



OUR MISSION IS TO BE THE LEADING ORGANIZATION IN THE FIELD OF CLINICAL CHEMISTRY AND LABORATORY MEDICINE WORLDWIDE

eNewsletter



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Editorial By Joseph Lopez¹ and Tony Badrick²

1) IFCC Executive Board member and Immediate Past President of the APFCB.

2) Past President of the Australasian Association of Clinical Biochemists

Impact of Laboratories on the Environment



All human activity impacts upon the environment. Many produce unforeseen effects such as greenhouse gases that are released during fossil fuel combustion and may contribute to global warming and climate changes. Climate change is a very topical and

critical issue. While there is much debate about the direct link between human activity and climate change, there is wide agreement that it can threaten national economies, the use of resources and, ultimately, our well-being.

Laboratories have social responsibilities to their communities that extend beyond the provision of high quality results. Their operations are no exception in impacting on the environment, even though this is not a high priority concern with many laboratories. They are often significant sources of toxic chemicals, biological waste and high users of energy, water and resources.

The laboratory needs to be seen to play a part in reducing environmental degradation. Environmental laws and regulations do exist in many countries. Most relate to the disposal of wastes, which is one aspect of the environmental impact of laboratories. However we need to do much more than merely comply with existing laws to reduce environmental degradation. There is a need to set in place more comprehensive and systematic audited programs to reduce the environmental impact from laboratory operations.

At present, there appears to be no available guidelines specifically tailored for clinical laboratories to reduce or mitigate their environmental impact. The publication of such guidelines would provide basic environment policies and a roadmap for all clinical labs. Such a checklist may assist laboratories ensure they are aware of the key areas where they should have a procedure or policy.

The IFCC has recognized this lacuna in the current status and practices of laboratories and addressed it in its latest Strategic Plan. An IFCC panel lead by one of us (JL) has been established to address this issue and prepare a set of basic guidelines.

For a start, the panel will base its guidelines on the ISO 14000 model. Our aim will be to produce a laboratory friendly document that will raise awareness of environment issues associated with medical laboratories and begin a sea change

in the minds of laboratory staff so that the environmental footprint of laboratories becomes more sustainable.

Clinical chemists are leaders in many areas of clinical medicine. We need to also lead in this arena.

News from Regional Federations and National Associations

The APFCB Strategic Plan

Contributed by Joseph Lopez, President 2004–2010 and IFCC Executive Board Member

The APFCB has grown in both its activities and membership especially over the past ten years. However this growth has come about in an *ad hoc* manner. As a consequence, elected or appointed officers were often unaware or unclear of their roles or, at times, simply unwilling to perform as was expected of them.

Following a proposal made at the council meeting in Beijing in 2007, the Executive Board agreed to appoint a drafting team in 2009 to draw up Strategic Plan that would serve as a road-map for the next 6 to 9 years. This team consisted of the following persons:

- Joseph Lopez, President (Chair), APFCB;
- Professor Leslie Burnett, President, Australasian Association of Clinical Biochemists;
- Dr Leslie Lai, APFCB Vice-President, APFCB;
- Dr Samuel Vasikaran (Australia), Chair of the APFCB Laboratory Management Committee;
- Mrs. Endang Hoyaranda (Indonesia), Chair of the APFCB Education Committee.

The purpose of this meeting was also to institutionalise some of the practices that had been established in recent years so that they would not be lost with changes of leadership.

The drafting team met in Perth, Australia on 30 Jan 2010 (Mrs. Hoyaranda was unable to be present.). The meeting considered the future of the APFCB from the four themes of governance, activities, the APFCB congress and future directions. The following were some of the key points contained the Strategic Plan.

Governance

Most of the APFCB's members are national societies of the clinical biochemistry and the main thrust of the federation will continue to be in the discipline. Countries that did not have societies of clinical biochemistry could be represented by national societies of laboratory medicine which could act as proxies for this field. It was decided that the name APFCB needed to be changed to reflect the

inclusion of such organisations in our membership. Taking its cue from the IFCC, the name would be amended to include “and Laboratory Medicine” at the end of its full form. The abbreviation APFCB remains unchanged.

The drafting team recognised that as it was no longer possible for volunteers alone to carry out the APFCB’s manifold activities, an administrator needed to be appointed. For now, that person would be a volunteer who would undertake the more mundane tasks and would be rewarded in kind for it.

A number of proposals were made to improve financial management. The APFCB has been a charitable organisation which had not charged a membership subscription since its inception. This has continued despite the growth in its activities and would be untenable in the long run since it would eventually lead to a budget deficit. The drafting team decided that a modest annual subscription needed to be levied on ordinary members and that of corporate members be increased. It was agreed that the recent practice of preparing an annual budget would become permanent. In addition Council will be provided with the annual instead of a triennial statement of accounts.

Activities

Several proposals were made to streamline the APFCB’s activities. In the past the APFCB’s standing committees consisted of the Chair and, nominally, individual members nominated by *each* of its member societies. As this has been ineffective in practice, it was decided that the IFCC model would instead be followed. The proposed committee structure would have 4 to 5 members, each chosen from individuals nominated by national societies. This would have the benefit of making membership competitive and ensure commitment from those selected. As has been the practice of recent years, each committee will be required to produce an annual Work Plan for approval by the Executive. Activity outcomes will now be measured at the year-end against targets in the Work Plan. The President’s annual report on the activities of the APFCB to the Council, again, a practice of recent years, will now become a permanent feature.

The APFCB Congress

It was decided that the name of the federation’s triennial congress, the APCCB (Asian–Pacific Congress of Clinical Biochemistry) needed to be changed, to provide a distinction between the congress and the Federation. The congress will henceforth be called the “APFCB Congress” thus ensuring the linkage of the APFCB brand with the congress. The congress guidelines will be revised. Several suggestions were made to ensure greater accountability and transparency of congress finances and for the improvement of its scientific quality. Remittance of the surpluses to the APFCB will be increased from 20% to 23% and to the IFCC increased from 5% to 10%.

Future Activities

Efforts will be made to increase corporate and ordinary memberships to include those companies and countries in the region which are currently not members. The APFCB will seek to establish relationships with sister organisations in the laboratory sciences such as WASPaLM. In addition, linkages will be established with inter-governmental agencies such as WHO Regional Offices in Manila (WPRO) and New Delhi (SEARO).

The detailed Strategic Plan was approved by the Council at its meeting in Seoul on 4th October.

News from the South African Association of Clinical Biochemistry – SAAC

Contributed by Professor R Erasmus, Member, IFCC e-Newsletter Committee

Annual SAACB Conference



The annual SAACB Congress was held under the banner of the Federation of the South African Societies of Pathology (FSASP) at Lord Charles Hotel, Somerset West in the picturesque Stellenbosch Wine Valley. Over 500 delegates attended the meeting which took place from the 2nd to 5th October, 2010. The meeting started with an education day whose focus was on Laboratory Statistics and Interpretation of EQA Charts. The 7 hour session was on a variety of topics that examined various statistical aspects of laboratory methods including

Cox regression analysis, EQA, ROC analysis and likelihood ratios. At this year's meeting Professor Per Magne from the University of Bergen was the invited guest. He brought with him his team of 9 scientists who made several presentations at the congress. One of the highlights of the meeting was the first ever international web based presentation on Point of Care by Professor Geaghan of Stanford University

Change of SAACB Executive

There was a change in the current executive. Professor Steenkamp who served as the SAACB President for the last 4 years stepped down. Professor Erasmus (SAACB Treasurer) was elected as the new president. Dr Zemlin was elected as the new treasurer. Professor Pillay remains the secretary of the SAACB

10 POINT Strategic Plan for SAACB

In his acceptance speech as the new SAACB president Prof Erasmus unveiled his 10 point strategic goals for the SAACB. One of the goals is to increase the international footprint of the SAACB and to communicate more regularly with its members.

Foundation Members of College of Pathologists Central, Eastern and Southern Africa

5 members of SAACB were present at the 6th Biennial meeting of APECSA in Kampala, Uganda where the College of Pathologists of East, Central and Southern Africa (COPECSA) was formed . They thus constitute the foundation members and were each given a plaque to commemorate this historic occasion. Professor Erasmus was appointed as its Vice President. Dr Jaya George was appointed as a COPECSA Council member

SAACB has endorsed the activities of Marcus Events, a company that is involved in quality management training

APFCB Meeting, Seoul, Korea

SAACB was invited to present a symposium on Quality at the 19th APFCB meeting held in October, 2010, Seoul, Korea. The symposium was presented by Profs Erasmus, Pillay and Delport

SAACB has bid for the IFCC 2017 meeting to be held in Durban.

Durban is the sunshine city of South Africa and is renowned for its beaches and historic battlefield sites between the Zulus and the British. The Drakensburg mountains are only a hour away and are popular for hiking

SAACB secretary, Professor Tahir Pillay, formerly head of the Department of Chemical Pathology, University of Cape Town, was appointed as the deputy vice chancellor (DVC) and Head of College of Health Sciences, University of Kwazulu Natal, Durban

Dr Verena Gouden of the University of Witwatersrand was nominated by the SAACB to represent Africa on the IFCC Young Scientist Committee. Her nomination was accepted by the Chair of the IFCC Committee.

News from the Philippine Association of Medical Technologists, Inc. (PAMET)

Contributed by Ronaldo E. Puno, RMT, MBA–H, Vice–President, PAMET

PAMET Gears Towards Advocacy and Global Competitiveness

The Philippine Association of Medical Technologists, Inc. (PAMET), the only Accredited Professional Organization (APO) of all registered Medical Laboratory Scientists (Medical Technologists) in the country has taken bold steps in its effort to address the pressing issues on declining number of clinical laboratory professionals and the need to upgrade the competencies of Laboratory Scientists to be at par with the global demands.

Recent years saw the massive and rapid migration of Medical Laboratory Scientists to work in foreign lands particularly in the United States, United Kingdom and Middle East among many other destinations. Many professionals are continuously being lured by greener pastures being offered by other countries due to limited opportunities available in their homeland. Records show that among Asian countries, Philippines is one of the favorite sources of laboratory scientists because of their good academic background, intensive training, passion for work and their personalized approach in handling patients. This is not to mention the advantage of Filipinos being well–versed in English language, which is the second tongue in the country and a medium of communication in most professional discussions. Another reason for such decline is the unprecedented interest of many students to take up nursing in the belief of better opportunities in the future. However, oversupply of nurses locally is now becoming a major problem as well.

With all these things happening, the national organization initiated various advocacy activities and programs to reverse the situation. There had been constant promotion in secondary schools to convince students to take up Medical Laboratory Science (MLS) as well as awareness programs through advertisements utilizing various mass media and fora. Current trends show the initial fruits of these efforts as evidenced by the improving number of enrollees in various MLS schools nationwide and opening of program in different schools. Offering scholarship to qualified students is another strategy to motivate them to pursue the course.

On the other hand, PAMET has been actively involved in upgrading the competencies of Laboratory Scientists nationwide. The organization conducted

various workshops, trainings, seminars and scientific sessions to ensure that laboratory professionals are competent and ready to take responsibilities wherever he or she may be. Hands-on trainings on Parasitology, Malaria, Laboratory Quality Control and HIV were among the activities handled by the organization. Likewise, PAMET plays an active part in curriculum development both for undergraduate and post-graduate studies. In addition, the association regularly organizes seminars on Continuing Professional Education to update its members on latest trends and technologies affecting laboratory practice. The latest activity in relation to competency enhancement is the forthcoming Workshop on Quality Assurance being jointly organized by IFCC, APFCB and PAMET which will be held on March 23-25, 2011 in Manila.

**A Milestone – IFCC–Task Force Young Scientists Workshop At 37th
ACBICON 12th Dec, 2010, Mumbai, India
Educational Course Theme: Mapping Future of Laboratory Scientists**

The International Federation of Clinical Chemistry's, Task Force of Young Scientists (IFCC–TF YS) created a Milestone by commissioning a one day workshop in 37th Conference of Association of Clinical Biochemists of India on Dec 12, 2010 at Mumbai, India. This Workshop aimed at creating awareness amongst Young Laboratory Scientists of India.

It was held at the prestigious Seth *Gordhandas* Sunderdas *Medical College* & King Edward VII Memorial) Hospital. The history of these institutions is closely related to India's struggle for freedom in early 19's. The medical college provides training to about 2000 students in undergraduate, postgraduate and super-speciality medical courses; Physiotherapy and Occupational Therapy; Masters and Ph.D courses in various allied specialities.

Over 200 healthcare professionals from across the country attended 1st IFCC–TF YS workshop in India. It was the collaborative effort of IFCC and ACBI; to create awareness about emerging trends in Laboratory Medicine and the current and future developments in the field of Quality & Technology. The conclave was addressed by eminent speakers from the IFCC & ACBI fraternity; including Dr. Ghassan Shannan, Treasurer, IFCC; Dr. Bernard Gouget, Executive Member, IFCC; Dr. Gabriel Ko, Representative Europe, IFCC–TF YS; Mr. Johnson Wijaya, Asia Pacific Representative, IFCC–TF YS; Mr. G. Galphy, Marketing Manager–Cardiac Business Unit, Biorad; Dr. D. M. Vasudevan, President, ACBI; Dr. K. P. Sinha, Advisor, ACBI; Dr. T. Malati, National Representative, IFCC; Dr. S. Dandekar,

Organising Secretary, ACBICON 2010 and Dr. Pradeep K Dabla, Member & National Representative, IFCC–TF YS and Convener of the workshop.

The welcome address was given by all senior members and continued with Task force introduction by Mr. J. Wijaya. He summarized the Task Force origin and its members in various countries stressing on educational activities conducted with motto to help young laboratorian. Dr. Gouget summarized networking of IFCC and Task Force introducing Gruson Damien, Chairperson, IFCC–TF YS and its various members. He also discussed objectives of TF to strengthen the knowledge and technical performance of YS. Dr Ghasan has told that how IFCC being an International Organisation is working towards raising scholarship and other funds for the international exposure of YS, especially from developing countries.

Mr. Johnson Wijaya explained the career graph for scientists in academic institutions and qualities needed for career progression. The involvement of YS is needed in various activities and discussions related to their career. Speaking on the occasion, Convener workshop, Dr. Pradeep K. Dabla, said, “India is emerging as a player with rising health awareness and its expanding \$35 billion healthcare delivery market which provides services to 1–1.25 millions patients/day. Globally we are putting more stress on technical performance instead of associated clinical information due to striking changes in automation and quality. But the true impact can be achieved only by improving patient’s outcome and intervention. He briefed the guidelines for successful career progression with competency essentials.” Dr. Gabriel Ko stressed on exchange of ideas at international level. He briefed the competition and requirements for participation.

Dr Bernard Gouget said “Quality is indispensable to a healthcare organisation and it is our responsibility to continuously raise the bar for quality standards. He discussed the organisation of Laboratory Accreditation Cooperation at International Level (ILAC, APLAC) and its National body (NABL) with importance of MRA. Due to APLAC and MRA status in India, NABL can exchange data amongst 52 accreditation bodies representing 45 countries.”

Dr. D. M. Vasudevan and Dr. S. Dandekar discussed the ACBI vision towards the training and growth of YS. The Diplomat Course is started with an objective of professional training to young laboratorian about the techniques and details of clinical biochemistry. They exchanged their views towards the young scientist exchange programme which gives an experience to work in other laboratory and other potential online certification courses with the help of IFCC. This was followed by Round table discussion between speakers and young scientists. YS

cleared doubts and queries related to subjects and the essentials for the enhancement of their career opportunities to progress further.

To conclude, this workshop provided a unique platform to the healthcare professionals to exchange ideas and to develop a new vision for the future of laboratory sciences in India and abroad. Lab medicine has become an essential branch of healthcare services, which not only impact clinical outcomes but quality, satisfaction and cost. With a proactive approach, Young Scientists have certainly a bright future ahead.

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Report on the 5th Biologie Prospective Santorini Conference, Island of Santorini, Greece, 30th September – 2nd October 2010 From Systems Biology and Functional Genomics to Personalized Health

Contributed by Professor Gérard Siest



Front row from left to right: Jerry Yo, AACC TDM/Tox Division; Catherine Hammett-Stabler, AACC President; Gérard Siest, Congress Chairman. Back row from left to right: Edgard Delvin, AACC Nutrition Division; Mike Tsai, AACC Molecular Pathology Division.

The 5th Santorini Conference, organized by *Biologie Prospective* (Prof. Gérard Siest) and the university Cardiovascular Genetics team, EA 4373 (Dr Sophie Visvikis-Siest), brought together 170 participants from the academic and industrial world of 30 different countries. For the first time it was organized jointly with the AACC (American Association of

Clinical Chemistry) and the CSLM (Chinese Society of Laboratory Medicine). Three major topics were developed over three days: systems biology, nutrigenomics and pharmacogenomics, illuminated particularly by genome-wide association studies.

The conference started with a satellite meeting specifically on genome-wide association studies (GWAS). The successive speakers — John P.A. Ioannidis (Stanford University, USA), Philippe Froguel (UMR 8199, CNRS and Institut Pasteur, Lille, France; Genomic Medicine, Imperial College London, United Kingdom), Sophie Visvikis-Siest (EA 4373 Cardiovascular Genetics, Henri Poincaré University, Nancy, France) and Eleftheria Zeggini (Wellcome Trust Sanger Institute, Cambridge, United Kingdom) — showed how this approach is developing with the aim of identifying novel variants of chronic diseases. Applications in type 2 diabetes, cardiovascular diseases and pancreatic or neuropsychiatric conditions have all revealed potential new markers with openings towards gene-gene and gene-environment interactions. Limitations were also openly discussed, in particular differences between populations, as well as the importance of demonstrating the effects of structural variants.

Allen Roses (Deane Drug Discovery Institute, Durham, USA) also presented a new aspect for predicting Alzheimer's disease by sequencing a specific region involving the Apo E and TOMM 40 (a mitochondrial transporter) genes. The risk can be estimated better from studying their linkage.

In addition to all these papers there were presentations by manufacturers (Genomatix, Illumina, Bruker and Affymetrix) who, through the quality of their devices, have greatly contributed to the development of this discipline.

The conference then went further into the subject with a very stimulating presentation by Andreas Papassotiropoulos (University of Basel, Switzerland) on the links between genetics and memory in Man. Using genetic markers, such relationships can be demonstrated for emotional memory and certain medicinal compounds can be tested. Often, however, cellular models simpler than the human must be used to be able to progress more rapidly. Knowledge of epigenetics can also be integrated into a systems biology strategy and while these data allow the evolution of Man to be understood, they can also be useful for defining the metabolic pathways better that are involved in multifactorial diseases. The proteins found in these pathways are no longer simple markers but are directly involved through being multi-protein complexes, the allosteric and cooperative properties of which must be integrated.

In this systems biology approach, the effect of the environment, in particular of biological rhythms, is useful information for adapting treatments and doses, for example, of anticancer drugs. Here again, cellular modelling provides a great deal of information.

Inflammation is often at the heart of any chronic condition. After a short session on infectious diseases such as AIDS and tuberculosis, with propositions for new markers, the papers following highlighted the major similarities between rheumatoid and atherosclerotic conditions, often through the involvement of NF-kappaB transcription factors. Lipid activators or mediators are also implicated in the regulation and control of these inflammatory processes. Micro-RNAs and heat shock proteins have been suggested as potential biomarkers, but discoveries in this area could be derived from new screening strategies using novel methods based on antibodies produced against the atherosclerotic plaque proteins subsequently identified in the plasma by mass spectrometry.

The second day was dominated by nutrigenomics that aims at better understanding of the individual responses that we each have on ingesting proteins, carbohydrates and lipids. Owing to very sophisticated mass spectrometry methods and other physicochemical techniques, trials on healthy volunteers subjected to different diets have shown variations in the metabolites in the plasma, particularly the amino acids. Due to these results the capacity for adaptation over time can be tested, and its variation in each individual. More specific papers showed the effects of variations in unsaturated fatty acids or zinc on the response to glucose or cytokines measured in the plasma of obese children or diabetic or insulin-resistant patients. Circulating blood cells can sometimes form interesting substitutes for following variations in tissues which are difficult to access.

Finally, the last day was entirely dedicated to pharmacogenetics and pharmacogenomics. After an introduction recalling the history and development of this discipline by Urs A. Meyer (Biozentrum, Basel University, Switzerland), examples were discussed of the usefulness and difficulties of using genetics to predict reactions to treatment with anti-virals, statins, anticoagulants or aggregation inhibiting agents. Variable effects in populations such as the Chinese and Thais have been found for certain antidepressant drugs.

In a morning devoted to fundamental progress, the influence of transcription factors and regulator regions on small RNAs established a new basis for our understanding of drug interactions. As well as oxidative enzymes and P450

cytochromes, the function of transporters is now seen as being more and more important: they are also involved in interactions between drugs and natural substances. Finally, the variation in all of these enzymes should not be forgotten in the diseases of organs containing them, particularly the liver.

Pharmacogenetics is not limited to drug metabolism but also concerns the pharmacological targets, particularly G proteins which are an integral part of many surface receptors and neurotransmitters. They influence the response to antidepressant treatment, vasoconstrictor and lipolytic effects via many specific mechanisms.

Finally, in a more practical session and round table led by Bryan Dechairo (Medco Health Solutions Inc, Bethesda, USA) and Alain Huriez (Europe Personalized Medicine Diagnostics – EPEMED – and TcLand Expression, Nantes, France), the very slow introduction of genetic and genomic markers in personalized therapy was discussed following specific presentations on the pharmacogenomics of cardiovascular, immunosuppressant, antidepressant and anticancer drugs.

A more detailed account of the conference and the round table will also be published in *Personalized Medicine* and *Pharmacogenomics*.

News from the Associació Catalana de Ciències Laboratori Clínic

Contributed by Xavier Fuentes–Arderiu, ACCLC past–president, IFCC News Working Group

Classification of health sciences specialities



The standard ISO 15189 (1), conceived to be applicable world–wide, states more or less explicitly that the clinical laboratory is a laboratory where examinations related with biology, microbiology, immunology, chemistry, immunohæmatology, haematology, biophysics, cytology, pathology or other, are performed on materials derived from the human body for purposes related with health care. The objective or scientific approach to a fact is one point of view, and the political or corporate approach is another perception. Under an epistemological point of view, there are two main sets of knowledge obtained applying the scientific method: science and technology (technique, according some authors). Science and technology may be considered as the trunk of a tree that grows by means of the scientific method; and all the scientific and technological disciplines (academic view) or specialities

(professional view) are branches, more or less distant of the trunk. Defining the relations between branches developed by different ways is not a trivial issue. Thus, in many countries there is a controversy about the classification of the above disciplines or specialities. Recently, the Spanish government has answered and clarified an old question: is clinical (bio)chemistry, for example, a medicine speciality? Or it is an independent speciality of health sciences, as pharmacy, dentistry or nursing (in Spain as well as in other countries in the world)? Obviously, the same question applies for the rest of specialities forming the clinical laboratory sciences. A Royal Decree (an Order in Council) (2) has answered this dilemma. The aim of this Order, among other issues, is to establish and classify the specialities in the broad field of health sciences.

The Order divides the specialities of health sciences in five groups:

- Medicine specialities
- Multidisciplinary specialities
- Nursing specialities
- Pharmacy specialities
- Psychology specialities

Regarding those specialities that may be considered related with the clinical laboratory, the Order classify the following of specialities of health sciences as multidisciplinary specialities [The “neutral” English nomenclature used in the European Parliament (3) is followed by the literary word-by-word translation of the Spanish terms]:

- Clinical Biology (Clinical Analyses)
- Biological Chemistry (Clinical Biochemistry)
- Immunology (Immunology)
- Microbiology–Bacteriology (Microbiology and Parasitology)

The other two specialities of health sciences directly related with the clinical laboratory, Pathological Anatomy (Anatomic Pathology) and Haematology–Hæmotherapy (in part Biological Haematology) are classified as medicine specialities.

As the above classification is more or less the same in many countries around the world, when talking or writing internationally (not for a specific country), it would be respectful to the clinical laboratory professional community to avoid the nouns or adjectives *biology/biological*, *chemistry/chemical*, *medicine/medical*, and

pharmacy/pharmaceutical in the classification of the different specialities of the clinical laboratory sciences

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3. European Parliament, Council of European Union. Council Directive 93/16/EEC of 5 April 1993 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications. EurLex – Access to the Uropean Union law. <<http://eur-lex.europa.eu/en/index.htm>>

News from the Joint Committee for Guides in Metrology (JCGM)

Contributed by Mr. Willem Kool, Bureau Internationalde Métrologie Légale, Paris

1. Introduction

The Joint Committee for Guides in Metrology is a cooperation between eight international organizations (BIPM, OIML, ISO, IEC, IUPAC, IUPAP, IFCC and ILAC)¹.

Its tasks are to maintain and promote the use of the Guide to the Expression of Uncertainty in Measurement (known as the GUM) and the International Vocabulary of Metrology (known as the VIM).

The JCGM is chaired by Prof. Andrew J. Wallard, Director of the BIPM. The BIPM also facilitates the work of the JCGM and its working groups by hosting meetings and providing secretarial support. Almost all meetings take place on the premises of the BIPM, at the historic site of the Pavillon de Breteuil (Photo 1).

The activities of the JCGM are governed by the JCGM Charter². The JCGM has two working groups: WG 1 for the GUM and WG 2 for the VIM.

This article aims to provide the OIML community with up-to-date information on the progress of the activities of the JCGM working groups. The previous update was published in the July 2007 OIML Bulletin³.

2. WG 1: The GUM and associated publications

The GUM was first published by ISO in 1993.

A corrected version was published in 1995. The first edition of the GUM published under the terms of the JCGM Charter is from 2008, and is the 1995 edition with minor corrections. The 2008 edition (JCGM 100:2008) is published by the OIML as OIML G 1-100 and is available for download from the OIML web site⁴. An html version of the GUM is available on a dedicated JCGM portal on the internet hosted by ISO⁵.

Two other documents related to the GUM and prepared by WG 1 have meanwhile been adopted by the JCGM:

- JCGM 101:2008 Evaluation of measurement data – Supplement 1 to the “Guide to the expression of uncertainty in measurement” – Propagation of distributions using a Monte Carlo method published by the OIML as OIML G 1-101:2008, and
- JCGM 104:2009 Evaluation of measurement data – An introduction to the “Guide to the expression of uncertainty in measurement” and related documents, published by the OIML as OIML G 1-104:2009.

The following documents, in preparation by WG 1, are nearing completion and should be adopted by the JCGM within the next year:

- JCGM 102 Evaluation of measurement data – Supplement 2 to the “Guide to the expression of uncertainty in measurement”– Extension to any number of output quantities,
- JCGM 105 Evaluation of measurement data – Concepts and basic principles,
- JCGM 106 Evaluation of measurement data – The role of measurement uncertainty in conformity assessment.
- JCGM 106 is of particular importance to the OIML. OIML TC 3/SC 5 has a high priority project to develop a new OIML Document: The role of measurement uncertainty in conformity assessment decisions in legal metrology.

Clinical and Laboratory Standards Institute (CLSI) and Association of Public Health Laboratories (APHL) announce February March 2011 Teleconferences

Wayne, Pennsylvania, USA—December 2010—The Clinical and Laboratory Standards Institute (CLSI) and the Association of Public Health Laboratories (APHL) recently announced the January–March 2011 schedule of educational teleconferences for clinical and public health laboratories. Programs, based on current CLSI documents, are intended to help pathologists, managers, supervisors, technologists, and laboratory and quality consultants learn how to optimize practices and processes in their laboratories.

Teleconference speakers are subject matter experts from CLSI subcommittees and working groups involved in creating CLSI documents. “Teleconference programs incur no travel expenses and therefore they are an affordable method to train a large number of laboratory professionals,” said Marcy Anderson, MS, MT(ASCP), Director, Development and Education, CLSI. Participants can gain valuable information from experts in the field and have the opportunity to ask detailed questions during the question–and–answer session at the end of the program.

Topics of upcoming teleconferences include:

USING GP34–A TO DOCUMENT BLOOD COLLECTION TUBE PERFORMANCE IN YOUR LAB – February 17 • 1:00–2:00 PM Eastern (US) Time

POCT08–A: A POINT–OF–CARE RESOURCE FOR NONLABORATORY SPECIALISTS – March 3 • 1:00–2:00 PM Eastern (US) Time

MOLECULAR DIAGNOSTIC TESTING: UPDATED SPECIMEN HANDLING GUIDANCE – March 17 • 1:00–2:00 PM Eastern (US) Time

Register for the upcoming teleconferences at www.aphl.org/clsi. Discounts are offered for conference series registration.

APHL is approved as a provider of continuing education programs in the clinical laboratory sciences by the American Society for Clinical Laboratory Science (ASCLS) P.A.C.E.® Program. Participants will be awarded one contact hour for each program they successfully complete. P.A.C.E.® is accepted by all licensure states except Florida. Florida continuing education credit will be offered based on one hour of instruction.

CLSI is a volunteer-driven, membership-supported, nonprofit organization dedicated to developing standards and guidelines for the health care and medical testing community through a consensus process that balances the perspectives of industry, government, and the health care professions. For additional information on CLSI, visit the CLSI website at www.clsi.org or call 610.688.0100.

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Forthcoming meetings – January – February 2011

1st EFCC–BD European Conference on Preanalytical Phase: Preanalytical quality improvement– from dream to reality.

1–2 April 2011, Parma, Italy.

<http://www.preanalytical-phase.org/>.

VI European Symposium: CLINICAL LABORATORY AND *IN VITRO* DIAGNOSTIC INDUSTRY "Clinical laboratory accreditation according to the standard ISO 15189:2007 in the European Union"

5 and 6 May 2011

Barcelona

For more information please visit:

<http://www.acclc.cat/continguts/prog2010f.pdf>

6th International Conference on Biochemical Markers of Brain Damage (BMBD 2011),

May 9–11, 2011

Lund

For more information please visit: <http://www.bmbd.org>

XII International Congress of Pediatric Laboratory Medicine – ICPLM, Berlin

13–15 May, 2011

For more information please visit: www.icplm2011.org

Combined IFCC – WORLDLAB BERLIN 2011, 21st International Congress of Clinical Chemistry and Laboratory Medicine and 19th IFCC–EFCC European Congress of Clinical Chemistry and Laboratory Medicine.

Internationales Congress Centrum, Berlin,
May 15th – 19th, 2011.

For further information: www.berlin2011.org

Course on Laboratory accreditation and ISO 15189,
Izmir, Turkey

March 18–19, 2011.

For further information please visit: www.egesem.ege.edu.tr

European Conference of National Strategies for Chlamydia Trachomatis and Human papillomavirus.

May 26 – 27, 2011.

Jurmala, Latvia.

For further information please visit: www.cthpv.org

6th Conference of the Romanian Association of Medical Laboratories – RAML 2011

June 1–4, 2011.

Piatra Neamt, Romania.

For further information please visit: <http://www.raml-conference.ro/>

7th EFCC Symposium for Balkan Region Biomarkers: From standardization to performance.

Belgrade, Serbia

June 23–25.

For more information please visit: www.dmbj.org.rs

12th Iranian Congress of Biochemistry and 4th International Congress of Biochemistry and Molecular Biology.

September 6–9, 2011

Mashhad, Iran.

For more information please visit: <http://congress12.biochemiran.com/>

Xth Czech National Congress of Clinical Biochemistry.

September 20–22, 2011.

Pilsen, Czech Republic.

For further information please visit: <http://www.sjezdcskb2011.cz/>

19th Meeting of the Balkan Clinical Laboratory Federation BCLF 2011.

September 21–23, 2001.

Bucharest, Romania.

For further information please visit: www.bclf-2011.org

4th BBBB – Bled International Conference on Pharmaceutical Sciences – New trends in drug discovery, delivery systems and laboratory diagnostics.

September 29 – October 1, 2011.

Bled, Slovenia.

For further information please visit: www.bbbb-eufeps.org

12th International Congress of Therapeutic Drug Monitoring and Clinical Toxicology.

October 2–6, 2011

Stuttgart, Germany.

For further information please visit: www.iatdmct2011.de

The 11th EFCC Continuous Postgraduate Course in Clinical Chemistry. New Trends in Classification, Diagnosis and Management of Inflammation.

22–23 October, 2011

Dubrovnik, Croatia.

Secretariat: sandra.berzenji@gmail.com

Fray International Symposium

December 4–7, 2011,

Cancun, Mexico.

For further information please visit: www.flogen.com/FraySymposium

New Nominations

Congratulations to Ana–Maria Simundic.



Assistant Professor Ana–Maria Simundic, Ph.D., clinical chemistry specialist at the Emergency Laboratory Department of the Clinical Institute of Chemistry within the University Hospital "SESTRE MILOSRDNICE" has been nominated Editor–in–Chief of the National Society Journal Biochemia Medica. She can be reached at E–mail: am.simundic@gmail.com ; editorial_office@biochemia-medica.com, URL: <http://biochemia-medica.com>

News from the IFCC Education and Management Division

The Position Paper of the IFCC EMD WG-BMS (jointly with the International Osteoporosis Foundation) has been published online at the following url: <http://www.springerlink.com/content/f1383w4253567654/fulltext.pdf>

Vasikaran S, Eastell R, Bruyère O, Foldes AJ, Garnero P, Griesmacher A, McClung M, Morris HA, Silverman S, Trenti T, Wahl DA, Cooper C, Kanis JA; for the IOF-IFCC Bone Mineral Standards Working Group. Markers of bone turnover for the prediction of fracture risk and monitoring of osteoporosis treatment: a need for international reference standards. *Osteoporosis Int* 2010;Dec 2010 . [Epub ahead of print]