

124th Meeting Executive Board Rome, IT November 15-17, 2014

Minutes

Members:

Dr. G Beastall (GB)	President
Prof. J Hicks (JH)	Past President
Prof. H Morris (HM)	Vice President
Dr. B Gouget (BG)	Treasurer
Prof. S Bernardini (SB)	Secretary
Prof. L Kricka (LK)	Member
Prof V Steenkamp (VS)	Member
Dr. U. Tuma (UT)	Member
Dr. T Brinkmann (TB)	Corporate Representative

In attendance:

Prof. M Ferrari (MF)	President Elect
Prof. T Obzen (TO)	Treasurer Elect
Dr. D Mazziotta (DM)	Member Elect
Dr. R Sierra Amor (RSA)	Member Elect
Dr Rolf Hinzmann (RH)	Corporate Representative Elect
Prof. I Young (IY)	Scientific Division
Prof. K Adeli (KA)	Communications & Publications Division
Ms P Bramati (PB)	IFCC Office

2.2 Applications for Full Membership

EB agreed to electronic voting for future applications for Full Membership. New societies that may be interested in IFCC Membership: Mongolia, Belarus, Panama and Malawi.

3. Corporate Members

3.40 Other matters relating to Corporate Members

Report by TB.

- Corporate Representative at IFCC EB term 2015-2017, Rolf Hinzmann (Roche); Scientific Division 2nd term: 2013-2015, Joseph Passarelli (Roche); Education & Management Division 1st term: 2013-2015, Christoph Ebert (Roche); Communications & Publications Division 2nd term: 2014-2016, Bruce Jordan (Roche). The next EB will discuss how to make more CMs active in IFCC.
- New CMs 2014: Diatron (UK), Guangzhou Wondfo Biotech (China), Sonic Healthcare Europe (Germany). The total income from the 52 CMs in 2014 was 353.300 CHF. The next EB will discuss how to attract new CMs (IVD, IT, Pharma).
- CMs at COCs: IFCC EuroMedLab 2015 Paris, Christine Flandre (Sebia) and Ulrich Schwoerer (Roche); IFCC EuroMedLab 2017 Athens, Angelos Evangelopoulos (Roche), CMs Consultant at the COC, Thomas Brinkmann (Sonic Healthcare).
- An overview of Corporate sponsorship for IFCC and its Regional Federations has been completed. This list has been sent to CM.

4 Affiliate Members

EB received an update on outstanding membership dues: 2012-2014 Eritrea, 2014 St. Petersburg. A reminder will be sent by PB.

5. Regional Organisations

5.01 Asia-Pacific Federation of Clinical Biochemistry and Laboratory Medicine (APFCB)

EB noted that the 14th and 15th APFCB Congresses will be held in Taiwan (2016) and in India (2019).

5.02 Latin-American Confederation of Clinical Biochemistry

EB received a progress report by DM on the joint IFCC-COLABIOCLI project on “Implementation of the concept of analytical traceability in the Latin-American Region” focused on the utilization of reference materials and methods and harmonization of procedures.

- Lothar Siekmann (C-TLM) had suggested promotion of educational activities in LA region; creation of infrastructure (EQAS and IQC); extension of the coverage of reference measurement procedures with local resource; and use, in the meantime, of calibration services from other countries (e.g. Germany, UK).
- DM, as director of the Laboratory for Reference and Standardization in Clinical Biochemistry of the Argentine Biochemical Foundation, met the Manager and Vice-manager of the Metrology Section of the Argentine National Metrology Institute (INTI) and presented the situation of clinical laboratories in Argentina regarding analytical traceability. It was agreed-upon to organize a series of meetings of both organizations.
- A pilot study on “Verification of Trueness in Argentine Laboratories” has been done by the Dutch (Dr. Christa Cobbaert) and Argentinian EQA schemes with 75 laboratories in the province of Buenos Aires. Results were presented at the VIII Argentine Congress of Quality

in Clinical Laboratories (VIII CALILAB) and VI Latinamerican meeting of Quality in Clinical Laboratories held in Mar del Plata, Argentina.

- The Scientific Committee of COLABIOCLI Congress (Quito 2015) and the C-TLM are working to make a session and a workshop focused on traceability with the participation of the NMI representatives from different countries of LA.

EB noted the significant progress and recommended that such a huge project should be focused on specific items such as those presented by DM. UT and RSA suggested to improve communication and scientific collaboration between COLABIOCLI Members to avoid duplication and to consider experiences and organizations of laboratory in LA different from that of Argentina.

EB noted that the 22nd COLABIOCLI congress will be held in October 2015 in Quito, Ecuador and that EB will hold a meeting before the congress.

EB congratulated UT for his activity in promoting the Agreement between IFCC and COLABIOCLI.

5.04 European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

EB received the Minutes of the EFLM Board meeting held on 6 October 2014 and a verbal report from GB, who attended the EFLM General Assembly, held in association with EuroLabFocus, in Liverpool (UK). EFLM is extremely active in terms of scientific projects and is interested to attract CMs. The General Assembly was a very constructive meeting. There has been no progress in updating the MoU between IFCC and EFLM. The present MoU expired in 2013, but will continue to be valid until the new one will be signed.

5.05 Arab Federation of Clinical Biology (AFCB)

EB received the report by BG. The AFCB is very active and many events have been planned: ArabMedLab December 2015 (Khartoum), Journées Libanaises April 2015, Journées Tunisiennes May 2015, Journées Marocaines May 2015.

5.06 African Federation of Clinical Chemistry (AFCC)

EB discussed the opportunity of the WorldLab in Durban (SA) in 2017. The attendance could be affected by the outbreak of the epidemic Ebola virus in Africa. EB will look forward to further developments.

5.1 American Association of Clinical Chemistry (AACC)

EB noted the ongoing discussions in North America regarding a possible North American Region of IFCC.

6. International and Professional Organisations

6.1 World Health Organisation (WHO)

EB noted that IFCC does not currently have a designated liaison within WHO following internal reorganisation within WHO. GB will seek to clarify the situation.

6.2 Clinical Laboratory Standards Institute (CLSI)

EB noted the constructive discussion with CLSI regarding future funding of the IFCC Robert Schaffer Award. IY kept in contact with Greg Miller (CLSI President) to receive the Minutes from the Consensus Committee of CLSI to update SD on the new Projects. The activity of CLSI is mainly focused in the USA; the IFCC can represent a partner useful to give to the CLSI initiatives a more global visibility. LK will continue to be the liaison with IFCC.

6.4 International Union of Pure and Applied Chemistry (IUPAC)

EB noted that IUPAC is now actively engaged with the NPU Steering Committee (see 8.2.6).

6.13 World Association of Societies of Pathology and Laboratory Medicine (WASPaLM)

EB received a verbal report from HM, who attended the WASPaLM General Assembly in Kuala Lumpur in August 2014. The collaboration between the two most important international

organizations in Laboratory Medicine is critical for the future of the laboratory professionals and to highlight the importance of laboratory medicine in healthcare.

HM proposed a joint IFCC-WASPaLM TF: “The Vital Contribution of Laboratory Medicine to Healthcare or Impact of Laboratory Medicine on HealthCare Delivery”.

Possible Key points: 1) Evidence based laboratory medicine coupled with global harmonisation enable the development of global clinical practice guidelines that contribute to improved patient safety; 2) The integration of laboratory medicine, imaging and endoscopy contribute a powerful diagnostic suite that shortens patient pathways, improves patient experience and reduces cost; 3) Specialists in laboratory medicine are key members of the multidisciplinary team who convert data into knowledge for the benefit of patients.

Terms of reference: 1) Evaluate the current knowledge and proposals for healthcare delivery models and the role of laboratory medicine; 2) Evaluate available evidence that the appropriate practice of Laboratory Medicine has the potential to improve the efficiency of healthcare delivery based on clinical and financial outcomes; 3) Develop the design for retrospective and prospective studies to assess the contribution of laboratory medicine to more efficient and sustainable healthcare delivery.

EB supported this collaboration; MF and HM will bring forward this proposal.

EB noted that the IFCC TF-POCT is planning a satellite meeting to the WASPaLM 28th World Congress, which is being held in Cancun, Mexico in November 2015.

6.22.1 Joint Committee for Traceability in Laboratory Medicine (JCTLM)

EB received an update from GB on the revision of JCTLM, the change that has been requested includes: making JCTLM more inclusive so that users and manufacturers of testing systems may join in and shape IFCC activities; broadening JCTLM activities beyond classical clinical chemistry to embrace all disciplines of laboratory medicine; improving the public relations activities of JCTLM so that the wider world understands why traceability in laboratory medicine is important; sharing the cost of JCTLM in a more equitable way (IFCC currently pays 50% of JCTLM running costs (~90,000 CHF pa) plus the expenses of IFCC representatives in JCTLM Executive (Chair + 2) and ISO TC 212 WG-2 (Chair).

At the end of 2014 Mathias Muller will have complete two terms as Chair. After discussion with SD and approval by EB IFCC has nominated Gary Myers as the next Chair of JCTLM. As Chair of JCTLM GM will be a consultant member of SD. GM will provide a link between JCTLM and the AACC harmonization project.

Ordinary Members of the Executive Committee: GB is one of the two IFCC Members, but he has completed 4 years and should be replaced. EB agreed that MF is the appropriate replacement. The second IFCC Member on the Executive Committee is Lothar Siekmann (Chair of the IFCC SD C-TLM) who can continue.

7. Committee on Congresses and Conferences (C-CC) (Report by TO)

7.2 IFCC WorldLab Congresses

7.2.22 IFCC WorldLab Istanbul 2014

IFCC WorldLab Istanbul: the Congress had a great success with 116 participating countries, 3.258 delegates, 1.875 visitors, 5.133 total participant number; 13 Sponsors, 48 Exhibitors; 42 oral communications, 1.552 posters, 117 lectures, 39 symposia, 4 plenary lectures, 22 ISW.

7.2.23 IFCC WorldLab Durban 22-25 October 2017

The logo for the congress has been designed and approved. It consists of a Zulu warrior surfing on the waves of the Indian Ocean against the background of the World Soccer Stadium used for World Cup in 2011 and the Durban Convention Centre. Congress Presidents: R.Erasmus (COC Chair), TS Pillay (SPC Chair).

7.2.24 IFCC WorldLab Seoul 24-28 May 2020

The Korean Society of Clinical Chemistry (KSCC) started to activate the Local Organizing Committee by nominating Prof. Junghan Song (Seoul National University) as the Chairman of Local Organizing Committee, the KSCC will constitute LOC members soon. The first promotion has been done at the IFCC WorldLab in Istanbul 2014.

7.3 IFCC Regional Congresses of Clinical Biochemistry and Laboratory Medicine

7.3.1.14 APFCB Taipei

EB noted that this congress will take place from 26-29 November 2016 at Taipei International Convention Center. GB suggested to Divisions to submit IFCC symposia proposals, one for each Division.

7.3.2.21 EuroMedLab Paris 2015

EB received an update report from BG and TO. The Congress will take place 21-25 June at the Palais des Congrès de Paris joint with the 2015 JIB Exhibition. Presidents of the EuroMedLab: Prof. P. Gillery (Scientific Programme Chair), Prof. J. Goudable (SFBC President), Dr. B. Gouget (Congress Organising Committee Chair). Looking at the timetable, the Congress includes: 5 plenary lectures, 17 symposia, 3 IFCC sessions ("Improving patients outcome through assay standardization", "The IFCC e-Academy" and "The value and impact of Laboratory Medicine in patient care: what is the evidence?"), 3 EFLM session, 38 Educational Workshops, 3 satellite meetings. Poster abstract deadline 1st February 2015.

The number of scholarships provided by IFCC in 2015 is 12 (2000 € each) across four Regional Congresses. MF, RSA and BG suggested to increase the number of scholarships considering that the income from the Congress should be good. JH encouraged the EB members to contribute scholarships for developing countries.

7.3.2.22 EuroMedLab 2017

EB noted that this congress will be held in Athens 11-15 June 2017. The contract has been signed between IFCC, EFLM the Greek Society and MZ Congressi. The first COC meeting has been held in Athens 9 November 2014. Promotion: a booth will be set at the EuroMedLab in Paris.

7.3.4.22 COLABIOCLI 2015 Quito, Ecuador

EB noted that this congress will be held 24-26 September 2015 and that EB has agreed to hold a meeting there. The Congress includes: 24 symposia, 2 plenary conferences, oral communications and posters, 3 pre-congress courses and 3 intra-congress courses. The IFCC SD has proposed the symposium: "Benefits of Standardization of laboratory tests"; the EMD the symposium: "Innovations in Molecular Laboratory Medicine"; and the CPD a symposium in Paediatric Laboratory Medicine.

7.3.4.23 COLABIOCLI 2017 Punta del Este, Uruguay

EB noted that this congress will be held in October 2017.

7.3.6.14 AFCCB 2015 Sudan

EB noted that ArabMedLab 2015 - 14th Arab Congress of Clinical Biology (AFCCB) will be held in Khartoum, Sudan in December 2015. No further information is available regarding the preparations for this congress.

7.3.7.4 AFCC 2015 Zimbabwe

EB received a report from VS on plans for the next AFCC congress. The 4th Congress of AFCC will be held 28-30 April 2015. The conference venue has been moved from Victoria Falls to Harare to minimize cost. The theme for the conference is "Integrating Clinical Chemistry and Laboratory Medicine in Evidence Based P4 Medicine". The Conference Organizing Committee (COC) has been established and the Past-President of the AFCC, Prof Vanessa Steenkamp, has been appointed as Chair of the congress. The Local Organizing Committee has been appointed too. The conference will be hosted by the Association of Clinical Biochemistry Zimbabwe (ACBZ). First announcements were distributed in Istanbul where a booth was shared with WorldLab 2017 (Durban).

7.4 IFCC Specialised Conferences

7.4.1 Roche Bergmeyer Conference (3-5 March 2014, Eibsee, Germany)

EB noted that the Proceedings of the 2015 Conference on 'Women's Health' have been published in Scand J Clin Lab Invest. The topic of the Roche Bergmeyer Conference 2016 will be: "Biomarkers of diagnosis of cancer" (IY).

7.4.6 Siemens - IFCC Conference, Toronto, October 24/25 2014 'Bio-markers in Neuropsychiatric Disorders'

The Scientific program was really appreciated, the quality of the speakers was very good. The attendance was poor despite the innovative contents of the Conference for laboratory professionals. Probably the promotion was not incisive enough. A special number of CCA will be dedicated to the Conference, speakers were invited to send a paper related to their presentations (SB).

Possibly a part of the Siemens sponsorship will be transferred on other projects as other meetings under IFCC auspices and webinars (JH).

7.4.9 IFCC General Conference

EB agreed that the GC will be held in Madrid 17-21 March 2016 at the Hotel Auditorium in the Airport area. GB will contact the Spanish Society incoming president to agree arrangements, involving also C-CC and MZ. PB will send out a communication to Members. EB approved the outline programme for the General Conference proposed by BG.

7.8 Congresses with IFCC Auspices

EB noted that the list of congresses awarded IFCC auspices is updated and published on the IFCC website.

8. Scientific Division (SD) (Report by IY)

8.0 Minutes

EB received the Minutes of the 53rd Meeting of SD held in Istanbul in June 2014 and noted that SD met in Milan in early November 2014.

8.1 SD Executive Committee

G.Myers (US) completed his 2nd term as secretary, EB agreed to appoint J. Passarelli (Roche) as the new secretary; G.Myers as the new Chair of the JCTLM; and M.Muller (AT) as the representative in the JCTLM WG-2. N. Hamasaki (JP) and C.Cobbaert (NL) completed their 2nd term as members, a call will be sent for two new members (PB). IY suggested that one of them should be a YS (< 40 years old). The EB agreed. The National Institute for Biological Standards and Control (NIBSC) UK, invited IFCC to appoint a liaison and it is possible that SD will seek a reciprocal arrangement with observer status on the SD Executive Committee.

8.2 SD Committees

8.2.6 C-Nomenclature, Properties and Units (C-NPU)

R. Flatman (AU) is renewed for a 2nd term as Chair; U.M. Petersen (SE) completed her 2nd term and is appointed consultant; K. Yamauchi (JP) completed his 2nd term, a call for nominations has to be sent out (PB).

EB received from GB an updated report on the project between IFCC, IUPAC and the Danish Board of e-health in respect of the development of NPU terminology. EB received Minutes of the Steering Committee meeting held (by Skype) on 22 August 2014. In summary the challenge is for the co-owners of NPU terminology (IFCC and IUPAC) to promote its scientific and practical merits in the face of a strong market leader (LOINC). Nevertheless, the aim of the International Health Terminology Standards Development Organisation (IHTSDO) is to introduce greater international harmonisation in terminology across the whole of healthcare through the SNOMED CT system. Therefore, any system of terminology in healthcare should be aligned with SNOMED CT if it is to be successful. The NPU Steering Committee has had discussions with IHTSDO about a project to align

NPU terminology with SNOMED CT. However IHTSDO will not give to NPU terminology a high priority because there is already an international system of terminology in laboratory medicine that is aligned with SNOMED CT and which is in widespread use; further contacts with the Steering Committee are needed.

The Steering Committee has agreed to establish an NPU website. A quotation has been obtained from InSoft amounting to €3385 to establish the site and €850 pa for maintenance. GB has suggested that IFCC should meet the set up cost for the website. EB approved.

Currently the two IFCC representatives on the NPU Steering Committee are GB (for EB) and IY (for SD). In addition Robert Flatman (Chair of SD C-NPU, which is responsible for ongoing development of NPU) participates. The new IFCC EB will have to agree who will represent it on the Steering Committee.

A separate, but related, joint project between IFCC and IUPAC involves the production and publication of the 'Silver Book'. Entitled 'Compendium of Terminology and Nomenclature of Properties in Clinical Sciences'. This book has been updated and the 2014 version, comprising 215 pages is ready to be published probably in an electronic version.

8.2.11 Molecular Diagnostics (C-MD)

M.Maekawa (JP) renewed for a 2nd term. Proposals: improve the Network of Expert Laboratories, refocus activities and deliver against key objectives in 2015.

8.2.21 Reference Systems of Enzymes (C-RSE)

S.Ueda (JP) renewed for a 2nd term. Proposals: Pancreatic lipase reference method, working with IRMM to test commutability of new SRMs for ALT, LDH, CK.

8.2.23 Traceability in Lab. Medicine (C-TLM)

Proposals: Collaboration with CCQM in relation to NMI key comparisons, development of the COLABIOCLI project on standardization and harmonization in LA.

8.2.24 Reference Intervals & Decision Limits (C-RIDL)

Proposals: Multicentre reference interval study, parallel regional reference interval studies.

8.2.25 Standardisation of Thyroid Function Tests (C-STFT)

Chair and all members should be renewed for second term, nevertheless the standardization work should be ended in 1 year. The implementation of the Committee activities is the major challenge, possibly it should focus on additional activities with clinical societies.

8.3 SD Working Groups

8.3.35 Standardisation of Hemoglobin A2 (WG-HbA2)

Proposal: set up a joint WG with ICSH to achieve harmonization. EB approved.

8.3.36 Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)

Jos Wielders (NL) is appointed as new Chair. The harmonization of assays technically possible and close to being achieved. WG do not feel capable of achieving agreement on harmonized decision limits.

8.3.39 Standardisation of Albumin Assay in Urine (WG-SAU)

This WG is very active with multiple projects. A joint activity with the National Kidney Disease Education Program (NKDEP) Laboratory Working Group is ongoing.

8.3.40 Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPPA)

Saara Wittfooth (FI) is appointed as new chair. Considering that Standardization is not easily achievable due to epitope differences between assays, the objective could be to assess feasibility of harmonization using patient pools or multiple individual donor samples.

8.3.41 Standardisation of Insulin Assays (WG-SIA)

The work on reference measurement procedure is ongoing, the collection of clinical samples complete. Proposal: write to ADA to determine their view of the status of the WG.

8.3.43 Standardisation of Troponin I (WG-TnI)

David Bunk (US; NIST) is appointed as new Chair. Harmonization of assays should be possible and steady progress has been maintained.

8.3.45 Harmonisation of Autoantibody Tests (WG-HAT)

Significant progress: IRMM will shortly release SRMs for IgG anti-MPO and IgG anti-beta2GP1 and has assigned a value for beta-2 microglobulin to an existing material.

8.3.47 Clinical Quantitative Mass Spectrometry Proteomics (WG-cMSP)

The WG is mainly working on hepcidin as a model protein. Proposal: consider a formal liaison with HUPO to help focus and prioritization of future activities.

8.3.48 Serum Parathyroid Hormone (WG-sPTH)

This WG showed limited progress, C. Sturgeon (UK) is renewed as Chair but with a reevaluation at end of 2015.

8.3.49 CSF Protein (WG-CSF)

K. Blennow (SE) is renewed as Chair. This WG showed rapid progress on all fronts but should improve communication.

8.3.50 Standardisation of Bone Markers Assays (WG-SBMA)

HM is renewed as Chair. A joint Project with the International Osteoporosis Foundation (IOF) is ongoing to achieve wider clinical use of bone turnover markers, based on a position paper published in 2010 in Osteoporosis International regarding the use and utility of bone turnover markers in clinical practice".

8.3.51 Commutability (WG-COMM)

This WG is very active, with a significant support from key partners.

8.16 AACC Harmonisation Project (International Consortium for Harmonization of Clinical Laboratory Results)

SD remains very supportive, this will be main source of SD standardization projects in the future. Presently an internal review of activities and objectives is ongoing.

8.40 Other Business

SD emerging proposals: Serum total protein standardization; D-dimer (discussions with ISTH initiated); Impact of standardization activities persuading Companies about the advantages of a scientific and not descriptive approach, a systematic review on the impact of analytical standardization on clinical benefits will be performed on; Growth Hormone, IGF-1.

MF outlined his thoughts on some aspects about the future of the SD: 1) the presence of at least one YS in each IFCC Committee and Working Group; 2) even if standardization is a fundamental topic, SD should also be engaged in scientific projects and educational activities in other fields; 3) the number of TFs is too high, possibly some of them can be incorporated in SD to avoid duplications; 4) each TF need a liaison with one EB member and should collaborate more with Clinical Organizations; 5) WGs and Committees should emphasize collaborations with Clinical Organizations. EB agreed to discuss these views at its next meeting.

9.0 Education and Management Division (EMD) (report by MF)

9.0 Minutes

EB received the draft minutes of the meeting of EMD, which was held in Istanbul in June 2014.

9.1 EMD Executive Committee

Leslie Lai (MY) is appointed as new Chair, Elizabeth Frank (IN) is confirmed for the 2nd term.

9.2 Committees

9.2.4 Clinical Molecular Biology Curriculum (C-CMBC)

This Committee is working very well. Training Courses in basic laboratory methods in molecular diagnostics have been held in Malaysia (2012), Cape Town (2013) and Manila (2014). A paper on ten year experience has been published in CCA. Accompanying lectures were given in different topics: human and molecular genetics, infectious diseases, predisposition and diagnostics of malignant diseases, development and limits of diagnostic strategies, new technological developments. A Course in Baltic area is expected in 2015 and a session on "New trends in molecular diagnostics" at COLABIOCLI Congress 2015, Quito (EC).

9.2.5 Analytical Quality (C-AQ)

G. Velazquez (PY) is confirmed for a 2nd term. The objectives of this Committee are: develop presentations of the "Principles of EQA and IQC with C-DL, develop a checklist of items for countries that are planning to set up their own EQA scheme, update the C-AQ website and finalize the Resource Table for EQA, offer EQA consultation.

9.2.7 Evidence Based on Laboratory Medicine (C-EBLM)

C. Florkowski (NZ) is appointed new Chair. Rob Christenson (US) and D. Aslan (TR) completed their 2nd term, a call for nominations for two positions will be sent out (PB).

The Committee made several Educational sessions throughout South America and Central America: at the National Congress of Ecuador (Guayaquil May 2, 2014), at the COREBIO in Buenos Aires (May 14, 2014), at the National Congress of Chile (August 7, 2014), at the FEFAS Congress in Quito (October 2014), and one-week EBLM Post- graduate course in Paraguay (November 2014). An EBLM Symposium has been held at WorldLab 2014, "Evidence Based Laboratory Medicine in decision making: a value-based business perspective". Diler Aslan spearheaded update to the C-EBLM part of the IFCC website.

9.2.9 Clinical Laboratory Management (C-CLM)

M. Srour (Palestine) is confirmed for a 2nd term.

Proposals: produce an IFCC monograph on Clinical Laboratory Management; conduct a needs assessment of developing countries and draw up a prioritized list of future projects, together with timelines for completion and cost estimates; closely co-operate with the Visiting Lecturer Program, EMD working groups (DQCML and WG-LEPS) and other EMD committees and SD committee on Reference Intervals and Decision Limits (C-RIDL) to ensure that the correct management resources are applied to the right place at the right time for a reasonable cost.

The EMD-EC assessed the proposal for a joint Clinical Laboratory Management Association (CLMA)-IFCC Task Force on "Meeting the Non-Technical Professional Development Needs of Medical Laboratory Leaders" (see 9.4.4).

9.2.10 Distance learning (C-DL)

Janet Smith (UK) is confirmed for a 2nd term as Chair, R. Greaves (AU), D. Gruson (BE), E. Hoyaranda (ID) are confirmed for a 2nd term.

The C-DL is in dialogue with Siemens, Waters Inc and White hat Communications on collaboration for distance learning modules. The C-DL is collaborating with the CPD in the process of developing an 'eAcademy', to provide a structure for the educational material. The C-DL is ready to provide a considerable amount of support to the Pathskool initiative, a project of Ortho Clinical Diagnostics, which IFCC is collaborating with.

9.3 Working Groups

9.3.8 Laboratory Errors and Patient Safety (WG-LEPS)

The main Project is the “Model of Quality Indicators”. The purpose of the project is to design a routine, formal, proactive system of monitoring that uses validated measures to focus strictly on laboratory performance creating a common reporting system based on standardized data collection, and to define the state-of-the-art and quality specifications for each QI. The final goal is to define a Model of Quality Indicators (MQI).

The WG-LEPS organized a Consensus Conference to design a road map for the harmonization of QIs in Padova on October 24th, 2013; a questionnaire has been prepared in order to collect data by potentially interested clinical laboratories that, up to now, have no experience in the management of QIs; a Website has been developed, which will be accessible from the IFCC website.

9.3.9 Cancer Genomics: Clinical Laboratory Guidance

The invited members of this new WG are: Jason Park , Paolo Fortina, and Michael Neumaier. D. Paine (MD committee of SD) will be contacted for other members.

9.4 Special Projects

9.4.1 Visiting Lecturer Programme

EB noted the list of approved VLP for 2014: Limassol-Cyprus (H.Morris), Guayaquil-Ecuador (H.Morris), Sibiu-Romania (M.Ferrari, J.Smith, M.Oellerich), Siobiu-Romania (M.Oellerich), Harare-Zimbabwe (P.Fortina, M.Ferrari), Santiago-Chile (A.Ferrera Gonzales), Ramallah-Palestine (K.Sikaris, D.Young), Santa Cruz della Sierra-Bolivia (R.Sierra Amor, M.Blanes, S.Raymondo), Pretoria-South Africa (J.Delanghe, C.Le Roux), Quezon City-Philippine (K.Adeli, E.Frank, K.Sikaris), St.Petersburg, Moscow-Russia (H.Stekel), Manila-Philippines (L.Lai, E.Frank, T.Badrick), Athens-Greece (H.Morris), Jodhpur-India (M.Ferrari, P Fortina, H. Morris), Taipei-Taiwan (H. Morris), Kowloon-HongKong (H. Morris), Harare-South Africa (R. Bais), Lusaka-Zambia (R. Bais). Abbott financial support is confirmed for 2015.

9.4.2 Flow Cytometry

The last IFCC-Beckman Course: “Harmonisation and Standardisation in Flow Cytometry” has been held in Wien, 24-26 April 2014. The establishment of programs in Latin America has been considered.

9.4.3 Developing Quality Competence in Medical Laboratories (DQCML)

This major initiative for the EMD is aimed at informing emerging laboratory services on all aspects of quality, but concentrating particularly on internal quality control, external quality assessment and working towards laboratory accreditation with the adoption of a quality system. A leaflet has been designed by JH together with VS, to assist developing countries in understanding the programmes that are available for Member associations and their individual members.

Pending Applications and Further Initiatives: Association of Clinical Biochemists of Sri Lanka, Hong Kong Society of Clinical Chemistry, Sub-Saharan Africa, Zambia Quality Assurance Programme under the direction of Renze Bais (a collaborative venture with the Biomedical Society of Zambia, IFCC and Randox is establishing a QA programme in Zambia), Africa Schemes and Mentoring by Professor Donald Young, the eAcademy concept being developed by C-IeL and C-DL led by Peter Vervaart and Janet Smith.

9.4.4 IFCC-CLMA Project on Leadership

A new special project of EMD without designated budget is a joint TF between the Clinical Laboratory Management Association (CLMA) and IFCC recently discussed in Chicago by MF, GB and the CLMA representatives. The TF is composed of 4 IFCC members and 4 CLMA members with LK as the IFCC Chair. The proposal of the TF should be to “Meeting the Non-Technical Professional Development Needs of Medical Laboratory Leaders”. A survey to understand which countries may be interested has been prepared and distributed.

9.4 Other Business

Quality Assessment Scheme in Zambia

EB noted continuing progress with the EQA programme in Zambia.

Educational Support Programme: Ortho-Clinical Diagnostics

EB received an update from HM on 'Pathskool', the OCD educational support distance learning programme on laboratory quality produced in the Asian Pacific region. The educational support in management and accreditation in this Region is an OCD marketing strategy. The OCD will fund the production of the programme but needs the IFCC help in reviewing the educational content. IFCC may link into this project also through distance learning programmes that could be delivered free of charge by IFCC. This educational support could be of interest also for lab technologists.

Memorandum of Understanding with the International Laboratory Accreditation Cooperation

EB noted the renewal of the MoU with ILAC.

10. Communications and Publications Division (CPD) (report by K. Adeli)

10.0 Minutes

EB received the draft minutes of the meeting of CPD, which was held in Istanbul in June 2014 and noted that CPD participated in the AACB congress in Adelaide in October 2014.

10.1 CPD Executive Committee

G Kovacs (HU), Editor eJIFCC, is renewed for the 2nd term.

The CPD Strategic Plan includes: communicate the work of the IFCC to clinical laboratory scientists, physicians and health care policy makers worldwide; continue to Enhance IFCC Media: *Website*, *eNews*, *eJournal*; promote Distance Learning opportunities for Member Societies & their membership; enhance IFCC organization's public relations/visibility; promote the image of the IFCC to its individual members, to the biomedical industry and to the world-wide health care community at large; improve internal communications within IFCC and its Member Societies.

10.2 Committees

10.2.1 Public Relations (C-PR)

Recent activities of C-PR: PR brochures updates; PR slide kit updates; links with the Labs are Vital Program; collaboration with the Task Force on Impact Of Lab Med on Clinical Management and Outcomes; slide kit on Role of Lab Medicine and its Role in Healthcare Delivery; PR brochure for general public, governments and industry, both in English and in Spanish, new languages to come.

10.2.2 Internet and e-Learning (C-leL)

Recent activities of C-leL: Electronic/Preferential voting, development of private/closed Website areas, Distance Learning programming access, development of Policy and Procedure for IFCC functional unit access/editing of individual web pages, , development of a Website Calendar feature, and development of the eAcademy project, collaboration with the EMD C-DL. New funds will be required to build and maintain the eAcademy program on the IFCC website. Siemens will be approached to consider funding this program.

10.3 Working Groups

10.3.1 Electronic Journal of the IFCC (WG-EJIFCC)

The application for indexing via PubMed Central was submitted. PubMed Central has accepted eJIFCC application and requested 50 sample files in XML format. A final decision and PubMed indexing is expected in 2015. The eJIFCC, by joining COPE, intends to follow the highest standards of publication ethics and will follow the Code of Conduct for Journal Editors. The Editor, Prof. Kovács, was accepted as a member of the World Association of Medical Editors (WAME)

10.3.2 IFCC eNews (WG-IFCC eNews)

The WG membership is very wide (Brazil, Canada, Cyprus, France, Malaysia, Mexico, Nigeria, Paraguay, Poland, Slovenia, South Africa, Spain, Tunisia, and Uruguay). The eNews are published bi-monthly electronically and in LabMedica International (LMI). The eNews format was changed in 2014 with significant improvements in both content and presentation. The CPD is actively seeking to widen its circulation and readership. Paid advertising pages have been introduced recently as well as a full Privacy Policy compliance.

10.3.4 Ibero-American Nomenclature and Translation (WG-IANT)

EB agreed that it is only possible to translate key documents through the Office without costs. The RIA website will be undergoing a significant overhaul/update.

10.9.2 IFCC Booth

EB received a verbal report from PB on the effectiveness of the IFCC booth in Chicago: the booth has been very effective to establish contacts, sharing the booth with Elsevier was really positive.

10.40 Other business

'Labs Are Vital'™

EB noted that the 'Labs Are Vital' website is now operational www.labsarevital.com and that E Delvin is working effectively as Clinical Editor.

EB received a verbal report from the President on future funding for 'Labs Are Vital', which indicated that 2015 will be challenging and that the project could cease without funding support.

11.0 IFCC Awards

11.01 IFCC Awards Committee

EB received a report from JH and HM on the format of the Awards presentation in Istanbul: the ceremony was really appreciated by the EB, the awarded and the participants.

HM reported the opportunity to make a new Award in the area of cardiovascular disease, sponsored by HyTest Ltd.

The decisions for Chairing and managing the Awards Committee in the future will be taken by the next EB.

13.0 Special Projects and Task Forces

General discussion: EB noted the growth in the number of TF over recent years and agreed that the number of TFs is too high to be managed by one person (President). Each TF needs a liaison with one EB member; TF should seek to collaborate with Clinical Organizations; the nomination process of members has to follow IFCC rules; the participants that are not member of IFCC associated Societies have to be considered as consultants maintaining the refunds. These items will be matter of debate for the next EB.

EB reviewed the annual reports from each of the ten IFCC Task Forces:

13.01.01 Task Force on Ethics (TF-E)

Achievements during 2013/14: the data analysis of the survey of teaching of ethics has been completed and a manuscript has been submitted to Clin Chim Acta. New members with a broader geographic representation have been added: Elizabeth Arcellana-Nuqui (Philippines), Trefor Higgins (Canada), K. Okhan Akin (Turkey), Christine Sekadde-Kigondu (Kenya). The proposed policy on Conflict of Interest was adopted by the EB. Thanks to the TF-E recommendation to the EB for IFCC publications, the eJIFCC has applied for membership to COPE.

The white paper on publication ethics was translated into several languages and posted on the IFCC website.

Plans for 2014/15: Update the white paper on publications ethics on the IFCC website with more links to regional and local resources links; produce a draft chapter on Ethics for the IFCC Handbook; create a symposium proposal on Ethics for the next Euromedlab meeting Greece 2017; create ethics teaching modules for *Clinical Chemistry* Training Council website, create an Ethics "toolbox" for Member Societies.

Points for attention of IFCC Executive Board: The TF requests a feedback from the EB on its implementation of the EB's new Policy on Conflict of Interest, and a feedback from the EB on the status of the new Policy on IFCC and Relations with Industry.

EB agreed that this TF do not need a formal link with SD.

13.01.02 Task Force on Paediatric Laboratory Medicine (TF-PLM)

Activities of the Task Force in 2014: ICPLM 2014 (the XIIIth International Congress of Pediatric Laboratory Medicine (ICPLM)-Istanbul June 20-22nd, 2014). Proceedings of the conference can be found in the May issue of *Clinical Biochemistry*. The website has been updated to include information on the congress. The proposed TF membership for the 2015-2017 includes both current and new members. The new members are from Europe, Singapore, and Africa. We plan to invite a member from China, and Latin America.

Plans for 2015 and beyond: Coordination, promotion and development of existing IFCC SD research activities associated with reference intervals. Michael Metz and Tim Lang will coordinate this activity. Coordination and development of guidelines for the reporting of critical values. A group (Vijay Grey, Sharon Geoaghan, and Martin Hersberger) will coordinate this activity. Planning of the XIVth International Congress of Pediatric Medicine (ICPLM) to be held prior to the IFCC WorldLab 2017 in Durban.

Areas for Executive Board to consider: The TF will seek IFCC support for establishing a Reference interval consortium to include existing regional groups within IFCC, e.g., the Nordic States (Denmark, Sweden, Norway, Finland and Iceland) currently engaged in the development of Pediatric Reference values. Continued support from both the IFCC and local organizers in the planning of Durban 2017.

EB agreed that this TF needs a formal link with SD in respect of its proposed work on paediatric reference intervals.

13.01.02 Task Force on Pharmacogenomics (TF-PG)

Achievements during 2013/14: A survey among IFCC members on the use of PG testing for diagnostics; eIFCC publication on PGx in Europe; joining of CPIC guideline Committee; start European Clinical Implementation Consortium (Eu-PIC) together with ESPT; HORIZON 2020 grant application for PGx implementation in Europe.

Plans for 2014/15: Increasing the IFCC/ESPT E U Pharmacogenetic Implementation Consortium network; support the Stage 2 call for HORIZON2020; publishing the TPMT guideline reaching consensus and drafting CYP2C19 guideline with Cardiologists; reaching consensus and drafting CYP2D6/tamoxifen guidelines with Oncologists; interact with Molecular Diagnostic Companies to facilitate testing of newly developed PGx testing.

Points for attention of IFCC Executive Board: approval of EB for Mark Linder joining the IFCC TF-PG committee.

EB noted the huge amount of activity, but the scientific output should be increased as well as the interactions with clinical organizations. EB suggested that the TF should consider a review of its activities for eJIFCC. Membership needs to be updated and a list of consultants should be made. This TF needs to strengthen formal links with SD and EMD.

13.01.04 Task Force on Chronic Kidney Disease (TF-CKD)

Achievements during 2013/14: introduction of Corresponding Members. Invitations to IFCC member organisations has produced a significant response with current members (full + corresponding) from the following countries: Australia, UK, Belgium, Italy, USA, Uruguay, Turkey, Norway, India, Croatia, Ireland, South Africa, Serbia, Canada, Brazil, Nigeria, Argentina, France and Portugal, at present the membership is predominantly appointed by IFCC or representing IFCC member national organisations, there are currently three members nominated by WASPaLM.

TF-CKD members have presented at the IFCC Worldlab-Istanbul and at AACC-Chicago.
Plans for 2014/15: TF will prepare a summary of the KDIGO guidelines for ease of use. TF members use the contacts and resources provided by the membership of the TF to assist with their national activities.

Points for attention of IFCC Executive Board: selection of replacement chair; active involvement of membership (facilitation with IT links).

EB agreed that this TF needs to strengthen its formal link with SD. GB will discuss the vacant Chair position with G Jones.

13.01.05 Task Force on Implementation of HbA1c Standardisation (TF-HbA1C)

Achievements during 2013/14: update on IFCC/IDF/ADA/JDS consensus statement (major point-encourage journals to publish dual units); WHO/IFCC guidelines on the monitoring and diagnosis of diabetes: a second draft has now been submitted to WHO.

Publications: 1) Investigation of Two Models to Set and Evaluate Quality Targets for HbA1c: Biological Variation and Sigma-metrics, submitted to Clinical Chemistry with all TF members as authors; 2) Sacks DB, John WG. JAMA. 2014 Jun 11; 311(22):2271-2, Interpretation of hemoglobin A1c values.

IFCC/WHO/IDF questionnaire: there have been a number of changes and revisions to the original questionnaire, it has been constructed in the Bristol Online Survey system hosted by the University of Nottingham. The questionnaire is now "live" on the web.

Plans for 2014/15: a satellite meeting on HbA1c has been organised at EuroMedLab 2015. A study is being planned to look at the effect on patient care resulting from the change in reporting HbA1c in percent units to SI units.

We are working closely with colleagues in China to assess and improve HbA1c analytical quality, and possibly introduce some form of certification system.

Points for attention of IFCC Executive Board: there is a big educational challenge, not only relating to HbA1c but to diabetes and outcomes. Consider a change in focus to expanding the remit from just HbA1c standardisation to include other aspects of diabetes.

EB agreed that this and GB will work with G John to prepare a revised proposal. The TF needs to make better use of its formal link with SD.

13.01.06 Task Force for Young Scientists (TF-YS)

Achievements during 2013/14. Many educational activities have been performed: TFYS session at the IFCC Worldlab Istanbul-2014: "Roadmap to Success- Strategy Planning & Implementation"; Leadership training- "Promising pathways for young scientists-today & tomorrow" at ACBICON-2013; Job Opportunities- "Dreaming ways to success" at APFCB 2013; Writing research protocol training- "Research Design & Methodology-Identification of Need" at ACBICON-2014.

The TFYS Webpage was updated to include latest information regarding TFYS team. Desirable objectives: To increase participation to TFYS and IFCC activities and promote exchange of information; new Social Media for networking have been considered (yahoo group, twitter); articles and Newsletters published in IFCC, LabMedica, APFCB, ACBI news; regular online monthly meetings.

Extending TFYS committee members involving other YS from IFCC member societies globally as corresponding members has led to representation from 20 countries.

Plans for 2014/15: TFYS sessions proposed at AFCC 2015 - 4th, April 28-30, 2015, Harare, Zimbabwe; at EuroMedLab June 21-25, 2015 - Paris, France; at 28th World Congress of Pathology/Mexican Federation of Clinical Pathology, 18th- 21st November, 2015, Cancun.

Some subcommittees are needed to work efficiently with diversity for better results. The members may work closely for elaboration of their segments & proposals: educational, publication, website and social media committees.

Proposed TF-YS Analysis on the YS status: the proposed study is to know about the diversity of YS globally in terms of qualification needed for job, lab medicine status, accreditation status, quality training required, job satisfaction, desirables, job perspectives etc. The questionnaire will be developed for desirable results & evaluation. This study may help for better understanding of needs and networking with other YS.

Raising funds & corporate partner with the support of IFCC-EB for financial support of young scientists and giving more visibility and appreciation to their work in terms of travel Support Grant (Full support / half support) and Full Registration Fee, Reduced Registration Fee.

Points for attention of IFCC Executive Board: support for Online Credit Hours based activities/ Online Endorsed Activities; support to grow and diversify the funding sources of the task force to support and appreciate the work of YS at the level of TFYS in terms of grants; support for developing mentorship programs for development during early years of careers.

EB appreciated the great work of the TF-YS and the very interesting proposals for the next year. The role of YS in IFCC will be debated at the next EB, probably some items of the Strategic Plan 2015-2017 will be focused on YSs. EB thanked BG for acting as EB liaison to TF-YS and agreed that this TF should continue to have a formal link with EB.

13.01.07 Task Force on Clinical Applications of Cardiac Biomarkers (TF-CB)

At the time of its meeting EB had not received a formal report from TF-CB. Therefore, this report GB gave a verbal report based on communications received during the year.

Achievements during 2013/14. The TF has published four educational leaflets: implement high sensitivity troponin assays in practice (pocket format), Using high sensitivity troponin assays in practice, Using high sensitivity troponin assays in practice (Pocket format), Calculating serial change values (delta) for high sensitivity troponin assays. These are available in electronic form and printed versions are distributed from the IFCC booth at congresses.

Plans for 2014/15: the Chair has found this a difficult TF to manage with too many experts and (differing) opinions. He has taken advice and developed two new work streams each involving a couple of TF members. He will act as co-ordinator without being directly involved in either. The proposed work streams relate to making contact with national cardiology societies and commencing work on practical reporting of BNP.

Points for Attention of Executive Board: the TF is just completing three years. The request is to renew TF membership in the expectation that they will conclude their work within the next 1-2 years. EB considering the presence of the WG-Tnl in SD, postpones the discussion on the continuation of this TF at the next EB.

Note added after EB Meeting: The annual report for TF-CB was received late and circulated to all those present at the EB meeting.

13.01.08 Task Force on POCT (TF-POCT)

Achievements during 2013/14: The educational document on “Thinking of Introducing PoCT – Things to Consider” has been completed and placed on IFCC PoCT website; the inaugural IFCC PoCT Satellite meeting on PoCT at the IFCC WorlLab in Istanbul had a great success and the presentations from meeting have been made available on IFCC website; a Working group on “How should glucose meters be evaluated in Critical Care (WG-GMECC)” has been established.

Plans for 2014/15: Run a POCT meeting adjacent to the WASPaLM world congress next year on 16-17th November 2015 in Cancun (This meeting is being supported by Mexican Association of Clinical Biochemistry and CONAQUIC); develop an adverse events database for PoCT; develop education around blood gases; work with EFLM on frequency of quality testing for POCT and come up with some recommendations to guide PoCT operators; look at how POCT can drive innovation in Global Health potentially collaborating with WHO, AACC and EFLM; explore the possibility to establish a working group on POCT for HbA1C and troponin.

Points for attention of IFCC Executive Board: The Task Force continues to be active in driving PoCT agenda as much as possible. It would be useful for the group to meet face to face at least twice per year rather than once. EB agreed that this TF needs to strengthen its links with SD.

13.01.09 Task Force on the Impact of Laboratory Medicine on Clinical Management and Outcomes

This Task Force has not been active during 2014. It concluded its work by submitting a manuscript to Clinical Chemistry. TF-ICO should be closed in its present form. However, this is hugely important

area at the clinical interface. Next EB will discuss with CPD and EMD whether we wish to commence another project in this area.

13.01.11 Task Force on Proficiency Testing (TF-PT)

Achievements during 2013/14. The Task Force was formed in April 2014 with aims to facilitate the introduction of international proficiency testing schemes for uncommon but clinically important analytes. To use the information to select analytes that may be suitable for method harmonisation as a means to improving patient outcomes.

The chair of the TF has met the board of EQALM in October 2014 in order to request a close cooperation and the participation of EQALM as a full member of the TF-PT; the EB of EQALM will decide during their next meeting their possible form of involvement.

Plans for 2014/15: The central project of the TF-PT will be the creation of an online database as an integral part of the website of IFCC; this database will interactively link our colleagues, final users of the tests, with PT providers, IVD manufacturers, accreditation bodies etc. and will facilitate the search for a PT scheme for "rare" esoteric or new analytes, or the introduction of a new one if needed.

The Task Force will work in close association with the IFCC C-AQ (liaison Alexander Haliassos), with the C-TLM (liaison Cas Weykamp), with the C-NPU (liaison to be determined) and will liaise with the EQALM and other relevant international providers of proficiency testing in laboratory medicine.

Points for attention of IFCC Executive Board: All the above are the rough specifications for the DB - web application that will be discussed with the IT provider of IFCC, in order to have their estimation for the required budget and time for development and implementation. We must point out that there are available adequate resources, from the budget of the PT-TF, in order to start this project this year. A realistic target for fully deploying this DB application is mid- to end of 2015.

EB discussed how IFCC should participate in the Task Force on Geriatric Laboratory Medicine, which is being organised jointly with AACC and NACB. This project has been on the EB agenda for a year. It has not yet been taken forward because of a proposal from AACC to run a joint project in this area. AACC has taken time to discuss the nature of the project as it sees it and funding support. GB made a proposal to AACC in February 2014 and contacted the International Association of Gerontology & Geriatrics (IAGG) to see if they are interested in partnering in the TF. No response was received to the letter sent in March so it has been re-sent in October, which received a positive response. The next Steps for IFCC should be: draw up a draft Terms of Reference document for TF-Geriatric Laboratory Medicine (TF-GLM); share the Terms of Reference document with AACC; seek nominations from IFCC Members to join the TF, based on the Terms of Reference document, working on the basis that IFCC will seek to appoint a Co-Chair and one other member to the TF. Other nominations can be invited to be Corresponding Members.

13.02 Professional Exchange Programmes

EB received a report summarising recent PSEP and PMEP. PSEP: Myriam Oliveira Rodriguez (Spain), Carlos Ku (Mexico), Alessandro De Stefano (Italy), Isaac Iwekechi Uke (Nigeria). PMEP: Mathews Chola Siulapwa (Zambia), Aaron Sichilima (Zambia), Idris Yahaya Mohammed (Nigeria), Oyetunji Olukayode Soriyan (Nigeria).

13.03 Roche Travel Scholarships

EB noted the final list of scholarship recipients for IFCC WorldLab in Istanbul: Mohamed Khaled Masoud (Egypt); Mesfin Eyob Abera (Ethiopia); Cabrera Ayuso Ana Regina (Guatemala); Shilpa Hasija Bhardwaj (India); Medha Rajappa (India); Anna Meiliana (Indonesia); Francis Ndungu (Kenya); Jadda Hajar (Marocco); Raj Kumar Yadav (Nepal); Fabian Unyime Aniekpon (Nigeria); Wafa Omer (Pakistan); Analia Acosta (Paraguay); Geraldine B. Dayrit (Philippines); Malarnangai Selvadurai (Sri Lanka); Soloviov Sergii (Ukraine); Symchuk Artem (Ukraine); Tran Khanh Chi (Viet Nam); Kamvuma Kingsley (Zambia); Grace Mashavave (Zimbabwe). Sabe Mwape (Zambia) – is the recipient of the Jocelyn Hicks scholarship.

For the next year Roche should provide 20,000 CHF able to fund 10 scholarships plus the JH funded scholarship. JH also indicated support from Past Presidents, which will support a twelfth scholarship. EB agree to divide the scholarships between the 4 IFCC Regional Meetings in Harare, Paris, Quito, and Karthoum.

14.0 IFCC Statutes and Rules

EB discussed and approved all the changes to the Statutes and Rules as a result of the vote to introduce Regional Representation of future IFCC Executive Boards and reported in paper. PB will send an announcement for the formal approval by the Joint EB.

All amendments will require formal approval via an electronic vote of Council; the procedure and timescale for confirming changes to the Statutes and Rules will be decided by the next EB.

16.0 Organisational Matters

16.3 Nominations Committee

The procedure for appointing the next Nominations Committee will be discussed by the next EB.

16.4 Annual Report for 2014

EB received a report from PB regarding arrangements for producing the Annual Report for 2014.

16.5 IFCC Handbook 2015-2017

EB received a report from SCL regarding arrangements for producing the IFCC Handbook 2015-2017

in the electronic version.