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Dear colleagues,

I hope you are all well. Cold winter has arrived in many countries making people to stay indoors, making it harder to meet friends and relatives in the middle of the “second wave” of the epidemic. I have seen beautiful photos of yellow and red leaves from all over the world and perhaps, as I said before, “lonely” walks in the woods or by the rough sea may be the solution. Well, I am looking forward to the time when my editorial won’t begin with a phrase about COVID-19...

In this issue our president Prof Khosrow Adeli is presenting the complete IFCC educational program about laboratories and COVID-19. Let us all register and participate in the IFCC Global Conference on COVID-19 Diagnostic Testing on February 15-17, 2021. Training about SARS-CoV-2 is also presented in this issue, in Spanish and in English. In his really interesting and moving article about the COVID-19 toll on the elderly, Dr. Bernard Gouget stresses the need for “solidarity and protection” and talks about the ethics concerning this unprecedented situation.

IFCC committees for Evidence-based Laboratory Medicine and on Point-of-care Testing present their recent work in this eNews issue. Don’t forget to check the position openings and to consider applying for them. Better times will come and we will all meet in committees, in working groups, in conferences.

Till then, stay healthy and keep solidarity in mind!

Katherina Psarra

News from the IFCC Website

Record followers for IFCC Facebook

Yesterday we reached 30K followers on Facebook! It is something we care about because for IFCC communicating and sharing (knowledge) are fundamental. We worked hard, posting every day, so this news is a thank you for helping us reach 30,000. And thanks to Dr. Rojeet Shrestha for his commitment to this task!

For real-time updates on IFCC, its initiatives, and programs, follow us on Facebook and on social media!

Read more
Firstly, I would like to say that I hope you, your family and your friends are safe and well during these tough times. The IFCC Executive Board is aware of the many challenges faced by laboratory professionals across the globe and has been actively supporting the membership. Despite the pandemic, the IFCC organization has been very busy developing new programs to ensure continued progress on a number of fronts, including development of guidelines on laboratory management of COVID-19, a new live webinar series to provide e-learning opportunities to members and non-members around the world, as well as new programs in Global Newborn Screening and Global Laboratory Quality.

An important new development is the new IFCC Global Conference on COVID-19 Diagnostic Testing on February 15-17, 2021. The conference will bring together scientific and industry leaders from around the world to present on the latest advances in COVID-19 diagnostics as well as public health authorities and medical experts to present on rapidly growing list of therapeutics and vaccines. The preliminary program was announced a few weeks ago and the online sites for registration and abstract submission will be open in a few days.

I would like to invite you all to consider registering for this conference and participating in this important virtual congress. We have kept the cost very low for all regular attendees from academia or industry and have arranged for free registration for all young scientists and trainees under 40 years of age. Symposium and workshop proposals are welcome from regional federations, national societies, and corporate members.

I am also pleased to remind you of the recently published IFCC Testing Guidelines on COVID-19. Four guideline documents have been developed by the IFCC Taskforce and have been published in a recent special issue of Clinical Chemistry and Laboratory Medicine (CCLM). Here are PubMed links to all four publications:

- Editorial and Executive Summary: https://pubmed.ncbi.nlm.nih.gov/33027045/
These guidelines provide practical recommendations on the intended use, selection, evaluation and implementation of laboratory tests used in the diagnosis of SARS-CoV-2 infection and management of COVID-19. Links to these new testing guidelines have also been added to the IFCC websites.

I hope you all benefit from these new evidence-based guidelines. I am also hoping all of you register to participate in the Global conference on Covid-19 being organized by IFCC in February and contribute to a very successful and well-attended virtual event.

Feel free to email me at: president@ifcc.org with your feedback, questions, or concerns.

Till next time 😊

Khosrow

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**News from the IFCC Committee for Evidence-Based Laboratory Medicine (C-EBLM)**

*by Prof. Annalise E. Zemlin*

*Chair IFCC Committee on Evidence-Based Laboratory Medicine (C-EBLM)*

*Chemical Pathology, Faculty of Medicine and Health Sciences, Stellenbosch University and NHLS Tygerberg Hospital, Cape Town, South Africa*

The IFCC C-EBLM has submitted an application to present a symposium at the 2020 Joint Conference of the Canadian College of Medical Geneticists (CCMG) and the Canadian Society of Clinical Chemists (CSCC) which was due to be held in Winnipeg, Canada in June 2020. This was accepted and they were due to present on 20 June 2020. However, because of global travel restrictions, the conference was cancelled. Instead, the session was presented online on 30 July 2020.

The following talks were presented:

1. Application of EBLM in the Age of Precision Medicine - Annalise Zemlin (Chair IFCC C-EBLM)
2. Guidelines Implementation – Andrew Don-Wauchope (member C-EBLM)
3. Evidence for implementing point of care testing – Karina Rodriguez-Capote (member C-EBLM)
4. Stopping tests and starting new test: Application of EBLM – Seema Bhargava (member C-EBLM)
5. Appropriate Stewardship in the Laboratory; Cut Out the Noise and Bring on Reflective Testing – Manal Elnenaei (CSCC member topic submitted as a roundtable discussion)

These talks were well received by over 100 on-line participants and led to interesting discussions.

The questions were addressed and written up for the CSCC October newsletter. Hopefully, there will be future collaboration and face to face meetings between the C-EBLM and CSCC/CCMG.
MAGLUMI® Special Test Menu

2019-nCoV IgG
2019-nCoV IgM
SARS-CoV-2 S-RBD IgG
hs-CRP
PCT (Procalcitonin)
IL-6 (Interleukin 6)
GAD 65
Anti-IA2
ICA
TRAb
17-OH Progesterone
AMH
Androstenedione
CA 50
CA 72-4
SCCA
ProGRP
HER-2
25-OH Vitamin D
Pepsinogen I
Pepsinogen II
Gastrin-17
GH (hGH)
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IGFBP-3
Anti-CCP
Anti-dsDNA IgG
ANA Screen

Broaded Automated CLIA Test Menu in the world with 163 Parameters
For the full test menu, please refer to Snibe official website: www.snibe.com
Versión en español: La capacitación una importante herramienta para enfrentar el SARS-CoV-2

by Dr. Maria del Carmen Pasquel
Member WG-IANT/RIA/CPD-IFCC
Member Consejo Editorial DIV
Corresponding member CPR

Desde que empezó la pandemia, la experiencia y conocimiento adquiridos por los profesionales de la salud no tuvieron fronteras para ser transmitidos a los involucrados en el equipo de salud de todo el mundo, lo que provocó un mayor acercamiento para el aprendizaje informático y acceder a conferencias, conversatorios, simposiums e inclusive congresos en el campo de lo virtual.

Se han podido dar a conocer plataformas con alto contenido informativo para la capacitación como es el caso de la Federación internacional de Química Clínica y Medicina de Laboratorio (IFCC) y sus diferentes divisiones, La Confederación Latinoamericana de Química Clínica (COLABIOCLI), y Sociedades científicas como Fundación Bioquímica Argentina (FBA), Sociedad Andaluza de Análisis Clínicos (SANAC), Sociedad Ecuatoriana de Bioquímica Clínica núcleo Pichincha, (SEBIOCLIP), Colegio Nacional de Bacteriólogos de Colombia (CNB), Asociación de Bioquímicos del Paraguay (ABP), entre otros, quienes se han unido para dar soporte técnico y científico, teniendo como prioridad la mejor atención en la salud del ser humano, ya se han realizado muchos y faltan otro grupo grande por presentarse. Mencionaremos algunos relevantes.

IFCC ha realizado:

- **IFCC Live webinar on COVID-19 Guidelines on Molecular, Serological and Biochemical/Hematological Testing**
  Speakers: Dr. Giuseppe Lippi (Italy), Dr. Khosrow Adeli Chair, and President IFCC (Canada) and Rita Horvarth (Australia). Date: September 23, 2020.

- **Advancing Internal and External Quality Assurance on Global Scale soon available on demand**
  Speakers: Sverre Sandberg (Norway), Mario Plebani (Italy), Graham Jones (Australia), Chair and President IFCC, Dr. Khosrow Adeli (Canada). Date: October 15, 2020.

La Confederación Latinoamericana de Bioquímica Clínica en colaboración con el Colegio Nacional de Bacteriología CNB COLOMBIA, invitaron a todos los profesionales dedicados al Laboratorio Clínico, a participar de los “Conversatorios COLABIOCLI” Los mismos que son:

- **RESPUESTA DE LOS LABORATORIOS DE SALUD PÚBLICA ANTE LA PANDEMIA COVID-19 LATINOAMERICA**
  8 de julio de 2020

Article continued on next page
• PLANIFICACIÓN ESTRATÉGICA DEL LABORATORIO CLÍNICO POST PANDEMIA
  29 de julio de 2020

• EL ROL DEL LABORATORIO EN TIEMPOS DE PANDEMIA
  05 de agosto de 2020

• ROL DE LOS PROFESIONALES BIOQUÍMICOS, DESAFÍOS ANTES, DURANTE Y DESPUÉS DE LA PANDEMIA
  26 de agosto de 2020

• BIOSEGURIDAD EN EL MARCO DE LA POST PANDEMIA
  2 de septiembre de 2020

• DESAFÍOS PARA LA FORMACIÓN PROFESIONAL, HERRAMIENTAS DE FORMACIÓN VIRTUAL
  23 de septiembre de 2020

• “GESTIÓN DE LA CALIDAD EN EL LABORATORIO CLÍNICO, SU CORPORACIÓN EN LA CURRICULA UNIVERSITARIA” FECHA DE TRANSMISIÓN
  7 de octubre de 2020

Todos los conversatorios han sido realizados por profesionales expertos en la medicina del laboratorio y fueron presentados por el Dr. Jean Marc Gabastou, Asesor Internacional de Emergencias en Salud de la Organización Panamericana de la Salud y el Dr. Alvaro Justiniano Grosz, Presidente de COLABIOCLI.

Adicionalmente en el marco del Taller Virtual para Docentes Universitarios: Gestión de la Calidad y Buenas Prácticas de Laboratorio, organizado por COLABIOCLI y la Organización Panamericana de la Salud (OPS), se están llevando a cabo cinco conversatorios. Los coordinadores son el Prof. Juan Pablo Grammatico, pionero del curso, además, la Prof. Dra. Juana Ortellado y la Dra. María del Carmen Pasquel. Este taller ha visto la posibilidad de ir fortaleciendo las relaciones entre COLABIOCLI y las Universidades de la región para liderar la Gestión de...
Calidad, con énfasis en la formación de docentes, para hablar de calidad desde la formación de los estudiantes universitarios.


Se invita a todos los profesionales que ingresen a las diferentes páginas webs de las Asociaciones, Organismos Internacionales de Salud y a las Sociedades Científicas y se beneficien de la valiosa información actualizada y gratuita que se encuentra en ellas.

SEBIOCLIP-SANAC live Webinar on: Diagnosis and follow-up of COVID-19, the clinical laboratory against pandemic. Date: June 23, 2020

IFCC live webinar on: COVID-19 Guidelines on Molecular, Serological and Biochemical/Hematological Testing Ecuadorian professional attending the presentation by Prof. Khosrow Adeli. Date: September 23, 2020

Article continued on next page
Training is an important tool to tackle SARS-CoV-2

Since the pandemic began, the experience and knowledge gained by health professionals was passed without boundaries to those involved in the health team around the world, prompting greater need for computer learning and access to virtual conferences, conversations, symposia and even congresses.

Platforms with high information content for training have been used. Examples are the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and its different divisions, the Latin American Confederation of Clinical Chemistry (COLABIOCLI), and Scientific Societies such as Fundación Bioquímica Argentina (FBA), Andalusian Society of Clinical Analysis (SANAC), Ecuadorian Society of Clinical Biochemistry Pichincha, (SEBI-OCLIP), National College of Bacteriologists of Colombia (CNB), Association of Biochemicals of Paraguay (ABP), among others, who have come together to provide technical and scientific support, having as a priority the best care in human health.

Many of them have already taken place and another large group is to be presented. We’ll mention some relevant ones.

IFCC has realized:

- **IFCC Live webinar on COVID-19 Guidelines on Molecular, Serological and Biochemical/Hematological Testing**
  Speakers: Dr. Giuseppe Lippi (Italy), Dr. Khosrow Adeli Chair, and President IFCC (Canada) and Rita Horvarth (Australia). Date: September 23, 2020.

- **Advancing Internal and External Quality Assurance on Global Scale soon available on demand**
  Speakers: Sverre Sandberg (Norway). Mario Plebani (Italy), Graham Jones (Australia), Chair and President IFCC, Dr. Khosrow Adeli (Canada). Date: October 15, 2020.

The Latin American Confederation of Clinical Biochemistry in collaboration with the National College of Bacteriology CNB COLOMBIA, invited all professionals dedicated to the Clinical Laboratory, to participate in the “COLABIOCLI Conversations, the following ones:

- **RESPONSE OF PUBLIC HEALTH LABORATORIES TO THE COVID-19 LATINOAMERICA PANDEMIC**
  July 8, 2020

- **STRATEGIC PLANNING OF THE POST PANDEMIC CLINICAL LABORATORY**
  July 29, 2020

- **THE LABORATORY ROLE IN PANDEMIC TIMES**
  August 05, 2020

- **ROLE OF BIOCHEMICAL PROFESSIONALS, CHALLENGES BEFORE, DURING AND AFTER THE PANDEMIC**
  August 26, 2020

- **BIOSECURITY IN THE PANDEMIC POST FRAMEWORK**
  September 2, 2020

- **CHALLENGES FOR PROFESSIONAL TRAINING, VIRTUAL TRAINING TOOLS**
  23 September 2020

- **“QUALITY MANAGEMENT IN THE CLINICAL LABORATORY, YOUR CORPORATION IN THE UNIVERSITY CURRICULA” TRANSMISSION DATE**
  October 7, 2020
All conversations have been conducted by expert professionals in laboratory medicine and were presented by Dr. Jean Marc Gabastou, International Health Emergency Advisor of the Pan American Health Organization (PAHO) and Dr. Alvaro Justiniano Grosz, President of COLABIOCLI.

In addition, five meetings took place within the framework of the Virtual Workshop for University Teachers: Quality Management and Good Laboratory Practices, organized by COLABIOCLI, and the PAHO. The coordinators are Prof. Juan Pablo Grammatico, pioneer of the course, also Prof. Dr. Juana Ortellado and Dr. María del Carmen Pasquel. This workshop was about the possibility of strengthening the relations between COLABIOCLI and the Universities of the region to lead Quality Management, with an emphasis on teacher and students training on quality.

All webinars can be viewed again on the IFCC website: https://www.ifcc.org/; and on the COLABIOCLI web pages: https://colabiocli.com/webinars/.

All professionals are invited to enter the websites of the Associations, International Health Agencies and Scientific Societies and benefit from the valuable up-to-date and free information in them.

**Update from the IFCC Committee on Point-of-Care Testing (C-POCT)**

by Adil I. Khan  
Chair, IFCC Committee on Point of Care Testing (C-POCT)

The year 2020 started like any other year: flurries of e-mails discussing plans for upcoming conferences and future ones. In the background however, a viral outbreak was unfolding that would become the COVID-19 pandemic and change how we socially interact both at scientific and non-scientific levels.

The first "victim” involving the IFCC was the World Lab Congress, planned to be held in May 2020 with the associated events, including the Point-of-Care Testing Satellite Meeting. The main World Lab meeting and POCT Satellite Meeting in Seoul have now been postponed to June 26-30th May 2022.

The POCT Satellite Meeting had been organized such that in addition to an array of interesting and relevant topics, there would also be an industry session where vendors would talk about their latest POC instrumentation. We had obtained good industry support and it is hoped that we will be able to muster this support again in June 2022.

Due to the POCT explosion not only in hospitals but in out-of-hospital settings the Committee on Mobile Health and Bioengineering in Laboratory Medicine (Emerging Technology Division), the Committee on Point-of-Care Testing, (Education and Management Division), and the Critical and Point-of-Care Testing Division (American Association of Clinical Chemistry) have partnered and put together a program (“POCT: Making the Point”) to be held at the University of Tor Vergata, in Rome, Italy for March 15-16, 2021. COVID-19 caused this to be moved to August/September of 2021 and most likely it will be a hybrid meeting with in-person and virtual meetings format.

Dr. Adil I. Khan
On other fronts, the C-POCT members have been active in writing articles related to POCT for *Practical Laboratory Medicine* (Guest Editor, Dr. Julie Shaw) and *Archives of Pathology and Laboratory Medicine* (Guest Editor Dr. Adil Khan) in addition to finalizing a position paper on POCT in settings outside the hospital. As technology improves, POC testing is becoming more prevalent in environments outside the hospital. This position paper will address responsibilities of vendors as well as laboratories in guiding healthcare workers as well as the consumer as they use POCT instruments to test for and monitor disease. It has been a very challenging year not only for healthcare workers but for everyone since COVID-19 directly impinges on our social interactions. However, humankind’s innate motivation to adapt to challenges and move forward has allowed us to use more extensively and creatively video conferencing technology that already existed, but was associated with a certain inertia to use it profusely. This pandemic has pushed us “over the brink” as it were to, and heralded an era where improved virtual meetings or hybrid in-person/virtual meetings is allowing a greater audience to reach and is pushing forward the IFCC goals of best laboratory practices and knowledge of laboratory medicine and instrumentation.

Adil I. Khan, MSc, PhD is an Associate Professor of Pathology at the Lewis Katz School of Medicine, Temple University, in Philadelphia and the Director for Point-of-Care Testing and Clinical Chemistry for the Temple University Health System. He is also the Chair of the IFCC Committee on Point-of-Care Testing.

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**News from the IFCC Website**

The IFCC is pleased to publish an online resource providing key information on laboratory guidelines, biosafety, and other important resources to assist member societies around the world and their clinical laboratories as they face the challenges posed by the COVID-19 outbreak.

*The page is constantly updated with the most recent information on a biweekly basis.*

**IFCC Information Guide on COVID-19**

– a Summary of the Guide in Spanish and Czech is also available

Coronavirus disease 2019, abbreviated to COVID-19, is an emerging global pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). As the number of individuals infected with COVID-19 continues to rise globally and healthcare systems become increasingly stressed, it is clear that the clinical laboratory will play an essential role in this crisis, contributing to patient screening, diagnosis, monitoring/treatment, as well as epidemiologic recovery/surveillance. This guide aims to organize relevant available information on laboratory screening, testing protocols, diagnosis, and other general information on COVID-19 for laboratory professionals, including links to helpful resources and interim guidelines. It will be continually updated as new guidelines and literature become available.

[Read more](#)
Call for manuscript submissions for a thematic eJIFCC issue on “Measurably Better Healthcare”

Guest Editors for the special issue: Ellie Dow and Tim James

The clinical laboratory has always played an essential role in high quality healthcare. Appreciating the link between clinical data and medical decision making has been widely communicated for decades. Less frequently recognized, however, is the power of the clinical laboratory to drive measurable benefits for patients, payers and entire health systems.

Best practices of measurably better healthcare exist across the globe, and tend to involve coordinated, cross-disciplinary, and evidence-based collaborations for the implementation and activation of new clinical care pathways.

- Have you partnered with clinical colleagues to achieve measurably improved outcomes?
- What key performance indicators (KPIs) were improved and how?
- Who received the benefit and how was it measured?

This is your chance to publish your best practice

- How did laboratory data improve patient outcomes?
- What clinical algorithms helped identify at-risk individuals before they become “patients”?
- What biomarker-guided processes have enabled new strategic approaches to diagnostic optimization, disease management, therapeutic intervention, care optimization or improved population health?

Submit a paper on “Measurably Better Healthcare” to be published in this thematic issue of the eJIFCC that is a PubMed listed, platinum open access journal with a CiteScore of 0.8

Important deadlines and Next Steps

- Deadline for all submissions (original articles, critical reviews and case studies): November 15, 2020
- Manuscripts to be submitted by e-mail to ejifcc@ifcc.org with a copy to ejifccspecialissue@gmail.com

Guest Editors

- Ellie Dow, LRCP, MRCS, Ph.D., FRCPath, Consultant in Biochemical Medicine, Blood Sciences, NHS Tayside, Dundee, Scotland
- Tim James, Ph.D., Head Biomedical Scientist, Clinical Biochemistry Department, John Radcliffe Hospital, Oxford, England
Value and Impact of Laboratory Medicine in Patient Care: Developing the Evidence

25th November, 2020

Presentations will include:

- Critical role of the clinical laboratory in healthcare delivery: What is the Evidence?
- The Essential Need for New Retrospective and Prospective Outcome Studies
- A New IFCC Strategy to Develop the Evidence in Key Areas of Clinical Medicine

Details for this webinar will be available in due time.

IFCC Webinars:

- **COVID-19 Guidelines on Molecular, Serological and Biochemical/Hematological Testing**
  Broadcast: 23rd September 2020
  *On Demand content is available by* clicking on this link.

- **Advancing Internal and External Quality Assurance on Global Scale available on-demand**
  Broadcast: 15th October 2020
  *On Demand content is available by* clicking on this link.

- **Expanding Newborn Screening Globally: Reducing Infant Mortality Through Early Diagnosis was**
  Broadcast: 4th November 2020
  *On Demand content is available by* clicking on this link.
The following calls for nominations are currently open:

EDUCATION AND MANAGEMENT DIVISION

- **Executive Committee**: one member position

- **Committee on Point of Care Testing (C-POCT)**: one corporate member position
  - Deadline to receive nominations and supporting documents has been extended to December 10, 2020.

EMD nominations should be sent to Silvia Cardinale at the IFCC office (cardinale@ifcc.org).

SCIENTIFIC DIVISION

- **Executive Committee**: Secretary position
  - Deadline to receive nominations and supporting documents: 10th December 2020.

- **Nomenclature, Properties and Units (C-NPU) in collaboration with International Union of Pure and Applied Chemistry (IUPAC)**: one member position
  - Deadline to receive nominations and supporting documents: 10th December 2020.

SD nominations should be sent to Paola Bramati at the IFCC office (paola.bramati@ifcc.org).

TASK FORCES

- **New IFCC Taskforce on Global eLearning/eAcademy (TF-GEL)**: Chair and 4 full members
  - Time in office 2021-2023.
  - Deadline to receive nominations and supporting documents is 15th November, 2020.

Above Task Forces nominations should be sent to Paola Bramati at the IFCC office (paola.bramati@ifcc.org).

If you are interested, please refer to your National Representative or Corporate Representative for information on procedures for nominations. Find your representative here.
CRITICAL ROLE OF CLINICAL LABORATORIES IN THE COVID-19 PANDEMIC

IFCC GLOBAL CONFERENCE ON COVID-19 (SECOND ANNOUNCEMENT)

FEBRUARY 15–17, 2021

IFCC Scientific Symposia will be presented in the morning. Afternoon will be mostly dedicated to industry Educational Workshops.

TIME SCHEDULE: PROGRAMME WILL START AT 08.00 AM, US EASTERN TIME (CORRESPONDING TO: 14.00 ROME; 21.00 BEIJING)

All sessions will be recorded and fully available for registered people.
COVID-19 sheds a harsh light on global demographic reality. According to the United Nations report “World Population Ageing 2019”, the worldwide population included 703 million people age 65 and above in 2019. This number should reach 1.5 billion in 2050. This section of the population has grown from 6% of the total in 1990 to 9% in 2019 and should reach 16% in thirty years, or one out of every six people.

There is something strange about this coronavirus pandemic. Even after months of extensive research by the global scientific community, many questions remain open. We heard many explanations for the widely differing spread trajectories over the past nine months—weather, prior immunity, herd immunity, and elderly populations—but none of them explains the timing of the widespread rises and how to control this pathogenic virus. The SARS-CoV-2 virus can spread before symptoms appear and does so most easily through five P’s: people in prolonged, poorly ventilated, protection-free proximity. The coronavirus also infects young people, but from the first signs of the epidemic, the population in the crosshairs as the most vulnerable remains those aged 65 and over. They are the ones who most often succumb to the epidemic, who make up the most severe cases and who increase the cohort of ICU patients and drive the rising gruesome death toll. The mortality curves are explicit.

The majority of affected countries emphasize senior fragility. In France, treating seniors differently was even considered, envisaging targeted confinement, a discrimination that was quickly dropped in the face of general outcry. This senior fragility vis-à-vis COVID-19 means that they will be at greater risk of contracting the coronavirus than other population categories. The older people or those with preexisting comorbidities are far more likely to have severe complications or die from the disease.

It is important to highlight the important role of demography. This science of population may help to understand how the age structure of a population explains differences in fatality rates across countries and how transmission unfolds in populations with similar population sizes but different age structures, showing a dramatically higher burden of mortality in countries with older versus younger populations.

The powerful interaction of demography and current age-specific mortality for COVID-19 suggests that policies to slow transmission should consider the age composition of local and national contexts as well as...
the estimated extent of human-to-human contact, intergenerational interactions and the level of restriction to which each country was subjected, factors that influence R0. Also, it is essential for countries to provide case and fatality data disaggregated by age and sex to determine age group susceptibility more definitively, but above all to improve real-time targeted forecasting of hospitalization and critical care needs.

Cultural and institutional reasons may explain the deviation in fatality rate between countries. South Korea for example has been practicing sustained vigilance—with massive testing, tracing, and isolating regime. The country whose population is aging, has recorded in the beginning fewer deaths in this section of society. One hypothesis would be that in those above age 75, South Korea has a recorded rate of seasonal flu vaccination close to 75%, a rate nearly identical in Germany and England, while in France, this rate drops to 48%. If such flu vaccination coverage could partially explain lower mortality, this would mean that immune systems spared by the flu can therefore resist coronavirus a little better. This is encouraging in these times of COVID-19 for influenza vaccination awareness campaigns: “Protected together, Vaccines works!”

The diseases that increase mortality rates in COVID-19 patients are precisely those diseases that are common in seniors such as cardiovascular disease, diabetes, chronic respiratory disease, hypertension and cancer. Moreover, the body’s immune response changes with age. The lungs, the primary organs affected by coronavirus, are less flexible and resistant at advanced age. To understand why and to identify biomarkers to predict which patients with chronic disease will progress to a severe form of COVID-19 requiring ICU care is therefore a research priority to better manage these patients and increase their chances of survival.

Today, more than ever, Laboratory medicine specialists are organizing and coordinating to address mass screening. Testing is a non-optional problem. Tests permit us to do the most basic task in disease control: Identify the sick, and separate them from the well. When tests are abundant, they can dispel the fear of contagion. The only thing that makes a difference in public health is testing. RT-PCR tests identify RNA segments of the coronavirus in samples from nasal swabs—like looking for its signature. Such diagnostic tests are measured on two different dimensions: Are they good at identifying people who are not infected (specificity), and are they good at identifying people who are infected (sensitivity)? RT-PCR tests are highly accurate for both dimensions. However, RT-PCR tests are also slow and expensive, and they require a long, uncomfortable swab up the nose at a “medical” facility. The slow processing times means that people don’t get timely information when they need it.

Testing strategies with the new generation of antigen tests are becoming more agile. These antigen tests work by detecting a coronavirus protein via an antigen-antibody action. Their use, according to Prof. Bruno Lina, international center for infectiology research-Lyon (FR), is not superposable with RT-PCR testing. They are much faster, but with a decreased sensitivity. They are read on a strip that contains two bands of antibodies: one which serves as the control with ubiquitous antibodies and the second with antibodies (Ab) directed against the coronavirus protein; if the proteins are carried along by migration on the strip, there is a color reaction to detect the viral protein. Elder care facilities in France are once again in the spotlight, with the appearance of new clusters and a rapid increase in the number of positive cases since the beginning of fall, combined with a resumption of mortality. Antigen testing may be useful to perform triage in patients in elder care facilities in situations at high risk of positivity or can be used, for example, in longitudinal surveillance when populations must be monitored regularly, such as athletes or caregivers, with RT-PCR testing remaining necessary for confirmation.

To the extent that infections are increasing again along with fears of health crises, new coronavirus restrictions such as curfew have been introduced in several countries. This does not happen without some confusion and isolation in the elderly. It is an issue to be addressed with a great deal of care and respect. Binding, connecting, bonding and relating are all variations that should be preserved to form a
human community animated by a sense of common responsibility, faced with the challenges of the disease. How can we ignore the fact that only networks of new solidarities will allow society to withstand the shock and resist entropy, this force of disintegration? The forces of disconnection exist and they are not negligible but they are not irresolvable either. It is up to us to oppose them with a willingness to work for the unity of society and, more broadly, the unity of the one human family that we form. The ability to connect and share appears to be the condition of our future.

Shock videos in France, Spain and the Canary Islands have been and are being broadcast to educate the population about preventative measures. The videos show various events of daily life, at the office, at school or at home, where the protagonists do not consistently apply preventative measures and in which a family birthday turns to drama. However, there is some concern about these messages, which force us to be accountable through the reasonable and reasoned fear of being contaminated and of causing contamination. This fear certainly encourages mask-wearing and preventative measures, but also leads to making family members feel guilty about putting the elderly in mortal danger. This is a prevention message certainly, but also a direct intrusion into everyone’s most private life.

Catherine Ollivet of France Alzheimer and president of the center for ethical reflection, emphasized in a recent forum that it is no longer a particular event bringing together various, and perhaps too many, family members and friends, but indeed intrusion into simple everyday life. A single message, she writes, pervades people’s minds today: love kills, family kills, human and emotional bond kills, friendship kills. It is therefore appropriate from now on to stop loving, to refrain from loving, because of its obvious corollaries. Seeing, touching, smiling can make you guilty of killing. Preventative measures to “protect” residents in senior care facilities from their loved ones have never been greater, and there are good arguments for making the conditions for a normal relationship with their family difficult, if not impossible, to achieve. How many residents can be displaced from their rooms and find themselves disoriented and forced to go into a COVID unit without this leading to further behavioral disturbances and further devastating anxieties and heartache? She reminds us that the AIDS years, more than 30 years ago, have since shed light on so many other ethical paths, relating not only to the duties in professional healthcare practices of humanity and respect for the people treated, but also to these same duties for the whole of society. In a few months of the pandemic spreading as a result of disorderly health communication and rivalries between medical and health specialists, between predictive epidemiologists and politicians, but always under the “all-seeing” eye of cameras magnifying media positions, it seems that these values of humanity and respect have been swallowed up so that we no longer know and recognize distrust of oneself and of others, the fear for oneself and for others.

The term “lockdown” has done a lot of damage. It exacerbated the false binary between shutting down and opening up. The pandemic grew huge in scope, entangling every aspect of society, and maxing out our capacity to deal with complexity. The grand challenge now is, how can we adjust our thinking to match the problem before us? We are living unprecedented moments in global society, raising fundamental questions about how we are living as individuals, and collectively. Will an ageing population mean people experience longer periods of good health and wellbeing, or will it be associated with a higher burden of illness and dependence on others? COVID-19 needs to be also understood as a wake-up call to ensure adequate care for the elderly. The principle of solidarity and protection, which is employed in social health care insurance schemes, also applies to the coronavirus pandemic. More emphasis and adequate solutions with a focus on the elderly in these times of pandemic is needed.

In the meantime, one of the characteristics, among many others, of this health crisis, will have been to show us under a harsh and cruel light, something that has already been evident: “The worst abuse is believing that you are benevolent” (Hannah Arendt,1906-1975, bequeathing us her ethics of thought).
The UNIVANTS of Healthcare Excellence Award program celebrates teams who have achieved measurably better outcomes in healthcare.

If you are a team of UNIFIERS who have applied AVANT-GARDE approaches to achieve better healthcare outcomes, learn more and apply at UnivantsHCE.com.
Laboratory medicine professionals in Africa have acknowledged even prior to the pandemic that increased access to online meetings is necessary to bring down costs as well as keeping members in touch. Prof. Tahir Pillay from the Department of Chemical Pathology at the University of Pretoria reported that he has been using Zoom for a number of years in his department in IFCC e-news of September 2020. COVID-19 accelerated the need of online meetings and during the lockdown, the South African Association for Clinical Biochemistry and Laboratory Medicine (SAACB) adopted online meetings to manage professional activities as well as supporting each other through this difficult times.

The lesson from SAACB’S experience of Zoom is Zoom’s crucial importance as far as online meetings are concerned in Africa. Malawi Association of Medical Laboratory Scientists (MAMLS) adopted Zoom meetings by launching leadership seminar series.

Our first seminar was on 9th September 2020 and Dr. Graham Beastall (UK) presented a talk on “leadership for changing world of laboratory medicine”.

In our recent seminar, we hosted Prof. Rajiv Erasmus (South Africa) and Dr. Ashlin Rampul, a member of the IFCC Young Scientist Task Force. We extended our invitation to the undergraduate students, postgraduate students and young scientists from South Africa. A total of 50 persons participated in the session. Prof Erasmus spoke on “Ethical leadership” and Dr. Rampul introduced the IFCC Young Scientist programme and made a presentation on the topic of “Conducting research as a young scientist”.

Both programmes were well received and MAMLS plans to organize further Zoom seminars. We are grateful to the speakers for their time and the fascinating topics they presented.
New recent EFLM publications

*****

The CRESS checklist for reporting stability studies: on behalf of the European Federation of Clinical Chemistry and of the Laboratory Medicine (EFLM) Working Group for the Preanalytical Phase (WG-PRE)


Reported by Tara Rolić, member of the EFLM WG-Promotion & Publications

On behalf of the Working Group for the Preanalytical Phase (WG-PRE), of the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) the Checklist for Reporting Stability Studies (CRESS) was published. The checklist is composed of twenty points, which researchers, authors, reviewers, and journal editors should incorporate as a guide for performing and reporting on stability studies.

Reports should be accurate and of clinical utility. CRESS checklist provides standard of reporting and easy assessment of transferability of studies to other healthcare settings. The EFLM WG-PRE encourage researchers to use the CRESS checklist as a guide to planning stability studies and to produce standardized reporting of the future stability studies.

*****

Biological variation of morning serum cortisol: Updated estimates from the European biological variation study (EuBIVAS) and meta-analysis


Updated estimates from the European biological variation study (EuBIVAS) and meta-analysis


Cresses M, Simundic AM, Cadamuro J, et al., The CRESS checklist for reporting stability studies: on behalf of the EFLM, WG-PRE, CCLM, 2020

https://doi.org/10.1515/cclm-2020-0061

Article continued on next page
Biological variation (BV) data and its application have been used widely in laboratory and clinical practice. Some of them are variation within individual (CVI) and between individuals (CVG), index of individuality (II), analytical performance specification for CV and bias, and reference change value (RCV). To make accessible the appropriate BV data to all people EFLM Biological variation Working Group (WG-BV) has started to work intensively and finally, such that the EFLM Biological Variation Database was introduced during 2019.

The BV studies done by The European Biological Variation Study (EuBIVAS) are increasing steadily, and this one informs us about morning serum cortisol. If we look at the results of the study, we will see while the CVI values of the groups are similar to each other, women have significantly higher CVG and mean values than men, especially premenopausal women have the highest values.

Furthermore, higher CVG values in women result in the lower index of individuality (<0.6). In this situation, we could say general cortisol reference ranges are less valuable for females. In conclusion, the reported meta-analysis highlights the disagreements between previously published studies, and further emphasizes the importance of EuBIVAS initiative.

*****
Preparation of the document – a pioneering project in the clinical laboratory field in our country – will be preceded by a survey of sector professionals

The Spanish Society of Laboratory Medicine is preparing a White Book to provide information on the current situation and the challenges of the clinical laboratory

.Shape The SEQC ML hopes to be able to offer proposals for improvement for laboratories and their professionals.

.Shape This initiative is part of the Strategic Plan of the Society and represents a commitment made by the Board of Directors at the Conference on the Future of Laboratory Medicine held in Zaragoza.

MADRID – SEPTEMBER 2, 2020

The Spanish Society of Laboratory Medicine (SEQC ML) has begun work on the preparation of a White Book on Laboratory Medicine in Spain, a document that seeks to summarize the situation of public and private laboratories and their professionals. This is the first time that an initiative of this kind has been carried out in the clinical laboratory field in our country.

As the first phase in the preparation of this White Book, the Society is carrying out a comprehensive national survey among various Clinical Laboratory professionals so as to have all the necessary information.

The survey will gather information on issues such as the organizational model, resources available, the number of tests that must be done, their resolution capacity, the accreditation and training plans carried out, as well as the teaching and research activity, quality control, and challenges for the future.

As stated by the president of the SEQC ML, Dr. Imma Caballé, “full knowledge of the current state of the specialty of Laboratory Medicine requires gathering basic information about the current situation. But also, through this initiative, we will not only obtain a picture of the number of laboratories, professionals, activity, etc. of our specialty, but also trends and future projects will be revealed”.

“The final objective of the survey is to facilitate decision-making based on objective information,” indicated Dr. Antonio Buño, vice president of SEQC ML. For this reason – he adds – once finished and analyzed,
the SEQCML will proceed to the publication of the final report, in such a way that it is accessible not only to members, but also to political leaders, managers, professionals, and other agents involved”.

The White Book is one of the major projects of the Society. In fact, it is part of its Strategic Plan, explains its president, who points out that “it is also a commitment on the part of the Board of Directors that we made at the Conference on the Future of Laboratory Medicine held in Zaragoza”.

**DETAILED INFORMATION ON THE OPERATION OF CLINICAL LABORATORIES**

The purpose of the survey is to know the operation of the clinical laboratories in our country in more detail, in order later to be summarized in the White Book.

In this sense, the study is interested in aspects such as the origin of requests received by laboratories (Primary Care, Emergency, hospitals, specialists, etc.), or if there is an organic dependence on a service or a model of continuing care.

Likewise, both qualitative and quantitative data (number of employees, for example) on laboratory operations are being requested. There is also interest in other activities related to the management carried out by laboratory professionals, such as attendance at clinical commissions, the acquisition of equipment and reagents, and participation in the laboratory’s business strategy.

**CHALLENGES FOR THE FUTURE**

Regarding future challenges, the survey asks that clinical laboratory specialists assess the importance of the main challenges they face, including the integration and consolidation of their own center, the emergence of new specialties, patient response times, the attraction and retention of talent, the temporal characteristics of personnel, the capacity for carrying out research and clinical trials, certification and accreditation, teaching, innovation, and big data.

The White Book seeks to establish a series of guidelines so that laboratories can face the changes that are expected in coming years. In this respect, respondents are also asked about their continuous improvement programs and their environmental and waste management programs.

***

**About the Spanish Society of Laboratory Medicine (SEQCML)**

The Spanish Society of Laboratory Medicine (SEQCML) –founded in 1976– is an active member of IFCC and EFLM. SEQCML currently includes almost 3,000 professionals, and its main objectives are to bring together all scientists interested in the field of Laboratory Medicine, promote the dissemination of scientific and technical publications, organize meetings, courses and congresses of national and international character, cooperate with other Scientific Societies, and defend and promote the specialties of the field of Laboratory Medicine as well as those of its members. Likewise, the Society wishes to contribute to studying and recommending methods and guides, and to establishing guidelines and recommendations for training in the field of Laboratory Medicine.


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@SEQC_ML
Residentes del Laboratorio Clínico - SEQC
SEQC-ML
segresidentes

***
## IFCC's Calendar of Congresses, Conferences & Events

We advise readers to keep up-to-date about the evolving situation and possible rescheduled dates. Contact organizing secretariats for updates on upcoming events.

### Calendar of IFCC Congresses/Conferences and Regional Federations' Congresses

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 25, 2020</td>
<td>IFCC Live Webinar Series – Fall 2020: Value and Impact of Laboratory Medicine in Patient Care: Developing the Evidence</td>
<td>IFCC Live webinar</td>
</tr>
<tr>
<td>Feb 15 - 17, 2021</td>
<td>Critical Role of Clinical Laboratories in COVID-19 PANDEMIC</td>
<td>Virtual conference</td>
</tr>
<tr>
<td>May 27 - 29, 2021</td>
<td>AFCB Congress 2021</td>
<td>Beirut, LB</td>
</tr>
<tr>
<td>Sep 23 - 25, 2021</td>
<td>AFCC Congress 2021</td>
<td>Lusaka, ZM</td>
</tr>
<tr>
<td>Nov 28 - Dec 2, 2021</td>
<td>XXIV IFCC - EFLM EuroMedLab Munich 2021</td>
<td>Munich, DE</td>
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</tbody>
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Calendar continued on next page
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 6 - 7, 2021</td>
<td>IFCC-ICHCLR Workshop on overcoming challenges to global standardization of clinical laboratory testing: reference materials and regulations</td>
<td>Paris, FR</td>
</tr>
<tr>
<td>Mar 28 - Apr 2, 2022</td>
<td>XXV COLABIOCLI Congress</td>
<td>Leon, MX</td>
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<tr>
<td>Oct 15 - 18, 2022</td>
<td>XVI APFCB Congress 2022</td>
<td>Sydney, AU</td>
</tr>
<tr>
<td>May 21 - 25, 2023</td>
<td>XXV IFCC - EFLM WorldLab EuroMedLab - Rome 2023</td>
<td>Rome, IT</td>
</tr>
<tr>
<td>New date TBA</td>
<td>International Congress of Pediatric Laboratory Medicine</td>
<td>TBA</td>
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<tr>
<td>New date TBA</td>
<td>IFCC Forum for Young Scientists</td>
<td>TBA</td>
</tr>
</tbody>
</table>
## Other events with IFCC auspices

We advise readers to keep up-to-date about the evolving situation and possible rescheduled dates. Contact organizing secretariats for updates on upcoming events.

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
<th>Location/Format</th>
</tr>
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<tbody>
<tr>
<td>Feb 20 - Nov 15, 2020</td>
<td>Virtual Diploma in Control of Analytical Quality in the Clinical Laboratory</td>
<td>Mexico - online series of lectures</td>
</tr>
<tr>
<td>Jun 3, 2020 - Jan 3, 2021</td>
<td>Virtual Postgraduate Course of Clinical Biochemistry</td>
<td>Mexico virtual page</td>
</tr>
<tr>
<td>Jul 1, 2020 - Apr 30, 2021</td>
<td>International Diploma in Quality Management According to ISO 15189</td>
<td>Mexico online event</td>
</tr>
<tr>
<td>Sep 3, 2020 - Dec 15, 2020</td>
<td>Course on Analytical Quality Control from ABC to SIGMA</td>
<td>Mexico online event</td>
</tr>
<tr>
<td>Nov 9 - 11, 2020</td>
<td>16th National and 7th International Congress of Biochemistry and Molecular Biology</td>
<td>Iran online event</td>
</tr>
<tr>
<td>Nov 10 - 19, 2020</td>
<td>The Fourth International Congress on Biomedicine</td>
<td>Iran online event</td>
</tr>
<tr>
<td>Dec 1 - 3, 2020</td>
<td>6th Annual Meeting (virtual), Saudi Society for Clinical Chemistry</td>
<td>Saudi Arabia online event</td>
</tr>
<tr>
<td>Dec 3 - 4, 2020</td>
<td>IX Molecular Cytology - Across the Ocean</td>
<td>Italy online event</td>
</tr>
<tr>
<td>Dec 7 - 8, 2020</td>
<td>6th Serbian Biomarker Symposium (SERBIS): Lipid Metabolism in Health and Disease</td>
<td>Belgrade, SRB</td>
</tr>
<tr>
<td>Dec 9 - 10, 2020</td>
<td>7th Serbian Biomarker Symposium (SERBIS): Biomarkers of gastrointestinal diseases</td>
<td>Belgrade, SRB</td>
</tr>
<tr>
<td>Dec 18 - 20, 2020</td>
<td>Turkish Biochemical Society 31st National Biochemistry Congress</td>
<td>Turkey online event</td>
</tr>
<tr>
<td>Mar 4 - 5, 2021</td>
<td>XVIII Meeting of the SEQCML Scientific Committee</td>
<td>Madrid, ES</td>
</tr>
<tr>
<td>Mar 15 - 16, 2021</td>
<td>POCT: Making the point</td>
<td>Rome, IT</td>
</tr>
<tr>
<td>Apr 14 - 16, 2021</td>
<td>XXII Serbian Congress of Medical Biochemistry and Laboratory Medicine and 16th Symposium for Balkan Region</td>
<td>Belgrade, SRB</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>May 24 - 27, 2021</td>
<td>10th Santorini Conference “Systems medicine and personalized health and therapy” – “The odyssey from hope to practice: Patient first – Keeps Ithaca always in your mind”</td>
<td>Santorini, GR</td>
</tr>
<tr>
<td>May 27 - 29, 2021</td>
<td>II National Meeting Conquilab and Technological</td>
<td>Mazatlan, MX</td>
</tr>
<tr>
<td>Jun 10 - 11, 2021</td>
<td>8th International Symposium on Critical Care Testing and Blood Gases</td>
<td>Biarritz, FR</td>
</tr>
<tr>
<td>Oct 6 - 8, 2021</td>
<td>4èmes Journées Francophone de Biologie Médicale</td>
<td>Rennes, FR</td>
</tr>
<tr>
<td>Oct 8 - 11, 2021</td>
<td>46th ISOBM Congress</td>
<td>Bled, SI</td>
</tr>
<tr>
<td>Feb 10 - 11, 2022</td>
<td>International Congress on Quality in Laboratory Medicine</td>
<td>Helsinki, FI</td>
</tr>
<tr>
<td>New date TBA</td>
<td>The 13th International &amp; 18th National Congress on Quality Improvement in Clinical Laboratories</td>
<td>Tehran, IR</td>
</tr>
<tr>
<td>New date TBA</td>
<td>VI Jornadas Bioquímicas de Cuyo 2020</td>
<td>San Luis, AR</td>
</tr>
<tr>
<td>New date TBA</td>
<td>LabMed Next</td>
<td>Rome, IT</td>
</tr>
<tr>
<td>New date TBA</td>
<td>24th International Conference on Laboratory Medicine and Pathobiology: An Expert Forum on Innovation in Clinical and Laboratory Medical Sciences</td>
<td>Samos, GR</td>
</tr>
<tr>
<td>New date TBA</td>
<td>14th CIRME International Scientific Meeting &quot;Implementation of metrological traceability in laboratory medicine: where we are and what is missing&quot;</td>
<td>Milan, IT</td>
</tr>
<tr>
<td>New date TBA</td>
<td>54èmes Journées de Biologie Praticienne - JBP</td>
<td>Paris, FR</td>
</tr>
</tbody>
</table>
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- France: French National Network of Accredited Laboratories of Medical Biology (LABAC)
- India: Association of Medical Biochemists of India (AMBI)
- Iran: Iranian Association of Clinical Laboratory Doctors (IACLD)
- Jordan: Society for Medical Biochemistry and Molecular Biology (SCML)
- Kazakhstan: Public Association - Federation of Laboratory Medicine (FLM)
- Mexico: Sociedad Mexicana de Patología y Medicina Clínica (SMPMC)
- Nepal: Nepal Association of Clinical Chemistry (NACC)
- Philippines: Philippine Council for Quality Assurance in Clinical Laboratories (PCQA)
- Romania: Order of the Biochemists, Biologists, Chemists in Romanian Health System (OBBCSR)
- Serbia: Serbian Society for Clinical Laboratory Medicine and Science (SCML)
- Spain: Andalusian Society for Clinical Analysis and Laboratory Medicine (SANAC)
- Turkey: Society of Clinical Biochemistry Specialists (KBUD)
- Ukraine: Association for Quality Assurance of Laboratory Medicine (AQALM)
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Division (CPD) of the IFCC

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N° 3 – March: by mid February
N° 4 – April: by mid March
N° 5 – May: by mid April
N° 6 – June: by mid May
N° 7/8 – July/August: by mid June
N° 9 – September: by mid August
N° 10 – October: by mid September
N° 11 – November: by mid October
N° 12 – December: by mid November

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Katherina Psarra, Editor, IFCC eNews
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