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Dear colleagues,

The blue sea is waiting for us, it can cure most of our worries, it offers relaxation and hope. Well, I know, I am writing to you from a blue country, where the sea is at its best, but I wish you a beautiful summer, I hope you will have some rest, you will feel much better.

I trust you appreciated a lot the really interesting webinar about risk management in clinical laboratories. So much information, presented by very good teachers. Let’s try to apply it in our labs. We are looking forward to the next one on Clinical Applications of Thrombosis and Hemostasis, to be held on June 6th.

In the message from our president, Prof. Khosrow Adeli, you can find announcements about some very important matters for the IFCC, like the establishment of two new Task Forces, the IFCC Task Force on Outcome Studies in Laboratory Medicine (TF-OSLM) and the IFCC Task Force on Global Reference Interval Database (TF-GRID). Take some time and go through their goals. You may be your society’s best candidate for a position in them.

This June issue of the eNews is not especially lengthy. It does give you the opportunity to read about a new example of excellent teamwork, awarded by Univants, about thyroid dysfunction during pregnancy.

Go through the issue, dear colleagues. I am sure that you will find a lot of interesting information and get prepared for wonderful and safe vacations. We want you back refreshed and ready for our meetings (hopefully in person) to come! And, Dr Gouget, please, don’t forget us next time! Our eNews is always richer for your contributions.

Katherina Psarra
IFCC President’s message – June 2021

My cordial greetings and compliments of the Summer season to you all in the IFCC family. So far, 2021 has been an extremely productive year for IFCC and we hope to continue this progress into the Summer with the establishment of new Task Forces and continuation of the global Live Webinar Series.

First, I am delighted to share that we have initiated the establishment of the **IFCC Task Force on Outcome Studies in Laboratory Medicine (TF-OSLM)**. This task force will promote the value of laboratory medicine by gathering evidence to demonstrate the critical role of laboratory medicine in clinical decision making and healthcare delivery as well as communicating these findings to key stakeholders and the public. Developing the evidence to support the value of laboratory medicine in patient care is a key component of our long-term strategy to promote the importance of diagnostic medicine in both patient care as well as public health. The TF-OSLM will aid in the development of a funded research program to assist scientists in institutions around the world with conducting both retrospective and prospective studies to assess outcomes related to the value of laboratory medicine in healthcare. Future plans also include the creation of a database for IFCC members that contains publications that demonstrate this value. A call for nominations was sent out on May 19 to IFCC National Societies and corporate members.

Alongside the TF-OSLM, formation of the **IFCC Task Force on Global Reference Interval Database (TF-GRID)** is underway. A call for nomination has just been sent out. The primary aim of this task force will be the creation of a global reference interval database, which will act as a key resource on pediatric, adult, and geriatric reference intervals for both IFCC members and non-members. An IFCC Reference Interval Website is under development that will highlight major reference interval studies from around the world and should be available online by the end of June. Thereafter, it will evolve into a searchable database that will aid healthcare and laboratory professionals both within and outside of the IFCC organization and facilitate accurate test result interpretation. Once established, this database will facilitate harmonization of reference intervals and comparison of data between regions around the world.

In addition to the creation of these new task forces, the **IFCC Live Webinar Series** will continue to provide monthly global webinars on all topics relevant to the field of laboratory medicine. In May, several experts from around the world presented on *Risk Management in Clinical Laboratories*, providing an overview of risk management and frameworks for implementation. The webinar attracted over 4000 registrants from over 100 countries globally. The next webinar, entitled *Clinical Applications of Thrombosis and Hemostasis*, will be held on June 6.
Importantly, I am also pleased to announce that Siemens Healthineers and Boston Children’s Hospital have kindly offered to co-sponsor our IFCC Live Webinar Series over the next three years. Their generous contributions to this global educational program are greatly appreciated by us all in the IFCC family.

With these exciting opportunities and advancements, I hope we can look forward to the coming summer months, hopefully free of COVID for many parts of the world. Should you have any feedback, questions, or concerns, please feel free to email me at president@ifcc.org.

Till next time  😊

Khosrow

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Survey of commercial AI-driven software platforms for genomic analysis and interpretation of clinical sequencing data

by Prof. Larry Kricka
Chair, IFCC Working Group on Artificial Intelligence and Genomic Diagnostics (WG-AIGD)
Department of Pathology and Laboratory Medicine
University of Pennsylvania Medical Center
Philadelphia, PA, USA

The IFCC Working Group on Artificial Intelligence and Genomic Diagnostics (WG-AIGD) presents its new Survey of commercial AI-driven software platforms for genomic analysis and interpretation of clinical sequencing data. An important clinical diagnostic application of AI is in analysis and interpretation of clinical sequencing data. This is one of the most active commercial areas at the intersection of AI, genomics and clinical diagnostics. Our survey of over 20 commercial AI-driven software platforms for genomic analysis and interpretation of clinical sequencing data can be found by clicking here.

For more information on the IFCC Working Group on Artificial Intelligence and Genomic Diagnostics (WG-AIGD), visit its webpage at: https://www.ifcc.org/ifcc-emerging-technologies-division/etd-working-groups/wg-aigd/.
Dear Colleagues,

Next IFCC webinar on “Clinical Applications of Thrombosis and Hemostasis” will be held on June 6, 2021.

Thrombosis and hemostasis tests are of importance for the diagnosis of hemorrhagic diseases and disseminated intravascular coagulation (DIC). They are laboratory determinants for the mechanism of thrombosis occurrence, the classification and diagnosis of thrombotic diseases and thrombophilia, as well as the indices of the monitoring of anticoagulant therapy. Several studies showed that thromboembolic events were a serious complication of coronavirus disease 2019 (COVID-19). Autopsy revealed that the death was associated with pulmonary thromboembolism and DIC. This webinar will provide an overview on the clinical application of thrombosis and hemostasis tests in the monitoring of new oral anticoagulants, in the diagnosis of thrombosis and hemostasis, and the performance of thrombosis and hemostasis tests in COVID-19 patients.

The webinar will contain three presentations of 20 min per speaker plus 20 min panel discussion.

**Talk 1:**
- Direct oral anticoagulants: Pharmacodynamic evaluation for ensuring safety and efficacy
  - *Speaker: Prof. Qian Xiang [China]*

**Talk 2:**
- The structure and function studies for clinical diagnosis of thrombotic and hemostatic disorders
  - *Speaker: Prof. Wenman Wu [China]*

**Talk 3:**
- Clinical manifestation and mechanism of thrombocytopenia in COVID-19 patients
  - *Speaker: Prof. Jiancheng Xu [China]*

Chairperson: Prof. Wei Cui, Vice President of Chinses Society of Laboratory Medicine (CSLM)


**Time Zones:** Live presentations starting at 7:00 AM Eastern Time US; 1:00 PM Central European Time, 7:00 PM Beijing Time

Please ensure that you carefully determine the time that the presentation will start in your global time zone. To convert to your time zone click - https://www.timeanddate.com/worldclock/converter.html?iso=20210606T110000&p1=105&p2=33&p3=157&p4=240&p5=176&p6=111&p7=136.

If you miss the live event, an on-demand webinar will be available after 24 hours of the live event.

**Certificate of Participation:** available for all participants. Please visit webinar auditorium to get your certificate.
Note: Simultaneous translation available in Chinese language. You can switch between English and Chinese session from webinar auditorium. Please note that Q/A session is only available in English session. If you are attending Chinese session, please switch back to English session after completion of presentations.

Sincerely yours,
Rojeet Shrestha
Co-ordinator, IFCC eLearning/eAcademy

IFCC Live Webinar on
Clinical Applications of Thrombosis and Hemostasis
Register at: https://www.workcast.com/register?cpak=6876560247232785

Date: June 6th, 2021
Time: 07:00 AM (Eastern Standard), 1:00 PM (Central European), 07:00 PM (Beijing)

IFCC 网络会议直播
血栓与止血的临床应用
Register at: https://www.workcast.com/register?cpak=6876560247232785

日期: 2021年6月6日
时间: 早07:00 (东部标准时间), 下午1:00 (欧洲中部时间), 晚07:00 (北京时间)
Snibe Dual Solution for Assessing COVID-19 Immunity after Vaccination

More than one choice for assessing COVID-19 vaccine efficacy

**MAGLUMI® SARS-CoV-2 Neutralizing Antibody**
- Fully automatic CLIA quantitative detection
- Assess COVID-19 immunity in individuals
- Evaluate the immune response of vaccine receivers
- Screen convalescent plasma for immunotherapy

**MAGLUMI® SARS-CoV-2 S-RBD IgG**
- Fully automatic CLIA quantitative detection
- Assess COVID-19 immunity in individuals
- Evaluate the immune response of vaccine receivers
- Screen convalescent plasma for immunotherapy
- Assist to diagnose COVID-19 infection
- Help to determine patients' infection stage of COVID-19

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**High correlation with gold standard Virus Neutralization Test (VNT)**

- **MAGLUMI® SARS-CoV-2 S-RBD IgG** showed satisfactory analytical and clinical performances, and an elevated correlation with VNT50 titers ($R=0.712$) \(^1\).
- **MAGLUMI® SARS-CoV-2 Neutralizing Antibody** showed 100% positive agreement and a good correlation coefficient when compared with VNT50 titers ($R=0.7364$) \(^2\).

Test results above manifest **MAGLUMI® SARS-CoV-2 S-RBD IgG** and Neutralizing Antibody kits both have good clinical diagnostic value and can be used for the quantitative determination of the neutralizing antibody concentration.

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\(^2\) Quoted from the clinical sensitivity study in MAGLUMI® SARS-CoV-2 Neutralizing Antibody IFU.

www.snibe.com
The IFCC invites nominations for the following positions:

**New Task Force on Outcome Studies in Laboratory Medicine (TF-OSLM)**
- 5 Members: 1 who will serve as Chair and 4 Members.
- Deadline to receive nominations and supporting documents: **June 30th, 2021**.

**New IFCC Task Force on Global Reference Interval Database (TF-GRID)**
- 5 Members: 1 who will serve as Chair and 4 Members.
- Deadline to receive nominations and supporting documents: **June 30th, 2021**.

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

Refer to your National Representative or Corporate Representative for information on the procedures for nominations. Contacts are available **HERE**.
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 – NEW updates 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. Further to the VACCINATION section, the latest update includes various recent publications that have been published in the past two weeks in: • Antigen Testing • Serology Testing (Diagnostic Testing section).

Read more

News from the IFCC Website

IFCC Annual Report 2020

The IFCC Annual Report 2020, compiled by Dr David Kinniburgh, IFCC Secretary, is now available.

In the IFCC Annual report you will find reports from IFCC Officers on key projects covering a wide range of clinical, scientific, educational, and communication-related topics. National or Area Societies and Regional Federation reports are also included, allowing the opportunity to communicate their activities to other members.

Download your copy and read how the IFCC mission ‘Advancing excellence in laboratory medicine for better healthcare worldwide’ has been the guiding.

(Click on the Annual Report cover to the left to download your copy!)

Read more
SAVE THE DATE

26-28 November 2021

MUNICH, GERMANY

www.icplm2021.org
Welcome to IFCC Task Force Young Scientists’ tenth educational webinar for scientists and laboratorians, brought to you by the IFCC Task Force Young Scientists.

Register today at tinyurl.com/IFCC-TFYS

**IFCC TF-YS Educational Webinar**

**EMERGING CLINICAL MASS SPECTROMETRY APPLICATIONS**

At the end of this session, attendees will be able to:

1. Describe how mass spectrometry transitioned from research laboratories to the clinical laboratories.
2. Evaluate the utility of existing liquid chromatography-mass spectrometry automation systems.
3. List emerging applications for the technology in the fields of breath analysis and COVID-19 detection.

**Moderator:** Dr Joe El-Khoury  
Director, Clinical Chemistry, Yale-New Haven Health, USA

Inquiries: sfarestaie@hotmail.com

You are cordially invited to our IFCC Educational Webinar surveying mass spectrometry and the current status of automation for liquid chromatography-mass spectrometry. We will explore emerging applications for breath analysis of volatile compounds, and its potential role in the detection of COVID-19.

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**United States**  
Thursday, Jun. 10th, 2021 | 10:00 AM EST  
**France**  
Thursday, Jun. 10th, 2021 | 4:00 PM CET  
**China**  
Thursday, Jun. 10th, 2021 | 10:00 AM CST  
**India**  
Thursday, Jun. 10th, 2021 | 7:30 PM IST  
**Spain, Madrid**  
Thursday, Jun. 10th, 2021 | 4:00 PM CET  
**Singapore**  
Thursday, Jun. 10th, 2021 | 10:00 AM SGT
In this exciting four-part webinar program, designed for beginners and experts in the field of clinical mass spectrometry, attendees will first be introduced to mass spectrometry and how it made its way into clinical laboratories. Followed by a review of the current stats of automation for liquid chromatography-mass spectrometry and how that is improving its access to more clinical laboratories. Finally, we explore emerging applications for the analysis of volatile compounds in breath, and for COVID-19 detection.

Please complete the form and submit it to receive the GoTo Webinar registration link.

Moderator: Dr. Joe El-Khoury  
Director, Clinical Chemistry, Yale-New Haven Health, USA

Evolution of Mass Spectrometry: From the Bench to Bedside  
Dr. Paul Janetto  
Mayo Clinic, Rochester, MN, USA

Implementation of Automated LC-MS in 24/7 diagnostics  
Prof. Rainer Lehman  
University Hospital Tübingen, Germany

Mass Spectrometry for detection of COVID-19: An alternative to PCR  
Dr. Katleen Van Uytfanghe  
Ghent University, Belgium

Emerging Applications of Mass Spectrometry for Analysis of Volatile Compounds in Breath  
Dr. Ilaria Belluomo  
Imperial College London, UK

Click here to complete the form and submit it to receive the GoTo Webinar registration link
Imagine, you or your partner are excitedly expecting a new member of the family, a beautiful baby. As with any pregnancy, there are many tests, scans and doctor’s appointments to ensure the health of the mother and baby. One such test is thyroid function testing. Now imagine the concern, follow-up and potential adverse outcomes should the test result be abnormal. This is one of the many examples whereby ensuring appropriate references ranges are crucial for optimal patient care and experiences.

One exemplary integrated clinical care team from the Hospital Virgen de la Luz in Spain recognized an opportunity within their institution to optimize thyroid function testing in pregnant women by developing and implementing new outcome-based reference ranges for thyroid stimulating hormone (TSH). With involvement across disciplines, including the clinical laboratory, gynecology and endocrinology this team successfully implemented new TSH reference ranges into clinical practice with impressive and significant outcomes for mothers and babies.

Importantly, 12.8% of pregnant women had their thyroid status more accurately classified. Specifically, 9.2% of expecting mothers were more accurately classified as euthyroid, when previously, using the former reference range, would have been classified as hyperthyroid. Consequently, each of these patients had more streamlined care, as these mothers no longer required unnecessary follow-up visits with the endocrinology department.
For every avoided visit to the specialist, 176 € are saved, leading to total annual mitigated costs in the first year at this institution of 12,849 €. Similarly, 3.6% of women avoided a false diagnosis of hypothyroidism, facilitating similar clinical and financial benefits for not being diagnosed as hypothyroid.

Beyond the clinical benefits and cost savings, there are important benefits for the experience of the mothers. For any expecting parent, being told that they might have a thyroid challenge when they are euthyroid, creates unnecessary maternal anxiety and potential harm. Thus, mitigating those risks and the hassle of further follow-up appointments maximizes their overall experience and positively impacts care.

For their valued outcomes through strategic application of new reference ranges, this integrated clinical care team from Hospital Virgen de la Luz was recently recognized by the UNIVANTS of Healthcare Excellence award program, recognition of achievement. Congratulations to Enrique Prada De Medio, Head of Clinical Analysis Services at Hospital Virgen de la Luz, Vanessa Martinez Madrid, Faculty of Clinical Analysis Services at Hospital Virgen de la Luz, Sandra Serrano Martinez, Faculty of Clinical Analysis Services at Hospital Virgen de la Luz, Andres Moya Plaza, Head of Gynecology and Obstetrics at Hospital Virgen de la Luz, Dulce Maria Calderon Vicente, Head of Endocrinology at Hospital Virgen de la Luz.

To learn more about this integrated clinical care team and others visit www.univantshce.com.

**KEY TAKEAWAYS:**

1. Thyroid dysfunction during pregnancy (both hyper- and hypothyroidism) can be associated with an increased risk of adverse outcomes for mothers and offspring.

2. For optimized assessment of thyroid dysfunction, method of measurement and regional factors (such as iodine intake) should be considered.

3. Integrating with stakeholders within and outside of the clinical laboratory to implement new references is a significant success factor for ensuring improved outcomes.
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.
The Spanish Society of Laboratory Medicine (SEQC<sub>ML</sub>) organized the panel discussion on “The contribution of laboratory medicine in the COVID-19 pandemic” as part of the 2nd National Multidisciplinary Congress on COVID-19 of the Scientific Societies in Spain, held in a virtual format.

Since the beginning of the pandemic, laboratory medicine has played an essential role, being key in the risk stratification and monitoring of COVID-19 patients, thus contributing to their management. Dr. Luis García de Guadiana Romualdo, president of the Commission of Biological Magnitudes related to Medical Emergencies of the Spanish Society of Laboratory Medicine (SEQC<sub>ML</sub>), insisted that laboratory tests, in combination with other clinical data, contribute to the identification of low-risk patients and also those who have a high risk of progression to the most serious forms of the disease. These tests are very useful for the establishment of outpatient treatment strategies, thus reducing patient care load in hospitals and monitoring of the course of the disease.

Along the same lines, Dr. Antonio Buño, vice president of the Spanish Society of Laboratory Medicine, stressed that from the first moment the clinical laboratory has been a key element in the correct organization of care. Starting with the diagnosis of the infection by detecting the virus in respiratory tract samples to the tests needed for correct follow-up, prognosis and help in making therapeutic decisions, the clinical laboratory is an absolutely fundamental piece in the complicated puzzle of this new situation.

Both experts, together with Dr. Daniel Morell García, member of the Evidence-Based Laboratory Medicine Commission of the SEQC<sub>ML</sub>, participated in the panel organized by the Society titled “Contribution of laboratory medicine in the COVID-19 pandemic” at the 2nd National Multidisciplinary COVID-19 Congress of Scientific Societies in Spain that was held between April 12 and 16.

The BIOCOVID registry is an example of the work and involvement of laboratory professionals in Spain during the pandemic. As explained by Dr. Morell García, this registry is an initiative of the laboratory medicine professionals in our country which arose from the idea of identifying which of the numerous laboratory tests that were included from the beginning of the pandemic in analytical patient profiles were really useful in the early identification of patients at higher risk. In addition, a second objective was also proposed: to convey to physicians the importance of knowing the analytical methods used to measure these tests, given the variability that can occur depending on the test used to measure a given analytical parameter.

The BIOCOVID study has yielded important results for the management of COVID-19. Thus, it has established as useful 4 common laboratory parameters (creatinine, troponin, C-reactive protein, and platelet count) to establish
the prognosis of COVID-19 patients. Likewise, a sub-study has made it possible to demonstrate the possible utility of the use of cut-off points, stratified by sex, for troponin, in order to increase the ability to detect myocardial damage associated with a worse prognosis. In addition, a final objective was to obtain a classification using machine-learning techniques, combining laboratory tests and other variables, in order to establish a prognosis for the COVID-19 patient admitted to the Emergency Service.

NEW MARKERS FOR THE PROGNOSIS OF THE COVID-19 PATIENT

There are numerous studies that have tried to find new useful biomarkers for risk stratification in patients infected with SARS-CoV-2. Initial data from the second wave have shown that some markers that proved useful in the first wave, such as D-dimer or interleukin 6 (IL-6), did not behave in the same way in the second wave, and it is probably necessary, in the opinion of Dr. García de Guadiana, to have available new markers that precede inflammation and thrombosis, characteristics of the most serious forms of the disease. He believes that markers such as MR-proADM or suPAR, related to endothelial damage, a characteristic finding in severe COVID-19, may be useful in establishing the prognosis of these patients; their measurement has been recommended in a recent document by the Spanish Society of Urgent and Emergency Medicine (SEMES), although the initial data will probably have to be confirmed in larger cohorts.

In addition, he believes that laboratory medicine must be able to offer tools that allow for the assessment of the evolution of COVID-19 patients once the acute phase has passed. In this sense, markers such as KL-6 (Krebs von den Lugen), with known prognostic value in interstitial lung disease, may be useful in detecting pulmonary fibrosis, a possible consequence of the disease.

LABORATORY SERVICE IN “FIELD HOSPITALS”

The organization and adaptation in record time, and with enormous difficulties, of “field hospitals” that have been created to support existing ones is another clear example of the involvement of clinical laboratory professionals in this health crisis.

This is the case of the IFEMA hospital, created as an emergency service in the third week of March 2020 to address a pressing situation in the first wave, which was affecting the Community of Madrid. Dr. Buño explained that the coronavirus epidemic had exploded in a very short period of time and the capacity to attend patients in the emergency services was overwhelmed, despite the fact that most of the centers had already taken all the measures that were within their reach. At that time, they were at their limit with more than 2,500 patients pending admission.

It was possible, in record time, to put the COVID-19 IFEMA Hospital, with 1,300 beds, into service. To meet the needs of laboratory tests and for the sake of the urgency with which everything had to be organized, it was decided to have an on-site infrastructure that would allow the samples to be organized, receive the requests, and send them to the La Paz University Hospital laboratory, located about 8 km away. An agile and secure transport of samples was organized and it was possible to guarantee a response time of less than 2 hours for scheduled requests and less than one hour for urgent requests. Likewise, 9 multiparameter blood gas analyzers were installed, whose determinations were made as point-of-care-testing connected to the POCT network of Hospital La Paz.

During the entire period that the COVID-19 IFEMA Hospital was open, a total of 4,933 analyses were performed on 1,985 patients with a total of 88,022 tests in addition to 1,151 POCT blood gas tests.

There are many similarities with the IFEMA field hospital in the organizational model of the Nurse Isabel Zendal Emergency and Pandemic Hospital, which has treated more than 4,000 patients, although there are also many differences. Dr. Buño outlined that, with regard to the laboratory, the organizational model is the
same—that is, the samples once extracted are received in a preanalytical area and are prepared to be sent to the Hospital La Paz laboratories. Through scheduled shipments they are transported, analyzed, and the results are entered into hospital information systems. In addition, there were blood gas analyzers connected to the POCT network of Hospital La Paz, where they were monitored and tasks related to quality assurance could be carried out.

These are two examples of hospitals that have supported the rest of the health centers of the Community of Madrid in different scenarios of this pandemic. In both cases, the laboratory has had to organize and adapt quickly to cover the needs of patients, emphasized the vice president of the Spanish Society of Laboratory Medicine.

In fact, according to Dr. Buño, laboratory medicine has suffered a major impact from the COVID-19 pandemic, having to face important challenges such as readjusting circuits, protocols and templates, while also dealing with a staff reduction due to the infection of many colleagues. It was also necessary to review safety procedures in the laboratory and in some cases learn to use specific personal protective equipment; increase training in this new nosological entity; help interpret lab test results and expand lab areas to service increased demand; or actively participate in bringing the laboratory closer to the patient’s bedside, known as point-of-care-testing, especially with the deployment of gasometers in different hospital units.

*****

Spanish Society of Laboratory Medicine (SEQCML)

The Spanish Society of Laboratory Medicine (SEQCML) —founded in 1976— is an active member of the international and European Federations of Clinical Laboratory, IFCC and EFLM. It currently encompasses almost 3,000 professionals and its main objective is to bring together all interested scientists in the Clinical Laboratory field, promote the dissemination of scientific and technical publications, organize national and international meetings, courses and congresses, and cooperate with other scientific societies. Likewise, the Society wishes to contribute to studying and recommending standardized methods and establishing guidelines and recommendations for training in the field of Laboratory Medicine.

For more information on SEQCML, please visit: www.seqc.es.

Twitter: @SEQC_ML
Facebook: Residentes del Laboratorio Clínico - SEQC
LinkedIn: SEQC-ML
Instagram: seoresidentes

For more information:
Berbès T.: 91 563 23 00 / María Gallardo: 678 546 179
Email: mariagallardo@berbes.com.
Over the last decade amazing strides have been made to implement Quality Management Systems (QMS) in clinical laboratories in Malawi. In spite of this, remaining challenges include limited quality assurance and control protocols, lack of lab staff training on QMS and unavailability of affordable IQC and EQA materials.

Laboratory staff appreciate the importance of implementing QC, but it is still viewed as an additional cost in resource-limited settings like ours. IFCC have recently issued a formal call for participation in IFCC IQC and EQA pilot program to national society members and the Malawi Association of Medical Laboratory Scientists (MAMLS) expressed its willingness to participate in this program to improve clinical laboratory quality in the country. We are delighted that Malawi has now been selected by the IFCC Task Force on Global Lab Quality to participate in the pilot program and a letter confirming our readiness to participate was sent in April.

The pilot program is planned to run for one year and IFCC and MAMLS will then assess the benefits and improvements obtained by participation in this program before deciding on the next steps.

The second wave of the COVID-19 pandemic in Malawi hit the country extremely hard and resulted in record number of admissions and deaths. The health system was overwhelmed as there were not enough oxygen cylinders and concentrators and there were shortages of PPE and diagnostic kits.

Bingu Field Hospital (BFH) was set up specially to deal with the COVID-19 outbreak in Malawi under the headship of Kamuzu Central Hospital (KCH). On 11th February 2021, the Malawi Association of Medical Laboratory Scientists (MAMLS) visited BFH to get a first-hand impression of the standards and processes in place, as well as to evaluate implementation of IFCC guidelines on COVID-19 Testing in Clinical Laboratories.

The programme for the visit was discussed in advance with the KCH laboratory management and the hospital director. We were welcomed to the laboratory and shown around. Questions were openly answered. The primary themes of the visit were: test repertoire, quality assurance, equipment issues and management issues.

Some of the challenges were noted as: the use of the Jaffe reaction for measurement of serum creatinine, glomerular filtration rates were not calculated, the laboratory was not participating in any External Quality Assurance (EQA) scheme and a number of clinically important analytes were not included in the repertoire, including markers of coagulopathy (D-dimer, prothrombin time/activated partial thromboplastin time and...
fibrinogen), Erythrocyte Sedimentation Rate (ESR), inflammatory markers (i.e. C-reactive protein, ferritin, procalcitonin, and interleukin-6), cardiac troponin and arterial blood gas parameters (pH, pO2, pCO2, bicarbonate and lactate). Further, biological variation of the analyte and analytical variation affecting test performance were not being considered when interpreting intra-individual changes in results and the Mindray chemistry analyser was out of order.

A summary of the issues identified and recommendations for possible solutions was provided to the Ministry of Health (MoH) and KCH by MAMLS leadership.

Addressing the shortage of clinical scientists: creation of the MSc. MLS programme in Malawi

A recent study by Burgis-Kasthala. S., Kamiza. S. and Bates. I., noted a dichotomy between the Malawi Ministry of Health’s need for laboratory medicine postgraduates to be leaders in health, academic and research institutions and in health-related industries and the predicted supply of graduates.

An action plan for the further development of laboratory medicine in Malawi was developed in 2016 during an IFCC visit by the participants in a SWOT analysis conducted at the College of Medicine in Lilongwe. The participants were senior professionals representing a cross-section of interests in laboratory medicine in Malawi and during the process, there was considerable discussion about introduction of a Masters-level degree programme in laboratory medicine. We developed four possible actions on this topic, one of which was to request support from external sources for development of Masters-level curricula for training in laboratory medicine (including quality management).

Last year, the College of Medicine advertised in one of the local newspapers and on its website for students interested in pursuing Masters-level training in laboratory medicine at the College. The main acceptance criteria were the possession of at least a credit/second class bachelor’s degree in a relevant subject from any recognised university, at least two years of work experience in a relevant field and prior research experience or scientific publications.

We are delighted that the College of Medicine has now selected its first cohort of 19 students (6 women and 13 men). The course is a 2–year block-release programme with specialisations in Medical Microbiology, Histopathology and Diagnostic Cytology, Haematology, Clinical Chemistry or Biomedical Forensic Science.

The introduction of the Masters level training will help to retain the best MLS in Malawi by offering them better career opportunities.
Call for nominations for the EFLM Working Group “Laboratory Medicine Credit Points”

by Daria Pasalic
Chair, EFLM Education & Training Committee

Sedef Yenice
Chair, EFLM Working Group “Laboratory Medicine Credit Points”

The Call for Nominations of new Members for the EFLM Working Group “Laboratory Medicine Credit Points” (WG-LMCP) under the new chairmanship of Prof. Sedef Yenice is open.

WG-LMCP has focused on tasks that promote the profession, encourage professional development and support the Continuing Professional Development (CPD) of Laboratory Medicine Specialists. CPD consists of systematic educational activities, which serve to maintain, increase the knowledge and develop professional skills and behaviors, and ongoing competence to the practice of laboratorians.

The “Terms of References” of WG-LMCP to achieve the above-mentioned goals are as follows:

• to institute an EFLM credit system to control the activities of high-quality continuing education content for laboratory specialists leading to CPD points,
• to evaluate applications and allocate credit points to various educational activities/programs,
• to provide a certificate of credit upon successful completion of an EFLM CPD.

Specifically, we are calling for nominations of:

• 1 Full Member position
• 1 Young Scientist Full Member position (≤ 35y at the time of appointment)

The first term of office will start now, ending on 31 December 2022 with the potential extensions for two more terms beyond 2022. WG-LMCP members meet face-to-face once or twice a year and may meet via conference call several times throughout the year.

Requirements: the basic requirements, in addition to a strong commitment to being an active participant in this working group, stipulate that candidates for full member position should:

• Have worked at least five years in curriculum development, analytics, and/or project management - previous experience is relevant to the essential duties and responsibilities of this WG - Provides examples of previous hands-on experience with specific details to demonstrate knowledge
• Have a demonstrated ability to perform professional assessments - Provides evidence of expertise and experience in post-graduate and professional specialty training, examinations, evaluation process, and methods, etc.
• Have expertise in developing requirements for CPD - Provides evidence of knowledge and experience in practice, etc.
• Have demonstrated interpersonal skills – Provides examples of conflict resolution, teamwork, collaboration, project coordination, etc.
• Have demonstrated effective verbal and written communication skills - Provides experience with presentations, writing for various audiences and in various formats such as e-mail, memos, etc.
• Have demonstrated analytical ability skills - Provides examples of planning based on strategic issues and outcomes, preferably evidence of knowledge on problem-solving techniques, statistical analysis, etc.

Candidates for the young scientist full member position should:
• Complete or continue post-graduate training - Provides diplomas, certificates, and any other proof of official documents
• Have a strong interest in learning and development of educational activities to support professional skills and competence – Provides evidence of attendance in courses, conferences, seminars, symposia, workshops, scientific meetings, etc., honors and awards, certificates, oral presentations, dissertation, and publications
• Have demonstrated curiosity and continual learning and proving to learn about subjects through experimenting for professional advancement in laboratory medicine – Provides evidence of pursuing and participating in scientific projects, research studies, clinical trials, and any other related tasks, etc.
• Have demonstrated adaptability skills - time commitment and experience working with multiple deadlines or in ambiguity.

As per the general requirements, candidates for the full and young scientist member positions should have an ability to communicate effectively (in person and/or through writing), and reliability in following through on commitments and meeting deadlines, attend all group meetings, prepare for meetings adequately, participate in discussions thoughtfully and responsibly and provide feedback on materials presented for input.

Procedure for applications: each EFLM National Society Member in good standing with the membership fee can submit one nomination through the attached application form. A brief plan of the applicant’s contribution to the aims and objectives of the relevant Working Group has to be included in the form. Together with the application, a short CV should also be submitted underlining the qualifications and prior demonstrated experience in the relevant area according to the requirements above. Candidates have to be officially recommended by their National Society through a formal letter of support. Applicants who are not selected as full members may be eligible for corresponding membership.

Please be informed that in order as many of the EFLM’s constituent countries to have an opportunity of representation on a Working Group, it is stipulated that there can only be one person from any single country who is either a Full or Corresponding Member. It means that if someone from your country is already in one of these roles, then nominating another individual would require the existing person to forfeit their position on the Group should your new nomination be successful.

Per the EFLM Transparency Policy, all received nominations and reasons for the successful one will be made available to all those National Societies who submitted a nomination specifying also the criteria used during the evaluation process.

An EFLM quantitative rating scale (1-5) per criterion based on the EFLM measurable criteria for the evaluation process will be applied to each applicant to weigh the qualifications and eligibility for the full and young scientist member positions. Rating scale: 1= Poor (no evidence) 2= Fair (below expectations) 3= Good (adequate and meets expectations) 4= Very good (exceeds expectations) and 5= Excellent (strong evidence for contribution).

**Nominations have to be electronically submitted to the EFLM Office:** Silvia Cattaneo, silvia.cattaneo@eflm.eu within the deadline of **15 June 2021**.
The Asociación Médica Peruana de Patología Clínica (AMPPC) is a scientific association of private law, which by its nature and definition does not pursue profit, and it is representative of registered doctors of PERU, who legally practice in the republic in the field of CLINICAL PATHOLOGY.

It is a SCIENTIFIC MEDICAL INSTITUTION recognized by the highest medical authority of Peru, which is the MEDICAL COLLEGE OF PERU.

Our medical society was originally called the Peruvian Pathology Society and was founded in the city of Lima, on Thursday, October 25, 1945, being recognized by Supreme Resolution No. 121, dated July 16, 1952. Its first president was Dr. Jorge Ángel Avendaño Hübner, who led it between 1946 and 1949.

For almost three decades it was made up of specialists in Pathology and Clinical Pathology, until on July 19, 1973, the Medical College of Peru recognized it as the exclusive representative of Clinical Pathologists. In this way, the entity was renamed the Peruvian Society of Clinical Pathology and since then, all its presidents were doctors of this specialty.

On July 21, 2016, the company was re-founded and recognized as a Medical Scientific Society, through Resolution No. 14655-CNCMP-2016 and registered in the Registry of Medical Scientific Societies with code No. 140916-SM-29.

To date, we continue to strengthen the leadership of clinical pathologists, within the complex process of the test, seeking to strengthen improvements in professional and labor competencies, better infrastructure, improvements in quality requirements in medical laboratories and making visible the importance of accreditation through ISO 15189.

Article continued on next page
CONSEJO DIRECTIVO NACIONAL 2019-2021

¡Feliz día!

PATOLOGÍA CLÍNICA

25 de Octubre 2020

Desde el primer momento de esta pandemia, los servicios de Patología Clínica en todo el Perú, son pieza clave en la correcta organización de esta asistencia. Desde el diagnóstico de la infección mediante la detección del virus, hasta las pruebas necesarias para el correcto seguimiento, pronóstico y ayuda en la toma de decisiones terapéuticas, los servicios de Patología Clínica son una pieza fundamental en este complicado rompecabezas.

ASOCIACIÓN MÉDICA PERUANA DE PATOLOGÍA CLÍNICA
Fundada el 29 de Setiembre del 2014
Anotación de Inscripción, Zona Registral IX, Oficina Registral Lima – SUNARP
Clinical pathology versus anonymous epidemics in Peru

The Sustainable Development Goals, also known as the global goals, are a universal call for action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. These 17 goals have been in place since 2016 and will continue to guide the policies and funding of the United Nations Health Program for the next 15 years. These goals will be more complex in order to meet the SARS-CoV-2 pandemic. The achievements of these objectives involve the action of the Clinical Pathology Services (SPC) in Peru [1].

According to the World Bank, of the 189 member countries, 138 are defined as low- and middle-income countries (LMIC). These countries comprise 87% of the world’s population [2]. Communicable diseases account for 21% of deaths in LMIC, compared to 2% in high-income countries and of the 36 million global deaths caused by non-communicable diseases (NCDs) in 2008, almost 80% occurred in LISP [3,4].

The increase in NCDs worldwide, such as cardiovascular diseases, diabetes mellitus, chronic respiratory diseases, chronic kidney disease and cancer, require SPC for early diagnosis and adequate monitoring. Therefore, we must emphasize that SPCs are crucial for contemporary high-quality medical care, in the different roles they play in various international and national health systems. In addition, we must consider the tsunami of these diseases, or anonymous epidemics that comes because of the neglect of the pandemic at different levels of medical care. [5]
For all of the above, the SPCs at this time of the pandemic must join all their efforts to fight against all these anonymous epidemics that will begin to saturate the different levels of care in the segmented and fragmented Peruvian health system. Only the leadership of those responsible for the SPC, where working in a network, strengthening the gaps in infrastructure, professional skills, quality management systems and training of human talent, will we be able to move forward against these NCDs [6].

BIBLIOGRAPHIC REFERENCES


   For a strip for the Peruvian health or health strip. LinkedIn, Luis Figueroa Montes. 2021 [Internet]. Lima [cited May 5, 2021]. Available at: https://www.linkedin.com/pulse/por-una-franja-la-salud-o-sanitaria-peruana-figueroa-montes.
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</th>
<th>Event Description</th>
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<td>IFCC TF-YS Educational Webinar on: Emerging Clinical Mass Spectrometry Applications</td>
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<td>XXIV IFCC - EFLM EuroMedLab Munich 2021</td>
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<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>
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<td>IFCC Forum for Young Scientists</td>
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### 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.

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<tr>
<td>Jul 12, 2021</td>
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<td>Lyon, FR</td>
<td>Hybrid even</td>
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<td>Sep 8 - 11, 2021</td>
<td>XXVIII Balkan Clinical Laboratory Federation Meeting and XIII National Conference of Clinical Laboratory</td>
<td>Sofia, BG</td>
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<td>2nd EFLM online Postgraduate course on Leadership Skills</td>
<td>Online course</td>
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<td>Sep 22 - 25, 2021</td>
<td>5th ACTC meeting “Liquid Biopsy in its best”</td>
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<td>Sep 23, 2021</td>
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<td>The Global Creation and Monitoring of the Traceability of Test Results in the Medical Laboratory</td>
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<td>4èmes Journées Francophone de Biologie Médicale</td>
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<tr>
<td>May 23 - 26, 2022</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>
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<tr>
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<td>XXII Serbian Congress of Medical Biochemistry and Laboratory Medicine and 16th Symposium for Balkan Region</td>
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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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