9. Cancer Genomics (WG-CG)	J. Park (US)
9.3.10. Harmonisation of Interpretive Comments EQA (WG-ICQA)	S. Vasikaran (AU)
9.4. Special Projects	
9.4.1. Visiting Lecturer Programme (VLP)	E. Frank (IN)
9.4.2. Flow Cytometry (WG-FC)	U. Sack (DE)
9.4.3. Developing Quality Competence in Medical Laboratories (DQCML)	M. Thomas (UK)
9.4.4. Mentoring Programme for Developing Countries	D. Young (US)

9. 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. EMD Executive

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

Membership

Name	Position	Country	Term	Time in Office
L. Lai	Chair	MY	1st	2015 01 - 2017 12
E. Frank	Secretary	IN	2nd	2015 01 - 2017 12
P. Fortina	Member	US	1st	2013 01 - 2015 12
A.L. Maselli	Member	GT	1st	2014 01 - 2016 12
C. Ebert	Corp. Rep.	DE	1st	2013 01 - 2015 12

9.1.1. Mission Statement

EMD will provide IFCC members and the healthcare 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 healthcare 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 programmes 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, utilisation 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, healthcare agencies and governments, the diagnostic industry and the general public.

9.1.3. Projects

- Visiting Lecturer Programme
- Clinical molecular biology courses
- Expanding knowledge in evidence based laboratory medicine
- Managing the quality of laboratory services, including analytical quality
- Courses and workshops in specialised areas
- Promoting laboratory accreditation
- Raising awareness of quality issues
- Promoting distance learning
- Mentoring laboratory directors in developing countries

9.1.4. Terms of Reference

The functions of the EMD Executive 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. EMD Committees

9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)

Membership

Name	Position	Country	Term	Time in Office
E. Lianidou	Chair	GR	1st	2014 01 - 2016 12
A. Ferreira Gonzalez	Member	US	2nd	2014 01 - 2016 12
V. Haselmann	Member	DE	1st	2014 01 - 2016 12
A. Watanabe	Member	JP	1st	2014 06 - 2016 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
E. Amann	Chair	DE	2nd	2014 01 - 2016 12
D. Grenache	Member	US	1st	2013 08 - 2015 12
A. Haliassos	Member	GR	1st	2014 01 - 2016 12
A. Thomas	Member	UK	1st	2014 01 - 2016 12
G. Velazquez	Member	PY	2nd	2015 01 - 2017 12

Terms of Reference

- To provide education and training on the various aspects of analytical quality in the clinical laboratory which include:
  - methods and instrument validation
  - traceability concepts
  - measurement uncertainty
  - internal quality control procedures
  - external quality assessment programmes
- To ensure proper control of pre-analytical & post-analytical variables
- To address the educational and training needs of emerging nations on analytical quality
- Education and training will be provided in many ways including:
  - written material
  - electronic teaching
  - workshops and seminars
  - invited lectures
  - consultations
- To collaborate with other IFCC committees or working groups to achieve these aims

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
C. Florkowski	Chair	NZ	1st	2015 01 - 2017 12
H. Fares Taie	Member	AR	2nd	2014 01 - 2016 12
K. Rodriguez-Capote	Member	CA	1st	2014 06 - 2016 12
J. Wills	Member	FR	1st	2015 01 - 2017 12
A. Zemlin	Member	ZA	1st	2015 01 - 2017 12

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:
- 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
- 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
- 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

9.2.9. Clinical Laboratory Management (C-CLM)

Membership

Name	Position	Country	Term	Time in Office
S. Yenice	Chair	TR	1st	2014 01 - 2016 12
R. Erasmus	Member	ZA	2nd	2014 01 - 2016 12
M. Kuti	Member	NG	1st	2014 04 - 2016 12
T. Sian Hwa	Member	ID	1st	2014 04 - 2016 12
M. Orth	Member	DE	1st	2015 03 - 2017 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 Lecturer Programme 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.

9.2.10 Distance Learning (C-DL)

Membership

Name	Position	Country	Term	Time in Office
J. Smith	Chair	UK	2nd	2015 01 - 2017 12
R. Greaves	Member	AU	2nd	2015 01 - 2017 12
D. Gruson	Member	BE	2nd	2015 01 - 2017 12
E. Hoyaranda	Member	ID	2nd	2015 01 - 2017 12
L. Langman	Member	US	1st	2015 01 - 2017 12

Terms of Reference
- To develop the IFCC curriculum on which the e-Academy will be based, in line with the IFCC strategy for distance learning, in partnership with the Communications and Publications Division Committee on Internet and eLearning (CPD- C-IeL).
- To provide educational material which can be used for on-line learning.
- To solicit suggestions from National Societies, IFCC Committees, Task Forces and Working Groups to identify distance learning topic areas of value to IFCC.
- To identify and evaluate existing distance learning programmes in relevant areas and, with permission and collaboration, modify these as necessary to fit IFCC requirements.
- To develop new distance learning programmes where none already exist.

9.3. EMD Working Groups

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

Membership

Name	Position	Country	Term	Time in Office
L. Sciacovelli	Chair	IT	1st	2014 01 – 2016 12
M. Plebani	Past Chair	IT		

Mission
The WG mission is to stimulate studies on the topic or 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
- Improve awareness of laboratory professionals regarding the topic of errors and patient safety.
- Implement pilot studies to evaluate laboratory errors frequency and types.
- Implement projects for error reduction through the design of safer procedures and processes.
- Cooperate with other scientific organisations (WHO, AACC, ASCP, etc.) for assuring improvements in the field of patient safety.
- Organise meetings and scientific sessions on the topic of laboratory errors and patient safety.
- Support the publications of papers on the topic of laboratory errors and patient safety in scientific journals and monographs.
- Harmonize the Quality Indicators management in Laboratory Medicine through the use of the same list of Quality Indicators in clinical laboratories all over the world, an uniform method for data collection and a centralized data elaboration. The final goal is to comply with requirements of International Standard ISO 15189:2012, contribute to identify a reliable state-of-the-art about the error rate for all phases of Total Testing Process (TTP), stimulate the decreasing of error rates and improve the patient safety in laboratory testing.

9.3.9. Cancer Genomics (WG-CG)

Membership

Name	Position	Country	Term	Time in Office
J. Park	Chair	US	1st	2015 01 - 2017 12
P. Fortina	Co-Chair	US	1st	2015 01 - 2017 12
P. Ahmad-Nehad*	Member	DE	1st	2015 01 - 2017 12
A. Chan	Member	PRC	1st	2015 01 - 2017 12
P. Clark	Member	US	1st	2015 01 - 2017 12
T. Hyun Hwang	Member	US	1st	2015 01 - 2017 12
E. Lianidou	Member	GR	1st	2015 01 - 2017 12
E. Londin	Member	US	1st	2015 01 - 2017 12
M. Neumaier	Member	DE	1st	2015 01 - 2017 12
D. Payne*	Member	US	1st	2015 01 - 2017 12
S. Master	Member	US	1st	2015 01 - 2017 12

* Liaison Member from the Committee for Molecular Diagnostics (C-MD)

Mission
The WG mission is to survey the currently used and emerging technologies in clinical cancer genomics and to establish a framework to guide clinical laboratorie.s

Terms of Reference
- Focus on guidelines for clinical laboratories performing cancer diagnosis.
- Standardise clinical laboratory sequencing and bioinformatics quality for cancer genomics.
- Disseminate the knowledge in the field at an international level.

Current Projects

- Survey current standards and guidelines in quality assurance and regulation of clinical genomic laboratories.
- Survey existing guidelines for bioinformatics applied to genomics.
- Assemble comprehensive surveys of (i) technologies and (ii) standards/regulations.
- Create a framework for clinical genomic sequencing and bioinformatic practices that are consistent with current international laboratory standards (e.g., ISO 15189).
- Organising meetings and scientific sessions on the topic of NGS technology and bioinformatics applied to cancer patients.
- Plan for Publication and presentation of the framework to stakeholders.

9.3.10 Harmonisation of Interpretive Comments External Quality Assessment (WG-ICQA)

Membership

Name	Position	Country	Term	Time in Office
S. Vasikaran	Chair	AU	1st	2015 01 - 2017 12

Other members being recruited

Mission

This new WG will seek harmonisation in the operation of EQA schemes for interpretive comments with a view to increasing the possibility of obtaining evidence to demonstrate benefit to patients

Terms of Reference

- To bring together representatives of current and potential organisers of national EQA schemes for IC and experts in the area.
- Develop harmonised goals for EQA of IC.
- Devise standard methods of assessment, nomenclature and marking scales for EQA of IC.
- Establish minimum standards of performance for participants.
- Construct plan to collect evidence to demonstrate the impact of participation in EQA for IC on patient outcome.

9.4. EMD Special Projects

9.4.1. Visiting Lecturer Programme (VLP)

Membership

Name	Position	Country	Term	Time in Office
E. Frank	Chair	IN	1st	2013 01 - 2015 12

Terms of Reference

This programme 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 programme
- Additional visiting lectureships

9.4.2. Flow Cytometry (WG-FC)

Membership

Name	Position	Country	Term	Time in Office
U. Sack	Chair	DE	2nd	2014 06 - 2016 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 haematology & oncology and immunology & haemostasis.
- 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	EXTRA TERM	2015 01 - 2016 12
J. Smith	Corr. Member	UK		

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 previously been supported. Most recently the Project has delivered lectures in Russia, Romania and Uruguay as well as two two-day workshops in Ecuador delivered in Spanish.

The project success is built on close working between the committees of EMD and the generous sponsorship of Abbott Diagnostics, via the VLP initiative and Siemens Healthcare, with whom work has been done in developing distance learning packages.

9.4.4. Mentoring Programme for Developing Countries (MENT)

Membership

Name	Position	Country	Term	Time in Office
D. Young	Consultant	US	1st	2015 01 - 2017 12

Terms of Reference

This new initiative for the EMD aims to make available to laboratory directors in developing countries the expertise and knowledge of a select group of laboratory

directors from developed countries. A pool of Mentors has been created each of whom will provide one-to-one support to laboratory directors (Associates) from developing countries. Associates are nominated by IFCC Member societies and are matched with the most suitable Mentor. The one-to-one support is provided using electronic communication.

List of Addresses

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Chapter 10
Communications and Publications Division

COMMUNICATIONS AND PUBLICATIONS DIVISION EXECUTIVE COMMITTEE (CPD-EC)

Chair:
Prof. Khosrow Adeli (CA)

Vice Chair:
Prof. Edgard DELVIN (CA)

Secretary:
Dr. Peter VERVAART (AU)

Members:
Prof. Gábor L. KOVÁCS (HU)
Prof. Tahir PILLAY (ZA)

Corporate Representative:
Dr. Bruce JORDAN (CH)

CHAIRS OF COMMUNICATIONS AND PUBLICATIONS DIVISION COMMITTEES AND WORKING GROUPS

10.1. Executive	**K. Adeli (CA)**
10.2. Committees	
10.2.1. Public Relations (C-PR)	E. Delvin (CA)
10.2.2. Internet & e-Learning (C-IeL)	P. Vervaart (AU)
10.3. Working Groups	
10.3.1. Electronic Journal of IFCC (WG-eJIFCC)	G. L. Kovács (HU)
10.3.2. IFCC eNews (WG-IFCC eNews)	T. Pillay (ZA)
10.3.3. Ibero-American Nomenclature and Translation (WG-IANT)	M. del Carmen Pasquel (EC)

The Communications and Publications Division (CPD)

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

The CPD is composed of an Executive, Committees on Public Relations and Internet and e-Learning and Working Groups for each CPD programme. 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 eNews 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 Clinica Chimica Acta (CCA) 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 members at no cost.

10.1. CPD Executive

Membership

Name	Position	Country	Term	Time in Office
K. Adeli	Chair	CA	1st	2013 01 - 2015 12
E. Delvin	Vice-Chair	CA	1st	2013 01 - 2015 12

P. Vervaart	Secretary	AU	2nd	2014 01 - 2016 12
GL. Kovács	Member	HU	2nd	2015 01 - 2017 12
T. Pillay	Member	ZA	1st	2013 01 - 2015 12
B. Jordan	Corporate Rep.	CH	2nd	2014 01 - 2016 12.

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 worldwide health care community at large.

10.1.2. Strategy

The major strategic 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 communication methods.
- Develop products, such as the website, educational and PR materials.
- 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) programmes.
- Prepare and provide the most appropriate supporting tools for widespread use of the new teaching techniques.

10.1.4. Terms of Reference

The CPD Executive is responsible for:

- Managing the publication of IFCC official documents, recommendations, and position papers
- Enhancing communication internally within the IFCC community, and externally with other societies and healthcare organisations
- Public relations activities to promote the IFCC organisation as well as the field of laboratory medicine to other stakeholders, governmental bodies and the general public
- Publication and dissemination of news items and scientific/educational material through the e-News and e-JIFCC
- Development and management of the IFCC website as the key tool to enable communication between IFCC units and member societies
- Reporting to the EB and Council to ensure compliance with IFCC bylaws and policies.

The CPD Executive 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 Executive is to coordinate the publication of all IFCC recommendations, position papers and documents. The Secretary is the liaison to the Editorial Board of Clinica Chimica Acta (CCA). A register of documents, which catalogues all publications of IFCC, is maintained.

10.2. CPD Committees

10.2.1. Public Relations (C-PR)

The Chair of this Committee serves as vice-chair of the CPD Executive.
The PR Committee is composed of the Chair plus 4 members from IFCC member countries throughout the world. Each member will represent one major region of the world. Additionally there are advisors from the regional organisations

Membership

Name	Position	Country	Term	Time in Office
E. Delvin	Chair	CA	1st	2013 01 - 2015 12
R. Deulofeu	Member	ES	2nd	2014 01 - 2016 12
K. Psarra	Member	GR	1st	2014 01 - 2016 12
M. Spalvieri	Member	AR	1st	2014 01 - 2016 12
Nomination Pending				
F. Harb	Advisor	AFCB		
E. Hoyaranda	Advisor	APFCB		
AL. Maselli	Advisor	COLABIOCLI		
MS. Graziani	Advisor	EFLM		
E. Agbedana	Corr. Member	NG		
C. Grigore	Corr. Member	RO		
M. Krintus	Corr. Member	PL		
C. Oleschuk	Corr. Member	CA		

Terms of Reference
The C-PR's primary mandate is to assist the IFCC in promotion of both the organisation and the disciplines of clinical chemistry and laboratory medicine 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 organisation and activities, as well as the disciplines of clinical chemistry and laboratory medicine 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 fields of clinical chemistry and laboratory medicine in their country of residence, national society, and region.

Projects

IFCC - Labs are Vital Collaboration
Labs Are Vital (LAV) is a programme first initiated by Abbott Diagnostics in partnership with IFCC to develop and implement a PR campaign in support of the vital role of laboratory medicine and provide a forum where laboratory professionals have a voice. As of 2013, the programme is being managed by IFCC in partnership with WASPaLM (World Association of Societies of Pathology & Laboratory Medicine), ASCP (American Society of Clinical Pathology) and IFBLS (International Federation Biomedical Laboratory Science). The current aim is to assure the transition that will make Labs Are Vital a vibrant, independent programme that is owned by the community it serves and to make Labs Are Vital a true voice for the profession, as the lab community faces the challenges of the current healthcare environment.

IFCC PR Brochure:
A brochure introducing IFCC and its international activities was developed and has been used at all IFCC events to publicise the IFCC and its mandate. The brochure has been translated and is available in: Arabic, Chinese, Farsi, French, Italian, Polish, Russian, Spanish, and Turkish.

IFCC PR Slide Kit:
A slide presentation has been developed that introduces the IFCC and its divisional activities, for use at member society meetings. This slide set is available to all PR committee members and all IFCC member countries for presentations at local, regional, and international conferences, to promote the IFCC organisation.

IFCC Laboratory Medicine Slide Kit:
A new slide kit has also been developed on the value of laboratory medicine in clinical medicine and the impact of laboratory professionals in patient care and healthcare delivery. The slide kit is available also in Spanish for presentation at various conferences inside and outside of the IFCC organisation.

Current and Future PR plans:
- Develop a new PR brochure targeted to the general public, governments, industry, etc.
- Establish a communication process among PR committee members and regional federation representatives 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.

10.2.2 Internet and e-Learning (C-IeL)

The Chair of this Committee is the IFCC Publications & Distance Learning coordinator and is Secretary of the CPD Executive.

Membership

Name	Position	Country	Term	Time in Office
P. Vervaart	Chair	AU	2nd	2014 01 - 2016 12
E. Freggiaro	Social Media Coord.	AR	2nd	2015 01 - 2017 12
P. Kocna	Member	CZ	2nd	2015 01 - 2017 12

H. Sakamoto	Member	JP	2nd	2015 01 - 2017 12
J. Grant	Web Editor	AU	1st	2014 01 - 2016 12
M. Blanes Gonzales	Corr. Member	PY		
C. Collier	Corr. Member	CA		
R. Delport	Corr. Member	ZA		
E. Hoyaranda	Corr. Member	ID		
G. Kovác	Corr. Member	SK		
L. Langman	Corr. Member	US		
A. Merino	Corr. Member	ES		
S. Rao	Corr. Member	IN		
B. Vásárhelyi	Corr. Member	HU		

Terms of Reference

- Develop and maintain the IFCC website by working with the IFCC office, Committees, Working Groups, National Societies and Corporate Members as well as the website host, software developers and other interested parties.
- Develop an IFCC strategy for distance learning, in partnership with the Education and Management Division Committee on Distance Learning (EMD C-DL).
- Work with the authors of existing distance learning programmes to obtain permission for IFCC to publish and promote them in original or modified form.
- Source new distance learning programmes where none already exists.
- Obtain permission from National Societies, IFCC Committees, Task Forces and Working Groups to publish and promote distance learning material on the IFCC website.
- Appoint a liaison to the EMD C-DL, which will similarly appoint a liaison with the CPD C-IeL.

10.3. CPD 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 experts in the field of clinical chemistry and laboratory medicine. Since 1999, the e-JIFCC has only been published on the website.

The chair of this WG is Editor in Chief of the eJournal and is a member of the CPD Executive.

Membership

Name	Position	Country	Term	Time in Office
GL. Kovács	Chair	HU	2nd	2015 01 – 2017 12
K. Adeli	Member	CA		
HP. Bhattoa	Member	HU		
B. Božič	Member	SI		
R. Erasmus	Member	ZA		
NE. Fink	Member	AR		
M. Hallworth	Member	UK		
E. Jacobs	Member	US		
B. Jordan	Member	CH		
E. Koay	Member	SG		

M. Pasic	Member	CA
O. Racz	Member	SK
R. Sierra Amor	Member	MX
S. Stankovic	Member	SR
D. Syed	Member	US
G. Sypniewska	Member	PL
I. Vermes	Member	NL
P. Vervaart	Member	AU
SE. Walz	Member	US

10.3.2. IFCC eNews (WG-IFCC eNews)

IFCC News is a section on the website that 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
T. Pillay	Chair	ZA	1st	2013 01 - 2015 12
A. Hedhili	Member	TU		
B. Yadav	Member	NP		
M. Blanes González	Member	PY		
L. Chabraoui	Member	MA		
M. Charles-Davies	Member	NG		
S. Christou	Member	GR		
R. Erasmus	Member	ZA		
S. Fahel da Fonseca	Member	BR		
X. Fuentes Arderiu	Member	ES		
D. Gruson	Member	BE		
T. Ha Hoang	Member	VN		
J. Lopez	Member	MY		
B. Meska Pika	Member	SI		
A. Piana	Member	UY		
S. Raymondo	Member	UY		
RI. Sierra Amor	Member	MX		
G. Sypniewska	Member	PL		

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.

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

Membership

Name	Position	Country	Term	Time in Office
MC. Pasquel	Chair	EC	1st	2014 01 - 2016 12
E. Abraham	Member	CU		

C. Almonacid Urrego	Member	CO
A. Antunez de Mayolo	Member	PE
R. Calafell	Member	ES
P. Chueca	Member	ES
AJ. Grosz	Member	BO
M. E. Lasta	Member	AR
G. Lima-Oliveira	Member	BR
A. Rodriguez Prieto	Member	GT
F. Ruiz Cerda	Member	CL
R. Sierra Amor	Member	MX
G. Velazquez	Member	PY
H. Fares Taie	Corr. Member	AR
X. Fuentes Arderiu	Corr. Member	ES
S. Raymondo	Corr. Member	UY

Terms of Reference
- Organise and manage the RIA pages on the web site.
- Provide individuals to serve on the Editorial Board of the Spanish eJournal "Diagnóstico in vitro" (edited by Maria del Carmen Pasquel).
- 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 organisations.

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 CCA, 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 should appear in peer reviewed scientific journals, such as CCA, 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 (1) editorial, (2) reviews, (3) educational, (4) standardisation and (5) 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 CCA, 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 will not be considered official publications of IFCC, nor will they be recorded in the register of IFCC Publications. However, it is the responsibility of the CPD to process submitted publications in a timely manner.
In 2013, the IFCC selected Clinica Chimica Acta (CCA) to be its official journal for publication of IFCC official documents and position papers.

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:

Publication	Responsible Individual
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)	Secretaries 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 organisations. 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 be informed about the decisions taken by the authors. As a courtesy, referees should be acknowledged 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 Draft document Consultation and Internal Review
Step 2:	External Review
Step 3:	Division Evaluation, review, Decision on the Product

Stage 2:

Step 4:	Recommendation Executive Board / Council Mail Ballot
Step 5:	Recommendation Communication & Publications Division (Publications/Distance Learning Coordinator)

Step 6:	Document or Position Paper Division (Author) Communication & Publications Division (Publications/Distance Learning Coordinator)
Outcome:	CCA Peer Reviewed Scientific journal 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 publishes on the IFCC website conference proceedings when available, and when speakers have granted their permission.

10.6.5. Annual Report

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

10.6.6. Handbook

The IFCC Handbook is published every three years.

10.6.8. Views and Reviews

Technical notes entitled “Views and Reviews” including book 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)

The IFCC website (www.ifcc.org) is a portal to international resources for laboratory medicine. As well as hosting a wealth of IFCC resources, news, media and publications, it also provides an up-to-date event calendar and links to member, corporate and partner organisations. It also provides ready access to continuing education material such as webinars produced on behalf of IFCC and to distance learning programmes.

Information on the web-site includes:
- Membership information
- Member societies (organisations 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)

10.7.1. Organisational Matters

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

10.7.3. e-Banners

Corporate Members are entitled to have their own banner on the home page of the IFCC website. The image can be linked to the company website and it must have pre-established dimensions of 140 by 91 pixels and should be sent to the IFCC Office to be uploaded.

10.7.4. Databases

The website currently hosts a database of IFCC publications and the NPU Terminology and is available to host other databases as required by individual committees and working groups.

10.7.5. Distance Learning Programmes

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

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 - 2012
- Clinica Chimica Acta 2013 - present

Free access to the full on line version of the contracted journal is provided for:
- Each National Representative and President per each Member Society and Affiliated Member Societies associated with IFCC
- Members of the Executive Board
- Chairs of the Divisions
- Presidents of the Regions
- Members of the CPD Executive.

The Publisher provides complimentary access to ScienceDirect and Scopus to the Editor-in-Chief of eJIFCC, the Chairman of the Scientific Division, and the Chairman of the Communications and Publications Division of IFCC.

10.9. Public Relations

The Public Relations strategy and programme 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 programmes of congresses held under IFCC auspices and in monographs adopted by IFCC from Corporate Members. The CPD will publish programme 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 organisation. This brochure is available from the IFCC office or Website. Two other PR brochures have also been developed, one for the general public and one targeted to industry.

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.

10.9.4. Publicity

The CPD produces advertising tools for IFCC members and manages PR activities through the Committee on Public Relations.

10.9.5. Miscellaneous Public Relations Projects

The CPD organises questionnaires for member society surveys and surveys of individual participants of congresses. It also delivers presentations and symposia at international and regional conferences to promote IFCC and the field of laboratory medicine.

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 per year to discuss and approve publications, set policies and communicate 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.

List of Addresses

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Chapter 11
IFCC Awards

11.1. Awards Committee

Members

Name	Position	Country	Term	Time in Office
H. Morris	Chair	AU	2nd	2015 01 - 2017 12
M. Jouma	Member	SY	2nd	2015 01 - 2017 12
L. Lai	Member	MY	2nd	2015 01 - 2017 12
V. Steenkamp	Member	ZA	1st	2015 01 - 2017 12
G. Sypniewska	Member	PL	2nd	2015 01 - 2017 12
Nomination Pending				

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

IFCC Awards and Recipients

11.1.1. IFCC Distinguished Clinical Chemist Award

This award recognises 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 D.D. Van Slyke (US)
1972 C.P. Stewart (UK)
1975 L. Eldjarn (NO)
1978 C.B. Laurell (SE)
1981 P. Metais (FR)
1984 P. Astrup (DK)
1987 H.U. Bergmeyer (DE)
1990 N.G. Anderson (US)
1993 R. Ekins (UK)
1996 M. Wilchek (IL)
1999 D.W. Moss (UK)
2002 C.N. Hales (UK)
2005 G.M. Siest (FR)
2008 D.S. Young (US)
2011 U.H.E. Stenman (FI)
2014 M.J. McQueen (CA)

11.1.2. 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 T.P. Whitehead (UK)
1990 M.L. Castillo de Sanchez (MX)
1993 R. Dybkaer (DK)
1996 N. Tietz (US)
1999 M. Shaarawy (EG)
2002 O. Zinder (IL)

2005 J.H. Ladenson (US)
2008 D. Burnett (UK)
2011 C.A. Burtis (US)
2014 R. Dufour (US)

11.1.3. IFCC Award for Distinguished Contributions 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 programmes worldwide or in a region.

1999 L. Thomas (DE)
2002 J.B. Henry (US)
2005 W.J. Marshall (UK)
2008 N. Tietz (US)
2011 M.F. Burritt (US)
2014 C.A. Burtis (US)

11.1.4. 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 R.M. Bertina (NL), P.H. Reitsma (NL)
2004 M. Ferrari (IT)
2005 C.T. Wittwer (US)
2006 Y.M.D. Lo (HK)
2007 U. Landegren (SE)
2008 O. Kallioniemi (FI)
2009 E. Diamandis (CA)
2010 G. Tsongalis (US)
2011 M. Neumaier (DE)
2014 F. Barany (US)

11.1.5. 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 C.W.K. Lam (HK)
2011 R. A. Wanders (NL)
2014 M. Plebani (IT)

11.1.6. 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)
2011 L. Thienpont (BE)
2014 W.G. Miller (US)

11.1.7. IFCC Young Investigator Award

This award recognises and encourages the academic and professional development of a young investigator (under 40 years of age) who has demonstrated exceptional scientific achievements in Clinical Chemistry and Laboratory Medicine early in his/ her career.

2011 R.W.K. Chiu (HK)
2014 G. Baird (US)

11.1.8. IFCC HyTest Distinguished Award for Contributions to Cardiovascular Diagnostics

This new award recognises an individual who has made an outstanding contribution to advancing the understanding and application of diagnostics to the diagnosis and management of cardiovascular disorders.

2017 First award to be made

11.2. List of Addresses

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Chapter 12
Proposals for New Projects

12. PROPOSALS FOR NEW PROJECTS

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.

12.1. 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 "Executive Board and Council" section of the IFCC website (www.ifcc.org).

Proposals targeted at the Scientific Division should use a slightly modified form that is available from the 'Scientific Division' 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 organisations 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). 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 13
Task Forces and Special Projects

13.1. Task Forces

13.1.1. Task Force on Ethics (TF-E)

Membership

Name	Position	Country	Term	Time in Office
A. Gronowski	Chair	US	1st	2015 01 - 2017 12
E.Y. Arcellana Nuqui	Member	PH	1st	2014 04 - 2016 12
T. Higgins	Member	CA	1st	2014 04 - 2016 12
A. Newman	Member	NL	Extra Term	2015 01 - 2015 12
K. Okhan Akin	Member	TR	1st	2014 04 - 2016 12
C. Sekadde-Kigondu	Member	KE	1st	2014 04 - 2016 12
D. Bruns	Consultant	US		
J. Jonsson	Consultant	IS		

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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13.1.2. Task Force on Pediatric Laboratory Medicine (TF-PLM)

Membership

Name	Position	Country	Term	Time in Office
M. Metz	Chair	AU	1st	2015 01 - 2017 12
T. Lang	Vice-Chair	UK	1st	2015 01 - 2017 12
V. L. Grey	Past-Chair	CA	1st	2015 01 - 2017 12
S.M. Geaghan	Member	US	2nd	2014 01 - 2016 12
M. Hersberger	Member	CH	1st	2015 01 - 2017 12
T.P. Loh	Member	SG	1st	2015 01 - 2017 12
M. Turzyniecka	Member	ZA	1st	2015 01 - 2017 12
P.M. Jones	Advisor	US		
K. Kohse	Advisor	DE		

Improving diagnosis and management of patients from birth to adolescence:
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 pediatric patients of all age groups
- Form a sound support basis for the continuation of the International Congresses of Pediatric Laboratory Medicine which have been very successful over the past 25 years
- Create a worldwide network of scientists working in laboratories specialized in Pediatric Medicine.

Why Pediatric laboratory medicine?
Children are not simply small adults - this holds especially true when they become patients. Pediatric 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 pediatric 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 pediatric 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 Pediatric 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
- Integration and eventually merging of the Board of the International Association of Pediatric Medicine into the Task Force and continue to motivate the then former members of this Association worldwide to support the activities of the Task Force
- Establishment of a concept for the next International Congresses of Pediatric Medicine. As the preferred setting, the Congress will 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 Pediatric Laboratory Medicine in the IFCC Journal

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13.1.3. Task Force on Pharmacogenetics (Integrated Project) - (TF-PG)

Membership

Name	Position	Country	Term	Time in Office
R. Van Schaik	Chair	NL	Extra-Term	2015 01 - 2015 12
M. Linder	Member	US	1st	2015 01 - 2017 12
M. Neumaier	Member	DE	Extra-Term	2015 01 - 2015 12
H. Guchelaar	Consultant	NL		
M. Pirmohamed	Consultant	UK		

Aim:
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:

7. Network of pharmacogenetic experts from in- and outside Clinical Chemistry.
8. Network of specific contact persons within the relevant clinical disciplines.
9. Guidance documents: TPMT testing and 6-mercaptopurine/azathioprine, CYP2C19 testing and clopidogrel, CYP2D6 testing and tamoxifen.
10. Presentation of ongoing work of IFCC TF-PG in presentations and posters at different conferences.

Accountability:

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

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13.1.4. Task Force on Chronic Kidney Disease (Integrated Project) - (TF-CKD)

Membership

Name	Position	Country	Term	Time in Office
G. Jones	Chair	AU	2nd	2011 01 - 2013 12
J. Coresh	Member	US	2nd	2014 01 - 2016 12
J. Delanghe	Member	BE	2nd	2014 01 - 2016 12
E. Lamb	Member	UK	2nd	2014 01 - 2016 12
A. Narva	Member	US	2nd	2014 01 - 2016 12
M. Panteghini	Member	IT	2nd	2014 01 - 2016 12
D. Seccombe	Member	CA	2nd	2014 01 - 2016 12
F. Alcantara	WASPaLM Nominee	BR		
J. H. Eckfeldt	WASPaLM Nominee	US		

Aim:
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 organisations 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 through the Chair.

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13.1.6. IFCC Task Force for Young Scientists (TF-YS)

Membership

Name	Position	Country	Term	Time in Office
P. Kumar Dabla	Chair	IN	1st	2014 04 - 2016 12
G. Boursier	Member	FR	1st	2014 04 - 2016 12
B. Imperiale	Member	AR	1st	2013 03 - 2015 12
D. Li	Member	US	1st	2013 03 - 2015 12
O. Popoola	Member	NG	1st	2013 03 - 2015 12
M. Savkovic	Member	SRB	1st	2013 03 - 2015 12
D. Gruson	Consultant	BE		

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

- To link with national society young scientist initiatives
- 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 40 yrs 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, normally, 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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13.1.7. Task Force on Clinical Applications of Cardiac Bio-Markers (TF-CB)

Membership

Name	Position	Country	Term	Time in Office
J. Ordoñez-Llanos	Chair	ES	2nd	2014 01 - 2016 12
F. Apple	Member	US	2nd	2014 01 - 2016 12
M.HM. Chan	Member	HK	2nd	2014 01 - 2016 12
P. Collinson	Member	UK	2nd	2014 01 - 2016 12
J.E. Hollander	Member	US	2nd	2014 01 - 2016 12
A. Jaffe	Member	US	2nd	2014 01 - 2016 12
B. Lindhal	Member	SE	2nd	2014 01 - 2016 12
M. Möckel	Member	DE	2nd	2014 01 - 2016 12
M. Plebani	Member	IT	2nd	2014 01 - 2016 12
M. Than	Member	NZ	2nd	2014 01 - 2016 12

Terms of Reference:
- Education; Established and novel cardiac biomarkers
- Biochemistry of cardiac biomarkers
- Clinical use of cardiac biomarkers: risk stratification, diagnostics, therapy
- Laboratory issues on cardiac biomarkers: 99th percentiles, delta values, biological variation, quality specifications of assays.

Current Projects:
- Development of educational materials about high-sensitive troponin assay use.

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13.1.8. Task Force on Point of Care Testing (TF-POCT)

Membership

Name	Position	Country	Term	Time in Office
R. Tirimacco	Chair	AU	2nd	2015 01 - 2017 12
A.I. Khan	Member	CA	2nd	2015 03 - 2017 12
G.J. Kost	Member	US	2nd	2015 01 - 2017 12
P. Pernet	Member	FR	2nd	2015 01 - 2017 12
T.J. Allison	Corp. Rep./Siemens	US	2nd	2015 01 - 2017 12
A. Skurup	Corp. Rep./Radiometer	DK	2nd	2015 01 - 2017 12

Terms of Reference:

5. To promote quality in the use, performance, interpretation and reporting of POCT across the full spectrum of clinical chemistry and laboratory medicine
6. To create a forum for high level discussion on a wide range of POCT related topics
7. To provide international leadership for developing the clinical practice of POCT in Laboratory Medicine.

Objectives:

1. Creation of a communication network for specialists who are expert in POCT. To include other POCT specialist groups; expert individuals in IFCC Full, Affiliate and Corporate Members; regulatory agencies and users of POCT
2. Definition, implementation, evaluation and reporting of a range of defined POCT projects. To include projects that address quality in POCT performance, the appropriate clinical use of POCT, connectivity and the cost effectiveness of POCT. Projects should complement rather than duplicate projects being undertaken by other POCT specialists
3. Preparation of educational support material for those using or considering the use of POCT
4. Creation of a library of publications that document the clinical effectiveness of POCT and the impact on clinical outcomes. To include clinical chemistry, haematology, microbiology and other disciplines of laboratory medicine, as appropriate

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Working Group on "How should Glucose Meters be Evaluated for Critical Care - (WG-GMECC)" – under the responsibility of the TF-POCT

Membership

Name	Position	Country	Term	Time in Office
C. Bowman	Chair	US	1st	2013 03 - 2015 12
E. Bigot-Corbel	Member	FR	1st	2014 04 - 2016 12
S. Cunningham	Member	IE	1st	2013 03 - 2015 12
E. Guillen Barua	Member	PY	1st	2013 03 - 2015 12
P. Luppa	Member	DE	1st	2013 03 - 2015 12
T. Malati	Member	IN	1st	2013 03 - 2015 12
D. Sacks	Member	US	1st	2013 03 - 2015 12
R. Slingerland	Member	NL	1st	2014 04 - 2016 12
B. Solnica	Member	PL	1st	2013 03 - 2015 12
P. St.Louis	Member	CA	1st	2013 03 - 2015 12
R. White	Member	AU	1st	2013 03 - 2015 12
F. Vanstapel	Member	BE	1st	2013 03 - 2015 12
E. Ntrivalas	Corp. Rep./Nova Biomedical	UK	1st	2012 03 - 2014 12
M. Mulder	Corp. Rep./Roche	DE	1st	2012 03 - 2014 12
D. Bruns	Advisor			
B. Clarke	Advisor			

Terms of Reference:

1. Evaluate the clinical practice of using blood glucose meters for critically ill patients.
2. Determine the requirements a glucose meter need to full fill in order to be used for critically ill patients.
3. Propose what internal- and external quality control systems that should be present.
4. Evaluate which, if any, of the present instruments in the market fulfil these criteria.
5. Provide recommendations for training and competency of users in critical care areas.
6. Ensure recommendations align with other stakeholders.

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13.1.11. Task Force on Proficiency Testing (TF-PT)

Membership

Name	Position	Country	Term	Time in Office
A. Haliassos	Chair	GR	1st	2014 04 - 2016 12
B. Aslan	Member	CA	1st	2014 04 - 2016 12
A. Carobene	Member	IT	1st	2014 04 - 2016 12
A. Perret-Liaudet	Member	FR	1st	2014 04 - 2016 12
C. Weykamp	Member	NL	1st	2014 04 - 2016 12
J. Dai	Corp. Rep./Siemens	US	1st	2014 04 - 2016 12
M. Rottmann	Corp. Rep./Roche	DE	1st	2014 04 - 2016 12

Aims:
- To facilitate the introduction of international proficiency testing schemes for uncommon but clinically important measurands.
- To use the information to select measurands that may be suitable for method harmonization as a means to improving patient outcomes.

Objectives:
- To establish a small group of clinical and scientific experts who represent both suppliers and users of 'uncommon but clinically important' laboratory medicine methods.
- To agree a definition of an 'uncommon but clinically important' measurand and the body of evidence that is required to meet that definition.
- To write a specification for operating an international proficiency testing scheme.
- To survey IFCC Members and IFCC functional units to receive suggestions for 'uncommon but clinically important' measurands.
- To prioritize the suggestions received and to assess the potential for international proficiency testing and the likely support of manufacturers of available methods.
- To establish the availability of proficiency testing schemes for the identified measurands. Where proficiency testing schemes exist to assess their potential for expansion at an international level.
- In the absence of suitable proficiency testing schemes to invite bids to provide measurand specific proficiency testing in accordance with the agreed specification.
- To recommend to the Executive Board proficiency testing schemes that may be set up under the auspices of IFCC.
- To monitor performance in IFCC supported proficiency testing schemes and to support the preparation of scientific publications at appropriate points in time.
- To use performance data from IFCC supported proficiency testing schemes to propose measurands for harmonization in line with www.harmonization.net.

Background:
The role of Proficiency Testing schemes (External Quality Assessment programmes)

is of prime importance to the analytical quality, to the standardisation of the methods and to the harmonisation of the results. However, there is a lack of interest from the commercial providers of such schemes, either for the more new and complex tests and for the very old and simple measurands that involve a new calibration curve, because of the very subtle problems induced at the interpretation of the statistical results of their, already well-established and running, schemes.
A multidisciplinary effort had assigned to the new Task Force on Proficiency Testing (TF-PT) involved in the analysis and the exploration of the above mentioned of Proficiency Testing issues. This could lead to the establishment of specialised schemes under the auspices of the IFCC and may enhance harmonisation of laboratory results.

Achievements during 2013-2014:
The TF-PT had its initial meeting in Istanbul in June 2014 and agreed a way of working. Further informal meetings were held with C-AQ; during the annual meeting of AACC (July 2014 in Chicago) and with the board of EQALM in Toulouse at the end of October 2014.

Plans for 2015-2017:
The central project of the TF-PT will be the creation of an online database - web application accessible via web browsers but also via specific applications for the major mobile platforms with much more functionalities and ease of use. The roots of this database will be the analytes (tests, measurands) that will be filed with all possible synonyms (one of them will be the “official” as proposed from the Nomenclature, Properties and Units (C-NPU) committee of the SD) as also as the methods (assays, instruments, reagents etc) also with all possible synonyms.
Registered users can indicate which analytes require introduction of a PT scheme.
Another part of the DB, maintained with the cooperation of C-AQ and of EQALM, will be the PT providers section containing all their contact information, their programmes with the analytes, frequencies, type of statistics, commutability of control materials, their accreditation or certification status etc.
The database will be accessible for consultation freely to all visitors of IFCC site, but only registered users will have modification privileges. The registration of users will be by invitation from the NR and the CM, via the IFCC secretariat and from the EQALM. The registered users will have the possibility to invite more members via the application. In summary, the database will interactively link our colleagues, final users of the tests, with PT providers, IVD manufacturers, accreditation bodies etc. and will facilitate the search for a PT scheme for “rare” esoteric or new analytes, or the introduction of a new one if needed.

Cooperation:

1. The Task Force will work in close association with the IFCC Committee for Analytical Quality (C-AQ)
2. The Task Force will work in close association with the IFCC Committee Traceability in Laboratory Medicine (C-TLM)
3. The Task Force will work in close association with the IFCC Committee Nomenclature, Properties and Units (C-NPU)
4. The Task Force will liaise with the EQALM and other relevant international providers of proficiency testing in laboratory medicine.

List of addresses:

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13.1.14. Task Force on "IFCC-CLMA" Project on Leadership (TF IFCC-CLMA)

Membership

Name	Position	Country	Term	Time in Office
L. Kricka	Chair	US	1st	2014 04 - 2016 12
E. Frank	Member	IN	1st	2014 04 - 2016 12
B. Gouget	Member	FR	1st	2014 04 - 2016 12
J. Smith	Member	UK	1st	2014 04 - 2016 12
P. Labbe	CLMA Member	US	1st	2014 04 - 2016 12
M. Dumond	CLMA Member	US	1st	2014 04 - 2016 12
R. Forsman	CLMA Member	US	1st	2014 04 - 2016 12
C. Orner	CLMA Member	US	1st	2014 04 - 2016 12

Aim:
To assess unmet leadership development needs of laboratory professionals and recommend mechanisms for resolution.

Objectives:
1. Determine a model for assessing and comparing a country's capabilities to improve laboratory leadership competencies and the prioritization it attaches to that activity.
2. Verify the utility of the model through its application to a sampling of developed, newly industrialized and developing countries.
3. Using the model, identify unmet needs in the countries sampled.
4. Determine possible strategies for resolving unmet needs.

Background:
IFCC includes a committee (C-CLM) whose 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 initial focus will be on addressing the needs of developing countries. CLMA is an international organization focused solely on the non-technical needs of laboratory management and has developed a Body of Knowledge identifying the domains of management for the laboratory. The opportunity for partnership could serve to create a more comprehensive offering in a shorter time and at a lower cost serving the goals of both organizations and the needs of their respective members.

Action Plan:
1. Establish a Task Force with representations from IFCC and interested IFCC affiliates. CLMA will do the same.
2. Create a survey that identifies country-specific approaches to defining and measuring leadership competencies, the in-country resources to develop these competencies, and the efforts to do so. Seek IFCC affiliate support for dissemination. Consider CLMA's Body of Knowledge for Medical Laboratory Management and other models of leadership competencies in constructing the survey. Complete the survey and prepare preliminary findings.
3. Based on responses to the survey, determine a model that can be used to describe leadership development and leadership development resources in countries regardless of their socioeconomic development. Leadership factors will include such items as the level of financial accountability, responsibility for personnel evaluation, the level of decision authority, etc. Development resources will include the educational system, the availability of on-the-job training, professional associations, government, etc.
4. Identify approximately 10 countries to be studied using the developed model which

should include ~3 developed countries, ~3 newly industrialized countries and ~4 developing countries.
5. Work with participating countries to assess the suitability, applicability and likely acceptability of the leadership development model.
6. Following analysis of the data, prepare a joint report to the IFCC and CLMA executive boards with findings and specific recommendations on the need for future work. The work should be completed no later than June 2016.

Users or beneficiaries of the product resulting from the project:
1. IFCC and all of its Members and functional units
2. CLMA and all its chapters and members
3. Professionals in management/leadership roles within a medical laboratory
4. Educators in the field of laboratory medicine
5. Patients and the general public.

List of addresses:

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13.2. IFCC Professional Exchange Programme (PEP)

IFCC offers a small number of scholarships each year to facilitate professional exchange programmes for young scientists. The purpose of professional exchange programmes is to:

- Promote international co-operation between laboratories
- Facilitate the exchange of young laboratory scientists between IFCC Member societies
- Share high level scientific or management skills
- Introduce new or improved scientific or management skills to the applicant's laboratory.

Applicants for an IFCC professional exchange programme will:

- be a member of an IFCC Full Member or Affiliate Member national society
- be aged under 40 years at the time of the exchange programme
- have a specific project to complete in a designated host laboratory
- not have received funding from IFCC for other PEPs.

Applications must have the support of both partner laboratories.
Duration of exchanges: 3 months maximum.
Successful applicants will be entitled to receive economy return travel expenses from his/her home base to the host laboratory and a subsistence allowance for a maximum of three months.
At the completion of a professional exchange programme the successful applicant is required to:

- Write a short report of his/her experience for publication in IFCC News.
- Where appropriate, submit a scientific paper for publication in the electronic journal of IFCC.

These exchange programmes are open for laboratories in all countries where an IFCC member society is active.
For complete details of these programmes and how to apply for participation, please visit the IFCC website at: http://www.ifcc.org/ifcc-education-division/pep-professional-exchange-programme/.
IFCC has developed two categories of professional exchange programme:

- Professional Scientific Exchange Programme (PSEP)
- Professional Management Exchange Programme (PMEP).

13.2.1. Professional Scientific Exchange Programme (PSEP)

The purpose of a PSEP is to exchange or develop high level scientific information or skills.
Applications for a PSEP may come from any IFCC Full Member or Affiliate Member national society.
Examples of suitable PSEP projects include (but are not restricted to):

- Conduct of a collaborative research project between base and host laboratories;
- Use of a method or technique not available in the base laboratory in order to complete a research project;
- Learning a new method or technique in the host laboratory which will be introduced into the base laboratory after the PSEP is complete;
- Completion of a collaborative evidence-based scientific project such as the preparation of a systematic review;

Scientific publications resulting from this exchange programme have to acknowledge IFCC's support.

13.2.2. Professional Management Exchange Programme (PMEP)

The purpose of a PMEP is to develop appropriate quality management skills in order to improve the performance and quality of service offered to patients by the base laboratory.
Applications for a Professional Management Exchange Programme (PMEP) may only come from IFCC Full Member or Affiliate Member national societies that are in countries where quality management and/or laboratory accreditation are at an early stage of development.
Examples of PMEP include:

- Acquiring skills to introduce effective internal quality control;
- Acquiring skills to introduce an external quality assurance scheme to a country;
- Acquiring skills to introduce quality management to the base laboratory;
- Preparation to enable the base laboratory to apply for laboratory accreditation in line with ISO Standard 15189.

The host laboratory for a PMEP will normally be in the same IFCC Region as the applicant.

13.3. IFCC Travel Scholarships

IFCC-Roche travel scholarships are available to allow young scientists from developing countries to participate in relevant international scientific congresses and conferences. Applicants should be working in a developing country member of IFCC and should be less than 40y of age on 1 January of the year in which the congress or conference occurs. Priority will be given to applicants who are submitting an abstract to the meeting.
IFCC-Roche travel scholarships may be used for any relevant international scientific congress or conference. Each year IFCC promotes the scheme and lists some IFCC meetings that do qualify, but this list is not exclusive. It is a condition of the scheme that the congress or conference should take place in a country other than that in which the applicant works.
The IFCC-Roche travel scholarship will provide funding towards the cost of economy travel and accommodation. IFCC will seek to ensure that scholarship recipients receive free registration for the congress or conference that they attend.
Applicants will be required to complete the application form that can be obtained from the IFCC Office (ifcc@ifcc.org). The completed application should be submitted, together with supporting information, to the IFCC Office.
IFCC acknowledges the generous sponsorship from Roche Diagnostics GmbH for this scheme.
Additionally, IFCC is able to offer two other travel scholarships that follow the same rules as specified above:

- Jocelyn Hicks travel scholarship
- Past Presidents travel scholarships.

Chapter 14
IFCC Statutes and Rules

Revision of Statutes and Rules during 2015

The 2014 Council Meeting discussed a number of important issues relating to the composition of the Executive Board. An electronic vote of IFCC Members after Council gave formal approval for change, with an enhanced role for IFCC Regional Federations. These decisions will require substantial changes to both the IFCC Statutes and the IFCC Rules. These revisions will take place during 2015. Therefore, whilst the content of this Chapter is correct at the time of printing it will change during the next three years. The most up-to-date version of the IFCC Statutes and Rules will be available on the IFCC website (www.ifcc.org) or from the IFCC Office (ifcc@ifcc.org).

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, July 24, 2005 and June 30, 2013.

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. Exceptionally, an alternate representative may be appointed by a

Full Member from within its membership. 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/her absence, by the Secretary.

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 by 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 an electronic ballot conducted as set out in the Rules.

5.12. In the periods between Council meetings the Executive Board may submit questions by electronic 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, President Elect, 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. With the exception of the President Elect 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. With the exception of the President and President Elect 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 President Elect shall have a term of office of one year commencing on the first of January of the year in which an International Congress of Clinical Chemistry and Laboratory Medicine is held. The President Elect will normally be confirmed as President by the Council and will take up a three year term of office as described in paragraph 6.3.

6.5 The Past President shall have a term of office of two years commencing on the first of January following an International Congress of Clinical Chemistry and Laboratory Medicine.

6.6. 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.

6.7. A vacancy on the Executive Board may be filled by the Board.

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 electronically as set out in the Rules. In either case acceptance of amendments shall require a two thirds majority of those voting. Should an electronic 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 Secretary.

1. VOTING PROCEDURES ESTABLISHED FOR COUNCIL (Refer to Statute 5.11)

1.1. 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).

1.2. Each Full Member of good standing shall have one vote. No person shall cast votes on behalf of more than one Member.

1.3. All formal Council votes will be conducted by electronic ballot. Opinion may be sought by a show of hands at a Council meeting but on constitutional matters views expressed at a Council meeting will be subject to confirmation by electronic ballot.

1.4 Advanced notice of at least one month will be given for any electronic vote. The period available for voting will be one month from the opening to the closure of the ballot.

1.5 The electronic ballot for membership of the Executive Board (except President Elect) will be conducted in two separate rounds. Nominations for all positions will be submitted at least four months ahead of each Council Meeting.

- The first round of voting will elect the President, Secretary and Treasurer and will take place at least three months before each Council Meeting. The results of this election will be communicated to Members by electronic mail at least two months before the Council Meeting.
- The second round of voting will elect the Members of the Executive Board and will take place at least one month before each Council Meeting. The results of this election will be communicated to Members by electronic mail before the Council Meeting.

1.6 The electronic ballot for President Elect will take place at least three months prior to the end of the second year of the three year term of office of each Executive Board. The result of this election will be communicated to Members by electronic mail at least two months before the end of the same year.

1.7 In the case of a casual vacancy during the normal Executive Board term, nominations will be solicited from the Membership and an electronic ballot will be conducted one month later (refer to Statute 6.7).

1.8 Council may be invited to vote on other issues at any time. The results of occasional elections will be communicated to Members of IFCC by electronic mail within one month of the conclusion of the ballot (refer to Statute 5.12)

1.9 Voters will be presented with a list of named candidates for elections to the IFCC Executive Board or to other relevant representative roles. A short personal statement from each candidate will be distributed by IFCC before the ballot opens. This personal statement will include confirmation that the candidate has the support of his/her national society Member of IFCC.

1.10 For ballots that involve the election of persons to positions other than to the Executive Board or to other representative positions voters will be presented with a list of options. A short explanation of the ballot and each of the options will be distributed before the opening of the ballot.

1.11 Under the Alternative Voting System voters express their preferences across the range of candidates or options, using a '1' for their first preference, a '2' for their second preference and so on until all candidates or options have been considered. Voters may express as many or as few preferences as they wish.

1.12 Counting of the votes under the Alternative Voting System follows strict rules.

- It begins with a count of all first preference votes. If one candidate or option achieves more than 50% of first preference votes that candidate or option is declared the winner.
- If no candidate or option achieves more than 50% of first preference votes then the candidate or option that received the least number of votes is eliminated. The voters who had given their first preference vote to the eliminated candidate or option now have their second preference votes allocated to the remaining candidates and the number of votes is again recorded. If one candidate or option achieves more than 50% of first preference, and second preference votes from the eliminated candidate, that candidate or option is declared the winner
- This process of reallocating lower preference votes from eliminated candidates or options continues until one candidate or option achieves more than 50% of eligible votes.

1.13 A secure commercial software package will be used to count votes according to the Alternate Voting System. An external assessor will check the process before the results are declared.

2. RIGHTS OF FULL MEMBERS

2.1. Membership

The representatives from Full Members shall be the Voting Members of Council. A different 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 IFCC Secretary and IFCC Office must be advised in writing of this appointment, at least one month before the commencement of Council elections (refer to Statute 5.3). Exceptions will only be made in highly unusual cases. These will have to be ratified by the Executive Board.

2.2. Documentation

2.2.1. 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)

2.2.2. 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.

2.2.3. Full Member representatives are the official conduit from the Member Societies for bringing relevant matters regarding the profession of clinical chemistry and laboratory medicine to the attention of the IFCC.

2.3. Meetings

2.3.1. Full Members are eligible to hold an international or regional congress of clinical chemistry and laboratory medicine.

2.3.2. 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).

2.4. Representation in Divisions, Committees and Working Groups

2.4.1. 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.

2.4.2. Each Full Member is entitled to appoint a corresponding member to every Committee and Working Group.

2.5. Other rights

2.5.1. Full Members are entitled to apply to host an IFCC Visiting Lecturer, through the Visiting Lecture Programme.

2.5.2. Full Members are entitled to describe themselves as such in their publications and other promotional material.

2.5.3. A group working on a specific topic for a Full Member or several such Members may be recognised formally as an IFCC Working Group.

2.5.4. Full Members may submit a project proposal.

2.5.5. Additional rights may be determined by the Executive Board subject to ratification by Council.

3. RIGHTS OF AFFILIATE MEMBERS

3.1. Membership

3.1.1. 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 (refer to Statute 5.4).

3.1.2. 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.

3.1.3. The representatives can propose or second motions in Council and can participate in its discussions (refer to. Rule 1.9).

3.2. Documentation

3.2.1. Representatives of Affiliate Members will receive copies of all documents and publications distributed by the IFCC.

3.2.2. The Affiliate Member is entitled to submit formal comments on IFCC documentation.

3.2.3. Representatives of Affiliate Members are the official conduit from the member groups and are responsible for bringing matters regarding the profession of clinical chemistry and laboratory medicine to the attention of the IFCC.

3.3. Other rights
3.3.1. Affiliate Members are entitled to describe themselves as such in their publications and other promotional material.
3.3.2. An Affiliate Member may submit a project proposal.
3.3.3. Additional rights may be determined by the Executive Board.

4. RIGHTS OF CORPORATE MEMBERS

4.1. Membership
4.1.1. 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 (refer to Statute 5.4).
4.1.2. 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.
4.1.3. The representative can propose or second motions in Council and can participate in its discussions (refer to Rule 1.9).

4.2. Documentation
4.2.1. Representatives of Corporate Members will receive copies of all documents and publications distributed by the IFCC.
4.2.2. The Corporate Member is entitled to submit formal comments on IFCC documentation.
4.2.3. 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.

4.3. Meetings
4.3.1. Corporate Members may seek support from the IFCC for relevant meetings (see Congress guidelines).

4.4. 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.
4.4.1. 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.
4.4.2. Each Corporate Member is entitled to appoint Corresponding Members to every Division Committee or Working Group.

4.5. Other rights
4.5.1. Corporate Members are entitled to describe themselves as such in their publications and other promotional material.
4.5.2. Corporate Members may participate in the selection process for the Corporate Representative on the Executive Board and the Division Executive Committees.
4.5.3. Corporate Members are entitled to use the IFCC logo on exhibits or when making presentations at meetings.

4.5.4. Each Corporate Member may submit a project proposal.
4.5.5. Additional rights may be determined by the Executive Board.

5. RULES GOVERNING THE PAYMENT OF DUES (refer to Statute 10)

5.1. Dues
5.1.1. The financial year of the Federation is January 1st to December 31st.
5.1.2. The Swiss Franc is the currency of the IFCC.
5.1.3. 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.

5.2. Non-payment of dues
5.2.1. 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.
5.2.2. 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.
5.2.3. 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.
5.2.4. Rights of membership are restored on receipt of payment of dues at a level deemed appropriate and acceptable by the Executive Board.
5.2.5. 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.
5.2.6. After three years of non-payment, it would be proposed to Council that the National Society no longer be a member.

6. 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.

6.1. 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.

6.2. 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. For each position on the Executive Board (except the President Elect and the Corporate Representative) the deadline shall be at least six months before the Council meeting. For the President Elect the deadline shall be at least six months before the year in which he/she will commence office.

6.2.1. 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 nominees National Society is definedas 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.

Chapter 15
IFCC Finances

15.1. Organisation 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, 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 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 would not be possible.
Much of the scientific and administrative work of IFCC is carried out by e-mail and conference calls, 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. WorldLab Congress is subject to a contract between IFCC, the host national society and the professional conference organiser employed to deliver the congress. The EuroMedLab Congress is subject to a contract between IFCC, EFLM, 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 Federations.
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. The Minutes of the Financial Advisory Committee are considered by the Executive Board.
The IFCC Treasurer chairs the Financial Advisory Committee. The President, Past-President and the Representative of the Corporate Members are members. For the period 2015-2017 members of the Financial Advisory Committee are:

Treasurer, Chair
Professor Tomris OZBEN
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Fax: +90 242 2496903
E-mail: ozben@akdeniz.edu.tr

President
Professor Maurizio FERRARI
Professor of Clinical Pathology
University Vita-Salute San Raffaele
Director of Clinical Molecular Biology and Cytogenetics Laboratory
Head of Unit Genomics for Diagnosis of Human Pathologies
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Fax: +39 02 26432640
E-mail: president@ifcc.org

Past-President
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Mobile: +44 759 004 1717
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Representative of the Corporate Members
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Head of Global Medical & Scientific Affairs
Glucose Monitoring and Science
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Fax: +49 621 759 78 2254
Mobile: +49 173 348 5722
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Chapter 16
Organisational 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 communications sent to the Members by the Executive Board and its officers. The IFCC 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. The IFCC Office is staffed by two full-time and one part-time paid employees, 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
20159 Milan, Italy
Phone: +39 02 66809912
Fax: +39 02 60781846
E-mail: ifcc@ifcc.org
IFCC website: www.ifcc.org

16.3. Nominations Committee

16.3.1. Summary

The Executive Board creates an ad hoc Nominations Committee (NC) and appoints the Chair. 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 by electronic ballot and the result will be announced at the meeting of Council prior to the IFCC WorldLab 2017 meeting in Durban.

16.3.2. Members

Name	Position	Country	Term	Time in Office
B. Gouget	Chair	FR	1st	2015 01-2017 12
P. Laitinen	Past Chair	FI	2nd	2015 01-2017 12
GH. Beastall	Past President	UK	1st	2015 01-2017 12
RH. Christenson	Member	US	1st	2015 01-2017 12
A.L. Maselli	Member	GT	2nd	2015 01-2017 12
S. Sethi	Member	SG	1st	2015 01-2017 12

16.3.3. List of Addresses

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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 is available in the IFCC website 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 IFCC Handbook occurs once every three years and coincides with the term of the Executive Board. It is available from the IFCC website (www.ifcc.org). The Handbook gives all the information about the operations and activities of IFCC.

The Handbook includes a section on the organisation 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 officers 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 'Executive Board and Council' section of the IFCC website (www.ifcc.org). Proposals targeted at the Scientific Division should use a slightly modified form that is available from the 'Scientific Division' section of the same website.

16.8. IFCC Numbering System

The IFCC uses a numerical system for all its official correspondence. This numbering system is also used for storing and archiving IFCC records. The numbering system is continually updated with 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
1.1.110. Corfu 2010
1.1.111. Seoul 2010
1.1.112. Paris 2011
1.1.113. Berlin 2011
1.1.114. Milano 2011
1.1.115. Milano 2012
1.1.116. Windsor 2012
1.1.117. Marrakech 2012
1.1.118. Kuala Lumpur 2012
1.1.119. Buenos Aires 2013
1.1.120. Milan 2013
1.1.121. Bali 2013
1.1.122. Washington 2014
1.1.123. Istanbul 2014
1.1.124. Rome 2014
1.1.125. Milan 2015
1.1.126. Paris 2015
1.1.127. Quito 2015

2. Full Members

2.1. Member Societies

2.1.2. Argentina
2.1.3. Australia and New Zealand
2.1.4. Austria
2.1.5. Belgium
2.1.6. Brazil
2.1.7. Bulgaria
2.1.8. Canada
2.1.9. Chile
2.1.10. Colombia
2.1.11. Albania
2.1.12. Denmark
2.1.13. Ecuador
2.1.14. Egypt
2.1.15. Germany

2.1.16. Finland
2.1.17. France
2.1.19. Hungary
2.1.20. Iran
2.1.21. Ireland
2.1.22. Israel
2.1.23. Italy
2.1.25. Japan
2.1.26. Kenya
2.1.27. Luxembourg
2.1.29. Morocco
2.1.30. Netherlands
2.1.31. Croatia
2.1.32. Nigeria
2.1.33. Norway
2.1.34. Poland
2.1.36. Singapore
2.1.37. South Africa
2.1.38. Spain
2.1.39. Sweden
2.1.40. Switzerland
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
2.1.54. 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
2.1.62. Slovenia
2.1.63. Thailand
2.1.64. Greece
2.1.66. Paraguay
2.1.67. Jordan
2.1.68. Russia
2.1.69. Uruguay
2.1.70. Lithuania
2.1.71. Romania *
2.1.72. Turkey
2.1.73. Malaysia
2.1.75. China (Beijing)
2.1.76. Domenican Republic
3.1.77. Lebanon

2.1.78. Honduras
2.1.80. Estonia
2.1.81. Costa Rica
2.1.82. Portugal
2.1.83. Pakistan
2.1.84. Bosnia Herzegovina
2.1.85. Cyprus
2.1.86. Montenegro
2.1.87. Sri Lanka
2.1.88. Ukraine
2.1.89. Sudan
2.1.90. Peru
2.1.91. Ethiopia
2.1.92. Philippines
2.1.93. Algeria
2.1.94. Nepal
2.1.95. Zimbabwe
2.1.96. Kazakhstan
2.1.97. Zambia
2.1.98. Bolivia
2.1.99. Messico
2.1.100. Macedonia
2.1.101. Saudi Arabia

*merged with Affiliate RAML

2.2 Applications

Malawi

2.3 Withdrawal - Suspended Members

2.1.28. Mexico
2.1.53. Kuwait
2.1.65. Macedonia

2.4. Annual Dues

2.9. Ballots for Membership

3. Corporate Members

3.1. Current Members

3.1.1. Abbott
3.1.2. Asahi Kasei Pharma Corporation
3.1.4. Axis Shield Point of Care Division
3.1.6. Beckman Coulter, Inc.
3.1.13. DiaSys Diagnostic Systems GmbH
3.1.15. Sekisui Diagnostics (UK) Ltd.
3.1.21. Ortho-Clinical Diagnostics, Inc.
3.1.29. Radiometer Medical ApS
3.1.30. Randox Laboratories Ltd.
3.1.31. Roche Diagnostics GmbH
3.1.34. Sebia S.A.
3.1.36. Wako Pure Chemical Industries, Ltd./Wako
3.1.38. Wiener Lab
3.1.45. Thermo Fisher Scientific Oy

3.1.48. HyTest Ltd.
3.1.53. A. Menarini Diagnostics
3.1.54. Sysmex Europe GmbH
3.1.55. BD Diagnostics
3.1.57. Bio-Rad Laboratories
3.1.58. Mitsubishi Chemical Europe GmbH
3.1.60. Analis R&D Diag
3.1.61. The Binding Site Group Ltd.
3.1.62. Response Biomedical Corporation
3.1.66. Siemens Healthcare Diagnostics
3.1.68. Gentian AS
3.1.69. Sentinel CH. Spa
3.1.70. Agappe Diagnostics Ltd.
3.1.71. Sichuan Maker Biotechnology Co. Ltd.
3.1.73. Biocrates Life Sciences AG
3.1.74. Unilabs
3.1.75. Philips
3.1.77. Mindray – Shenzhen Mindray Bio-Medical Electronics Co., Ltd.
3.1.78. Nova Biomedical Corporation
3.1.80. Merck Millipore
3.1.81. C.P.M. Diagnostic Research SAS
3.1.82. Oneworld Accuracy Collaboration
3.1.83. Wisplinghoff Laboratoriumsmedizin Köln
3.1.85. ELGA
3.1.86. PPD
3.1.89. ADx Neurosciences
3.1.87. Instrumentation Laboratory
3.1.88. Shanghai Zhicheng Biological Technology Co., Ltd.
3.1.90. Snibe Co., Ltd (Shenzhen New Industries Biomedical Engineering)
3.1.91. Fujirebio
3.1.92. Diatron
3.1.93. Guangzhou Wondfo Biotech Co. Ltd.
3.1.94. Sonic Healthcare Europe

3.2. Applications

3.3. Withdrawals – Suspended Members

3.1.8. BioMérieux S.A.
3.1.11. Dako A/S
3.1.46. Drew Scientific Co. Limited
3.1.37. PerkinElmer Life and Analytical Sciences
3.1.40. De Gruyter Publisher, Berlin/Boston/Beijing
3.1.59. Innotrac Diagnostics Oy
3.1.63. Care Srl
3.1.65. Phadia AB
3.1.67. AbD Serotec - MorphoSys UK Ltd T/A
3.1.72. Scipac Ltd
3.1.76. Labquality
3.1.79. Immunodiagnostic Systems
3.1.84. BG Medicine

3.4. Annual Dues

3.5. Guidelines and Rules

3.40. Other Business

4. Affiliated Members

4.1. Current Members

4.1.1. Asociación Española de Farmacéuticos Analístas (AEFA)
4.1.3. Regional Association for Clinical Laboratory Diagnosis, St. Petersburg
4.1.5. Sociedade Brasileira de Patologia Clinical / Medicina Laboratorial (SBPC/ML)
4.1.8. Palestinian Medical Technology Association (PMTA)
4.1.9. Philippine Council for Quality Assurance in Clinical Laboratories (PCQACL)
4.1.10. Association of Clinical Chemistry and Laboratory Medicine of Ukraine (ACCLMU)
4.1.11. Association of Medical Biochemists of India (AMBI)
4.1.12. Federación Nacional de Químicos Clínicos (CONAQUIC A.C.)

4.2. Applications

4.3 Withdrawals - Suspended Members

4.1.6. Eritrean Medical Laboratory Association
4.1.7. Romanian Association of Medical Laboratories (ALMR) * merged with Full Member

4.4. Annual Dues

4.40. Other Business

5. Organizations (Regional) Affiliated with IFCC

5.1. Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)

5.2. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

5.4. European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

5.5. Arab Federation of Clinical Biology (AFCB)

5.6. African Federation of Clinical Chemistry (AFCC)

5.7. North American Federation of Clinical Chemistry (NAFCC)

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)

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
7.2.23. 2017 - Durban
7.2.24. 2020 - Seoul

7.3. Regional Congresses of Clinical Chemistry and Laboratory Medicine

7.3.1. Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)

7. 1995 - Bangkok
8. 1998 - Kuala Lumpur
9. 2001 - New Delhi
10. 2004 - Perth
11. 2007 - Beijing
12. 2010 - Seoul
13. 2013 - Bali
14. 2016 - Taipei
15. 2019 - Jaipur

7.3.2. European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

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
21. 2015 - Paris
22. 2017 - Athens

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
20. 2011 - Punta Cana
21. 2013 - Lima
22. 2015 - Quito
23. 2017 - Punta del Este

7.3.6. Arab Federation of Clinical Biology (AFCB)

9. 2000 - Rabat
10. 2004 - Monastir
11. 2006 - Damascus
12. 2009 - Beirut
13. 2012 - Marrakech
14. 2015 - Khartoum

7.3.7. African Federation of Clinical Chemistry (AFCC)

1. 2009 - Ibadan
2. 2011 - Nairobi
3. 2013 - Cape Town
4. 2015 - Harare

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 - Biochemical Markers for Myocardial damage: Current Status and Future Trends
8. 2001 - Biochemical Markers for Autoimmune Diseases: Current Status and Future Trends
9. 2003 - Nucleic Acid Markers for Bacterial and Viral Infections in Intensive Care and Immunocompromised Patients
10. 2005 - Diabetes Mellitus & Cardiovascular Disease
11. 2008 - Markers of Kidney Disease
12. 2010 - Novel biomarkers: From Discovery to Clinical Application
13. 2012 - Vitamin D in Health and Disease
14. 2014 - Women's Health

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 Pharmocogenetics

7.4.5 Beckman Coulter Proteins

1. 2001 - Prague
2. 2003 - Barcelona

7.4.6. Ortho Clinical Diagnostics Conference

1. 2008 - Birmingham - Biochemical markers in clinical cardiology: perspectives from present to future
2. 2011 - Paris - Pregnancy-related disorders

7.4.7. Siemens Conference

1. 2014 - Toronto - Biomarkers in Neuropsychiatric Disorders

7.4.8. Roche Conference

1. 2014 - Rome - Biomarkers in Alzheimer Disease

7.5. Congress Guidelines

7.8. Congresses with IFCC Auspices

7.9. IFCC General Conference

7.20. Membership

7.30. Budget

7.40. Other Business

8. Scientific Division

8.1. Scientific Division Executive Committee

8.1.1. Mission Statement
8.1.2. Strategy
8.1.3. Projects
8.1.4. Terms of Reference

8.2. Committees

8.2.6. Nomenclature, Properties and Units (C-NPU)
8.2.11. Molecular Diagnostics (C-MD)
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)
8.2.25. Standardization of Thyroid Function Tests (C-STFT)

8.3. Working Groups

8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)
8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)
8.3.39. Standardisation of Albumin Assay in Urine (WG-SAU)
8.3.40. Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPPA)
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)
8.3.45. Harmonisation of Autoantibody Tests (WG-HAT)
8.3.47. Clinical Quantitaty Mass Spectronomy Proteomics (WG-cMSP)

8.3.48. Serum Parathyroid Hormone (WG-PTH)
8.3.49. CSF Protein (WG-CSF)
8.3.50. Standardisation of Bone Markers Assays (WG-BMA)
8.3.51. Commutability (WG-C)
8.3.52. Serum Total Protein (WG-STP)

8.4. WHO collaboration

8.5. General Rules of Procedure

8.6. Documents

8.8. Project Proposals

8.9. Position Paper

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 (JCGM VIM-GUM)

8.15. SD Aspects of IFCC Specialised Conferences

8.16. AACC Harmonisation Project

8.19. Meetings

8.20. Membership

8.25 .Agenda/Minutes

8.26. Activity and Annual Report

8.30. Budget

8.31. Contingency Fund

8.40. Other Business

9. Education and Management Division

9.1. Education and Management Division Executive
9.1.1. Mission Statement
9.1.2. Strategy
9.1.3. Projects
9.1.4. Terms of Reference

9.2. Committees
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)
9.2.9. Clinical Laboratory Management (C-CLM)
9.2.10. Distance learning (C-DL)

9.3. Working Groups
9.3.8. Laboratory Errors and Patient Safety (WG-LEPS)
9.3.9. Cancer Genomics (WG-CG)
9.3.10. Harmonisation of Interpretative Comments EQA (WG-ICQA)

9.4. Special Projects

9.4.1. Visiting Lecture Program (VLP)
9.4.2. Flow Cytometry (WG-FC)
9.4.3. Developing Quality Competence in Medical Laboratories (DQCML)
9.4.4. Mentoring Programme for Developing Countries (MENT)

9.5. General Rules of Procedure

9.6. Documents

9.8. Project Proposals

9.19. Meetings

9.20. Membership

9.25 Agenda/Minutes

9.26. Activity and Annual Reports

9.30. Budget

9.40. Other Business

10. Communications and Publications Division

10.1. Communications and Publications Division Executive

10.1.1. Mission Statement
10.1.2. Strategy
10.1.4. Terms of Reference

10.2. Committees

10.2.1. Public Relation (C-PR)
10.2.2. Internet and e-Learning (C-IeL)

10.3. Working Groups

10.3.1. Electronic Journal of IFCC (WG-eJIFCC)
10.3.2. IFCC e-News (WG-IFCC News)
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
10.5.2. Individual Responsibilities for Preparation of an IFCC Document
10.5.3. Instructions to authors to eJIFCC

10.6. Publications

10.6.1. Preparation of Documents of Committees and 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 Publications
10.6.20. Other publications

10.7. Web Site

10.7.1. Organisational matters
10.7.2. Bookstore
10.7.3. eBanners
10.7.4. Databases
10.7.5. Distance Learning Programs

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
10.9.5. Miscellaneous PR Projects

10.10. Corporate Member Activities

10.19. Meetings

10.20. Membership

10.25. Agenda/Minutes

10.26. Activity and Annual Report
10.26.1. Report of the Chair
10.26.2. Report of the Vice Chair
10.26.3. Report of the Secretary

10.30. Budget

10.40. Other Business

11. Awards

11.1. Awards Committee
11.1.1. 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)
15. 2011 UH Stenman (FI)
16. 2014 MJ McQueen (CA)

11.1.2. 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)
11. 2011 C Burtis (US)
12. 2014 R Dufour (US)

11.1.3. IFCC Award for Distinguished Contributions in Education

1. 1999 L Thomas (DE)
2. 2002 JB Henry (US)
3. 2005 WJ Marshall (UK)
4. 2008 NW Tietz (US)
5. 2011 M Burritt (US)
6. 2014 CA Burtis (US)

11.1.4. 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)
8. 2010 G Tsongalis (US)
9. 2011 M Neumaier (DE)
10. 2014 F Barany (US)

11.1.5. Distinguished Award for Laboratory Medicine and Patient Care

1. 2008 CWK Lam (HK)
2. 2011 RAJ Wanders (NL)
3. 2014 M Plebani (IT)

11.1.6. IFCC Robert Schaffer Award for Outstanding Achievements in the Development of Standards for Use in Laboratory Medicine

1. 2008 L Siekmann (DE)
2. 2011 L Thienpont (BE)
3. 2014 WG Miller (US)

11.1.7. IFCC Young Investigator Award
1. 2011 R Chiu (HK)
2. 2014 G Baird (US)

11.1.8. IFCC Distinguished Award for Contributions to Cardiovascular Diagnostics

12. Proposal for new Projects

12.1. Mechanism for proposing new Projects

13. Special Projects and Task Forces

13.1. Task Forces

13.1.1. Task Force on Ethics (TF-E)
13.1.2. Task Force on Paediatric Laboratory Medicine (TF-PLM)
13.1.3. Task Force on Pharmacogenetics (Integrated Project) (TF-PG)
13.1.4. Task Force on Chronic Kidney Disease (Integrated Project) (TF-CKD)
13.1.6. Task Force for Young Scientists (TF-YS)
13.1.7. Task Force on Clinical Application of Cardiac Biomarkers (TF-CB)
13.1.8. Task Force on Point of Care Testing (TF-POCT)
13.1.11. Task Force on Proficiency Testing (TF-PT)
13.1.14. Task Force on "IFCC-CLMA" Project on Leadership (TF IFCC-CLMA)

13.2. IFCC Professional Exchange Programmes (PEP)

13.2.1. Professional Scientific Exchange Programme (PSEP)
13.2.2. Professional Management Exchange Programme (PMEP)

13.3. IFCC Travel Scholarships

14. IFCC Statutes and Rules

14.1. Statutes

14.2. Rules

15. IFCC Finances

15.1. Organization of Finances

15.2. Budget

15.3. Income and Expenditure

15.3.1. Income
15.3.2. Expenditure

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

2. Copenhagen, 1984
3. Monza, 1988
4. Pont-a-Mousson, 1992
5. Leipzig, 1995
6. Seville, 1998
7. Dubrovnik, 2001
8. Tunis-Sousse, 2004
9. Antalya, 2008
10. Corfu, 2010
12. Kuala Lumpur, 2012
13. Madrid, 2016

19.80.00. EB Meetings & International Relationships

19.80.01. President's International Relationships

20. Inter-EB Correspondence

Chapter 17
IFCC Publications 2012-2014

IFCC Executive Board (EB)

Lopez JB, Badrick T. “Proposals for the mitigation of the environmental impact of clinical laboratories”. Clin Chem Lab Med 2012; 50(9): 1559-64.

Anonychuk A, Beastall G, Shorter S, Kloss-Wolff R, Neumann P. “A framework for assessing the value of laboratory diagnostics”. Health Care Manage Forum 2012; 25: S4-11.

Beastall GH. “Adding value to laboratory medicine: a professional responsibility”. Clin Chem Lab Med 2013; Vol. 51(1): 221-8.

Beastall GH. “The central role of laboratory medicine in healthcare: present and future”. Chin J Clin Lab Mgt 2014; Vol. 1(1): 1-8.

Beastall GH. “Harmonisation of specialist training and continuing professional development in laboratory medicine: a long but necessary journey”. Clin Chem Lab Med 2015; 53(1): 1-3. *Electronic publication* 2014 Oct 13.

IFCC Scientific Division (SD)

IFCC Scientific Division Executive

Gillery P, Young IS. “Progress towards standardization: an IFCC Scientific Division Perspective”. Clin Chem Lab Med 2013; 51(5): 915-8.

IFCC and IUPAC Joint Committee for Nomenclature, Properties and Unit (C-NPU)

Magdal U, Dybkaer R, Olesen H. “Properties and units in the clinical laboratory sciences, Part XXIII. The NPU terminology, principles and implementation - a user’s guide”. Clin Chem Lab Med 2012; 50(1): 35-50.

Férard G, Dybkaer R. “Recommendations for clinical laboratory science reports regarding properties, units, and symbols: the NPU format”. Clin Chem Lab Med 2013; May; 51(5); 959-66.

IFCC Committee on Traceability in Laboratory Medicine (C-TLM)

Siekmann L. “Metrological traceability – a concept for standardization in laboratory medicine”. Clin Chem Lab Med 2013 51(5): 953-7.

Kessler A, Siekmann L, Weykamp C, Geilenkeuser WJ, Dreazen O, Middle J, Schumann G. “External Quality Assessment Scheme for reference laboratories - review of 8 years’ experience”. Clin Chem Lab Med 2013; 51(5), 997-1005.

IFCC Committee on Reference Intervals and Decision Limits (C-RIDL)

Ichihara K, Ozarda Y, Klee G, Straseski J, Baumann N, Ishikura K. “Utility of a panel of sera for the alignment of test results in the worldwide multicenter study on reference values”. Clin Chem Lab Med 2013; 51(5), 1007-25.

Ozarda Y, Ichihara K, Barth Jh, Klee G. “Protocol and standard operating procedures for common use in the worldwide multicentre study on reference values”. Clin Chem Lab Med 2013; 51(5): 1027-40.

IFCC Committee for Standardisation of Thyroid Function Tests (C-STFT)

Van Houcke SK, Thienpont LM. “Good samples make good assays – the problem of sourcing clinical samples for a standardization project”. Clin Chem Lab Med 2013; 51(5): 967-72.

Thienpont LM, Van Uytfanghe K, Van Houcke S, Das B, Faix JD, MacKenzie F, Quinn FA, Rottmann M, Van den Bruel A. “A Progress Report of the IFCC Committee for Standardisation of Thyroid Function Tests”. Eur Thyroid J 2014; 3(2), 109-16.

IFCC Working Group on Standardisation of HbA_2 (WG-HbA2)

Mosca A, Paleari R, Wild B. “Analytical goals for the determination of HbA_2”.Clin Chem Lab Med 2013; 51(5), 937-41.

IFCC Working Group on Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)

Weykamp C, Wielders J, Helander A, Anton RF, Bianchi V, Jeppsson JO, Siebelder C, Whitfield JB, Schellenberg F. “Harmonization of measurement results of the alcohol biomarker carbohydrate-deficient transferrin by use of the toolbox of technical procedures of the International Consortium for Harmonization of Clinical Laboratory Results”. Clin Chem 2014; 60(7): 945-53.

Weykamp C, Wielders JP, Helander A, Anton RF, Bianchi V, Jeppsson JO, Siebelder C, Whitfield JB, Schellenberg F. “Toward standardization of carbohydrate-deficient transferrin (CDT) measurements: III. Performance of native serum and serum spiked with disialotransferrin proves that harmonization of CDT assays is possible”. Clin Chem Lab Med 2013; Vol. 51(5): 991-6.

National Kidney Disease Education Program – IFCC Working Group on Standardisation of Albumin in Urine (WG-SAU)

Lieske JC, Bondar O, Miller WG, Bachmann LM, Narva AS, Itoh Y, Zegers I, Schimmel H, Phinney K, Bunk DM. “A reference system for urinary albumin: current status”. Clin Chem Lab Med 2013; 51 (5): 981-9.

IFCC Working Group on Standardisation of Troponin I (WG-TNI)

Barth JH, Panteghini M, Bunk DM, Christenson RH, Katrukha A, Schimmel H, Wang L, Tate JR. “Recommendation to harmonise the units for reporting cardiac troponin results”. Clin Chim Acta 2014; 432: 166.

Christenson RH, Bunk DM, Schimmel H, Tate JR. “Point: Put simply, standardization of cardiac troponin I is complicated”. Clin Chem 2012; 58(1): 165-8.

IFCC Working Group on Allowable Error for Traceable Results (WG-AETR)

Bais R, Armbruster D, Jansen RT, Klee G, Panteghini M, Passarelli J, Sikaris KA. "Defining acceptable limits for the metrological traceability of specific measurands". Clin Chem Lab Med 2013, 51(5): 973-80.

IFCC Working Group on Clinical Quantitative Mass Spectrometry Proteomics (WG-cMSP)

Lehmann S, Hoofnagle A, Hochstrasser D, Brede C, Glueckmann M, Cocho JA, Ceglarek U, Lenz C, Vialaret J, Scherl A, Hirtz C. "Quantitative Clinical Chemistry Proteomics (qCCP) using mass spectrometry: general characteristics and application". Clin Chem Lab Med 2013; Vol. 51(5): 919-35.

IFCC Working Group on CSF proteins (WG-CSF)

Leinenbach A, Pannee J, Dülffer T, Huber A, Bittner T, Andreasson U, Gobom J, Zetterberg H, Kobold U, Portelius E, Blennow K. "Mass spectrometry-based candidate reference measurement procedure for quantification of amyloid-β in cerebrospinal fluid". Clin Chem 2014; 60(7): 987-94.

IFCC-IOF Joint Working Group on Standardisation of Biochemical Markers of Bone Turnover

Johansson H, Odén A, Kanis JA, McCloskey EV, Morris HA, Cooper C, Vasikaran S. "A meta-analysis of reference markers of bone turnover for prediction of fracture". Calcif Tissue Int 2014; 94(5): 560-7.

Education and Management Division (EMD)

IFCC Committee on Clinical Molecular Biology Curriculum (C-CMBC)

Lianidou E, Ahmad-Nejad P, Ferreira-Gonzalez A, Izuhara K, Cremonesi L, Schroeder ME, Richter K, Ferrari M, Neumaier M. "Advancing the education in molecular diagnostics: the IFCC-Initiative *Clinical Molecular Biology Curriculum (C-CMBC); a ten-year experience". Clin Chim Acta 2014; 436: 5-8.

Communications and Publications Division (CPD)

IFCC Committee on Internet and e-Learning (C IeL)

Vervaart P. "The role of the IFCC in supporting e-learning through the Internet". Clin Biochem 2014; 47(9): 761-2.

IFCC Task Forces

IFCC Task Force on Ethics (TF-E)

Bruns DE, Burtis CA, Gronowski AM, McQueen MJ, Newman A, Jonsson JJ. "Variability of Ethics Education in Laboratory Medicine Training Programs: Results of an International Survey". Clin Chim Acta 2015; 442: 115-8. *Date of Electronic Publication:* 2014 Nov 28.

IFCC Task Force on Paediatric Laboratory Medicine (TF-PLM)

"Proceedings of the XIIIth International Congress of Pediatric Laboratory Medicine". Clin Biochem 2014; 47(9): 691-785.

IFCC Task Force on Implementation of HbA1c Standardisation (TF-HbA1c)

Hanas R, John WG. "2013 update on the worldwide standardization of the Hemoglobin A1c measurement". Clin Chem Lab Med 2013; 51(5): 1041-2.

Sacks DB, John WG. **"**Outlines the relationship between IFCC standardization and NGSP harmonisation". [JAMA] 2014 Jun 11; Vol. 311(22): pp.2271-2.

IFCC Task Force on Clinical Applications of Cardiac Bio-Markers (TF-CB)

Apple FS, Collinson PO. "Analytical characteristics of high-sensitivity cardiac troponin assays". Clin Chem 2012; 58(1): 54-61.

Apple FS, Jaffe AS, Collinson P, Mockel M, Ordonez-Llanos J, Lindahl B, Hollander J, Plebani M, Than M, Chan MH. "IFCC educational materials on selected analytical and clinical applications of high sensitivity cardiac troponin assays". Clin Biochem 2015; 48: in press. *Date of Electronic Publication:* 2014 Sep 7.

IFCC Task Force on Impact of Laboratory Medicine on Clinical Management and Outcomes (TF-ICO)

Hallworth MJ, Epner PL, Ebert C, Fantz CR, Faye SA, Higgins TF et al. "Current Evidence and Future Perspectives on the Effective Practice of Patient-Centered Laboratory Medicine". Clin Chem 2015; 61; in press. *Date of electronic publication* 2015 Feb 2.

IFCC Task Force on Point of Care Testing (TF-POCT)

Tirimacco, R, Kuomantakis G, Erasmus R, Mosca A, Sandberg S, Watson ID, Goldsmith B, Gillery P. "Glucose meters – fit for clinical purpose". Clin Chem Lab Med 2013; 51(5): 943-52.

The full list of IFCC publications is published on the IFCC website at page:
http://www.ifcc.org/ifcc-communications-publications-division-(cpd)/ifcc-publications/

Chapter 18
IFCC Foundation for Emerging Nations

18. IFCC Foundation for Emerging Nations

The IFCC Foundation for Emerging Nations (Foundation) will be launched in 2015. The Foundation is a non-profit making charity established under Swiss Law.

The purpose of the Foundation is to:
- Raise funds to support to support programmes that help to improve the quality and delivery of laboratory medicine services, especially in emerging nations
- Solicit and assess project proposals for Foundation support from IFCC Members
- Recommend projects worthy of Foundation support to the IFCC Executive Board

The Foundation has its own Board of Trustees and will operate at arm's length from IFCC. The Foundation will publish an annual report and audited annual accounts. The first Chair of the Foundation Board of Trustees is Dr Graham Beastall, IFCC Past President.

Further details of the Foundation may be obtained from: www.ifccfoundation.org

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