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REPORT FROM THE IFCC COUNCIL MEETING

Graham Beastall: President

Graham Beastall
Introduction:
The Council is the overall governing body of IFCC. It meets once every three years, usually in association with the IFCC WorldLab congress. Accordingly, the 2011 IFCC Council meeting was held on Sunday 15 May in Berlin. Approximately 100 people, including 57 representatives from IFCC Full Member National Societies who were empowered to vote, attended the Council meeting.

Presentations:
The first part of the Council meeting was chaired by Paivi Laitinen (Honorary Secretary) and comprised reports from:

- Graham Beastall, President
- Chris Lam, Vice President
- Ghassan Shannan, Treasurer
- Joseph Passarelli, Corporate Member representative
- Ian Young, Chair of Scientific Division
- Janet Smith, Chair of Education & Management Division
- Ellis Jacobs, Chair of Communications and Publications Division

Copies of all these reports are available from the Executive Board section of the IFCC website www.ifcc.org

Election of Executive Board for 2012–2014:
Professor Jocelyn Hicks (Past President) conducted the election of the next Executive Board. The following individuals were elected to serve from 1 January 2012 until 31 December 2014:

- President: Graham Beastall, UK
- Vice President: Howard Morris, AU
- Secretary: Sergio Bernardini, IT
- Treasurer: Bernard Gouget, FR
- Member: Ulisses Tuma, BR
- Member: Vanessa Steenkamp, ZA
- Member: Larry Kricka, US

In addition Jocelyn Hicks (US) will continue as Past President for the duration of the next Executive Board. A photo montage of the new Executive Board is shown. The new Executive Board includes four new faces. Short biographies of each of these newly appointed individuals are included.
Howard Morris

Professor Howard Morris is Professor of Medical Science at the University of South Australia and a Chief Medical Scientist in Chemical Pathology at SA Pathology, Adelaide Australia. He leads a research group investigating the pathophysiology of metabolic bone disease and the effects of hormones including vitamin D funded by the National Health and Medical Research Council and Australian Research Council, the major competitive funding bodies in Australia. His latest work has identified the basis for vitamin D requirement to reduce the risk of fractures amongst the elderly. He was invited to present the Louis Avioli Memorial Lecture at the 2009 Annual Scientific Meeting of the American Society for Bone and Mineral Research on this topic. He is also
Deputy Chair of a South Australian Department of Health Working Party on Osteoporosis and Fracture Prevention. He had 18 years experience working in diagnostic clinical biochemistry in the field of immunoassay and endocrinology and continues an active professional life in laboratory medicine. Between 2002 and 2008 he was the Secretary of the Scientific Division of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and a member of the IFCC Task Force on the Global Campaign on Diabetes Mellitus. He currently is a member of the IFCC Task Force on International Clinical Liaison. Between 2003 and 2009 he was the Director of the Hanson Institute in Adelaide, South Australia.


Newly Elected Secretary of IFCC
Professor Sergio Bernardini, Italy

Sergio Bernardini

Professor Sergio Bernardini MD, PhD, currently 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 specialized in Paediatrics (1990) and in Clinical Chemistry and Biochemistry (1998).

He act 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 the Italian Society of Clinical Biochemistry (SiBioC), where he form part of the committee of Clinical Molecular Biology, as well as the Italian Society of Biochemistry (SIB) and the Italian Society of Allergology and Immunology (SIAIC). His international activities include membership of the Editorial Advisory Board of The Encyclopedia of Life Sciences.

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.

The 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. 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 21 years old, and a daughter Marta aged 19. His personal interests include football, theatre and travelling.

Newly Elected Member of IFCC Executive Board
Prof Vanessa Steenkamp, South Africa

Vanessa Steenkamp

Vanessa obtained her MSc *cum laude* in Biochemistry at the University of Pretoria while employed as a Junior Lecturer. She took up at position at the South African Institute for Medical Research, now the National Health Laboratory Services in the Department of Endocrinology. 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 was transferred to the Department of Pharmacology as head of the Phytopharmacology Unit. Vanessa’s research interest focuses on traditional herbal remedies and their effect on patients, as well as the development of methods for the detection of these active compounds in biological fluids. She is also involved in pre-clinical testing of traditional herbal remedies which includes the isolation of active compounds and development of new drugs. Vanessa is the author and co-author of >60 scientific papers. She has received a number of awards for her research both nationally and internationally, amongst which is the prestigious Friedel Sellschop award, formerly known as the University of the Witwatersrand Young Researcher in 2001 and Exceptional Young Researcher of the University of Pretoria in
2006, two of the leading academic institutions in the country. In 2007 she received two international awards in her recognition to research as a young scientist; from the International Association of Therapeutic Drug Monitoring and Clinical Toxicology and the American Association of Clinical Chemistry. Currently she is supervising 15 postgraduate students.

She is the President of the African Federation of Clinical Chemistry, Vice-President of the Toxicology Society of South Africa, Secretary-General of the South African Association of Basic and Clinical Pharmacology, Treasurer of the Federation of the South African Society of Pathologists and Past President of the South African Association of Clinical Biochemistry. She serves as reviewer for 18 international peer-reviewed journals and is on the editorial board of 4 journals. She has 149 conference contributions and has been the invited speaker on 16 occasions.

Vanessa is the mother of four boys; triplets Brendon, Dylan, Lance (10) and Jacques, 14. Both herself and husband, Johan are very involved with coaching of children in school sports. She is the manager of a provincial chess team (under 16). She thoroughly enjoys gardening and nature and spends her free time reading.

Newly Elected Member of IFCC Executive Board

Professor Larry J. Kricka, United States of America

Larry Kricka

Larry J. Kricka D. Phil., F.A.C.B., C.Sci., C.Chem., F.R.S.C., F.R.C.Path., is Professor of Pathology and Laboratory Medicine at the University of Pennsylvania and Director of the General Chemistry Laboratory and Director of the Critical Care Laboratory at the University of Pennsylvania Medical Center.

Awards and honors include:– the Society of Analytical Chemistry Silver Medal (Royal Society of Chemistry) (1981), British Technology Group Academic Enterprise Competition Award (1985), Prince of Wales Award for Innovation and Production (1989), Queens Award for Technological Achievement (1990), Rank Prize for Opto–Electronics (1991), the AACC Award for Outstanding Contributions to Clinical Chemistry in a Selected Area of Research (1998), and the Ullman Award (2006). In 2002 Dr Kricka was the Distinguished Visiting Scholar at Christ's College, Cambridge, England.

Research interests include analytical applications of bioluminescence and chemiluminescence, DNA probe assays, analytical microchips for genetic and other types of testing, analytical applications of nanotechnology, analytical interferences.
caused by heterophile antibodies and direct to consumer testing. Dr Kricka holds over 30 U.S. patents; and is the author/co-author of over 500 articles, abstracts, book chapters, and papers; and 22 books.

He is Editor-in-chief of Luminescence, a member of the editorial board of Clinical Chemistry, Lab-on-a-chip, and Analytical Biochemistry, and past Editor of the Journal of Immunoassay. He was President of the American Association for Clinical Chemistry in 2001 and is currently President of the International Society for Bioluminescence and Chemiluminescence and will be a member of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Executive Board beginning in 2012.

**Changes to the Governance:**
Under the chairmanship of the President the Council considered and voted on a number of proposals for changing the governance and operation of IFCC. Council approved:

1. **President Elect:**
   At the next Council elections in 2014 the post of Vice President will be discontinued. The President Elect will replace it.

2. **Terms of Office for President Elect and Past President:**
   With effect from January 2015 the term of office of the Past President will be reduced from three years to two years. The President Elect will be elected at a time that enables him/her to take over from the Past President and serve for the final year of an Executive Board, before submitting himself/herself for election as the next President.

3. **Electronic Voting:**
   The next Council elections for the Executive Board that will commence in 2015 will be conducted by an electronic ballot of Full Members rather than by personal vote at the Council meeting.

The IFCC Rules and Statutes will require amendment to permit these changes in governance. That will be a task for the next Executive Board.

**Membership Subscription:**
The Council noted that the membership subscription had remained unchanged for 12 years. It then agreed to an increase in the baseline membership subscription from 6.0 to 6.5 Swiss Francs per member of the National Society. This revised membership subscription will apply from 2012 and last for at least three years. In order to soften the financial burden a little the Council also agreed to a modest differential according
to the wealth of the country as defined by the World Bank. Therefore, the membership subscription that will apply will be:

- 6.5 Swiss Francs per member in High Income countries
- 6.0 Swiss Francs per member in Upper Middle Income countries
- 5.5 Swiss Francs per member in Lower Middle Income countries
- 4.0 Swiss Francs per member in Low Income countries

IFCC WorldLab 2017:
The President announced that the Executive Board, on the advice of the Committee for Congresses and Conferences, had selected Durban in South Africa as the host city for IFCC WorldLab 2017.

THE IFCC OFFICE

The IFCC Office is based in Milan and it is responsible for carrying out, under the direction of the EB and in conjunction with Division and Committee members, all the administrative and communication activities of the Federation. The IFCC Office reports to the EB through the Secretary.

The IFCC Office is responsible for the efficient administration of IFCC affairs and maintains the Archives of the organization. The IFCC Office is responsible for day to day financial operations, for all contacts with Member societies and it also assists the regional organizations with which the IFCC has agreements. The IFCC Office is staffed by two full-time and one part-time paid employees.

Paola Bramati, in IFCC since 2005, is responsible for the contacts with the Executive Board Members. She is in charge for the activities related to the IFCC membership (Full Members, Affiliates and Corporate), as well as the Scientific Division, Task Forces and Administrative duties linked to IFCC Finances.

Paola’s background is connected to communication, tourism and marketing. Before joining IFCC, she has been working for more than 15 years in the airline business dealing with day to day passengers’ operations, sales, marketing and
pricing. Her education is related to foreign cultures and languages, as she had the chance to study abroad learning English, Spanish, French and German.

Silvia Cattaneo, in IFCC since February 2010, is in charge for the activities of the Congresses and Conferences Committee, as well as of the Education and Management Division. She is also the contact person inside the IFCC Office for the European Federation of Clinical Chemistry and Laboratory Medicine (EFCC). Silvia has a past as Congress Organizer. For more than two decades she collaborated with the Italian Society of Clinical Chemistry and Clinical Molecular Biology where she was responsible for the organization of the educational activities. Silvia has strong organizational skills and a great aptitude for analysing problems and developing solutions as well as creating logical working procedures.

Silvia C-L, in IFCC since January 2011, is in charge for the activities of the Communication and Publications Division as well as those related to IFCC special projects, such as Professional Exchange Programmes, Scholarships and Awards. Silvia C-L has been working in the communication industry for more than a decade and she is responsible for the office activities for two Italian scientific Associations. She is also responsible for the press desk and the communication activities for some Italian and international companies, managing the relations with the press and carrying on all the PR activities on their behalf.
NOMINATION OF THE EDITOR-IN-CHIEF OF THE IFCC eJOURNAL

Gabor Kovacs

Gabor L. Kovacs MD, PhD, DSc., Professor of laboratory medicine at the University of Pecs (Hungary) has been appointed as the new editor of the eJIFCC. Professor Kovacs is the Director of the Institute of Laboratory Medicine and Vice-Rector of research and innovation of the University of Pecs, the oldest Hungarian university founded in 1367. Between 2000 and 2007 he was member–at–large of the Executive Committee of the Forum of European Societies of Clinical Chemistry (FESCC). His research interests are related to early diagnostic markers in endocrinology and neuroendocrinology. He has published 431 original papers and in response, obtained more than 5000 citations. Since 2004 Dr. Kovács is a member of the Hungarian Academy of Sciences. Professor succeeds Professor Grazyna Sypniewska who has led the eJournal for the past 6 years. His tenure will start on January 1st 2012.

NEWS FROM REGIONAL FEDERATIONS AND NATIONAL ASSOCIATIONS

History of the Spanish Society of Clinical Biochemistry and Molecular Pathology

Contributed by Felip Antoja, Secretary of the Spanish Society of Clinical Biochemistry and Molecular Pathology, Member of the IFCC Newsletter Working Group

Felip Antoja

The Sociedad Española de Bioquímica Clínica y Patología Molecular (Spanish Society of Clinical Biochemistry and Molecular Pathology), first known as the Sociedad Española de Química Clínica, SEQC (Spanish Society of Clinical Chemistry), was founded in 1975 by Professor Enrique Concustell and counted 25 Founding Members. It is presently presided by Professor Francisco Alvarez.

The first scientific meeting was held in the first year, and the General Assembly of members created the first two committees: Education and Quality. The Commission of Units, Standards and Nomenclature rapidly followed in
1977 and a relationship with the IUPAC Committee of Clinical Chemistry was established in 1978. The same year the SEQC organized its First National Congress, that was followed by an International Symposium on Automation in Clinical Chemistry in 1979, that was the beginning of the future International Congress of Automation. The Scientific Committee that joined all the commissions and working groups, and the first Bulletin (Newsletter) were created the same year. In 1992 SEQC created the Publications Committee that publishes books and translations of NCCLS documents, in addition to the newsletter and the scientific journal.

The year 1980 saw the creation of the Quality Control Commission with the initial participation of 147 laboratories. This feat was however saddened by the untimely death of the Society’s President Professor Enrique Concustell, in car accident.

The 1980's reflected an intense scientific involvement of the SEQC. The 1st issue of Society’s Journal Quimica Clinica appeared in 1982. It was also the same year that the Society organized the First International Congress on Automation and New Technologies in Barcelona, that was followed by a 2nd in 1984. In 1986, it hosted the Third Mediterranean and Near East African Congress of Clinical Chemistry in Seville. At the local level, the SEQC has regularly organized courses on various topics and annual scientific “Jornadas” since 1987.

The scientific activities culminated in 1990 with the organization of the joint IX National Congress, the IV International Congress on Automation and New Technologies and the II International Congress of TDM–Tox in Barcelona with 1300 registered participants, 30 symposia, 4 plenary conferences, 22 workshops, 475 posters, 37 oral presentations, 1400 m² of commercial area and 35 exhibitors.

In 1993 the SEQC changed its name to the “Sociedad Española de Bioquímica Clínica y Patología Molecular” (Spanish Society of Clinical Biochemistry and Molecular Pathology) to reflect the scientific and professional development that had occurred in the last 20 years. The acronym SEQC is however still widely used as it is deeply rooted in the professional community.

The establishment of the Society’s website in 1997, that coincided with new phase of the annual Education program, is another hallmark of the SEQC history as it led, in 1992, to the creation of the IFCC Rincón Iberoamericano website that was hosted and maintained by the Society for many years.
The involvement of the SEQC in the development of the profession has never failed through the years. It did so by organizing or sponsoring National and International meetings such as the Congreso Nacional del Laboratorio Clínico and the 3rd International Symposium of the Federation of European Societies on Trace Elements and Minerals (FESTEM) in Santiago de Compostela in 2007, and the 22nd AACC International Symposium on Critical and Point-of-care testing. In terms of publication, the Society together with 2 other sister societies sponsor the new journal Revista del Laboratorio Clínico since 2008.

Nowadays, SEQC counts more than 2100 members, of which over 300 are involved in commissions, committees and working groups including those of IFCC and EFCC.

Society of Medical Biochemists of Serbia
SEMESTER ON EDUCATION OF MEDICAL BIOCHEMISTS TODAY
Contributed by Snežana Jovičić, Institute of Medical Biochemistry, Clinical Centre of Serbia, Belgrade, Serbia

The Society of Medical Biochemists of Serbia organizes every year educational seminars that are supervised by the Chamber of Biochemists and carry 6 CME credits. The 14th educational seminar entitled “Education of Medical Biochemists and Improvement of Work Quality” was held last April. The lectures were “Postgraduate Qualification in Pharmacy: Tempus PQPharm Project Goals and Harmonization with the EU”, by Prof. Dr Jelena Parojičić (Faculty of Pharmacy, University of Belgrade, Serbia), “The development of Standardization Business and Integrated Management System”, by Prof. Dr Vidosav Majstorović (Faculty of Mechanical Engineering, University of Belgrade, Serbia), “The Needs, Rules and Process of Continuing Medical Education” by Prof. Dr Svetlana Ignjatović (Faculty of Pharmacy, University of Belgrade, and Institute of Medical Biochemistry, Clinical Centre of Serbia, Serbia) and Dr Velibor Canić (Chamber of Biochemists of Serbia, Serbia). Prof. Dr Nada Majkić-Singh (Faculty of Pharmacy, University of Belgrade, and Institute of Medical Biochemistry, Clinical Centre of Serbia, Serbia) talked about “Education and Recognition of Professional Qualifications in the Field of Medical Biochemistry of Serbia”. In addition to these distinguished speakers from Serbia, we were honored and very pleased to have two lecturers from the EC4 Register Commission – Dr Simone Zerah and Ms. Janet McMurray.

The President of the EFCC Professional Committee and Chair of the EC4 Register Commission, Dr Simone Zerah, spoke on the EC4 Register for Specialists in Laboratory Medicine. She highlighted the structure and the perspective of the EC4 Register, described the aims of the Commission and stressed the importance of choosing the
right name for the profession and of the relations with the European Commission and Parliament. She also introduced the foundations of the Register – EC4 Syllabus (which is in accordance with ISO/EN/15189 Standard and the European Directive on the recognition of professional qualifications) and the Code of conduct (representing the ethical values required for professional behavior), and of the Self-Regulation Database of the European Economic and Social Committee’s Single Market Observatory (EESC/SMO). Dr. Zerah finally emphasized that the Register enables promotion of the profession of specialist in laboratory medicine in the E.U. and strengthens our influence at the European Commission and the Parliament.

EC4 Register Commission Secretary, Janet McMurray, elaborated about the implementation of the EU Directive on recognition of professional qualifications as applied to specialists in clinical chemistry and laboratory medicine. In her lecture, Ms. McMurray talked about systems for recognition of qualifications and Directive 2005/36/EC of the European Parliament on the recognition of professional qualifications, its effects on specialists in laboratory medicine, common platforms, education and training levels, as well as training contents in European countries, with the review of current status of common platforms and their future.

Prof. Dr Nada Majkić-Singh followed these excellent lectures by presenting the situation of the recognition of professional qualifications in the field of medical biochemistry in Serbia. In her talk, Prof. Majkić-Singh presented the syllabus of pharmacy-medical biochemistry of the University of Belgrade Faculty of Pharmacy, as well as the professional program of specialization and academic doctoral studies in medical biochemistry, the conditions and regulations for practice and for recognition of foreign higher education, together with equivalence of standard of education, training and competence in comparison with EC4 standards.

Overall this seminar painted a clear picture of the position of specialists in clinical chemistry and laboratory medicine in Europe today, of the current platform on training requirements. It also gave the opportunity to realize that Serbian laboratory professionals were not far removed from their European colleagues in terms of their professional programs and regulations for practice.
Dr. Edward Randell: Incoming President of the Canadian Society for Clinical Chemists

Dr. Edward Randell is presently Division Chief of Clinical Biochemistry for the St. John’s city hospitals and has a full-time faculty appointment as Associate Professor in the Department of Laboratory Medicine at Memorial University, St. John’s, Newfoundland, Canada. He completed his Ph. D. at Memorial University of Newfoundland in 1993 and completed the Postdoctoral Training Program in Clinical Chemistry at the University of Toronto and obtained his Diploma in Clinical Chemistry in 1995. He became a certified Clinical Chemist in 1996 and a fellow of the Canadian Academy of Clinical Biochemistry in 1997. Since then he has remained a very active member of CSCC. Dr. Randell worked as a Clinical Chemist at the Janeway Child Health Centre in St. John’s, NL until 1999, and then at the Health Sciences Centre until the present. He is also involved in teaching and research in the Faculty of Medicine, Pharmacy, and with the Department of Biochemistry at MUN.
The main area of interest for his research is exploring the use of serum advanced glycation end-products as diagnostic markers.

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Honorary Life Membership Awarded by CSCC to Dr. J. Gilbert Hill
Contributed by Arlene Crowe, PhD, FCAC (Emeritus)

At the annual CSCC conference one of the chief highlights is the presentation of awards mainly to CSCC members in recognition of significant contributions to the profession and the Society. This year, at the stunning banquet, held on the final evening of the June conference in Vancouver, Dr. Edward Young presented a seldom given Honorary Life membership to Dr. J. Gilbert Hill of Toronto. CSCC’s Constitution and By-Laws state that 3 past-presidents combine to make the nomination. Council approved unanimously the nomination, made by Drs. Matthew McQueen, Raymond Ogilvie and Arlene Crowe at its winter meeting. The larger part of the description below of Dr. Hill’s many services to CSCC is excerpted from my introduction of Dr. Hill at the banquet:

Dr. Hill’s university education began with a BSc in Engineering Chemistry obtained at Queen’s, followed by his MD, CM at McGill and then his PhD in Biochemistry back at Queen’s. A seminal part of Dr. Hill’s laboratory experience took place at the Montreal
General Hospital, in the very lab of Dr. William Bauld, one of the three Montrealers regarded as the primary founders of our Society. After completing his PhD, Dr. Hill became the Clinical Biochemist at Kingston General Hospital and Assistant Professor in Queen’s Department of Biochemistry. In 1965 he moved to the Hospital for Sick Children in Toronto, working under Dr. Sanford Jackson, yet another illustrious name in CSCC’s history, until Dr. Jackson’s retirement in 1975. Dr. Hill became then Biochemist-in-Chief, Service Division, while rising through the ranks on the teaching side to Full Professor at the University of Toronto. Mention should also be made that, when certification was being introduced, Dr. Hill, although perfectly eligible to be grandfathered, was the first CSCC member to receive his CSCC certification by examination rather than by grandfathering – he stated that he wanted “to keep the process honest”.

In 1970 CSCC Council appointed Dr. Hill to be the Chairman of the Central Coordinating Committee (CCC) for the forthcoming IX International Congress of Clinical Chemistry, which saw CSCC and AACC acting as joint hosts for the huge meeting to be held in Toronto in the summer of 1975, the first time (and only time so far) that IFCC has designated a Canadian city to be the site for this prestigious meeting. Those CSCC members who attended have very fond memories of this conference – superbly organized with fascinating up-to-the-minute symposia and posters, a large exhibition area, and an array of social outings to the Stratford and Shaw Festival Theatres, the McMichael Gallery in Kleinburg, the Toronto Islands, etc., all of which took place under constant blue skies. It is difficult to overstate the impact the 1975 meeting had on raising CSCC’s profile among clinical chemists internationally, as several thousands attended from Europe, Latin America and the USA.

During the frequent meetings of the CCC planning for the Congress, Dr. Hill also managed to serve as a CSCC Councillor from 1973 to 1975; then, without so much as a breather, he served as President-Elect 1975–76 and President the following year. In 1982 Dr. Hill was named the recipient of what was then called the Ames Award, which we all know now as the CSCC Award for Outstanding Contributions to Clinical Chemistry (presented this year at the banquet to Dr. Sherry Perkins).

On the provincial side Dr. Hill was the founding President of the Ontario Society of Clinical Chemists 1969–71, and again it’s difficult to overstate his contributions to the growth of OSCC and its important relationship with the Ontario Ministry of Health. Dr. Hill will modestly say that many other CSCC and OSCC members were responsible for the building of positive relationships within CSCC itself and with external associations,
but the astute CSCC/OSCC member who can read between the lines recognizes full well Dr. Hill’s guiding hand. After 1975 Dr. Hill went on to serve IFCC in several capacities and also to serve on the Section of Laboratory Medicine of the Ontario Medical Association. Yet another international meeting for which he acted as Chairman of the Central Co-ordinating Committee was the International Congress of Pediatric Laboratory Medicine, held in Toronto in 1983.

In summary, from as long ago as the late 1950s, at the time just when automated analysis, quality control and information technology were becoming integral features of any clinical chemist’s practice, Dr. Hill’s unique training in engineering, medicine and chemistry made him our unofficial expert and an unassuming but influential guide in any new direction CSCC undertook. Even though he has supposedly again “retired” (having officially retired from Sick Kids in 1995), he continues to be active and involved to this very minute, and it should be mentioned that he is the only clinical chemist serving on Infoway, the project aiming to provide standards for the reporting of tests and methods that will hopefully render uniform Electronic Health Record introduction across the country. It is a safe bet that Dr. Hill will continue to enlighten us about that project and generate even more new ideas for our profession and our Society.

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South African Association for Clinical Biochemistry (SAACB) News Report
Contributed By Prof Rajiv Erasmus, IFCC eNewsletter WG Member

Rajiv Erasmus

College of Pathologists of East, Central and Southern Africa established.
SAACB members Dr Zemlin, Dr George, Mr Hassan, Dr Hoffman and Prof Matsha as well as its president, Professor Erasmus were founding members of the newly established College of Pathologists of East, Central and Southern Africa. The College was inaugurated on the 16th September, 2010 and a Council established. Professor Erasmus the current SAACB president was elected to be its first Vice President.
Educational workshop of Inborn Errors of Metabolism held January 2011 in Durban
SAACB held an educational workshop of Inborn Errors of Metabolism in the last week of January 2011 in Durban. It was hosted by the University of Kwazulu Natal, one of the premier universities of South Africa. It was hugely successful and very informative.

Professor Steenkamp was elected to the IFCC Executive Board
Former president of the IFCC, Professor Steenkamp was elected to the IFCC Executive Board in at the IFCC meeting in Berlin on 15th May, 2011.

IFCC Congress in 2017
Durban, South Africa will be the venue for the IFCC Congress in 2017.

Professor Erasmus invited by IFCC
Professor Erasmus has been invited by the IFCC to be part of a Laboratory Management Course to be given just before the Africa Federation of Clinical Chemistry Congress (AFCC) in Nairobi on 26th September, 2011.

Dr Jocelyn Naicker appointed Chair of the National Health Laboratory Services (NHLS) Expert Committee on Chemical Pathology
SAACB Council member, Dr Jocelyn Naicker was appointed to Chair the National Health Laboratory Services (NHLS) Expert Committee on Chemical Pathology. The SAACB would like to congratulate her on this appointment.

SAACB involved in the organization of the Africa Health Medilab Meeting
SAACB was involved in the organization of the Academic Program of the Africa Health Medilab meeting that took place at NASREC, Johannesburg from 10th to 12th May, 2011. This meeting brought various health organizations and medical specialties including Surgery, Medicine, Obstetrics, Radiology under one roof. SAACB would like to thank Prof Delport, Prof Erasmus, Jocelyn Naicker and Dr Zemlin for participating in this meeting.

Dr Remaley from the NIH (USA) Guest to the SAACB Annual Congress
This year’s invited guest to the South African Association for Clinical Biochemistry (SAACB) annual congress (Sandton City Convention Centre) is Dr Remaley (NIH) from the USA. Please visit the SAACB website to get more details. The meeting will be held from 1st to 4th September, 2011. This year’s meeting will also involve medical technologists.
Clinical Biology: an education program that needs adjustments.

Contributed by Dr. Pierre-Alexandre Olivier, IFCC Young Scientists Representative Belgium

These past twenty years, laboratories accelerated their transformation by merging, specialising and by internationalising to clinical rank as well as private rank. The world of clinical biology is dynamizing and modernising. Indeed, the future laboratories are appearing. These are equipped with fully automated corelabs, with efficient validation programs, competent organisation tools and, complex procedures of quality norms.

Clinical biology is definitively at a turning point in its history. Actually, the time where clinical results were send only on paper, where no more than five employees worked by laboratory, and where a whole afternoon was needed to get ten TGO results is now obsolete. In the 21st century, everything has to be centralised, computerised, categorised, controlled, and made secured and archived. The clinical biologist’s work must therefore follow the move and improve. We can see appearing publications or at least reflections about the requirements to attain regarding to the three main orientations: clinical chemistry, haematology and microbiology.

The physiopathology comprehension and interpretation keep of course an essential position because our work remains medical in the first place. The clinical biologist has to go on with his first missions. This means advise and guide the prescriber in his diagnosis approach, know the analytical methods as well as their limits, be familiar with the treatments but also interpret the biological results with the clinical context. These medical qualifications are an immutable basis to which new branches have been added such as ISO norms knowledge, reimbursement criteria, stocks management, informatics, human resources, automation. There is a strong necessity to go deeper in these daily management aspects but up to now, this is not accessible. Therewith, we could hope to keep a chance to decide where the function in the laboratory should go.

Our education program can’t escape adjustments to the new requirements. So far, there is not any change foreseen but it is time to define the expected requirements for each speciality in order to propose ambitious and adjusted programs to the dynamism that knows the area. These changes will have to go through new study schemes and through meetings with the involved professionals.
To conclude, the role of a specialist in laboratory medicine must be recalibrated in order to allow an update in the education program. Nevertheless, we can’t forget that the goal is not to make accountants, bankers or financiers but to give the specialist of tomorrow everything in his power to be the masterpiece of the clinical biology laboratory.

**Laboratory medicine in South Africa: A paradoxical state**

*Contributed by Verena Gounden, IFCC Young Scientists Representative - South Africa*

Currently as a young laboratorian in South Africa you would certainly be working in interesting times. The paradoxical nature of South African society (the divide between rich and poor) is nowhere more acutely represented than by the health care system. Whilst health care at state facilities is free, there is an immense burden on healthcare resources. South Africa has the largest population of HIV positive individuals in the world and a growing epidemic of lifestyle diseases (another paradox).

The laboratory services at state facilities are exclusively run by a para-statal organisation - the National Health Laboratory Services (NHLS). The NHLS provides laboratory services to 80% of the South African population. It is also responsible for training of medical technicians, technologists, scientists and all pathologists. Privately owned laboratories predominantly service the other, smaller fraction of the population.

I work as a junior pathologist in the Department of Chemical Pathology at the Inkosi Albert Luthuli Central Hospital in Durban, South Africa. As a pathologist in the state sector one often has to be a proverbial “jack of all trades”. Often the daily demands of managing and running a laboratory lead to research efforts being sidelined. From what I understand and have heard the working demands are quite different to what would be experienced by chemical pathologists in the US or UK.

The challenges are many and varied in providing a pathology service in South Africa. Many of the academic centres where pathologists work have modern instrumentation and automation yet pre-analytical problems such as inadequate transportation services for samples are still an overwhelming concern. Pathologists and scientists are also concentrated in the larger cities and academic centres with very little influence or input into the running of smaller, more “rural” laboratories. Developments in information technology and the increased connectivity of our modern age have opened the possibility of greater involvement of pathologists with these labs. For example the opportunity to view IQC real time from a remote location will be one of the tools that enable a greater input by pathologists. Concepts such as electronic gate keeping have been implemented in some centres and are hoped to allow for better management of resources and education of clinicians with regards to best practice principles of test ordering. The rapidly developing point of care technologies (particularly dry chemistry)
will have a future role in providing analytical services in laboratories/clinics and hospitals where transportation of samples to a central laboratory is a constant problem.

“Our history is the pathway to our future, our continual evolution the pathway to our survival”

NEWS FROM CLINICAL LABORATORY STANDARDS INSTITUTE (CLSI)
Contributed by Amanda Cushman Holm, Senior Marketing Manager

Recent Publications: July 2011

Automation and Informatics
AUTO12–A—Specimen Labels: Content and Location, Fonts, and Label Orientation; Approved Standard
The purpose of this standard is to reduce human errors currently associated with the lack of standardization of labels on clinical laboratory specimens. The standard identifies the required human-readable elements to appear on specimen labels and specifies the exact locations, fonts, and font sizes of these elements.

Hematology
H02–A5—Procedures for the Erythrocyte Sedimentation Rate Test; Approved Standard—Fifth Edition
This document provides a description of the principle, materials, and procedure for a standardized erythrocyte sedimentation rate (ESR) method; a selected routine method, as well as a procedure to evaluate routine methods; and an outline of quality control programs for the ESR test.

H59–A—Quantitative D–dimer for the Exclusion of Venous Thromboembolic Disease; Approved Guideline
This document provides guidelines regarding the use of D–dimer in exclusion of venous thromboembolism (VTE) including a description of the value of clinical determination of the pretest probability of VTE; the proper collection and handling of the specimen; assays used for D–dimer analysis; determination of the threshold for exclusion of VTE; interpretation of test results; and aspects of regulatory and accreditation requirements.

Immunology and Ligand Assay
I/LA25–A2—Maternal Serum Screening; Approved Standard—Second Edition
This document addresses the steps required to provide reliable screening and reporting using examples of serum markers currently in common use (AFP, hCG, UE3, inhibin A, PAPP–A). Emphasized is first-trimester screening, in which serum markers used are PAPP–A and hCGB, and the main ultrasound marker is nuchal translucency. Outcome evaluation, information management, and calculation of risk are also emphasized.

I/LA34–A—Design and Validation of Immunoassays for Assessment of Human Allergenicity of New Biotherapeutic Drugs; Approved Guideline
This document provides guidance for the design, validation, analytical performance, and quality assurance of laboratory assays used in the measurement of human immunoglobulin E antibodies specific for new bio-therapeutic drugs.

Point–of Care Testing
POCT11–A2—Pulse Oximetry; Approved Guideline—Second Edition
Pulse oximetry is a widely used device for the clinical assessment of arterial oxygenation and pulse rate. The clinical applications, quality assessment, and limitations are discussed in this guideline.

Quality Systems and Laboratory Practices
GP22–A3—Quality Management System: Continual Improvement; Approved Guideline—Third Edition
This guideline considers continual improvement as an ongoing, systematic effort that is an essential component of a quality management system. A continual improvement program may consist of fundamental processes and common supporting elements described in this guideline.

GP26–A4—Quality Management System: A Model for Laboratory Services; Approved Guideline—Fourth Edition
This document provides a model for medical laboratories that will assist with implementation and maintenance of an effective quality management system.

For details on how to obtain any of the above publications contact www.clsi.org

CLSI & APHL Teleconferences
Clinical and Laboratory Standards Institute (CLSI) has a number of education webinars and teleconferences available from September through December. These educational
sessions on topics of importance to clinical and public health laboratories are based on current CLSI documents. The programs are intended to help pathologists, managers, supervisors, and laboratory professionals learn how to optimize practices and processes in their laboratories. Once purchased, these sessions are available for viewing for six months after the live session. Topics range from quality management systems to laboratory approaches for the diagnosis of HIV infection. View more information at: http://tinyurl.com/educlsi or go to www.clsi.org and click on Education.

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FORTHCOMING MEETINGS
12th Iranian Congress of Biochemistry and 4th International Congress of Biochemistry and Molecular Biology September 6–9, 2011 – Mashhad, Iran. For more information please visit: http://congress12.biochemiran.com/


2nd Course on “Clinical Laboratory accreditation and ISO15189” September 23–24, 2011, Izmir, Turkey. For more information please visit: http://biyokimya.uzakyardim.net/


AFCC 2011 – Congress of the African Federation of Clinical Chemistry September 28–30, 2011 – Nairobi, Kenya. For more information please contact: afcc.ccak2011@gmail.com

12th International Congress of Therapeutic Drug Monitoring & Clinical Toxicology October 2–6, 2011–Stuttgart, Germany. For more information please visit: www.iatdmct2011.de

11th EFCC Continuous Postgraduate Course in Clinical Chemistry “New trends in classification, diagnosis and management of inflammation” October 22–23, 2011 – Dubrovnik, Croatia. For more information please visit: www.dubrovnik-course.org

First World Congress on Water Channel Proteins (Aquaporins and Relatives) Celebrating the 25th Anniversary of the Discovery of the First Water Channel Protein (Later Called Aquaporin1) October 27–30, 2011–Cluj–Napoca, Romania. For more information please visit: http://www.srml.ro

Annual Assembly of the Swiss Society of Clinical Chemistry & Tri-National Congress of Laboratory Medicine "From Biomarker Discovery and Technology Development to Evidence-Based Laboratory Medicine" November 2–4, 2011 – Zurich, Switzerland. For more information please visit: www.congress-info.ch/sscc2011/

22nd ESPNIC Medical & Nursing Annual Congress November 2–5, 2011 – Hannover, Germany. For more information please visit: www2.kenes.com/espnic/Pages/Home.aspx

Journées Internationales de Biologie (JIB), November 8–10, 2011 – Paris, France. For more information please visit: www.jib-sdbio.fr


5th International Scientific CIRME Meeting “Standardization of Cardiac Troponin I: the ongoing international efforts”. November 30, 2011 – Milano, Italy. For more information please visit: http://users.unimi.it/cirme/home/index.php

XXIII National Congress of Biochemistry of the Turkish Biochemical Society (TBD) November 29–December 2, 2011 – Adana, Turkey. For more information please visit: www.biyokimyakongresi.org/
Fray International Symposium *December 4–7, 2011 – Cancun, Mexico*. For more information please visit: www.flogen.com/FraySymposium

ArabMedLab 2012 – 13th Arab Congress of Clinical Biology (AFCB) and 12th Moroccan Congress of Clinical Chemistry and Laboratory Medicine *2–5 May 2012 – Marrakech, Morocco*. For more information please visit: www.smccbm.org

XXXIII Nordic Congress in Clinical Chemistry. *June 12–15, 2012 – Reykjavik, Iceland* For more information please visit: www.nfkk2012.is


