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Dear colleagues,

Summer is here. Try to enjoy yourselves as much as possible, but don’t loose touch with the IFCC.

Pay attention to the new strategic plans of our President, Prof. Khosrow Adeli, and respond to his invitation for outreach. Communication is very important especially in these times of “keeping distance”.

This is why our Communications and Publications Division, through Rojeet Shrestha’s hard work with social media, even with the new one, Telegram, doesn’t permit you to just relax. Everyday you can be in touch with IFCC news.

UNIVANTS’ presentation of some really important persons in the field of healthcare and Dr. Gouget’s new article with a lot of valuable thoughts about the situation we are all facing will keep you company and will certainly provoke some discussions and ideas.

Pakistan societies managed to hold their meeting successfully at the last minute and they are reporting about it.

We understand that most national societies have no events to report. Why don’t you report on your societies’ response to the pandemic? It would be really interesting to learn about our respective lessons and challenges.

Don’t forget summer, though. Some vacation and free time is what we all need. Enjoy!

Katherina Psarra

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**IFCC Annual Report 2019**

The IFCC Annual Report 2019, 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 principle for our work in 2019.

Read more
As promised, I am writing to follow up on our new proposed strategic plans for IFCC over the next three years. In the June newsletter, I provided a glimpse of our new strategic plan that I have been working on together with members of the IFCC Executive Board over the past few months. In this issue of the eNewsletter, I would like to explain in further detail three of the key strategic plans and would like to seek feedback from all of you (IFCC officers, IFCC national societies and regional federations, as well as our corporate members) as we finalize and initiate implementation of these plans into practice with your support and participation.

In partnership with all IFCC divisions and functional units, the IFCC Executive Board will strive to enhance IFCC’s leadership position in the field of laboratory medicine by implementing a number of important new programs.

A detailed outline of our top three strategic priorities is listed below:

**Directly Impacting Patient Care and Outcomes:**

- **VISION:** IFCC should be more proactive and directly impact global healthcare in developing nations.
- **First Key Project:** IFCC Global Newborn Screening Program: Development of an IFCC Program in Collaboration with WHO, Gates Foundation, industry, others.
- **Rationale:** A lack of newborn screening programs in many developing countries is leading to major health consequences and a burden on healthcare delivery and costs. Development of new programs in developing countries will significantly enhance child health and reduce infant mortality.
- **Scientific Oversight** by a new IFCC Taskforce on Global Newborn Screening.
- **Operational Coordination** with an industry partner (NBS provider).

**Directly Contribute to Global Lab Quality:**

- **VISION:** IFCC should directly assist clinical laboratories with improving internal and external
quality assurance and become a key resource for evidence-based laboratory reference intervals for both adults and children.

**Key Projects:**

- IFCC External Quality Assurance Program in developing countries
- IFCC Internal Quality Assurance On-site Training Program in developing countries
- Global Reference Interval Consortium: An IFCC global database of adult and pediatric reference intervals as a key resource for laboratories around the world

**Rationale:** There is a critical need globally for improved internal and external quality assurance and the IFCC has a clear mandate and obligation to help improve quality beyond training and education. A more direct role on the ground in developing countries is essential to achieve these goals.

**Scientific Oversight** by a new IFCC Taskforce on Global Lab Quality.

**Operational Oversight** by an industry partner (EQA provider).

**Major Expansion of IFCC eLearning/Distance Learning Program**

**VISION:** IFCC should be the largest provider of free eLearning/Distance Learning Programs Globally; With a Focus on Developing Countries & Young Scientists, Students, Trainees

**Key Projects:**

- A new strategy to develop and deliver webinars via eAcademy or a new platform
- Live global webinars (monthly) starting in September 2020; biweekly live webinars in 2021 and future years

**Rationale:** Distance learning/eLearning is a major mandate of the IFCC organization to provide both live and recorded webinars given by experts around the world. This is an important way by which IFCC can give back to the national societies around the world and their members especially young scientists and trainees. The current system to deliver webinars is not working and a major overhaul is required to ensure delivery of timely webinars to the membership.

**Scientific Oversight** by a new IFCC Taskforce on eAcademy/eLearning.

**Operational Delivery** by a full-time coordinator working with a webinar/video conferencing company.

I invite each of you to review these proposed strategic plans and provide feedback and comments. Your input will be greatly appreciated as we finalize and initiate implementation of these plans into practice with your support and participation.

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

*Till next time 😊

Khosrow
Laboratory medicine professionals play a vital role in quality health care by providing accurate results to aid diseases diagnosis, screening, predicting, and monitoring. Laboratory professionals are the diverse group of multidisciplinary expertise that include, but not limited to, clinical chemists, microbiologists, pathologists, molecular biologists, medical technologists, laboratory technicians, lab assistants, and research scientists. Combined contributions of all result in the diagnosis and management of most clinical conditions. Despite the importance of these healthcare professionals, they usually remain in shadow in public attention and are mostly confined behind the scenes. With the beginning of this devastating COVID-19 crisis, the importance of laboratory professionals has risen more than ever.

Lab professionals around the globe are working around the clock performing diagnostic tests to fight against the virus. Hundreds of millions of tests have been performed to identify the infections so that appropriate healthcare management can be efficiently done. Laboratory professionals are the unsung heroes in this battle against COVID-19, therefore, they need special recognition and appreciation for their immense contribution in saving millions of lives.

Medical Laboratory Professionals' Week provides the profession with a wonderful opportunity to increase the public understanding and appreciation for clinical laboratory professionals. At least, 17 world-renowned clinical laboratory organizations officially celebrate the last full week of April every year as Medical Laboratory Professionals Week. IFCC also took this opportunity to sincerely thank all the medical laboratory professionals around the world through its social media with a message – “We appreciate your dedication to fight against COVID-19. We need you now more than ever”. The greetings were posted on all our social media platforms – Facebook, Twitter, LinkedIn, and Instagram. We are happy that it has been well received by lab professionals and general public with post
reaching to over 200,000 users with over 20,000 engagements in Facebook alone. Furthermore, with the kind help of our young professionals around the globe, we were able to translate this message to over 25 different languages [see picture].

Thousands of lab professionals were happy to share the content in their native languages increasing public awareness of the importance of clinical laboratory sciences and clinical laboratory scientists. This is something that we have never done before and would not have been possible without support, generosity, and teamwork of the IFCC TaskForce for Young Scientists.

We would like to appreciate all members who helped us in delivering “thank you” messages to laboratory professionals in their native languages. We would like to specially thank Santiago Fares (IFCC TS-YS), Monica Spalvieri (IFCC C-PR), Maria Eugenia (Germany), Geraldine Dayrit (Philippines), Élodie Lebredonchel (France), Gabriel Lima-Oliveira (Portugal), Itai Chitungo (Zimbabwe), Tamar Ramishvili (Georgia), Ashish Agrawatt (Hindi), Manel Chaabane (Tunisia), Giulia Sancesario (Italy), Dwi Yunia-ti (Indonesia), Rinat Drori (Hebrew), Rojjet Shrestha (Nepal), Sibtain Ahmed (Urdu, Pakistan), Saifuddin Khaled (Bangladesh), Lucy Liu (China), Miljan Savkovic (Serbia), Magdalena Krintus (Poland), Borai Anwar (Arabic) and many more who helped the translation anonymously.

We hope this activity provided us an opportunity to unite during this unprecedented time to celebrate the vital role that we laboratory professionals play in this pandemic.

Please stay connected with us through social media – Facebook, Twitter, LinkedIn, Instagram and Telegram!

(The author is a member of the IFCC Committee for Internet & eLearning and is the IFCC Social Media Coordinator)
**MAGLUMI® Test Menu**

<table>
<thead>
<tr>
<th>Category</th>
<th>Tests</th>
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</thead>
<tbody>
<tr>
<td>Thyroid</td>
<td>TSH (3rd Generation), T4, T3, FT4, FT3, Tg (Thyroglobulin), TGA (Anti-Tg), Anti-TPO, TRAb, TMA, Rev T3, <em>T</em>-Uptake</td>
</tr>
<tr>
<td>Hepatic Fibrosis</td>
<td>HA, PIP, N-P, C IV, Laminin, Cholaglycine</td>
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<tr>
<td>TORCH</td>
<td>Toxo IgG, Toxo IgM, Rubella IgG, Rubella IgM, CMV IgG, CMV IgM, HSV-1/2 IgG, HSV-1/2 IgM, HAV IgM, HIV Ab/Ag Combi, Chagas, HTV/LV, H1, H pylori IgG, H pylori IgA, H pylori IgM, 2015+ncov IgG, 2019+ncov IgM, *Anti-Hbc IgM</td>
</tr>
<tr>
<td>Tumor Markers</td>
<td>AFP, CEA, Total PSA, f-PSA, CA 125, CA 15-3, CA 19-9, PAP, CA 50, CYFRA 21-1, CA 242, CA 72-4, NSE, S-100, SECA, TPA-nib, ProGRP, HE4, HER-2, *PIVKA-II</td>
</tr>
<tr>
<td>Cardiac</td>
<td>CK-MB, Troponin I, Myoglobin, hs-cTnl, H-FABP, NT-proBNP, BNP, D-Dimer, Lp-PLA2, *MPO</td>
</tr>
<tr>
<td>Metabolism</td>
<td>Pepsinogen I, Pepsinogen II, Gasmin-17, GH (ng/h), IGF-I, IGFBP-3</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>hs-CRP, PCT (Procalcitonin), IL-6 (Interleukin 6)</td>
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<tr>
<td>Monitoring</td>
<td>*SAA (Serum Amyloid A)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Direct Renin, Aldosterone, Angiotensin I, Angiotensin II, Cortisol, ACTH</td>
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<tr>
<td>Bone Metabolism</td>
<td>Calciitonin, Osteocalcin, 25-OH Vitamin D, Intact PTH, *J-Crosslaps (J-CTx), *total P1NP</td>
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<tr>
<td>Immunoglobulin</td>
<td>IgM, IgA, IgE, IgG</td>
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<tr>
<td>* Available soon</td>
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**MAGLUMI® X8**

- Throughput: Maximum 600 tests/hour
- On board capability: 300 samples
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No.1 Fast Chemiluminescence Immunoassay
Social distancing and the truth of masks

by Bernard Gouget
Chair-IFCC Committee on Mobile Health and Bioengineering in Laboratory Medicine (C-MHBLM)
co-Chair IFCC -TF on History
SFBC-International Committee
President-Human Health Care Committee-Cofrac
President-Committee for selection of the French Reference Laboratories, Ministry of Health

During the COVID-19 pandemic, modeling has been frequently put forward and numerical simulation has been used at different scales, from the reproduction of the virus on an atomic scale to that of the flows of infected populations. Several projects using AI have sought to virtually test the effect of several thousand drugs and anticipate the effects of deconfinement with the goal of modeling R0 coming out of confinement and its evolution, creating flows of contaminated air to recreate virus transmission from one individual to another and simulate the efficacy of various face shields and masks qualities for protection from someone who sneezes and to determine distancing measures. Therefore, a profile of populations with the highest risk of being infected according to their behavior can be created and the status of populations that have not been tested can be predicted.

On the basis of simulations, many countries have fashioned their national responses and started to relax their coronavirus lockdowns. Some countries have almost completely suppressed the virus. Other countries have experienced and are still experiencing large outbreaks. Several countries have taken drastic measures and have seen life get back to normal. Other versions of spring lockdown associated with tracing systems for individuals have been more flexible, like in Sweden, although the model could be questioned. However, the pandemic is still a major concern worldwide, with an epicenter that has moved to the countries of South America and to South Africa. The coronavirus crisis is far from being over. Other economic, social, environmental or political crises will follow and we must expect to experience a succession of crises, or a pile of crises all at once, that will severely test the capacities of governments as well as our social fabric, our organizations, our economic and health structures, and more generally, our democratic institutions. These crises will not be isolated, but will be part of a group of larger transformations, especially climate change and digital transformations, as well as the increase in inequality, rise of populism, crisis of representative democracy, migratory movements, disputing medical science or upheaval in the media and social networks. All these transformations contribute to and, simultaneously, will be exacerbated by the crisis that we are going through, which will ultimately be an only first warning.

After several weeks of deserted public spaces and empty streets, crowds are gathered in the streets again, not to celebrate victory over the virus but to protest the murder of George Floyd, who died after 8 minutes and 46 seconds of suffocation. The question of breathing and suffocation is again at the heart of new and bitter current events. Protesters are gathered tightly together in the large cities of many countries, despite the injunctions to “social distance”, chanting and demanding justice. The police reacted with tear gas and piled them up in paddy wagons or in jail, forcing proximity. These mobilizations are part of a long tradition that blends activism...
and art, and reflects the need to reconnect with a collective solidarity to fight for respect for a population dehumanized by discrimination. Die-in protests reproduce the posture of George Floyd’s body on the ground, immobilized by handcuffs and a police officer’s knee, tirelessly repeating “I Can’t Breathe!” or, on the model initiated by Colin Kaepernick, the football player who showed his opposition to racial discrimination and violence, taking a knee on the ground. Standing in a crowd for long periods, breathing chemicals that force to cough and gag, raises the risk of increased transmission of SARS-CoV-2. This particular form of mass, in-person protest—and the corresponding police response—is a “perfect set-up” for transmission of the virus. The body is at the heart of the performance of revolt in order to revive the memory of pain and trauma. This is played out in the context of COVID-19, where the frightening accounts of people in intensive care are shared, suffering from lungs affected by this disease that produces severe respiratory failure, possibly leading to death. This moment is also one where masks visually mark an obstruction of the mouth and nose. Air literally and figuratively can no longer circulate. This risk of transmission is complicated with the moral stakes of current events. Two racial inequalities are encountered during protests: one, a pandemic in which people of color die at nearly twice the rate in the American population, and two, anti-Black brutality.

The protests are uncontestably risky, and national authorities such as the centers for disease control and prevention have warned that the gatherings could cause new clusters. The protesters themselves are not unaware of the pandemic risk. In the videos, the majority of protesters appear to wear masks. The photos and videos of the protests show both large and tightly packed crowds and protesters who respect social distancing and volunteers distributing hand sanitizer and water among the crowd.

With these latest events, while facial recognition and temperature taking were used as tools for fighting the pandemic, IBM has just strongly opposed the use of any technology, including facial recognition technology offered by other suppliers, for mass surveillance, profiling, violations of human rights and fundamental freedoms or any other objective that would not be in accordance with their values and principles of trust and transparency.

Everything has been said about the COVID-19 epidemic and how to protect yourself from contamination. The expressions “social distancing” or “physical distancing” have become part of everyday language. We are faced with a situation in which, we now know—although laboratory diagnosis has been shown to be essential both from the diagnostic viewpoint and regarding the immune response of patients recovered from COVID-19—that medical responses, vaccine and treatments are still uncertain. Also, the greatest role in the immediate future is allotted to preventive measures, for which the cooperation of the population is essential. These measures, and especially data relating to virus transmission, have been the subject of a massive communication campaign which has undoubtedly achieved its purpose. Nevertheless, we can wonder why health standards, however validated, disseminated and rehashed in all the media, do not generate more conformity, when they are not simply ignored.

This can be illustrated by one of the most prominent aspects of social distancing, the question of wearing a mask. According to all appearances, the mask is a device seeking to protect health, both that of the person wearing it and those they encounter. However, wearing the mask has many other meanings. When they become mandatory, the mask is not only a vector for health, it is a sign of respect for public order. Not wearing it becomes an infraction. But the mask can also paradoxically mean mistrust or trust, one thing or its opposite. Trust, because it is a gesture of respect and collective participation in the fight against virus transmission. Mistrust also, since the mask is often, rightly or wrongly, conceived by its wearer as a means of protection from others. Wearing a mask, beyond its participation in physical distancing, brings us back to ancestral fears and old epidemics. Not wearing it can also be classified as a rebellion, affirmation of freedom, opposition to government orders and denial, even though the strength of the epidemic is universally recognized. In all cases, wearing the mask functions as a message that is not necessarily about preserving health. If we want to encourage
people to wear it in all situations where there is a risk and make it a social obligation, we must work to make it desirable.

Even as the peak of the epidemic moves away from Europe but continues to be severe elsewhere, this should lead us to caution, vigilance and respect for preventative measures. We must not relax our efforts. It is necessary to continue to wear a mask when the situation requires it and to respect a safe distance as much as possible.

Naturally, we are not immune to a second wave and we must take action to anticipate and avoid it.

Epidemics will surprise us still. But we have learned a lot from this first wave, and if people have at least learned that hygiene is not just cleanliness or disinfection, but a set of relevant and well-targeted preventive measures, we will have made great progress. Coronavirus has a stable genome that is protected from replication errors. In other words, whether or not a second wave occurs depends on almost everyone. Now, there is still an unknown aspect: we do not know what will happen when the seasonal flu epidemic and a second wave of COVID-19 coexist. So, let us prepare ourselves.

IFCC extending in social media

by Rojeet Shrestha
Social media coordinator
IFCC Committee on Internet & eLearning

In the current digital age, social media is an important part of many people’s life and we, laboratory professionals, are not an exception. The IFCC shows its strong presence in social media in the last several years and now we are available on Facebook, Twitter, LinkedIn, Instagram and YouTube. Social media has become an effective way to deliver our news, updates and announcement, and thousands of followers regularly receive and interact with our posts and tweets.

One of many advantages of social media is that followers can directly get notifications on their mobile devices. IFCC is delivering its latest news, activities update, news on events and congresses, articles published in our journals, announcements of available nominations, educational resources published by IFCC and important news from our member societies. Currently, we have 30,000+ followers on social media and it is increasing remarkably.

Starting this year, we are excited to have launched a new social media platform – Telegram. Users of Telegram now can subscribe to our channel (@IFClinChem) to receive our latest updates, news and announcements directly into their mobile devices as a message. The major advantage of our Telegram channel is that the subscriber will not miss any of our news and updates. Exciting, right? If you are using Telegram, why not consider subscribing to our channel?

Just click – https://t.me/ifclinchem and join it. It is so simple and you will get instant notification of our news and announcements. If you are new to Telegram, it is freely available for Android, iPhone, iPad, Windows, MacOS and Linux through https://telegram.org.

And, please continue enjoying our official pages on: Facebook, Twitter, LinkedIn and Instagram!
Renaming the IFCC Distinguished Clinical Chemist Award

~ Howard Morris Distinguished Clinical Chemist Award ~

In honour of Prof. Howard Morris, who passed away quite untimely on April 18, 2019, while serving as the President of the IFCC, the IFCC Executive Board has proposed to rename the current IFCC Distinguished Clinical Chemist Award, sponsored by Yashraj Biotechnology Ltd, as the **IFCC Howard Morris Distinguished Clinical Chemist Award**, and present the award at the WorldLab Congress in Seoul, January, 2021.

Yashraj Biotechnology Ltd. considered the proposal as privilege and a honour. Being associated with IFCC in renaming the award after Professor Howard Morris is a tribute to him and a way to remember him and his contribution to IFCC and to the advancement of Clinical Chemistry.


Don’t miss this free webinar with Wayne Dimech, Executive Manager of the NRL, and Sten Westgard, Director Client Services and Technology for Westgard QC, as they assess the landscape for COVID-19 testing, considering the current methods, tests, protocols and the state of regulations.

Join this expert masterclass to:

- Receive an assessment of COVID-19 tests and methods
- Learn the state of regulations and what to expect
- Explore the contribution of quality standards in the laboratory to confidence in test results

**Register Here**
**News from the IFCC Website**

**Diagnóstico in Vitro (DiV) - Junio 2020**

Enjoy the contents of the new DIAGNÓSTICO IN VITRO June issue.

Lee todas las novedades y noticias, los artículos científicos, la carta al director, la sección dedicada a los jóvenes científicos IFCC y no olvides la entrevista “El Microscopio”.

In this issue, the IFCC WG-IANT confirms its commitment to advance excellence in laboratory medicine for better healthcare worldwide in Latin America.

Read more

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**AACC COVID-19 First Pearl of Laboratory Medicine - Cápsulas en Español**

Pearls in Spanish is an effort of collaboration between AACC and IFCC. Topics on specific areas of laboratory medicine are available in 10-15 minutes lectures. This project aims to reach a large audience of Spanish speaking laboratory professionals in Latin America and in Spain.

Las Cápsulas en Español son un esfuerzo de colaboración entre la AACC y la IFCC. Los temas de áreas específicas de la medicina del laboratorio están disponibles en videos de 10-15 minutos. Este proyecto espera llegar a la gran audiencia de profesionales de laboratorio de habla hispana, principalmente en América Latina y España.

La primera Cápsula es: “Enfermedad por Coronavirus 2019”, por el Dr. Giuseppe Lippi, Chair, IFCC TF on COVID-19, Clinical Biochemistry, Verona University, Laboratory Medicine, Verona University Hospital, Italy.

Read more

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**Diplomado Internacional**

Gestión de la Calidad según ISO 15189
Laboratory medicine professionals, including young scientists, had and continue to have a central contribution during the current health crisis. With their professional commitment, they are at the forefront during COVID-19 pandemic, adding value to patient care and well-being, as well as to protection of the population. In this context, the need of improving visibility and promoting involvement of laboratory medicine professionals at an international level was identified.

In this common and global objective, young scientists from IFCC-TF-YS participated in making a video underlying their role during the crisis. This initiative, as well as the edition of the video, was conducted by a union of young medical biologists from France SJBM, with the support of the national representative society SFBC and IFCC-TF-YS.

Each participant recorded a five seconds video, under laboratory environment, with masks and white coats, with the name of their country, or a part of the following sentence: “Today, as tomorrow, the creative and scientific force of the laboratory medicine professionals is mobilizing for your health. All over the world, we are devoting all our energy to fight COVID-19 pandemic. Your health and safety, our priority.” All 5 seconds videos were then gathered in a final 2 minutes video, that is viewable following this link on YouTube or Facebook.

Young scientists made a really significant contribution in that project. Young scientists working in public...
and private sectors and university researchers from twenty different countries participated in this collective and dynamic initiative.

The video was promoted on different networks, with the attached text message: «You may not see lab workers, but all over the world, they are devoting all of their energy to fight COVID-19 pandemic. Your health and security, our priority». Its dissemination was a success, with more than 140 000 views to date.

IFCC-TFYS would like to thank and congratulate all the participants, who made it possible with their involvement. IFCC-TFYS is thankful to all senior members and authorities for their unconditional support to young scientists’ projects. That contribution permitted to enhance communication between young scientists all over the world, and to make the Task Force a stronger group.

Other YS projects are under development. Among others, the TFYS has planned to organize the first of its own kind “Young Scientist Forum” at “IFCC WorldLab Seoul” for participation, networking & education supported by IFCC-EB. Looking forward to meeting you at WorldLab Seoul (5-6 January 2021).

Links:
Recognizing valued advocates of the UNIVANTS of Healthcare Excellence Program

The UNIVANTS of Healthcare Excellence Awards is a collaborative and global initiative among 8 leading healthcare organizations including the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC), AACC, EHMA (European Health Management Association), Modern Healthcare, Health Information and Management Systems Society (HIMSS), National Association of Healthcare Quality (NAHQ) and the Institute of Health Economics (IHE) and Abbott Laboratories. The program inspires unification across healthcare disciplines to drive measurable benefits via key performance indicators for patients, payors, clinicians and entire health systems. As their mission resonates with health champions across the globe, strong advocates have emerged to support awareness of the award and to reinforce opportunities for healthcare transformation. This article spotlights ten early advocates of the UNIVANTS of Healthcare Excellence Program, all of whom are also world leaders in their respective fields with proven success in advancing healthcare.
Paul’s legacy as a champion and advocate for laboratory medicine has spanned across leadership roles for over 40 years and includes both national and international collaborations with leading healthcare societies, health systems, patient organizations, and organizations focused on improving quality. He has founded, created, and/or been directly linked to world renown initiatives including Labs R Vital, Increasing Clinical Effectiveness (ICE) initiative, Society to Improve Diagnosis in Medicine (SIDM), and Coalition to Improve Diagnosis. He currently serves on the National Steering Committee for Patient Safety and was both a member of the CDC’s recent initiatives “Clinical Laboratory Integration into Healthcare Collaborative (CLIHC™)” and a consultant to their Laboratory Medicine Best Practices (LMBP) program (an evidence-based practice initiative).

“Laboratory physicians and scientists should be valued as members of the healthcare team who not only provide accurate, timely, and low cost test results, but also collaborate on the appropriate ordering of tests, the timely retrieval of results and the evidence-based application of clinical information in order to ensure an accurate and timely diagnosis thereby improving patient outcomes. The UNIVANTS program is commendable for spotlighting those laboratorians who are putting this philosophy into practice and delivering on that value.”

Dr. Aida has been a patient advocate and healthcare champion for over 30 years. As a multi-year Chairwoman (2015-2018, 2018-2021) for the Achievement and Awards for PERSI (Indonesian Hospital Association) and as past Chairwoman of ARSSI (Indonesian Private Hospital Association), Dr. Aida has a legacy of inspiring and recognizing innovation and teamwork in healthcare. Her partnership with Abbott and the UNIVANTS of Healthcare Excellence Program has stimulated multiple clinical care projects across Indonesia and has inspired healthcare leaders across Asia Pacific to explore and leverage on novel insights from laboratory medicine for broader impact across patients, payors, clinicians and health systems.

“The principles of the UNIVANTS of Healthcare Excellence Program align nicely with the mission of PERSI to inspire innovation and improved outcomes in healthcare. It is my hope that through our partnership, we further enhance integration of clinical care across the world with valued best practices from Indonesia.”

Dr. Mus Aida
Chief Operating Officer, RS PONDOK INDAH – BINTARO JAYA, Indonesia

Paul L. Epner MBA, MEd
Chief Executive Officer & Co-Founder, Society to Improve Diagnosis in Medicine (SIDM)
Chair, Coalition to Improve Diagnosis

Article continued on next page
With special thanks to Dr. Stephen Hill, Canada quickly became one of the top most engaged countries for the UNIVANTS of Healthcare Excellence Program. As president and past president of the Canadian Society of Clinical Chemistry (CSCC), Dr. Stephen Hill was quick to encourage valued applications from his CSCC members, leading to distinguished program recognition for a Canadian care team within the award program’s inaugural year. Canadian momentum remains strong with additional submissions underway for the upcoming award cycle in 2020. Dr. Hill leads by example through action and service, championing advocacy for Laboratory Medicine through education and legacy of outstanding leadership with the Ontario Society of Clinical Chemistry (OSCC), Canadian Academy of Clinical Biochemistry (CACB), Chemistry Committee of the Institute for Quality Management in Healthcare (IQMH), and the International Federation of Clinical Chemistry including his role on the Executive Board as the 2021-2023 Elected Representative of the North American Federation of Clinical Chemistry (NAFCC).

“What inspires me most about the UNIVANTS of Healthcare Excellence Program is the opportunity to celebrate valued best practices in healthcare in order to inspire new ones. The time is NOW for laboratorians to act and lead through the valued insights of the contribution of laboratory medicine to healthcare.”

Dr. Usman Khan has over 20 years of experience in public policy and management. He has held Board of Director positions in public, private, and not for profit organizations with proven success in leading change management across projects, countries and internationally. He is an active promoter of the patient voice with recent executive directorship at the European Patients Forum (EPA), and previous to that, as the Executive Director at the European Health Management Association (EHMA). Dr. Khan encourages idea sharing and is focused on strategy development, board leadership, as well as public and user involvement in regulatory and policy development.

“The Univants of Healthcare Excellence Program is a unique and highly valuable platform for collaboration in the field of laboratory medicine. At this challenging moment for global health systems, the space created to share and celebrate effective best practices has never been more important.”
Professor Maekawa is a brilliant and recognized leader in the fields of Clinical Chemistry, Laboratory Medicine and Clinical Molecular Medicine. His passion for advancing patient care through innovation, precision medicine and global harmonization has inspired champions of action across organizations, including the Japanese Society of Clinical Chemistry (JSCC), where Prof. Maekawa has served as President for 5 consecutive years. Under his leadership, the JSCC has not only expanded in size, but has rapidly become one of the most active communities of healthcare excellence. For the past 2 years, Japan has among the top 10 most engaged countries for the UNVANTS of the Healthcare Excellence Award Program.

“The UNVANTS of Healthcare Excellence Award inspires healthcare teams to work together in partnership with laboratory medicine to create best practices of Healthcare Excellence. That effort is closely aligned with the JSCC mission to develop innovative clinical chemistry and laboratory medicine techniques that advance healthcare. We will work side by side on this project.”

Dr. Wilson Shcolnik quickly became one of the earliest program advocates for the UNVANTS of Healthcare Excellence Program. As a longtime supporter of healthcare quality, Dr. Shcolnik is passionate and well-published in the field of error reduction. He has been an active leader in Laboratory Medicine within Brazil, Latin America and across the globe. He is a fellow of the Brazilian College of Health Executives (CBEX-RJ), a member of the Working Group on “Laboratory errors and patient safety of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and the President of ABRAMED, Brazilian Association of Diagnostic Medicine. Prof. Wilson embraced both award principals of UNIFYING and being AVANT-GARDE during his presidency of the SBPC/ML (Brazilian Society of Clinical Pathology), encouraging healthcare teams to quantify their measurable value to patients, payors, clinicians and health systems. Under his leadership, Brazil became one of the top 10 most engaged countries associated with the UNVANTS of Healthcare Excellence Program.

“Recognition of best practices helps to elevate the profession of laboratory medicine, enhance patient care, and inspire new best practices. With teamwork and synthesis of relevant data, integrated teams can transform the delivery of care in measurably impactful ways. The UNVANTS of Healthcare Excellence Award is an excellent program, providing opportunities for recognition across the globe.”
Khosrow R. Shotorbani has become world renown for the Clinical Lab 2.0 movement, reaching tens of thousands of healthcare professionals across the globe through his keynote talks in recent years alone. As founder of Lab 2.0 Strategic Services, LLC., and President, and Executive Director of Project Santa Fe Foundation, he champions and advocates for new frontiers that define future economic valuation and placement of diagnostic services. As the former President and Chief Executive Officer at a leading reference laboratory in the United States, Khosrow is well-versed in establishing corporate directions and strategies that cultures of innovation with proved success in operations, growth, and driving financial health. He leads with the premise and track record of improving health outcomes, driving population health and lowering overall costs of delivery by predictive utilization of laboratory data.

“I am believer that by the time we have waited long enough to label a person ‘patient’, we have failed that person. What if we are actually able to intervene before the condition is advanced. The UNIVANTS of Healthcare Excellence Program focuses on intervention, prevention, patient engagement... even as far as even consumer engagement. I’m aligned to these philosophies very much.”

HIMSS Communities bring together health IT professionals from public and private sectors across regions to exchange innovative ideas, discuss trends, challenges and solutions. Angela has been galvanizing these self-organizing groups both virtually and in person, delivering unrivalled opportunities for health professionals who share the same language to socialize, network and uncover solutions to common issues. In support of HIMSS global vision to realize the full health potential of every human, everywhere, Angela is entrusted the task to identify, link and unlock synergies among stakeholders, policies and practice for amplified community impact and diffusion of innovation in healthcare. She has been an active champion in the UNIVANTS of Healthcare Excellence Program and was first to establish the #UNIVANTS following on LinkedIn in 2018.

“With the global health ecosystem experiencing the most significant pandemic of our lifetime, the need to work across disciplines and achieve health excellence goes beyond putting into spotlight exemplary cases of integrated healthcare. UNIVANTS is about saving lives and building more prepared and resilient health system of tomorrow. UNIVANTS aims to unify us all for something greater and work collaboratively in reaching milestones in healthcare. Together.”
With unprecedented reach to laboratorians around the entire world, Westgard QC, Inc. has been instrumental in driving change and leading education associated with the power of six sigma quality in healthcare. For the past 25 years, Sten Westgard has been active in leading valued initiatives including the Westgard website, course portal, blog, and online training. Sten Westgard also founded and created the Westgard Sigma Verification Program for health systems seeking new ways to validate the performance of their instruments. Since six sigma quality directly relates to high quality healthcare, Sten recognizes the vital role of laboratory medicine to Healthcare.

“UNIVANTS highlights the most vital truth of our time: laboratory results make a huge impact on patients and society. Before everyone else recognized this fact, UNIVANTS was there, championing the laboratory and honoring their efforts.”

Professor Ian Young has actively researched and advocated for healthcare excellence throughout his long history of distinguished leadership roles. As previous Chair for the Scientific Division of the International Federation for Clinical Chemistry and Laboratory Medicine (IFCC), member of the UK Government’s Scientific Advisory Committee on Nutrition, Past President of the Association for Clinical Biochemistry & Laboratory Medicine (ACB), member of the Scientific Advisory Board for the UK National Institute of Biological Standards and Controls, and author of over 350 research papers, Professor Young appreciates the power of laboratory medicine to advance science and patient care. It was under his term as President of the ACB when two integrated clinical care teams within the UK were recognized for the inaugural 2019 UNIVANTS of Healthcare Excellence Awards. Soon after, Professor Young was invited to support the program’s first executive roundtable at the 2019 AACC with other award winners and healthcare leaders to discuss future trends and healthcare transformation.

“The UNIVANTS award is a fantastic initiative for healthcare teams to demonstrate how they can jointly improve patient care. I strongly encourage everyone who works in collaboration with clinicians and laboratory professionals to consider applying.”
SHARE YOUR BEST PRACTICE

If you and your teams have achieved measurably better healthcare performance through teamwork and AVANT-GARDE processes, submit your best practice to the UNIVANTS of Healthcare Excellence Award program. Winning teams receive local and global recognition with the opportunity to inspire others across the globe.

Learn more and apply for the UNIVANTS of Healthcare Excellence Award at UnivantsHCE.com.
A Multidisciplinary Conference on ‘Newborn Screening for Rare Disorders in Pakistan’ was held from March 4th to 7th 2020 at the Aga Khan University (AKU), Karachi, Pakistan. The conference was arranged by the Department of Pathology and Laboratory Medicine and the Division of Women and Child Health, AKU, in collaboration with Departments of Biological & Biomedical Sciences and Obstetrics and Gynecology, AKU and national societies including Pakistan Society of Chemical Pathologists, Pakistan Medical Association, Pakistan Pediatric Association, Pakistan Society of Hematology and Pak IMD-Net.

Rare diseases affect many aspects of an individual’s life including their social, educational, and employment opportunities and are an emerging global public health priority. When considered together, “rare” diseases are not so rare after all.

According to an estimate around 300 million people, i.e. 4% of the world’s population suffers from these conditions. Therefore public health policies at global and national levels are needed to address this issue. Such a policy is becoming a reality in many countries around the globe. However, non-availability of diagnostic facilities, delayed diagnosis, misdiagnosis, difficulty in accessing appropriate information, difficulty accessing care, availability of experts help and poorly coordinated care are still the norms for rare disease patients and their families in Pakistan.

In this scenario, we need to think as a nation how we can form collaborations to facilitate resource development. Health care providers and experts from the different institutes of the country participated in it. The primary aim was to break the silos and bringing synergies between healthcare personnel working in the field of rare diseases in Pakistan, building bridges between the, bringing them on one platform where they can come together, understand the issues of rare diseases and come up with concrete steps that can be implemented within tight timeframes after the conference.

On February 1st, the program looked fine with some 21 oral presentations, 70 posters, 4 pre-conference workshops, 4 international guests, and nearly 15 national experts coming from different cities of Pakistan. We also planned four pre-conference workshops including ‘Establishing Registries for Tracking Patient Outcomes’, ‘Genetic Counseling: How to do it right?’, ‘Bioinformatics hands-on on IMD genomics’ and ‘Essentials of establishing a newborn screening program’. Things were looking good.

Then Corona hit furiously. In Pakistan, the first Corona patients were reported on February 26th, 2020, before the meeting even began. We were all on tenterhooks, whether our participants and speakers, especially international speakers would be able to come because of travel restrictions. We kept in close contact with them, made back-up plans in case they were not able to come. Our administrative team played an important role in it, they made sure that all the participants/speakers face no hiccups in registrations. Fortunately, most if not all the International and National speakers were able to attend the conference.
Very good discussions were generated in all the workshops and conference talks, participants were enthusiastic. The workshop participants were from all over Pakistan and overwhelmingly engaged in talks and interactive hands-on learning activities. The participants gave a good evaluation for each workshop both formally and informally indicating that these activities helped them brainstorm ideas of common interest. It was a huge learning experience for us in terms of conducting a conference in these times of uncertainty and many of the lessons we learned can be applied to future conferences.

PRE-CONFERENCE WORKSHOPS:
As part of the Multidisciplinary Conference on Rare Genetic Diseases in Pakistan, four half-day pre-conference workshops were conducted for clinicians, pathologists and researchers interested in rare diseases. On 5th and 6th March, the pre-conference workshops kicked off at AKU. The participation was overwhelming and the participants engaged in an interactive learning experience, through the beginning till the end. The session was divided into talks and interactive hands-on exercises. The four workshops were on:

‘Establishing Registries for Tracking Patient Outcomes’
An important research tool, as information captured by patient registries can facilitate research, accurate reporting for health service planning and management, and monitoring and improvement of treatment and care of affected individuals. This workshop was facilitated by clinicians, pathologists and researchers who had experience in handling registries at a sub national or national level in Pakistan. The main aim of this workshop was to provide an insight in the fast-evolving field of creating registries for tracking patient outcomes.

‘Genetic Counselling: How to do it right?’
Because when we talk about a rare genetic disorder, the need for offering a correct molecular diagnosis, explaining the diagnosis to the patient and their families and giving them emotional support is done through genetic counselling, often provided by Medical Geneticist and/or Genetic Counselor. While genetic counselling is embedded in the Clinical practice in the developed countries, the field is in its infancy in Pakistan, despite the dire
need for this specialty. This workshop was held with the intent to introduce the clinicians and lab scientists to Genetic Counselling. The goal was to familiarize the participants about the concept of genetic counselling, the structure and settings of clinical genetics services used globally and how this framework can be adapted in the healthcare setting in Pakistan.
High throughput, massively paralleled Next Generation DNA Sequencing (NGS) technology has revolutionized the field of genomics. Correspondingly, the combination of NGS and Bioinformatics is indispensable to the interpretation and application of this biological data, specifically for clinical diagnostics and medical treatment in the area of inherited metabolic defects. The purpose of the workshop was to give an overview of NGS applications, and in what best clinical capacity the NGS data could be made understandable for the clinical researchers and pathologists and provide hands-on experience to participants to improve their NGS data analysis skills.
‘Essentials of establishing a newborn screening program’
A closed group workshop was conducted to discuss the basic concepts and components of a newborn screening system, understanding the laboratory infrastructure, instrumentation and quality assurance requirements to develop a newborn screening laboratory. We invited teams including Pathologist, pediatricians and obstetricians from different institutes of Pakistan. The workshop highlighted presentations on the technical and practical aspect of setting up a laboratory to perform newborn screening; talks on experiences from different centers and challenges of implementing newborn screening programs. The teams from different hospitals developed a basic plan for introduction of newborn screening services at their respective institutes.

The workshops participants were from all over Pakistan, and overwhelmingly engaged into talks, and interactive hands-on learning activities. The participants gave a good evaluation for each workshop both formally and informally indicating that these activities helped them brainstorm ideas of common interest.

News from the IFCC Website

The IFCC is pleased to publish an online resource that provided 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.
The next update will be available on 13 July 2020, and updates will continue on a biweekly basis.

IFCC Information Guide on COVID-19 – weekly updates - a Summary of the Guide in Spanish and Czech is also available

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

Read more
Showcase your products and initiatives to more than 17000 laboratory medicine specialists throughout Europe, Asia-Pacific, Middle East, Africa and Latin America: laboratory directors, clinical chemists, and other clinical laboratory specialists and technologists, leading manufacturers, distributors and dealers in the field.

• Ten issues per year
• Free-of-charge to readers
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N° 4 April
N° 5 May
N° 6 June
N° 7/8 July/August
N° 9 September
N° 10 October
N° 11 November
N° 12 December

For prices and formats and any further information on how your company can gain unique access to international markets through advertising with us, please email us at: enews@ifcc.org.
We advise readers to keep up-to-date about the evolving situation and possible rescheduled dates. Contact organizing secretariats for updates on upcoming events.

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

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<td>IFCC Young Scientists Forum</td>
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<td>Seoul, KR</td>
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<td>XXIV IFCC - EFLM EuroMedLab Munich 2021</td>
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<td>16th APFCB Congress 2022</td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>Venue</td>
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<tr>
<td>May 21 - 25, 2023</td>
<td><strong>XXV IFCC - EFLM WorldLab</strong>&lt;br&gt;<strong>EuroMedLab - Rome 2023</strong></td>
<td>Rome, IT</td>
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<tr>
<td><strong>New date TBA</strong></td>
<td><strong>International Congress of Pediatric Laboratory Medicine</strong>&lt;br&gt;- WorldLab Seoul 2020</td>
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<tr>
<td><strong>New date TBA</strong></td>
<td><strong>IFCC - ICHCLR Workshop</strong></td>
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<td><strong>Virtual Diploma in Control of Analytical Quality in the Clinical Laboratory</strong></td>
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<td>Jun 3, 2020 - Jan 3, 2021</td>
<td><strong>Virtual Postgraduate Course of Clinical Biochemistry</strong></td>
<td><strong>Tultepec, MX - virtual page</strong></td>
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<tr>
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<td><strong>4th Conference of the Romanian Association of Laboratory Medicine</strong></td>
<td><strong>Târgu Mureş, RO</strong></td>
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</table>

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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<td>LMCE 2020 (Laboratory Medicine Congress and Exhibition) KSLM 61st Annual Meeting</td>
<td>Incheon, KR</td>
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<tr>
<td>Nov 9-11, 2020</td>
<td>16th National and 7th International Congress of Biochemistry and Molecular Biology - virtual congress</td>
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<td>6th Serbian Biomarker Symposium (SERBIS): Lipid Metabolism in Health and Disease</td>
<td>Belgrade, SRB</td>
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<tr>
<td>Dec 9 - 10, 2020</td>
<td>7th Serbian Biomarker Symposium (SERBIS): Biomarkers of gastrointestinal diseases</td>
<td>Belgrade, SRB</td>
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<td>Feb 11 - 12, 2021</td>
<td>International Congress on Quality in Laboratory Medicine</td>
<td>Helsinki, FI</td>
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<td>Mar 4 - 5, 2021</td>
<td>XVIII Meeting of the SEQCML Scientific Committee</td>
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<td>Mar 15 - 16, 2021</td>
<td>POCT: Making the Point</td>
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<tr>
<td>Apr 14 - 16, 2021</td>
<td>XXII Serbian Congress of Medical Biochemistry and Laboratory Medicine and 16th Symposium for Balkan Region</td>
<td>Belgrade, SRB</td>
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<tr>
<td>May 24 - 27, 2021</td>
<td>10th Santorini Conference “Systems medicine and personalized health and therapy” – “The odyssey from hope to practice: Patient first – Keeps Ithaca always in your mind”</td>
<td>Santorini, GR</td>
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<tr>
<td>May 27 - 29, 2021</td>
<td>II National Meeting Conquiplab and Technological</td>
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<tr>
<td>Jun 10 - 11, 2021</td>
<td>8th International Symposium on Critical Care Testing and Blood Gases</td>
<td>Biarritz, FR</td>
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<tr>
<td>Oct 7 - 10, 2021</td>
<td>46th ISOBM Congress</td>
<td>Bled, SI</td>
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<tr>
<td><strong>New date TBA</strong></td>
<td>The 13th International &amp; 18th National Congress on Quality Improvement in Clinical Laboratories</td>
<td>Tehran, IR</td>
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<tr>
<td><strong>New date TBA</strong></td>
<td>VI Jornadas Bioquímicas de Cuyo 2020</td>
<td>San Luis, AR</td>
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<tr>
<td><strong>New date TBA</strong></td>
<td>LabMed Next</td>
<td>Rome, IT</td>
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<tr>
<td><strong>New date TBA</strong></td>
<td>24th International Conference on Laboratory Medicine and Pathobiology: An Expert Forum on Innovation in Clinical and Laboratory Medical Sciences</td>
<td>Samos, GR</td>
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- China: Lab Medicine Committee, China Association of Medical Equipment (LMC)
- Egypt: Egyptian Association of Healthcare Quality and Patient Safety
- France: French National Network of Accredited Laboratories of Medical Biology (LABAC)
- India: Association of Medical Biochemists of India (AMBI)
- Iran: Iranian Association of Clinical Laboratory Doctors (IACLD)
- Jordan: Society for Medical Technology & Laboratories (SMTL)
- Kazakhstan: Public Association - Federation of Laboratory Medicine (FLM)
- Mexico: Federación Nacional de Químicos Clínicos (CONAQUIC A.C.)
- Nepal: Nepalese Association for Clinical Chemistry (NACC)
- Philippines: Philippine Council for Quality Assurance in Clinical Laboratories (PCQAICL)
- Romania: Order of the Biochemists, Biologists, Chemists in Romanian Health System (OBBCSSR)
- Serbia: Serbian Society for Clinical Laboratory Medicine and Science (SCLM)
- Spain: Andalusian Society for Clinical Analysis and Laboratory Medicine (SANAC)
- Turkey: Society of Clinical Biochemistry Specialists (KBUD)
- Ukraine: Association for Quality Assurance of Laboratory Medicine (AQALM)
- Italy: Asociación Española de Farmacéuticos Analistas (AEFA)

### Regional Federations

- Arab Federation of Clinical Biology (AFCB)
- African Federation of Clinical Chemistry (AFCC)
- Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCC)
- European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)
- Latin America Confederation of Clinical Biochemistry (COLABIOLCI)
- North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC)
- IFCC MEMBERSHIP
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Editor
Katherina Psarra, MSc, PhD
Department of Immunology - Histocompatibility
Evangelismos Hospital, Athens, Greece
E-mail: enews@ifcc.org

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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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