Chapter 13
Special Projects
13.1. Professional Scientific Exchange Programme (PSEP)  
(IFCC Number 13.5)

The purpose of the PSEP programme is to:

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

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

For complete details of this programme and how to apply for participation, please visit the IFCC website at www.ifcc.org and go to the "services" tab.

13.2. Task Force on Ethics (IFCC Number 13.7)

Membership

<table>
<thead>
<tr>
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<th>Position</th>
<th>Country</th>
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<tbody>
<tr>
<td>D. Bruns</td>
<td>Chair</td>
<td>US</td>
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</tr>
<tr>
<td>C. Burtis</td>
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<tr>
<td>J.J. Jonsson</td>
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<td>M.J. McQueen</td>
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<td>2009 01 - 2011-12</td>
</tr>
<tr>
<td>A. Newman</td>
<td>Member</td>
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<td>1st</td>
<td>2009 01 - 2011-12</td>
</tr>
</tbody>
</table>

Aims

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

Objectives

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

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

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

### Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>K. Kohse</td>
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<tr>
<td>V. L. Grey</td>
<td>Vice-Chair</td>
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<td>2009 01 - 2011 12</td>
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<tr>
<td>P.M. Jones</td>
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<td>2nd</td>
<td>2009 01 - 2011 12</td>
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<tr>
<td>M. Metz</td>
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<tr>
<td>S. Sethi</td>
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</tbody>
</table>

### Purpose

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

- Coordinate activities worldwide directed towards the establishment of reference intervals for laboratory test results in 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 Paediatric Medicine.

### Why Paediatric laboratory medicine?

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

The subject of the Task Force is obviously relevant to large numbers of people - a substantial proportion of our patients are children. Especially in paediatric patients, the role of the laboratory is crucial for diagnosis and follow-up, e.g., in metabolic disorders or genetically determined diseases.

### Activities of the Task Force will include:

- Coordination, promotion and development of existing IFCC SD research activities associated with reference intervals. Existing regional groups within IFCC, e.g., the Nordic States (Denmark, Sweden, Norway, Finland, and Iceland) are currently engaged in the development of 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.
- Establishment of a concept for the next International Congress of Pediatric Medicine, to be held in 2011. As the preferred setting, the Congress will generally be held in conjunction with an IFCC meeting or a meeting taking place under the auspices of IFCC.
- Regularly publish reports on the progress of the Task Force's activities and other relevant articles in the field of Pediatric Laboratory Medicine in the IFCC Journal.
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13.4. Task Force on Pharmacogenetics (TF-PG) (IFCC Number 13.10.01)

Membership

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<td>1st</td>
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<td>M. Pirmohamed</td>
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<td>1st</td>
<td>2008 01 - 2010 12</td>
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</tbody>
</table>

Aims

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

Objectives

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

Delivery

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

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

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

Membership

<table>
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<tr>
<td>G. Jones</td>
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<td>AU</td>
<td>1st</td>
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<tr>
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<tr>
<td>J Delanghe</td>
<td>Member</td>
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<tr>
<td>E. Lamb</td>
<td>Member</td>
<td>UK</td>
<td>1st</td>
<td>2008 01 - 2010 12</td>
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<tr>
<td>A. Narva</td>
<td>Member</td>
<td>US</td>
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<tr>
<td>M. Panteghini</td>
<td>Member</td>
<td>IT</td>
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<tr>
<td>D. Seccombe</td>
<td>Member</td>
<td>CA</td>
<td>1st</td>
<td>2008 01 - 2010 12</td>
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Aims

To promote, support and co-ordinate international activities related to laboratory testing in Chronic Kidney Disease (CKD).
Objectives
1. Obtain information on the current state of co-ordinated national and international activity in the area of pathology testing in CKD.
2. Assess current best practice in CKD-related testing.
3. Assess best practice for implementation of best practice for CKD-related testing.
4. Provide assistance where required for member organizations and others in planning and implementing CKD testing policies and guidelines.
5. Identify other relevant areas of laboratory related issues in CKD.

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

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

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

Membership

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<tr>
<td>I. Watson</td>
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<td>UK</td>
<td>1st</td>
<td>2009 01 - 2011 12</td>
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<tr>
<td>H. Morris</td>
<td>Member</td>
<td>AU</td>
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<td>2009 01 - 2011 12</td>
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<tr>
<td>R. Sierra-Amor</td>
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<tr>
<td>D. Young</td>
<td>Member</td>
<td>US</td>
<td>1st</td>
<td>2009 01 - 2011 12</td>
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Aims

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

Objectives

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

Delivery

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

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

Accountability

The Task Force is directly responsible to the EB through the President.
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13.7 IFCC Task Force for Young Scientists (TF-YS) (IFCC Number 13.10.05)

Membership

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<thead>
<tr>
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<th>Position</th>
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</thead>
<tbody>
<tr>
<td>D. Gruson</td>
<td>Chair</td>
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<td>1st</td>
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<tr>
<td>G Ko</td>
<td>Member</td>
<td>FR</td>
<td>1st</td>
<td>2010 01 - 2012 12</td>
</tr>
<tr>
<td>C. McCullum</td>
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<td>1st</td>
<td>2010 01 - 2012 12</td>
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<tr>
<td>E. Rusanova</td>
<td>Member</td>
<td>RU</td>
<td>1st</td>
<td>2010 01 - 2012 12</td>
</tr>
<tr>
<td>J Wijaya</td>
<td>Member</td>
<td>ID</td>
<td>1st</td>
<td>2010 01 - 2012 12</td>
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Aim

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

Objectives

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

To make young scientists aware of the existence and role of IFCC and to encourage their participation in IFCC activities

To assure the future of IFCC through the identification of young scientists who may develop into future experts capable of leading IFCC Divisions, Committees and Working Groups and becoming IFCC Officers

**Delivery**

- For the purposes of definition a young scientist is a medical or science graduate working or training in laboratory medicine. He/she will normally be aged less than 35y at the time of appointment to work with TF-YS. The term of office of any young scientist involved with TF-YS is three years with renewal for a maximum of one further three year term of office.

- TF-YS will comprise a Chair and a maximum of four other core members. Core membership of TF-YS will ensure geographical representation and linkage to national societies that have experience of working with young scientists. TF-YS will also have an extensive number of corresponding members. All IFCC Full Members and Corporate Members will be invited to nominate young scientists to serve as core or corresponding members of TF-YS. Membership of TF-YS will be confirmed by the IFCC Executive Board on the recommendation of the TF-YS Chair.

- TF-YS will communicate mainly through modern electronic and social networking media. Communication will include all core and corresponding members of TF-YS and may develop into other networks as agreed by TF-YS.

- Core members of TF-YS will be invited to attend one Task Force meeting each year with expenses paid for by IFCC. Any corresponding member of TF-YS will be able to attend this annual meeting although IFCC is unable to provide travel or accommodation costs for corresponding members.

- TF-YS may organise regular workshops for young scientists within the framework of existing IFCC international or regional meetings. With the permission from the organisers TF-YS may also hold occasional workshops within national society or specialist society meetings. No expenses will be paid by IFCC for attendance at these workshops.

- TF-YS will be able to communicate with and request support from other IFCC functional units.

**Accountability**

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