Chapter 13: Task Forces and Special Projects

13.1. Task Forces

13.1.1. Task Force on Ethics (TF-E)

Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Country</th>
<th>Term</th>
<th>Time in Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Gronowski</td>
<td>Chair</td>
<td>US</td>
<td>1st</td>
<td>2015 01 - 2017 12</td>
</tr>
<tr>
<td>E.Y. Arcellana Nuqui</td>
<td>Member</td>
<td>PH</td>
<td>1st</td>
<td>2014 04 - 2016 12</td>
</tr>
<tr>
<td>T. Higgins</td>
<td>Member</td>
<td>CA</td>
<td>1st</td>
<td>2014 04 - 2016 12</td>
</tr>
<tr>
<td>A. Newman</td>
<td>Member</td>
<td>NL</td>
<td>Extra Term</td>
<td>2015 01 - 2015 12</td>
</tr>
<tr>
<td>K. Okhan Akin</td>
<td>Member</td>
<td>TR</td>
<td>1st</td>
<td>2014 04 - 2016 12</td>
</tr>
<tr>
<td>C. Sekadde-Kigondu</td>
<td>Member</td>
<td>KE</td>
<td>1st</td>
<td>2014 04 - 2016 12</td>
</tr>
<tr>
<td>D. Bruns</td>
<td>Consultant</td>
<td>US</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Jonsson</td>
<td>Consultant</td>
<td>IS</td>
<td></td>
<td></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.
Chapter 13: Task Forces and Special Projects

### List of Addresses:

**Prof. Ann GRONOWSKI**  
Department of Pathology & Immunology  
Washington University School of Medicine  
660 South Euclid Avenue, Box 8118  
St. Louis, Missouri 63110  
USA  
E-mail: gronowski@wustl.edu

**Dr. Elizabeth Y. ARCELLANA NUQUI**  
Consultant Director, Clinical Chemistry  
Department of Laboratory Medicine  
The Medical City Ortigas Avenue  
Pasig City  
Philippines  
E-mail: betheyan@gmail.com

**Dr. Dr. Anthony NEWMAN**  
Publisher, Biochemistry, Applied Biochemistry and Clinical Chemistry  
portfolio, Life Sciences Dept., Elsevier, Radarweg 29, 1043 NX Amsterdam  
The Netherlands  
E-mail: a.newman@elsevier.com

**Prof. Dr. Kadir OKHAN AKIN**  
Medical Park Ankara  
Hastanesi Kent Koop Mah. 1868. Sok. No. 15 Batikent  
Ankara  
Turkey  
E-mail: dr.okhanakin@gmail.com

**Prof. Christine SEKADDE-KIGONDU**  
Department of Human Pathology  
School of Medicine  
College of Health Sciences  
University of Nairobi  
Kenya  
E-mail: ckigondu@aar.co.ke

**Dr. Michael P METZ**  
Chair  
AU  
2015-01 - 2017-12

**T. Lang**  
Vice-Chair  
UK  
2015-01 - 2017-12

**V. L. Grey**  
Past-Chair  
CA  
2015-01 - 2017-12

**S.M. Geaghan**  
Member  
US  
2014-01 - 2016-12

**M. Hersberger**  
Member  
CH  
2015-01 - 2017-12

**T.P. Loh**  
Member  
SG  
2015-01 - 2017-12

**M. Turzynecka**  
Member  
ZA  
2015-01 - 2017-12

**P.M. Jones**  
Advisor  
US  

**K. Kohse**  
Advisor  
DE

### 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.

### List of Addresses:

**Prof. Vijay L. GREY**  
Department of Pathology and Molecular Medicine  
Consultant Chemical Pathologist  
SAPath at The Women’s & Children’s Hospital  
72 King William Road, North Adelaide, South Australia 5067  
Australia  
E-mail: vgrey@mcmaster.ca

**Dr. Tim LANG**  
Clinical Biochemistry Department  
University Hospital of North Durham  
North Road  
Durham, DH1 5TW  
United Kingdom  
E-mail: Tim.Lang@cdhft.nhs.uk

**Dr. Sharon MARKHAM GEAGHAN**  
Stanford University School of Medicine  
Department of Pathology  
300 Pasteur Drive  
Palo Alto CA 94304  
USA  
E-mail: sgeag@stanford.edu

---

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

#### Membership

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

### 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.
Chapter 13: Task Forces and Special Projects

Chapter 13: Task Forces and Special Projects

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.

List of Addresses:

Dr. Martin HERSBERGER
Professor of Clinical Chemistry
Head of the Division of Clinical Chemistry and Biochemistry
University Children’s Hospital Zurich
Steinwiesstrasse 75
8032 Zurich
Switzerland
E-mail: martin.hersberger@kispi.uzh.ch

Dr. Tze Ping LOH
Department of Laboratory Medicine
National University Hospital
5 Lower Kent Ridge Road
119074 Singapore
E-mail: tploh@hotmail.com

Dr. Magdalena TURZYNIECKA
Department of Chemical Pathology
University of Kwazulu-Natal
Mazisi Kunene Road,
Glenwood
Durban
South Africa
E-mail: mturzyniecka@yahoo.com

Prof. Patricia M. JONES
Department of Pathology, Children’s Medical Center
1935 Motor Street 75235
Dallas
USA
E-mail: patti.jones@childrens.com

Prof. Klaus P. KOHSE
Institute for Laboratory Diagnostics and Microbiology, Klinikum Oldenburg
10, Dr.-Eden-Street
D-26133
Oldenburg
Germany
E-mail: kohse.klaus@klinikum-oldenburg.de

Prof. Ron VAN SCHAIK
Department of Clinical Chemistry
Erasmus University Medical Centre
Gavendijkwal 230
3015 CE Rotterdam
The Netherlands
Tel: +31 10 70 33119
E-mail: r.vanschaik@erasmusmc.nl

Prof. Mark W. LINDER
Department of Pathology and Laboratory Medicine
University of Louisville, School of Medicine
Louisville, Kentucky 40202
USA
E-mail: mark.linder@louisville.edu

Prof. Michael NEUMAIER
Medical Faculty Mannheim
University of Heidelberg
University Hospital Mannheim
Theodor-Kutzer-Ufer 1-3
D-68167 Mannheim
Germany
Tel: +49 621 383 2222
E-mail: michael.neumaier@medma.uni-heidelberg.de

Prof. Henk-Jan GUCHELAAR
Dept. Clinical Pharmacy and Toxicology
Leiden University Medical Centre
P.O. Box 9600
2300 RC Leiden
The Netherlands
Tel: +31 71 526 2790
E-Mail: H.J.Guchelaar@lumc.nl

Prof. Munir PIRMOHAMED
Dept. Pharmacology
The University of Liverpool
Ashton Street
Liverpool, L69 3GE
United Kingdom
Tel: +44 151 794 5549
E-Mail: munirp@liverpool.ac.uk

Dr. Prof. Patricia M. JONES
Department of Pathology, Children’s Medical Center
1935 Motor Street 75235
Dallas
USA
E-mail: patti.jones@childrens.com

Prof. Mark W. LINDER
Department of Pathology and Laboratory Medicine
University of Louisville, School of Medicine
Louisville, Kentucky 40202
USA
E-mail: mark.linder@louisville.edu

Prof. Michael NEUMAIER
Medical Faculty Mannheim
University of Heidelberg
University Hospital Mannheim
Theodor-Kutzer-Ufer 1-3
D-68167 Mannheim
Germany
Tel: +49 621 383 2222
E-mail: michael.neumaier@medma.uni-heidelberg.de

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

Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Country</th>
<th>Term</th>
<th>Time in Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Van Schaik</td>
<td>Chair</td>
<td>NL</td>
<td>Extra-Term</td>
<td>2015-01 - 2015-12</td>
</tr>
<tr>
<td>M. Linder</td>
<td>Member</td>
<td>US</td>
<td>1st</td>
<td>2015-01 - 2017-12</td>
</tr>
<tr>
<td>M. Neumaier</td>
<td>Member</td>
<td>DE</td>
<td>Extra-Term</td>
<td>2015-01 - 2015-12</td>
</tr>
<tr>
<td>H. Guchelaar</td>
<td>Consultant</td>
<td>NL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Pirmohamed</td>
<td>Consultant</td>
<td>UK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Membership

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

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.
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.

List of Addresses:

Dr. Graham JONES
Department of Chemical Pathology
St Vincent’s Hospital
Sydney - Australia
Tel: +61 2 8382 9160
E-mail: Graham.Jones@svha.org.au

Prof. Josef CORESH
Department of Biostatistics & Medicine
Johns Hopkins University
2024 E. Monument, Suite 2-630
Baltimore, MD 21287 - USA
Tel: +1 410 955 0495
E-mail: coresh@jhu.edu

Dr. Joris DELANGHE
Department of Clinical Chemistry
University Hospital of Ghent
B-9000 Ghent - Belgium
Tel: +32 9 332 2856
E-Mail: joris.delanghe@ugent.be

Dr. Edmund LAMB
Department of Clinical Biochemistry
Kent & Canterbury Hospital
Canterbury
Kent CT1 3NG - United Kingdom
Tel: 01227 766877 X74736
E-mail: elamb@nhs.net

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

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.

Chapter 13: Task Forces and Special Projects
Chapter 13: Task Forces and Special Projects

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

Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Country</th>
<th>Term</th>
<th>Time in Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Tirimacco</td>
<td>Chair</td>
<td>AU</td>
<td>2nd</td>
<td>2015 01 - 2017 12</td>
</tr>
<tr>
<td>A.I. Khan</td>
<td>Member</td>
<td>CA</td>
<td>2nd</td>
<td>2015 03 - 2017 12</td>
</tr>
<tr>
<td>G.J. Kost</td>
<td>Member</td>
<td>US</td>
<td>2nd</td>
<td>2015 01 - 2017 12</td>
</tr>
<tr>
<td>P. Pernet</td>
<td>Member</td>
<td>FR</td>
<td>2nd</td>
<td>2015 01 - 2017 12</td>
</tr>
<tr>
<td>A. Skurup</td>
<td>Corp. Rep./Radiometer</td>
<td>DK</td>
<td>2nd</td>
<td>2015 01 - 2017 12</td>
</tr>
</tbody>
</table>

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

List of addresses:

**Dr. Jordi ORDÒÑEZ-LLANOS**
Senior Consultant, Biochemistry Dept.
Hospital de Sant Pau
Professor of Clinical Biochemistry
Universitat Autònoma
Barcelona
Spain
Tel.: +34 935537359
E-mail: JOrdonez@santpau.cat

**Dr. Fred APPLE**
Hennepin County Medical Center
Professor, Laboratory Medicine and Pathology University of Minnesota
School of Medicine
701 Park Avenue
Clinical Labs P4
Minneapolis MN 55415
USA
Tel.: +1 612 873 3324
E-mail: apple004@umn.edu

**Dr. MHM CHAN**
Consultant Chemical Pathologist
Department of Chemical Pathology
The Chinese University of Hong Kong
Prince of Wales Hospital
Shatin, NT, Hong Kong
E-mail: hmchan@ha.org.hk

**Dr. Paul O. COLLINSON**
Department of Chemical Pathology
2nd Floor Jenner Wing
St George’s Hospital
Blackshaw Road
London SW17 0OT UK
Tel.: +44 208 725 5934
E-mail: Paul.Collinson@stgeorges.nhs.uk

**Dr. Judd HOLLANDER**
Professor, Clinical Research Director
Department of Emergency Medicine
Hospital of University of Pennsylvania
Philadelphia, PA 19104-4283
USA
Tel.: +1 215 662-2767
E-mail: Judd.Hollander@verizon.net

**Dr. Allan JAFFE**
Cardiovascular Division, Gonda 5
Mayo Clinic
200 First Street SW
Rochester - MN 55905
USA
Tel.: +1 507 284 1648
E-mail: jaffe.allan@mayo.edu

**Dr. Bertil LINDHAL**
Uppsala Clinical Research Center
University Hospital
SE 75185 Uppsala
Sweden
Tel.: +46 18 6119595
E-mail: bertil.lindahl@ucr.uu.se

**Dr. Martin MÖCKEL**
Charité Campus Virchow
Department of Medicine and Cardiology
Augustenburger Platz 1
13353 Berlin
Germany
E-mail: martin.moeckel@charite.de

**Prof. Mario PLEBANI**
Department of Laboratory Medicine
University-Hospital of Padova
Italy
Tel.: +39 049 8212792
E-mail: mario.plebani@unipd.it

**Dr. Martin THAN**
Emergency Department
21 Taylor’s Mistake Road
8081 Christchurch
New Zealand
Tel.: +64 3 326 7599
E-mail: martinthan@xtra.co.nz

**Dr. Allan JAFFE**
Cardiovascular Division, Gonda 5
Mayo Clinic
200 First Street SW
Rochester - MN 55905
USA
Tel.: +1 507 284 1648
E-mail: jaffe.allan@mayo.edu

**Dr. Bertil LINDHAL**
Uppsala Clinical Research Center
University Hospital
SE 75185 Uppsala
Sweden
Tel.: +46 18 6119595
E-mail: bertil.lindahl@ucr.uu.se

**Dr. Martin MÖCKEL**
Charité Campus Virchow
Department of Medicine and Cardiology
Augustenburger Platz 1
13353 Berlin
Germany
E-mail: martin.moeckel@charite.de

**Prof. Mario PLEBANI**
Department of Laboratory Medicine
University-Hospital of Padova
Italy
Tel.: +39 049 8212792
E-mail: mario.plebani@unipd.it

**Dr. Martin THAN**
Emergency Department
21 Taylor’s Mistake Road
8081 Christchurch
New Zealand
Tel.: +64 3 326 7599
E-mail: martinthan@xtra.co.nz

**List of addresses:**

**Dr. Rosy TIRIMACCO**
Network Operations & Research
Manager iCCnet
Country Health SA
Local Health Network Inc.
Mail box 28, Level 3B
Mark Oliphant Building, Science Park
Bedford Park
South Australia 5042
Australia
Tel.: +61-(0)-8-8201 7842
Mobile: +61 0412 749 418
Fax: +61-(0)-8-8201 7860
E-mail: Rosy.Tirimacco@health.sa.gov.au

**Dr. Adil Irfan KHAN**
Assistant Professor of Pathology
Director, Point of Care Testing
Department of Pathology and Laboratory Medicine
Temple University School of Medicine
100 E. Lehigh Avenue
Philadelphia, PA 19125 - USA
Telephone: +1 (215) 707-0965 (office)
Fax: +1 (215) 707-0966
E-mail: adil.khan@temple.edu

**Dr. Gerald Joseph KOST**
Director, Point-of-Care Testing Center for Teaching and Research (POCT•CTR)
Professor, Pathology and Laboratory Medicine
Faculty, Biomedical Engineering & Comparative Pathology
Chapter 13: Task Forces and Special Projects

XIII

Mr. Trevor J. ALLISON
Director, Research & Development
Siemens Healthcare Diagnostics
Sudbury, Suffolk, UK, CO10 2XQ
Tel: +44 (0) 1787 242600
Mobile: +44 (0) 7921 243235
E-mail: trevor.allison@siemens.com

Ms Anne SKURUP
Clinical and Scientific Affairs Manager
Blood Gas
Radiometer Medical
Åkandevej 21
2700 Brønshøj - Denmark
Tel.: + 45 3827 3348
Mobile + 45 2014 4074
E-mail: anne.skurup@radiometer.dk

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

Membership

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

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 fulfill these criteria.
5. Provide recommendations for training and competency of users in critical care areas.
6. Ensure recommendations align with other stakeholders.

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.
Chapter 13: Task Forces and Special Projects


Membership

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

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:

Prof. Larry J KRICKA
Department of Pathology & Laboratory Medicine
University of Pennsylvania Medical Center
3400 Spruce Street Philadelphia, PA 19104
USA
E-mail: kricka@mail.med.upenn.edu

Dr. Elizabeth A FRANK
c/o Bio-Chem Diagnostic Laboratory
No.4 Railway Co-Operative Bank
Sheshadri Iyer Road
570 021 Mysore
India
Tel: +91 821 2432321
E-mail: anet21frank@yahoo.com

Dr. Bernard GOUGET
Fédération Hospitalière de France
Univ. Paris V 1 bis Rue Cabanis
75993 Paris Cedex 14
France
Tel: +33 1 440 68444/8470
E-mail: b.gouget@fhf.fr

Ms. Janet SMITH
Clinical Biochemistry
University Hospital Birmingham
NHS Trust
Birmingham B29 6JD
UK
E-mail: jansmithstalk21.com

CLMA Members:

Dr. Paul LABBE
Paul.R.Labbe@questdiagnostics.com

Dr. Mark DUMOND
Mark.Dumond2@healthtrustpg.com

Dr. Rodney FORSMAN
forsman.rodney@mayo.edu

Dr. Carla ORNER
carla.orner@hearttoheart.org
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.

Applications 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.