International Federation
of Clinical Chemistry
and Laboratory Medicine

Handbook

2006 - 2008

IFCC will provide worldwide leadership in clinical chemistry and clinical laboratory medicine to national professional societies, the diagnostic industry, governmental and non-governmental organisations to serve the public interest in health care

ifcc
International Federation
of Clinical Chemistry
and Laboratory Medicine

www.ifcc.org

IFCC HANDBOOK 2006-2008

Note:

Two numbering systems have been used within this Handbook.

- **Roman Numerals have been used for each chapter.**
- **Arabic numbers have been used to number the individual sections within each chapter. These numbers correspond to the IFCC numbering system which is listed in chapter XXIII. This numbering system is used within the IFCC for tracking and archiving documents.**

This is why the numbering within chapters in not necessary consistent with the chapter number. Everyone is encouraged to use it when corresponding with the IFCC.

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General contents

INTRODUCTION

It is a privilege and a pleasure to announce the new IFCC Handbook. After extensive collaborative work performed by all organisational parts of IFCC we are happy to provide it to our membership.

The production of the Handbook has become a valuable tradition within the Federation. With the 3 year term of the Executive Board it is clear that every three years there is a need for an easily accessible guide to the workings of the Federation. Due to the rapid changes of projects and activities in the Divisions there is also some concern that it may be out of date as soon as it is printed. Nevertheless, it is clear that members and collaborating international and regional organisations need to be able to access information about the organisational structure, the activities of Divisions and their Committees and Working Groups, as well as the names and addresses of key colleagues in National Societies and Corporate Members throughout the world.

Having to up-date the content every three years also contributes to a historical record of the Federation. With the implementation of the strategic plan nine years ago, and modifying it in 2003, the IFCC Executive Board has since managed the affairs of the Federation using the objectives and aims defined in this plan. In addition to starting several new programs and projects, the most obvious consequence of the implementation of the strategic plan was the name change to the International Federation of Clinical Chemistry and Laboratory Medicine of the Federation. This was done to simultaneously extend the Federation's activities to more laboratory medicine services for the benefit of the patients and to maintain its scientific credibility. The challenge for the new Executive Board will be to follow this direction and to expand IFCC's role in order to serve the public interest in all aspects of diagnosis, therapy and treatment.

Over the next three years we need to assist Member activities by strongly encouraging "twinning" activities, and continuing student education, and visiting lectureship programs.

The Federation is a voluntary organisation depending not only on financial resources but also on individuals ready to serve this organisation. The Handbook is also intended to help you find answers to some of your questions and to get into contact with laboratory experts, while giving you a sense of the character, spirit and ongoing activities of the Federation. If some of these objectives are achieved it makes worthwhile all the hard work of putting together the contents of this handbook. We thank the many individuals responsible for preparing this useful document.

Jocelyn M.B. Hicks	Mathias M. Müller	Vladimir Palicka
President	Past-President	Vice-President

I. AIMS OF INTERNATIONAL FEDERATION OF CLINICAL CHEMISTRY AND LABORATORY MEDICINE (IFCC)

In 1996, the Council accepted and endorsed the IFCC Strategic Plan It's strategic aims include:

- To complement and enhance the activities of its members
- To transcend the boundaries of a single nation or a single corporation, or a geographical, cultural or linguistic group of nations in developing the field of Clinical Chemistry and Laboratory Medicine
- To provide a forum for standardization and traceability, in the broadest sense, at a high level
- To disseminate information on "best practice" at various levels of technology and of economic development
- To promote a vision of Clinical Chemistry and Laboratory Medicine that extends beyond traditional narrow perceptions of the field.

IFCC achieves these aims by publishing information and guidelines relating to the education of clinical chemists and laboratory physicians, defining principles and publishing recommendations for the standardisation of analytical procedures and for the interpretation of analytical results; promoting meetings of clinical chemists and laboratorians through congresses, symposia and workshops in Clinical Chemistry and Laboratory Medicine, and encouraging dialogues with clinicians on matters of common interest.

IFCC has the major responsibility for co-ordinating the development of Clinical Chemistry and Laboratory Medicine on an international basis. In fulfilling this responsibility, it co-operates with many other international, regional and national organisations, particularly in the fields of education and standardisation.

IFCC also assists and encourages the creation and organisation of national societies of Clinical Chemistry and Laboratory Medicine in countries where these do not yet exist, and establishes and maintains contact with individual clinical scientists in parts of the world where there is no professional body specifically concerned with Clinical Chemistry and Laboratory Medicine.

II. ORGANISATION OF IFCC

The Federation consists of three Membership categories.

- **Full Members**, that are recognised and established national societies of Clinical Chemistry and Laboratory Medicine.
- **Corporate Members**, that are individual corporate entities or research establishments concerned with the field of clinical laboratory practice.
- **Affiliate Members,** that are allied international or national societies or groupings interested in the science and practice of laboratory medicine.

The organisational structure of IFCC is illustrated below. The governing body is the Council, that consists of one Representative appointed by each Full Member (voting), Affiliate Member, and Corporate Member. It convenes at the triennial International Congress of Clinical Chemistry and Laboratory Medicine. Between Council meetings, the business of IFCC is conducted by the Executive Board that is elected by the Council. Any important questions that arise between Council meetings, such as the admission of new Full Members to the Federation, approval of recommendations, and changes or amendments of statutes are decided by mail ballot of the Full Member Representatives voting on behalf of their societies.

Membership of the Federation is accorded to National Societies of Clinical Chemistry and/or Laboratory Medicine, each of which pays dues related to the number of members in the society. A National Society applying for Full Membership of the Federation must show that it is recognised as the main society responsible for clinical chemistry and/or laboratory medicine in that country, and satisfy the Executive Board that its statutes and by-laws are in accordance with the principles of the Federation.

The Executive Board comprises the President, Vice-President, Past President, Secretary, and Treasurer and three Members plus an individual representing Corporate Members. The Executive Board normally meets three times a year, and Chairs of the IFCC Divisions also attend at least one meeting per year.

The IFCC carries out much of its business through its Divisions and Committees. The Divisions, currently (1) Scientific, (2) Education and Management, (3) Communication and Publications, and (4) Congress and Conferences, report to the Executive Board. Every three years, the Executive Board appoints two committees, namely, the Nominations Committee to prepare a slate of candidates for the Executive Board, and the Awards Committee to select the recipients of the IFCC awards. The Executive Board may appoint task forces to address specific issues.

Members of the Divisions, together with the Chairs of the Committees reporting to Divisions, are appointed by the Executive Board; Ordinary members of Committees reporting to Divisions are appointed by the Divisions.

All IFCC Members (Full, Affiliate and Corporate) are invited to suggest candidates for the Committees, but members are chosen according to merit without respect to nationality or other affiliation. Members (Full, Affiliate and Corporate) are invited to participate in the work of Division Committees by appointing Corresponding Members to these Committees.

Much of the work of the Divisions is done by Committees. However, Divisions may also undertake specific tasks themselves beyond coordinating the activities of the committees that report to them. Divisions and Committees alike, may appoint working groups to work on defined projects or to do less formalised work. Whereas Divisions and Committees are funded by the IFCC, most of the work of working groups is done without financial support from the IFCC. Working groups are dissolved when their specific projects are completed. Their work may lead to the establishment of Committees or other activities funded by IFCC.

The other key part of the organisation is the IFCC Office which is located in Milan (IT). This office is responsible for most of the daily and organisational matters and is the point of contact for the IFCC. The office has responsibilities for maintaining the Website, all relevant documentation and has recently undertaken the organisation of some IFCC Conferences.

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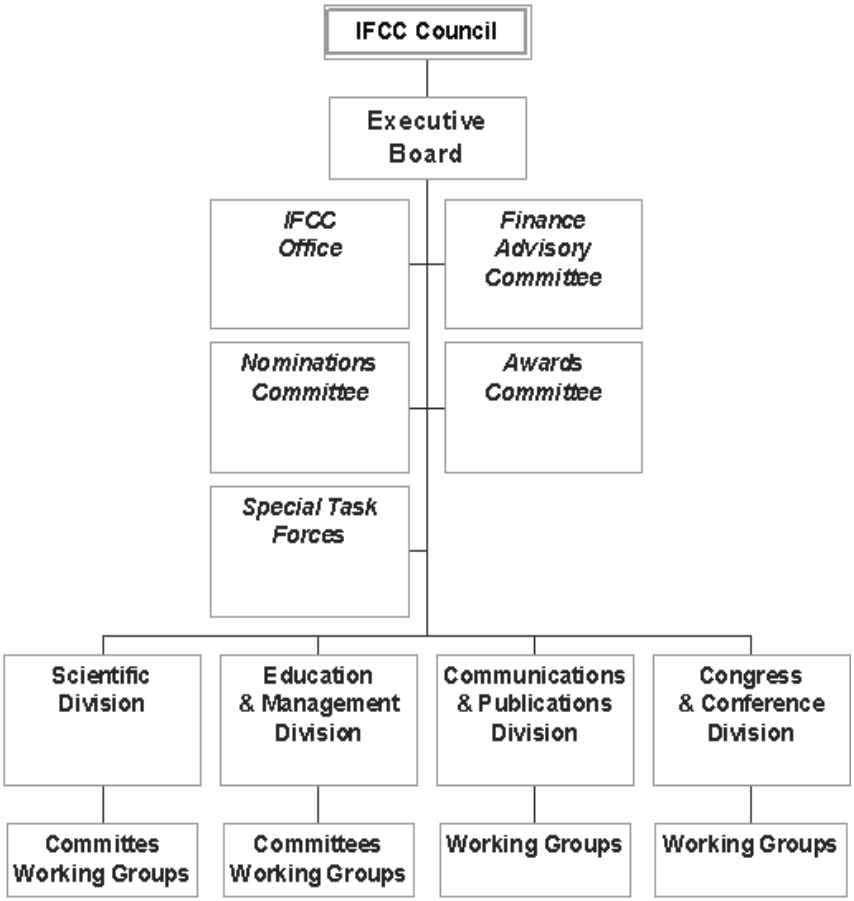
Figure 1: Organisational Structure



III. EB MEMBERS 2006 - 2008 AND IFCC OFFICE

Biographies of the IFCC-EB members 2006-2008

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Jocelyn M.B. Hicks, PhD, FACB, FRcPath is Executive Director Emeritus at Children's National Medical Center and Professor Emeritus of Pediatrics and Pathology at The George Washington University School of Medicine in Washington, DC, US. She is currently the President of JMBH Associates, a health management consulting company that assists clinical laboratories in preparing for accreditation, recommends plans for enhancing scientific research capabilities, evaluates the organization and efficiency of clinical laboratories, and assists laboratories with developing strategic and financial plans. She is also a scientific and marketing adviser to several major international diagnostics companies.

Until recently Dr. Hicks was the Chief Operating Officer of the Genetics and Fairfax Identity Divisions of The Genetics and IVF Institute in Fairfax, Virginia. Prior to that, she was Chair of Laboratory Medicine and Pathology and Executive Director of the Center for Complex Diseases at the Children's National Medical Center (CNMC), Washington, DC. While at CNMC Dr. Hicks held many leadership positions, including President of the Medical Faculty Associates, membership on the Leadership Council, membership on the Hospital's Board of Directors, and was a Board member of the Children's Hospital Foundation, the fund-raising arm of the hospital.

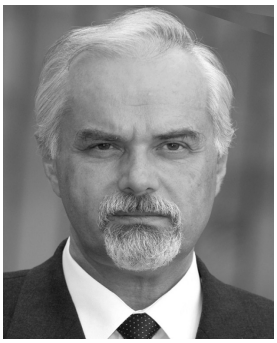
Dr. Hicks obtained a BSc. (Honours) in Physiology and her MSc. in Biochemistry from the University of London (UK), and a PhD in Physiology and Biophysics from Georgetown University Medical School (USA). She has over 80 peer-reviewed publications, and many books, including Point-of-Care Testing and the Directory of Rare Analyses. She also has served as editor of many journals. Her academic and administrative interests include paediatric reference values, point-of-care testing and strategic and business planning.

Dr. Hicks is a Past President of the American Association for Clinical Chemistry (AACC) and has served on its Board of Directors. Within the AACC, Dr. Hicks founded the Van Slyke Society that is devoted to education and research, as well as providing funds for young clinical chemists to attend national meetings.

Dr. Hicks is the founder and Past President (two terms) of the International Association of Paediatric Laboratory Medicine. Dr. Hicks was Chair of the Publications Division of the International Federation of Clinical Chemistry (IFCC), and introduced the IFCC Website and the IFCC Journal. Dr Hicks was most recently the Treasurer and a Board member of the IFCC, from 2003- 2005.

Dr. Hicks' many honours include honorary memberships in the Association of Clinical Biochemists (UK), the Israel Society of Clinical Biochemistry, the Portuguese Association of Clinical Pathology and the Egyptian Society of Laboratory Medicine. Dr. Hicks has received three of the AACC's national awards, and is frequently invited to speak both nationally and internationally.

Her personal interests include cooking, playing bridge, travelling and exercising. She is married to Melvin Blecher, PhD, JD, who practices Intellectual Property Law, especially in Biotechnology and Medicine areas.



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Vladimir Palicka, is a Professor of Biochemistry and Professor of Internal Medicine at the Charles' University of Prague, and Director of the Institute for Clinical Biochemistry and Diagnostics and Member of the Medical Staff at the University Hospital in Hradec Kralove.

Professor Palicka received his MD at the Palacky' University and after training in clinical biochemistry he obtained his PhD at the Charles' University in Prague. He is currently Director of the Institute for Clinical Biochemistry and Diagnostics, Director of the University Osteocentre (Clinic for Osteology) and Dean of the Medical Faculty.

He is now the honorary president of the Czech Society for Clinical Biochemistry having served as its president for 8 year as a President, In addition, he has served as the President of the FESCC (Forum of the European Societies for Clinical Chemistry) and currently serves as its past president. He is a member of the American Association for Clinical Chemistry (AACC), ACB, Honorary Member of the Slovak Society for Clinical Biochemistry, Polish Society for Laboratory Diagnostics and Hungarian Society for Clinical Pathology. He also serves on the editorial or advisory board for more that 10 Journals, including those published in USA, UK, or Italy.

His scientifics interests are oriented mainly towards clinical biochemistry, clinical nutrition and intensive metabolic care. He also maintains a clinical practice in osteology with most of his recent publications being on this topic. He currently serves as President of the Czech Society for Metabolic Bone Diseases. Professor Palicka has published more than 300 scientific papers and presented more than 600 lectures at scientific conferences.

Past President
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Mathias M. Müller, MD is Professor of Medical Chemistry at the University of Vienna, Austria and Director of the Institute of Laboratory Diagnostics at the Kaiser Franz Josef Hospital and the Preyer Children's Hospital. He received his MD degree at the University of Vienna. He was trained in Laboratory Medicine and in Transfusion Medicine. He serves in senior positions in Laboratory Medicine and Clinical Biochemistry at the 2nd Department of Medicine and the 2nd Department of Surgery, University of Vienna.

Research

Professor Müller's major research interests include purine metabolism and clinical and applied biochemistry. In early studies he investigated properties of various enzymes, purine transport, uptake and regulation in erythrocytes, lymphocytes and leucemic cells. Several of his publications were in the field of Clinical Biochemistry in gout and Lesch-Nyhan Syndrome. He demonstrated the expression of inactive hypoxanthine guanine phosphoribosyltransferase enzyme protein in cells of Lesch-Nyhan patients. Later, he studied purine metabolism in the skeletal muscle, myocardium and in endothelial cells under ischemic and reperfusion conditions taking oxidative stress into consideration. Both in vitro and in vivo, he demonstrated that concomitant with the depletion of intracellular nucleotides mainly adenosine and hypoxanthine were released during reperfusion, whereas ischemia per se showed nearly no effect. Intracellular nucleotide depletion could also be mimicked by oxidative stress. Concomitant with changes of purine nucleotides superoxide radicals impaired the release of eicosanoids (prostacycline, thromboxane) from human endothelial cells. As a clinical relevant feature of oxidative stress during reperfusion a relative increase in thromboxane release could be demonstrated. This might be a biochemical basis for thrombosis often observed in patients undergoing bypass surgery.

His recent studies are related to laboratory diagnosis in transplantation medicine and to the rational use of tumor markers. He and his collaborators are investigating the biochemical and immunological effects of mycophenolic acid, a new immunosuppressive drug.

In a cell model (human lymphocytes, human endothelial cells) impairment of purine nucleotide equilibrium, inhibition of cell cycle and decreased expression of adhesion molecules were demonstrated.

His institute was part of a European research project for the establishing services for inborn errors in purine and pyrimidine metabolism. He has published more than 290 scientific papers, he is author and co-author in more than 250 abstracts, and editor and co-editor in 8 books and proceedings. He serves on the editorial boards of the following journals, Clinical Biochemistry, Clinica Chimica Acta, and Adv. in Clinical Pathology.

Professor Müller has served in various professional organisations: He was on the board as Secretary, Treasurer, Vice-President and President of the Austrian Society of Clinical Chemistry. In addition he served as General Secretary of the Austrian Society of Quality Assurance and Standardization (1981-1992) and in this position was responsible for the organisation and growth of the Austrian Quality Assurance programme covering Clinical Chemistry, Haematology, Coagulation, Blood Grouping, Serology, Microbiology. In 2005, he was elected President of the Austrian Society of Quality Assurance and Standardisation. He has also served as President of the European Society for Study of Purine and Pyrimidine Metabolism in Man.

Within IFCC, he has served as Secretary (1985 - 1987) Vice President (1997-1999), President (2000 - 2005) and is currently Past-President, From 1988 - 1996 he was a member of the Scientific Division serving both as Vice-Chairman and Chairman. During this time his main interest was oriented towards further development of the "Reference System" by starting within IFCC several projects on certified Reference Materials. Recently, he succeeded in establishing a working-collaboration with the European Institute of Reference Measurements and Materials (IRMM). He was also heavily involved in the formation of the Joint Committee of Traceability in Laboratory Medicine (JCTLM) in 2002. The JCTLM is a joint venture of professionals, metrologists and the in vitro diagnostic industry with the aim to establish globally traceability of diagnostic measurements. Clinical Chemistry and Laboratory Medicine. He has also managed the establishment of the IFCC Professional Scientific Exchange Programme for young scientists, a scholarship for individual training and initiated the global IFCC campaign for disease management on diabetes mellitus.

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Päivi Laitinen, PhD is a clinical biochemist in the Laboratory of Oulu University Hospital, Oulu Finland where she is responsible for endocrinology and toxicology. She also is a lecturer in clinical chemistry in the Oulu University and in the Institute of Health and Social Care in Oulu. She obtained her PhD degree in Biochemistry in 1986 and MS in Health Care Administration in 2002 from Oulu University. She received her specialist training in clinical biochemistry in Tampere University Hospital, Tampere Finland. In 2003 she was appointed a Docent in Clinical Biochemistry.

Dr. Laitinen has been an active member of the Finnish Society of Clinical Chemistry since 1987. and has served as a member of it's Board of Directors (1992-1995), Vice President (1996-1997) and President (1998-2002). She has also had other activities in Finland including serving as a member at-large of Labquality LTD. 1998-2002, a chairman of the Finnish Clinical Chemistry Register Committee (EC4) 1998-2002, a member of the editorial board of KliinLab (2002-), and a member of the working group on laboratory nomenclature of the Finnish Union of Counties since 1999.

Her international activities include memberships of several boards. She has been a member at-large of the Scandinavian Society of Clinical Chemistry since 1998, member at-large of the Board of the European Communities Confederation of Clinical Chemistry (EC4) (2003-2005) and a member of the IFCC Awards Committee since 2003. She has also been a member of the Scientific or Scientific Advisory Committees of several international congresses of clinical chemistry. At present she also serves on several working groups of EC4.

Dr. Laitinen started her scientific research on polyamine metabolism. At present, her main interests include prenatal screening, first and second maternal trimester screening for Down syndrome.

In addition to her professional interests, Dr Laitinen has served as a technical assessor for the Finnish Accreditation Service. She is also a Change Laboratory coach (Center for Activity Theory and Developmental Work Research of Helsinki University) and she has led a Change Laboratory project (development of work process of laboratory) in her laboratory. Her personal interests include aerobics, jogging, gardening , down-hill and cross-country skiing, theatre, and handicraft.

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Ghassan SHANNAN, graduated with a B.Sc., from the Faculty of Pharmacy, Damascus University in 1969. He followed extensive training programme in Laboratory Medicine for three years under a special scheme organized by the Ministry of Health.

Dr. Shannan received his Ph.D. in Clinical Biochemistry from the University of Newcastle upon Tyne, England in 1977. He followed several short courses on topics in Laboratory Medicine as well as in other disciplines such as Management, Finance, Reproductive Health, Family Planning and Disaster Management.

He started his career in 1970 as a junior Clinical Biochemist at one of Damascus Hospitals, followed by several positions including Manger and Director of various Medical Laboratories in Damascus, Syria. In 1992 he was appointed as Director of the Supply Department at the Military Medical Service.

In addition to his official public positions, Dr. Shannan has maintained his professional work in his Private Laboratory in Damascus. At the same time, he worked as a lecturer for postgraduate students at Damascus University and the Ministry of Health.

He is involved in various Scientific and Professional Committees and/or Working Groups for the Evaluation of Laboratory Equipment for various Ministries in Syria including the Ministry of Health, the Ministry of Higher Education and the Military Medical Service.

He was appointed by WHO/EMRO and the Ministry of Health to chair the National Committee of Quality Assurance in Medical Laboratories in Syria. He is also, a member of the Accreditation Committees at the Ministry of Health.
He is an active member of the Syrian Clinical Laboratory Association (SCLA) since 1979 and he held several positions at the Executive Board of SCLA including Treasurer, Secretary and President. Also, he has played a major rol in the reform of the Arab Federation of Clinical Biology (AFCB) in 1991, since then he has been an active member promoting the federation and its activities. He was a member of the Executive Board of AFCB for several periods.

Dr. Shannan has also been active in the affairs of the IFCC having served as a Member-at-Large on it's Executive Board and is current treasurer (2006-2008).

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Joseph Lopez, MSc obtained his BSc Honours in Biochemistry from the University of Malaya in Kuala Lumpur in 1973 and then joined the Institute for Medical Research (IMR) as a clinical biochemist where he served for more than 32 years. While serving at the IMR, he obtained the Membership of the Australasian Association of Clinical Biochemists (by examination) and the MSc from the University of Malaya.

At IMR he has been active in research, the provision of reference diagnostic services, training of allied health personnel and the provision of consultancy services in clinical biochemistry. In addition, for many years, he was closely associated with the IMR's activities in connection with the support it received from the World Health Organization.

His research interests and publications have been in the areas of laboratory methodology and evaluation, quality assurance and tumour markers, particularly the markers for primary cancer of the liver, a disease that has a high prevalence in the Far East. He has been closely involved with laboratory quality throughout his career and coordinated the introduction of the first inter-laboratory quality assurance scheme for government hospitals in Malaysia.

He is a founding member of the Malaysian Association of Clinical Biochemists where he held office for some years.

Joseph Lopez was elected President of the Asian and Pacific Federation of Clinical Biochemistry (APFCB) in September 2004. Prior to his election as President of the APFCB, he was its Secretary from 1998 to 2004. Together with his colleagues, he has been responsible for the introduction of several new initiatives within the APFCB, including the APFCB Travelling Lectureship, the corporate and affiliate membership schemes, the APFCB Distinguished Service Award and the APFCB Philanthropic Fund. He is currently editor of the APFCB News and the APFCB web-site. He is a member of the Editorial Board of the Indian Journal of Clinical Biochemistry.

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Daniel Mazziotta is Professor of Clinical Chemistry at National University of La Plata (1989-), Director of the External Quality Assessment Program of the Argentine Biochemical Foundation (1987-) and Director of the Reference and Standardization Laboratory in Clinical Biochemistry of Argentine Biochemical Foundation (1997).
He graduated in Chemistry in 1974 and Biochemistry, Clinical Orientation in 1976 at the National University of La Plata, Argentina. From 1974 to 1982, he served the Central Laboratory Service of the Hospital San Juan de Dios of La Plata working for the Intensive Care Unit and the Heart and Lung Functional Exploration Service. He became a member of the Central Commission of External Quality Control of the Ministry of Health of Province of Buenos Aires in 1978 and he was the organizer of External Quality Control Program for the same Ministry from 1980 to 1986.

Professor Mazziota was a member of the Executive Board of the Specialists on Biological Analyses Association between 1984 and 1986. Also, he was Secretary of the Biochemical Federation of the Province of Buenos Aires from 1986 to 1992. He has been a member of the Permanent Scientific Section of the Latin-American Confederation of Clinical Biochemistry since 1987. He was National Representative of Argentina at several IFCC meetings.

He is member of the Editorial Board of Acta Bioquimica Clinica Latinoamericana, the official journal of the COLABIOCLI, Member of the Intercontinental Advisory Board of Accreditation and Quality Assurance journal and member of the International Advisory Group of the American Association of Clinical Chemistry. He received the American Association of Clinical Chemistry International Fellowship Award in 2000.
He has developed intensive post-graduate education courses on Quality Control covering all Argentina as well many Latin-American countries, including Bolivia, Chile, Paraguay, Uruguay, Dominican Republic, Ecuador, Guatemala, Costa Rica, Honduras, Mexico, Venezuela and Brazil. He acts as adviser and professor for the Pan-American Health Organization in Guatemala and Ecuador.
Professor Mazziota has been active in the IFCC since 1992 when he was a corresponding member of the Committee on Analytical Quality (C-AQ) of the Education and Management Division. In 1994 he became member of the Nomination Committee and in 1997 became a member of the C-AQ. Between 1998 and 2002, he was the chairman of the same committee (C-AQ). In 2002, he was elected to a three year term as a Member of the IFCC Executive Board and was re-elected to that position in 2005 for the term 2006-2008.

Member
Dr Michael THOMAS

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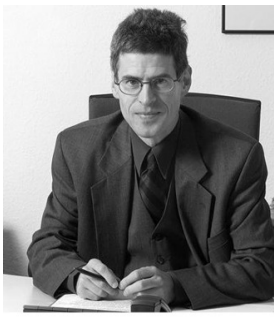
Michael Thomas, PhD is Clinical Director - Pathology and Head of Clinical Biochemistry at the Royal Free Hospital, Hampstead, London, UK.
He trained in chemistry and biochemistry at the University of Liverpool and subsequently completed a research degree on the non-collagenous proteins of mineralized tissues (bone and dentine) during which time he also received a Leverhulme Travelling Scholarship. His professional training was done in Chelmsford and Guildford and subsequently at the Royal London Hospital. He then moved to the Royal Free Hospital in 1983 as Head of the endocrine laboratory and assumed overall responsibility for clinical biochemistry in 1993.

He has been Assistant Secretary and Secretary of the Association of Clinical Biochemists and as a Regional Tutor and was Chairman of the Organising Committee for the ACB national meeting Focus held at ExCel, London Docklands in 2001. He is currently a National Assessor for the Department of Health. He has been an accreditation inspector for Clinical Pathology Accreditation (UK) Ltd and now represents the ACB on its Board. In 2005, he was elected as a Member-At-Large for the IFCC and will serve on its Executive Baord for the term 2006-2008.

Dr Thomas' department has recently achieved recognition as a Specialist Centre for Cardiovascular Biomarkers. He is a member of the NHS R&D funded research programme into the effect of prescribed exercise on health (EXERT) and has collaborated on the mechanism of HIV lipodystrophy. He also still retains an interest in both bone and thyroid disease. More recently he has become a proponent of the benefits of total laboratory automation; the Royal Free Hospital became the first fully automated laboratory in the UK in 2000, and he has been an invited speaker on this topic at both national and international meetings.

He is currently involved with colleagues in developing ways in which pathology can be effectively delivered across the North Central Sector of London under a challenging modernising agenda of the Department of Health.



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Norbert Madry, PhD is currently Vice President PSI for Dade Behring and has over 20 years of experience in the in-vitro Diagnostics industry. He has held various positions ranging from Research & Development, Manufacturing, Strategy & Business Process Development, General Manager and Managing Director in charge of Dade Behring's Marburg/Germany site.

He graduated from the University Münster/Westphalia and holds a PhD in Microbiology from that same university. In the IVD industry, he has worked as a Lab Manager on tumour marker assay development, as a Scientific Director on assay and system development for the OPUS immunoassay system, and as a Production Head on urine test strip and blood glucose test strip manufacturing.

Dr Madry has actively collaborated with many IFCC Committees and Working Groups and will serve as the Corporate Representative on the IFCC Executive Board for 2006-2008 where he will emphasize areas of mutual benefit between laboratory medicine professionals and the IVD industry which would enhance the value of Clinical Chemistry and Laboratory Medicine in modern health care and its appreciation by all stakeholders around the globe.

IV. CLINICAL CHEMISTRY AND LABORATORY MEDICINE: OUTLINE OF THE SUBJECT AND PROFESSION

Clinical Chemistry and Laboratory Medicine is the application of chemical, molecular and cellular concepts and techniques to the understanding and the evaluation of human health and disease.
At the core of the discipline is the provision of results of measurements and observations relevant to the (1) cause of disease, (2) maintenance of health, and (3) conversion of this data into specific and general patient- and disease-related information at the laboratory-clinician interface. The discipline is committed to deepening understanding of health and disease through fundamental and applied research.

Clinical Chemistry and Laboratory Medicine is often regarded as a young discipline, which has developed since the Second World War with the first scientific societies for Clinical Chemistry and the journals with the term Clinical Chemistry in their titles appearing at the end of the 1940s. The First International Congress of Clinical Chemistry was held in 1954. In 1957 H Aebi, speaking on this subject, said Clinical Chemistry is on the point of becoming an independent specialty.

Closer inspection shows, however, that the beginnings of Clinical Chemistry and Laboratory Medicine as an independent discipline reach back to a much earlier time. For example, the application of chemistry to the study of disease has had a continuous history of more than three centuries, commencing with Robert Boyle's plans to examine blood as described in his Memoirs for the Natural History Of Human Blood (published in 1683) and his chemical analysis of urine. During the following 100 years, chemical techniques and expertise developed rapidly. By the beginning of the 19th century, most of the major components of urine could be measured, the composition of calculi was established, and several quantitative assays of blood constituents, such as albumin, fibrinogen, lactate and urea, were being performed with reasonable accuracy.

The multiplicity of names, under which the subject of Clinical Chemistry and Laboratory Medicine has been known, is extensive, often confusing, and obviously subject to change. Examples include Pathological Chemistry, Clinical Biology, Clinical Pathology, Chemical Pathology, Clinical Biochemistry, Laboratory Diagnostics, and Clinical Laboratory Sciences. The present internationally accepted name, Clinical Chemistry, was used in Germany as early as 1842 by J Scherer, who referred to his laboratory at the Julius Hospital in Würzburg as "Das Klinisch Chemische Laboratorium".

The English version, Clinical Chemistry, was used in 1883 by C H Ralfe as the title of his book describing the analysis of blood, urine, and solid tissues and providing a commentary on chemical changes in disease. Shortly afterwards, in 1891, the publication of "Manuel de Chimie Clinique" by the Lausanne pathologist L Bourget gave the French claim to the name. While the above mentioned alternative titles have been used, the trend during the second half of the 20th century has been towards the use of Clinical Chemistry as the name of the profession, and this was incorporated into the name of the Federation in 1955.

Clinical Chemistry and Laboratory Medicine has always benefited from advances in the exact sciences, such as mathematics, physics, chemistry and metrology, as well as from progress in other medical sciences, particularly biochemistry, physiology, genetics, cellular and molecular biology. In turn, discoveries made by applying Clinical Chemistry to the needs of medicine have often had profound effect on other branches of medicine. For example, the application of Clinical Chemistry to the study of inborn errors of metabolism has led to fundamental discoveries about biochemical enzyme pathways and elucidation of the genetic basis of these diseases, as well as providing essential information for the diagnosis and treatment of patients with these conditions. The measurement of individual serum lipoprotein fractions is leading to a new understanding of the causes of arteriosclerosis and coronary heart disease; and immunochemical techniques are now an essential tool in the investigation of many disorders. In these and many other areas of Clinical Chemistry and Laboratory Medicine, today's research often becomes tomorrow's routine practice.

Although the Clinical Chemist examines all types of body fluids and cells, it is the analysis of blood, plasma or serum which contributes the major portion of the work. During the last three decades, the increasing use of clinical laboratory services has led to the commercial development of highly automated analytical instruments. The large, modern laboratory put considerable capital investment in such equipment. A laboratory may perform several thousand analyses per day. "In addition, the techniques of modern analytical chemistry are constantly finding new applications in the diagnostic arena: such techniques include affinity analysis, mass spectrometry, and DNA chip technology, each of which may be used in today's larger laboratories.

The IFCC has recognised that advances in technology, be they in engineering, computer sciences, or in molecular biology, have brought all the laboratory disciplines in laboratory medicine closer together. The IFCC has committed itself to playing an active role in the adoption of new technologies, such as DNA probes, Polymerase Chain Reaction techniques, etc. and bringing other areas of laboratory medicine such as microbiology, genetics, cytogenetics, immunology, coagulation, transplantation biochemistry and immunology, etc. closer to those practicing Clinical Chemistry.

Laboratories use electronic data processing to acquire data which (1) minimise clerical work, (2) improve the reliability of results by quality control, (3) aid in the interpretation of results, and (4) provide management data for making the best use of laboratory resources. Modern clinical chemists must therefore be multipurpose specialists who are capable of (1) analysing biological materials ; (2) managing a large, complex and diverse analytical service, (3) ensuring and maintaining the highest analytical and quality standards, (4) applying interpretative skills to the results produced, and (5) exercising appropriate financial management.

Many scientists work in industry and have been responsible for the development and implementation of new technology for the clinical laboratory. Industry also has taken a leading role in the development of new techniques and new analytes. As a result, manufacturers have assumed an important role in the evolution of the profession. These developments have spread into other areas of Laboratory Medicine thereby expanding the traditional role for diagnostic laboratory professionals.

Recent technical advances and the development of appropriate instruments and analytical systems have created the capability of performing tests at non-traditional laboratory areas such at the patient's bedside and home or in the doctor's office. This development poses further challenge for laboratory scientists who have a professional responsibility for ensuring the quality of such testing. The profession of Laboratory Medicine is more than providing a service, it also includes responsibilities for teaching and research. The IFCC recognises this and takes a leading role in research, especially in the area of standardisation, and in education. These important initiatives are in keeping with the Aims of the Federation that are presented earlier in this Handbook.

V. THE HISTORY OF THE IFCC

In 1952, Professor E J King of the Royal Postgraduate Medical School in London suggested that the then emerging national societies of clinical chemistry should organise into an international body under the auspices of the International Union of Pure and Applied Chemistry (IUPAC). This was accomplished on July 24, 1952, at the Second International Congress of Biochemistry in Paris, by the formation of the International Association of Clinical Biochemists. A year later, in Stockholm, it was resolved to change the name to the International Federation of Clinical Chemistry, and this was formally adopted at the next meeting which took place in 1955 in Brussels.

The initial objectives of the Federation were to "advance knowledge and promote the interests of biochemistry in its clinical (medical) aspects". In the early years, IFCC was closely associated with the IUPAC Commission (later Section) of Clinical Chemistry, and initially, the Committee of IFCC comprised the members of the IUPAC Commission. It was recognised, however that the IFCC should become independent, but would retain its contacts with IUPAC through affiliation as an Associate Member. This was accomplished in 1967, when the two organisations were formally separated.

With time, the organisational structure of IFCC developed so that its efforts in science, education, and publishing, as well as its financial affairs, and congress activities were dealt with by Divisions or Committees and, where appropriate, supported by other Committees and groups responsible for specific tasks.

The history of IFCC must include reference to the eminent clinical chemists who have served as President and guided its development. Professor E J King conceived the idea of the Federation, brought it into being, and guided it through its early years to become the group to which all national societies of Clinical Chemistry could look for guidance. His untimely death created a vacuum which Professor Monroe Freeman ably filled for three years. He was followed by Professor J E Courtois until 1967, during which time the statutes and bylaws, upon which the whole working of IFCC is based, were created. During the seven to eight years of the presidency of Professor Martin Rubin, , IFCC became accepted as a major international organisation and was recognised as a non-governmental organisation in official relations with the World Health Organisation (WHO). It became a member of the Council of the International Organisations of Medical Sciences and established its own regular Newsletter, developed education programs in South America, formed Expert Panels became authoritative groups in their own fields, and established constructive relationships with industry.

In 1976, Dr Jörg Frei was elected President after an eight year period as Secretary. Dr Rene Dybkaer followed him in 1979 after six years as Vice-President. During these years the collaboration with industry was formalised by creation of Corporate Membership, IFCC Archives were established, Congress Guidelines were formulated, an IFCC Travelling Lectureship implemented, a major educational program conducted in Thailand, and the IFCC Distinguished International Services Award established in addition to the earlier Distinguished Clinical Chemist Award. As a new concept, a General Conference of IFCC Officers, Divisions and Committees, together

with Associate Members, was launched in Denmark in 1982. Finally, a Task Force prepared new Articles for the Federation which were approved by Council in 1984.

Dr Donald Young became President in 1985, after a three year term as Vice-President. During his six years as President, Dr Young reorganised the committee structure of the IFCC. The previous Expert Panels were altered to Committees and an integrated structure was formed to allow better communications and delegation of responsibility and activity. Dr Young initiated a further review and modification of the IFCC Statutes which was completed in 1993. During Dr Young's tenure IFCC initiated the publication of its own journal - Journal of the International Federation of Clinical Chemistry. A broader interpretation of clinical chemistry to include other areas of laboratory medicine was developed. Formal associations were initiated with clinical chemistry organisations in Latin America and the Asian and Pacific region.

Professor G. Siest, who was President from 1991 to 1996, worked with the Board and Members to develop a Strategic Plan which would guide the organisation into the 21st Century. This involved the identification of six key Strategic issues, relating to : Scientific Credibility, Linkage of Clinical Chemistry to Improved Patient Care, Communication, Promotion of IFCC Products and Services, People and Succession, and Finance. New agreements with the European region (FESCC) and the Latin American Region (COLABIOCLI) were signed. The strategic plan was endorsed by the IFCC Council in 1996.

From 1997-99 the President was Professor Matthew McQueen who was previously a member of the Scientific Committee from 1982-87, Treasurer from 1989-90 and Vice President 1991-96. During his Term the Executive Board translated the Strategic Plan into specific actions. These included increasing scientific activity in the areas of standardisation and reference materials and improved scientific co-operation with other international laboratory professional organisations. The Education and Management Division expanded its role in the pre-analytical and post-analytical phases, while the Communication and Publications Division restructured to meet the challenges of electronic publication. One highlight was a very important name change to the International Federation of Clinical Chemistry and Laboratory Medicine, highlighting the clinical relevance and importance of our profession. The Statutes of the Federation were modified to limit the amount of time any one person can spend in the Executive Board. Representatives from the Corporate members were formally included in the structure of each Division. This Executive Board successfully concluded discussions with the World Association of Societies of Pathology and Laboratory Medicine producing a joint policy statement on "Principles of Clinical Laboratory Accreditation". This clearly stated that the Laboratory could be directed by Scientists or Physicians, with the appropriate initial qualifications and specialised post-graduate professional education and training in clinical laboratory work.

Prof Mathias M Müller served as President for the period 2000 - 2005. He also served the Federation as Secretary, Vice-President, and Vice-Chair and Chair of the Scientific Division. He continued to stress high quality scientific endeavour as the backbone of the Federation. Since 2000, the Executive Board has emphasized the interdisciplinary character of our discipline and has focused on clinically relevant topics. In this context, the establishment of reference systems for glycated haemoglobin and enzyme activity measurements as well as a global campaign for monitoring diabetes mellitus have been initiated.

With the growing complexity of IFCC projects, the requirement for an intellectual property policy became evident. This has been developed. A working relationship with the National Committee for Clinical Laboratory Standards/NCCLS (now known as the Clinical and Laboratory Standards Institute/CLSI) was formalised and joint NCCLS-IFCC projects started. Standardisation on high metrological levels has always been a major undertaking and has contributed to the credibility of IFCC. As a consequence of this policy, collaboration with the Bureau International des Poids et Mesures (BIPM), the National Institute of Standards and Technology (NIST), the Institute of Reference Materials and Measurements (IRMM), European, American and Japanese IVD Associations, and the International Laboratory Accreditation Cooperation (ILAC) is being established for the implementation of traceability in Laboratory Medicine. New awards for significant contributions in molecular diagnostics, in education and in patient care were created. With the opening of the IFCC Office in Milan the IFCC Web site was restructured becoming the main communication vehicle between the Federation and the membership.

In 2005, at the meeting of the Federation's Council in Orlando, Florida, Professor Jocelyn M. B. Hicks was elected President for 2006-2008. Professor Hicks is Executive Director Emeritus at Children's National Medical Center and Professor Emeritus of Pediatrics and Pathology at The George Washington University School of Medicine in Washington, DC, US. She is currently the President of JMBH Associates, a health management consulting company that assists clinical laboratories in preparing for accreditation, recommends plans for enhancing scientific research capabilities, evaluates the organization and efficiency of clinical laboratories, and assists laboratories with developing strategic and financial plans. She is also a scientific and marketing adviser to several major international diagnostics companies. She plans to keep the scientific excellence of which the IFCC is justifiably proud, but also to improve communications and focus underneath of developing countries.

As the scope of the Federation's activities have expanded, so has the requirement for the exchange of information and the documentation of the various activities which were taking place. As with most other professional groups, the initial secretarial functions were provided by the individual officers and scientists within the Federation. A considerable debt is owed to these individuals and their employing organisations. However, it was obvious to the Executive that for the Federation to continue its development, some form of Secretariat was required. The Federation was fortunate originally to be supported by Radiometer A/S of Copenhagen, which agreed to provide office space and secretarial support. This facility was generously placed at the disposal of the Executive Board and became known in 1983 as the IFCC Technical Secretariat. During this period, the Fedration was fortunate in obtaining the services of Mrs Maj-Britt Petersen, who provided invaluable support, in particular for the Scientific Division. In order to facilitate the appropriate distribution of documents, the Technical Secretariat also kept a master file of names and addresses of all those who play a part in the Federation's affairs.

During the latter part of the 1988-1990 triennium, the EB devoted considerable effort in determining the role and structure of a central office. In 1990 a new Technical Secretariat was established in Nancy, France with the assistance of Prof Gerard Siest. The opening of this office was a major event for the IFCC as for the first time the IFCC employed its own staff.

The Technical Secretariat was transferred into the hands of Mrs Chantal Thirion and remained in Nancy until 2001.
However, it became clear that as the Federation continued to develop and take on more activities, there was the need for specialised professional administrative services and in 2001, the Office was transferred to Milan, Italy where it shares resources with a major Professional Conference Organiser, where Lisa Ionescu is the IFCC office coordinator.

The IFCC has maintained its relations with WHO and transferred its International Medical Laboratory Information System to WHO. In addition, it has expanded its support of regional organisations and regular regional congresses that are held in Europe, in the Arab Region, in the Asian and Pacific Region, and in the Latin American Region. The IFCC has accepted the ICSU Principles of free circulation of scientists and has assured the attendance of visiting scientist at all meetings. The interests of IFCC continue to expand. lt has addressed the policy of patenting key products for analytical methods, and continues to work collaboratively with many international organisations to sponsor major educational programs in Mexico and Argentina. The IFCC is also working with a number of other International Organisations such as IRMM, NIST, NCCLS/CLSI and BIPM in developing new standards and in the area of standardisation of methods.. The IFCC continues to be very influential in defining and reviewing appropriate terminology in Laboratory Medicine and other fields of chemistry. In addition, the management structure of the Federation has been reorganised continuously to enable it to respond effectively to contemporary issues.

IFCC is now a Federation of 74 Full Member national societies of Clinical Chemistry and Laboratory Medicine representing about 30.000 individual clinical chemists, laboratory scientists, and laboratory physicians and 35 Corporate Members covering the major areas of clinical laboratory developments.

In 2002, by John Lines and Jacques Heeren published "IFCC Celebrating 50 Years". This book is a more comprehensive history of the Federation and is available from the IFCC office.

Membership of IFCC Executive Boards

President

EJ King (UK)	1952 - 1960
ME Freeman (US)	1960 - 1963
JE Courtois (FR)	1963 - 1967
M Rubin (US)	1967 - 1975
J Frei (CH)	1976 - 1978
R Dybkaer (DK)	1979 - 1984
DS Young (US)	1985 - 1990
G Siest (FR)	1991 - 1996
MJ Mc Queen (CA)	1997 - 1999
MM Müller (AT)	2000 - 2005
JMB Hicks (US)	2006 - 2008

Vice President

E Werle (DE)	1966 - 1972
R Dybkaer (DK)	1972 - 1978
RG Edwards (AU)	1979 - 1981
DS Young (US)	1982 - 1984
A Kallner (SE)	1985 - 1990
MJ Mc Queen (CA)	1991 - 1996
MM Müller (AT)	1997 - 1999
CA Burtis (US)	2000 - 2005
V Palicka (CZ)	2006 - 2008

Assistant Secretary

G Siest (FR)	1972 - 1975
A Kallner (SE)	1976 - 1978

Secretary

IDP Wootton (UK)	1952 - 1958
ME Freeman (US)	1959 - 1960
B Josephson (SE)	1960 - 1963
MC Sanz (CH)	1963 - 1967
J Frei (CH)	1967 - 1975
PMG Broughton (UK)	1976 - 1978
A Kallner (SE)	1979 - 1981
JG Hill (CA)	1982 - 1984
MM Müller (AT)	1985 - 1987
R Vihko (FI)	1988 - 1990
P Garcia Webb (AU)	1991 - 1993
O Zinder (IL)	1993 - 1996
J Whitfield (AU)	1997 - 1999
R Bais (AU)	2000 -2005
P Laitinen (FI)	2006 - 2008

Treasurer

L Hartmann (FR)	1966 - 1972
PMG Broughton (UK)	1972 - 1975
RG Edwards (AU)	1976 - 1978
JG Hill (CA)	1979 - 1981
A Kallner (SE)	1982 - 1984
ML Castillo de Sanchez (MX)	1985 - 1987
MJ McQueen (CA)	1988 - 1990
NC Den Boer (NL)	1991 - 1996
P Mocarelli (IT)	1997 - 2002
J MB Hicks (US)	2003 - 2005
G Shannan (SR)	2006 - 2008

Members of Executive Board

A Sobel (US)	1952 - 1954	D Scheuch (DE)	1985 - 1990
P Fleury (FR)	1952 - 1960	F Dati (DE)	1988 - 1993
B Josephson (SE)	1952 - 1960	HP Lehmann (US)	1990 - 1994
JCM Verschure (NL)	1954 - 1959	N Montalbetti (IT)	1990 - 1992
WM Sperry (US)	1955 - 1960	N de Cediel (CO)	1991- 1993
JE Courtois (FR)	1958 - 1963	O Zinder (IL)	1991 - 1994
K Hinsberg (DE)	1958 - 1963	P Mocarelli (IT)	1994 - 1999
MC Sanz (CH	1958 - 1963	JB Whitfield (AU)	1994 - 1999
NF Maclagan (UK)	1960 - 1967	A Kallner (SE)	1994 - 1999
VN Orekhovich (SU)	1960 - 1967	H Wetzel (DE)	1994 - 1999
			2003 - 2005
SH Jackson (CA)	1960 - 1967	L Muszbek (HU)	1997 - 1999
R Ruyseen (BE)	1963 - 1967	TD Geary (AU)	1994 - 1999
M Rubin (US)	1963 - 1967	RI Sierra Amor (MX)	1997 - 2002
J de Wael (NL)	1966 - 1967	W Hölzel (DE)	2000 - 2004
I Nagy (HU)	1980 - 1987	CWK Lam (HK)	2000 - 2005
FW Sunderman Jr (US)	1981 - 1985	G Shannan (SR)	2000 - 2002
N Montalbetti (IT)	1981 - 1985	D Mazziotta (AR)	2003 - 2008
H Wishinsky (US)	1985 - 1987	V Palicka (CZ)	2003 - 2005
SS Brown (GB)	1985 - 1990	N Madry (DE)	2006 - 2008
J Jaervisalo (FI)	1985 - 1990	J Lopez (MY)	2006 - 2008
I-K Tan (SG)	1985 - 1990	M Thomas (UK)	2006 - 2008

Untill 1967 the Titular Members of the Commission on Clinical Chemistry of IUPAC also functioned as the Executive Board of IFCC.

VI. IFCC AND INTERNATIONAL CO-OPERATION

There are numerous international scientific organisations with special interests which makes co-operation particularly important to reduce unnecessary overlap of effort, and to ensure that resources and ideas are used optimally. IFCC has therefore sought to establish relationships with organisations concerned with both basic and applied sciences to achieve co-ordination.

The first relationship was with the International Union of Pure and Applied Chemistry (IUPAC), where strong ties have ensured fruitful collaboration between IFCC Divisions and Committees and IUPAC Commissions.

IFCC cooperates extensively with the World Health Organisation (WHO). For example, the former Expert Panel on Evaluation of Diagnostic Reagent Sets, on behalf of IFCC and WHO, obtained a consensus view on the labelling as well as on the performance and evaluation criteria for kits. The WHO Expert Committee on Biological Standards serves as a certifying body for several reference materials prepared by IFCC working parties. IFCC looks forward to continuing and extending this type of cooperation, because WHO has the unique ability to channel the knowledge of specialist organisations to governments and practitioners of health services on a world-wide basis.

A new and hopefully productive collaboration with the Bureau International des Poids et Mesures (BIPM), the governmental world organisation of metrology, has been established. It is the aim of this collaboration and the creation of the Joint Committee on Traceability in Laboratory Medicine (JCTLM) to shift diagnostic field measurements to a higher analytical and metrological quality according to the medical needs. Since 1997 IFCC is also a stake holder in the Joint Committee for Guides in Metrology (JCGM) involved in the Guidelines for Uncertainty in Measurements (GUM) and the edition of the international Vocabulary in Metrology (VIM).

IFCC also enjoys productive contacts with many International Professional organisations involved in Laboratory Medicine such as the International Committee for Standardisation in Hematology (ICSH), the International Society for Thrombosis and Hemostasis (ISTH), the International Union of Biochemistry and Molecular Biology (IUBMB), the International Union of Immunological Societies (IUIS), the International Association of Therapeutic Drug Monitoring and Clinical Toxicology (IATDMCT) and the World Association of Societies of Pathology and Laboratory Medicine (WASPALM). The mutual exchange of information is stimulating and joint documents save duplication of effort. An important demonstration of the usefulness of such collaboration was the ICSH, IFCC and WASPALM joint Recommendation (1972) on nomenclature in the presentation of results. More recently, the IFCC and WASPALM have signed a joint statement on "Principles of Clinical Laboratory Accreditation".

Other links have been established with Organisations such as the International Organisation for Standardisation (ISO), the European Commission - Measurements and Testing Programme, the International Organisation of Legal Metrology (OIML), the Council of the International Organisations of Medical Sciences (CIOMS),

the International Society for Chronobiology (ISC), the International Union of Physiological Sciences (IUPS), Institute for Reference Materials and Methods (IRMM) and the Clinical and Laboratory Standards Institute. These communication links permit IFCC to comment on the documents of other organisations, participate in their meetings and more recently, conduct joint projects. It is general IFCC policy to contact other organisations during development of documents or recommendations when appropriate and considered as of joint interest. Many national bodies are also important sources of information that may lead to further collaboration on a global scale.

There are four main Regional Professional Laboratory Medicine Organisations which can be considered IFCC regional partners

- **Arab Federation of Clinical Biochemistry (AFCB)**
- **Asian-Pacific Federation of Clinical Biochemistry (APFCB)**
- **Federation of European Societies of Clinical Chemistry (FESCC)**
- **Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)**

The Arab Federation of Clinical Biology (AFCB)

The Arab Federation of Clinical Biology (AFCB), is a federation of associations, syndicates and bodies representing specialists in the field of laboratory medicine and health, in scientific and educational institutions and in medical laboratories for diagnosis and research in both private and public sectors, within the Arab world.

The ten countries that form the AFCB are Egypt, Syria, Jordan, Tunisia, Morocco, Lebanon, Palestine, Algeria, Sudan and Iraq. Among the aims of the Federation are to: tighten relationships between all those who work in the field of Clinical Laboratory all over the Arab world, share information, expertise and scientific achievements; organise seminars and training in clinical biology and laboratory medicine; publish scientific journals and periodicals specialising in clinical and laboratory medicine and organise training and educational sessions; participate in the creation of national bodies and associations within the Arab countries that do not have such organisations in respect to their local legislation, to give support and advice to improve their development; provide consultation and expertise to scientific and production institutions in the Arab world; organise scientific congresses, participate at both regional and national congresses in the Arab world, provide the organising countries with all the scientific support needed; co-ordinate with the Council of Arab Ministers of Health clinical laboratory scientific matters**;** try to apply the common International Units; give support to medical manufacturers in the Arab world concerning diagnosis reagents, primary reagents, kits and laboratory equipment; support quality control programs in laboratories all over the world and to provide them with all the scientific expertise needed; participate in local organisations dealing with medical laboratory sciences and also with international organisations such as the the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and the African and

Mediterranean and Far East Organisations; and (16) co-operate with the World Health Organisation (WHO) in the preparation of training and qualification handbooks in the Arab world.

The AFCB has organised congresses since 1974 in Egypt, Syria, Tunisia, Jordan, Morocco, Tunisia and Syria.

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Asian-Pacific Federation of Clinical Biochemistry (APFCB)

The APFCB is a federation of national and area associations of clinical biochemistry in the Asia-Pacific region. Its membership comprises the following national and area associations of clinical biochemistry: the Australasian Association of Clinical Biochemists (AACB), Chinese Society of Laboratory Medicine (CSLM), Hong Kong Society of Clinical Chemistry (HKSCC), Association of Clinical Biochemists of India (ACBI), Indonesian Association for Clinical Chemistry (IACC), Japan Society of Clinical Chemistry (JSCC), Korean Society of Clinical Chemistry (KSCC), Malaysian Association of Clinical Biochemistry (MACB), Pakistan Society of Chemical Pathologists (PSCP), Singapore Association of Clinical Biochemists (SACB), Association for Clinical Biochemistry, Taipei, China (CACB), Thailand Association of Clinical Biochemists and Vietnamese Association of Clinical Biochemists (VACB).

Fifteen in-vitro diagnostics companies, both multinational and regional, comprise the APFCB's Corporate Membership. Affiliate Membership of the APFCB is offered to organisations in laboratory medicine that are not national/area associations of clinical biochemistry: the Chinese Association for Clinical Laboratory Management is the only such member thus far.

The activities of the APFCB are undertaken through its three standing committees, these being the Education, Laboratory Management and Scientific committees.

The major activity of the Education Committee is the organisation of visiting lectureships of which there are currently three. The APFCB Travelling Lectureship which was initiated in 1999 is the oldest. This lectureship is organised at an approximately biennial frequency where an eminent speaker is appointed to travel through the region to speak in on areas of current interest to the APFCB members, usually at the annual scientific meetings of the APFCB members. The committee also organises the annual APFCB-Beckman Coulter Education Symposium lectures where a visiting lecturer from within or outside the region visits about 4 of the APFCB's members to present a series of lectures.

The Symposium, which is sponsored by Beckman Coulter, a Corporate Member of the APFCB, tends to focus on the practical aspects of clinical chemistry and laboratory quality. The Education Committee also arranges, on behalf of the IFCC, the IFCC Visiting Lectureships on a regional basis that are awarded to the APFCB member countries.

The Scientific Committee undertakes the organisation of scientific projects on a regional basis in areas of current interest. The activities of the Laboratory Management Committee thus far have focussed on education in the area of laboratory quality.

The triennial Asian-Pacific Congresses of Clinical Biochemistry (APCCBs), which is hosted by one of the APFCB's member associations, is the scientific congress of the APFCB. The APCCBs began in 1979 in Singapore and the 11th APCCB will be held in Beijing in 2007.

The APFCB publishes an annual newsletter called the APFCB News that is distributed to the APFCB members and senior clinical chemists outside the region, without charge. The Clinical Biochemist Reviews is the Medline-indexed, quarterly journal of the AACB which is published in association with the APFCB. The website of the APFCB has the URL: www.apfcb.org.

The APFCB Philanthropic Fund was started in 2005 with a generous donation from the IFCC. Its aim is to assist in the professional and career development of deserving young clinical biochemists with scholarships and travel grants to undergo training and to present their research at meetings within the region. The Fund will also provide assistance to members who are unable to attend the Council meetings of the APFCB.

Linkages with organisations outside the Asia-Pacific region have been established. The agreement on the APCCBs that was signed between the APFCB and the IFCC forms the basis of the formal relationship between the IFCC and the APFCB. Besides this, the APFCB and its members have developed informal, ad hoc links with other organisations in clinical chemistry.

Mr. Christopher Joseph LOPEZ
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Federation of European Societies of Clinical Chemistry (FESCC)

Federation of European Societies of Clinical Chemistry (FESCC) is the common organisation of clinical chemistry societies in the European countries which are members of IFCC. The official body of FESCC is the Executive Board, consisting of five representatives: President, Past-President, Scientific Secretary, Treasurer and Member-at-Large. The fourth Executive Board is composed from representatives of Spain, Italy, Switzerland, Belgium and Czech Republic. FESCC collaborates very closely with the European Community Confederation of Clinical Chemistry (EC4), and the European Confederation of Laboratory Medicine (ECLM). The main forum for the activities is the IFCC European Congresses of Clinical Chemistry, called EUROMEDLAB. There are also activities organised by the Balkan Clinical Laboratory Federation and by the Alpe-Adria Region. The official Journal of FESCC is the Clinical Chemistry and Laboratory Medicine, published in English by Walter de Gruyter. The main tasks of the strategy plan of FESCC are Education, Accreditation, Congresses Organisation, and Publications. FESCC deals with specific European issues of clinical chemistry building bridges between European Societies, and formal collaboration with the IFCC.

Prof. Vic Blaton
FESCC President

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Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)

The Latin-American Confederation of Clinical Biochemistry (COLABIOCLI) includes Argentina, Brazil, Bolivia, Colombia, Cuba, Chile, Ecuador, Honduras, El Salvador, Dominican Republic, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay and Venezuela. Spain (AEFA) and Italy (SIBIOC) are also members. Thirteen of these countries are Full Member societies of IFCC. The Executive Committee (EC) is formed by the President, Vice-President, Secretary, Treasurer and three Members-at-Large. The countries that comprise the COLABIOCLI EC for the term 2006-2008 are Argentina, Guatemala, Mexico, Paraguay and Uruguay. COLABIOCLI is a non-governmental organization and formally collaborates with the IFCC. It is also an advisor for laboratory services at the Pan American Health Organization (PAHO), and the World Health Organization (WHO). COLABIOCLI's main activities are to improve the level of the profession in all members countries; stimulate research in the field of laboratory sciences, and encourage the development of postgraduate education in the universities and polytechnical institutes.

The main tasks are to establish quality control programs, supervising the standardization of laboratory procedures, and supporting training and continuing education courses in clinical biochemistry in the region. COLABIOCLI's main publication is the Acta Bioquimica Clinica Latinoamericana, published by the Federación Bioquímica de la Provincia de Buenos Aires, Argentina. The XVIII COLABIOCLI congress will take place in Panama, in November 2007.

Dr Norberto Cabutti
COLABIOCLI President

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VII. IFCC STRATEGIC PLAN: AN OVERVIEW

The original strategic plan was conceived and refined during the period 1990-1994 by the EB and reviewed by National Societies (NS) and Corporate Members (CM). During the years 2006-2008, it is intended to look critically at the existing strategic plan and to set goals to achieve the revised plan.

The need for a strategic plan was the result of a situation analysis of diagnosis, treatment and care on a world-wide basis. The changing role of the clinical laboratory is evolving as a result of new medical discoveries, new technologies, and changes in the organisation and process of laboratory support of clinical services. In addition, the role of IFCC as an organisation developing voluntary standards has been modified as a result of standards issued by ISO, CEN, other International organisations and National bodies such as CLSI and JCCLS. In response to the changes in the nature and organisation of laboratory testing , IFCC had already expanded its field of activities to encompass other clinical laboratory disciplines in addition to clinical chemistry. However, there is a need to ensure the Federation is still working to achieve its stated aims.

The ongoing strategic plan is intended to achieve a number of objectives, with the priorities and tactical implementation being guided by the IFCC Membership. These internal and external changes are all intended to maintain IFCC as a valid and credible resource of expertise for the improvement of patient care through laboratory medicine.

Objectives of the strategic plan

In developing the plan, a situational analysis and review led by the Executive Board (EB) highlighted key strategic issues relating to scientific credibility, linking clinical laboratory science to patient outcomes and healthcare, improving laboratory practice world-wide, communicating IFCC products and services globally, and establishing succession planning and financial management. The plan also identifies that the IFCC needs to take a leading role in supporting the scientific development in global standardization at the highest scientific level.

The principal objectives of the plan are:

- To improve and maintain the multidisciplinary and international leadership of IFCC in standardisation activities.
- To ensure that its standardisation and research activities are more oriented towards the patient and towards the health of the individual.
- To ensure consistency between its activities and the stated expectations of the IFCC members, recognising the needs of both developed and developing countries.
- To develop and maintain IFCC communications, to promote publications and products from IFCC, including publications and

reference materials, and to set up joint promotion activities with international organisations such as WHO, WASPaLM, IUPAC, IRMM, CLSI and others.

- To establish collaborations, joint meetings and projects with international organisations having interest in the field of Laboratory Medicine such as IUPAC, ISTH, IATDM, IRMM, CLSI.
- To promote IFCC through international and regional congresses.
- To promote Members' activities.
- To encourage professional development of individuals in National Societies and the recruitment of new members and experts to IFCC operating units.
- To develop and maintain Public Relations.

The general concept to achieve these objectives were summarised in 43 actions statements under the headings of Scientific Credibility, Linkage to Patient Care, Communications and Public Relations, Promotion of Members' Activities, IFCC Career Development, Creation of a Finance Committee, Review and promotion of Products and International Organisational Relationships. One of the tasks of the current EB is to review the Strategic Plan and ensure that the Federation is continuing to implement and update the recommendations.

VIII.(7). CONGRESS AND CONFERENCE DIVISION (CCD)

7.1. Summary of CCD
7.1.1. CCD mission statement
7.1.2. CCD Strategy
7.1.3. Projects
7.1.4. Members and terms of appointments

7.2. ICCC

7.3. IFCC Regional Congresses
7.3.1. APFCB
7.3.2. FESCC
7.3.4. COLABIOCLI
7.3.6. AFCB

7.4. IFCC Master Conferences
7.4.1. Roche Bergmeyer
7.4.4. General Conference

7.5. Documents

7.6. List of addresses

CCD EXECUTIVE COMMITTEE (CCD-EC)

Chair:

Dr. Albert FRASER (CA)

Members:

Prof. Tomris OZBEN (TR)
Prof. Sunil SETHI (SG)
Prof. Ulisses TUMA (BR)
Prof. Istvan VERMES (NL)

Corporate Representative:

To be appointed

EB Liaison:

Dr. Daniel MAZZIOTTA (AR)

7.1 Summary of CCD

The Congress and Conference Division (CCD) was established in December 1996. It is, however, the continuation of the former Congress Committee but with an expanded charter and responsibilities. CCD has the major administrative and managerial responsibility within the IFCC for all meetings coordinated by the IFCC.

7.1.1. CCD Mission statement

It is the mission of the CCD to provide general administration and management of all IFCC meeting activities (congresses, conferences, and symposia) and to review applications for IFCC auspices from non-IFCC conferences requesting such sponsorship .

7.1.2. CCD Strategy

The CCD supports and promotes Clinical Laboratory Sciences through congresses, conferences, specialised meetings, and other professional meetings. The CCD works closely with the organisers of the various IFCC related conferences to ensure that they achieve, organisational and professional excellence.

7.1.3. Projects

The CCD formulates and continuously updates, guidelines, procedures and practices for IFCC-designated meetings, and monitors compliance throughout their planning and organisational stages. The CCD assists the organizing groups in the administration and promotion of conferences, and helps these conferences obtain support, and achieve financial efficiency in the various economical aspects of their meetings.
The CCD reviews all existing meeting guidelines every three years to ensure their continued applicability and will write new guidelines for those meetings not covered by existing procedures.
The CCD maintains a current 5-year listing of congresses and conferences of professional interest to the members of the IFCC, including both IFCC-related conferences and those outside the IFCC. This allows members to be aware of these meetings, and allows potential conference organisers to plan the dates of their meetings with care.
The CCD designates as official IFCC approved meetings those conferences that conform to the requirements of the IFCC as a professional organisation, in order to promote the field of clinical laboratory sciences, and protect the interests of the IFCC.
Within the framework of the IFCC-designated meetings, the CCD will promote the IFCC and its functional units, and discuss the possibility of integration of IFCC units and members in the program of the conference.
The CCD assists in expanding the list of IFCC Master Discussion on specific scientific and educational topics and promotes the leadership role of the IFCC in the field of Clinical Laboratory Sciences.

7.1.4. Members of CCD Executive Committee and terms of appointment

Name	Position	Country	Term	Time in Office
A. Fraser	Chair	CA	1st	2005-2007
T. Ozben	Member	TR	1st	2005-2007
S. Sethi	Member	SC	1st	2005-2007
'U. Tuma	Member	BR	1st	2006-2008
I. Vermes	Member	NL	2nd	2006-2008
To be appointed	Corp. Rep.			

7.2. International Congresses of Clinical Chemistry and Laboratory Medicine (ICCCLM)

I.	Amsterdam (NL)	1954
II.	New York (US)	1956
III.	Stockholm (SE)	1957
IV.	Edinburgh (UK)	1960
V.	Detroit (US)	1963
VI.	Munich (DE)	1966
VII.	Geneva/Evian (CH/FR)	1969
VIII	Copenhagen (DK)	1972
IX	Toronto (CA)	1975
X.	Mexico City (MX)	1978
XI	Vienna (AT)	1981
XII.	Rio de Janeiro (BR)	1984
XIII.	The Hague (NL)	1987
XIV.	San Francisco (US)	1990
XV	Melbourne (AU)	1993
XVI	London (UK)	1996
XVII	Florence (IT)	1999

XVIII	Kyoto (JP)	2002
XIX	Orlando (US)	2005
XX	Fortaleza (BR)	2008
XXI	Berlin (DE)	2011

7.3. IFCC Regional Congresses

7.3.1. Asian Pacific Federation of Clinical Biochemistry (APFCB)

III.	Singapore (SG)	1986
IV.	Hong Kong (HK)	1988
V.	Kobe (JP)	1991
VI.	Melbourne (AU)	1993
VII.	Bangkok (TH)	1995
VIII	Kuala Lumpur (MY)	1998
IX	New Dehli (IN)	2001
X	Perth (AU)	2004
XI	Beijing (CN)	2007
XII	Korea	2010

7.3.2. Federation of European Societies of Clinical Chemistry (FESCC) IFCC-FESCC EuroMedLabs

I	Munich (DE)	1974
II	Prague (CZ)	1976
III	Brighton (UK)	1979
IV	Vienna (AT)	1981
V	Budapest (HU)	1983
VI	Jerusalem (IL)	1985
VII	Den Hague (NL)	1987
VIII	Milan (IT)	1989
IX	Krakow (PL)	1991

X	Nice (FR)	1993
XI	Tampere (FI)	1995
XII	Basel (CH)	1997
XIII	Florence (IT)	1999
XIV	Prague (CZ)	2001
XV	Barcelona (ES)	2003
XVI	Glasgow (UK)	2005
XVII	Amsterdam (NL)	2007
XLVIII	Innsbruck (AT)	2009
XLIX	Berlin (DE) (with ICCLM 2011)	2011

7.3.4. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

Sto Domingo (DR)	1991
Acapulco (MX)	1993
Buenos Aires (AR)	1995
Caracas (VE)	1997
Puerto Rico (PR)	1999
Florianopolis (BR)	2001
San José (CR)	2003
Asuncion (PY)	2006
Panama (PAN)	2007
Santiago (CL)	2009

7.3.6. Arab Federation of Clinical Biochemistry (AFCB)

Cairo (EG)	1974
Faihaa (SY)	1976

Cairo (EG)	1980
Cairo (EG)	1983
Cairo (EG)	1986
Tunis (TN)	1991
Faihaa (SY)	1994
Amman (JO)	1997
Rabat (MA)	2000
Monastir (TU)	2004
Damascus (SY)	2006
Beirut (LB)	2009

7.4. IFCC Master Conferences

7.4.1. IFCC-Roche Diagnostics Bergmeyer Conferences

The 10th Bergmeyer Congress was held in Garmisch-Partnekirchen, Germany from 14 - 16 March 2005. The topic of the meeting is "Diabetes and Cardiovascular Disease".

BERGMEYER CONFERENCES
Goals - Objectives

1) The Bergmeyer Conferences founded in 1987 are a collaborative effort of IFCC and Roche Diagnostics focusing on standardisation issues.

2) The objectives of these Conferences are:
   - Improving the Comparability and Compatibility of Laboratory Assay Results in Life Sciences
   - Improving the Clinical Value of Laboratory Data
   - Discussion of Standardisation Issues and suggesting solutions in order to achieve the first two objectives
   - Master Discussion of Experts and a Brain Storming Forum for projects to be executed by Scientific Division's Committees or Working Groups

3) Each Conference is devoted to a rapidly developing new area relevant for laboratory science and clinical medicine. The Conference is organised so that besides a comprehensive future trends, analytical pitfalls and the rationale, clinical use of the diagnostic procedures are to be considered.

4) These Conferences are Master Discussions of experts in the respective topic of the Conference. Participation is only possible by invitation.
5) The Organising Committee of these Conferences is the Steering Committee consisting of IFCC (4), the editor of the proceedings and Roche Diagnostics (2) representatives.
6) Lectures and contributions presented at the Conferences are published in the Conference proceedings.

7.4.4. IFCC General Conference

1981 Rungestedgaard, DK

1984 Rungstedgaard, DK

1988 Monza, IT

1992 Pont-a-Mousson, FR

1995 Leipzig, DE

1998 Sevilla, SP

2001 Dubrovnik, HR

2004 Sousse, TN

2008

7.4.4.1 Mission

The mission of the IFCC General Conference is to convene all the IFCC functional units at one time and location, in order to discuss present activities and projects, and to plan and decide on future actions of the organization.

7.4.4.2 Responsibilities

The Congress and Conference Division (CCD) of the IFCC is responsible for the organization of the General Conference.

The IFCC Secretary is responsible for the Conference agenda.

The IFCC Office is responsible for the administrative activities in
preparing for the Conference in collaboration with the CCD and a local organizing committee from the national society of the country where the meeting is being held.

7.4.4.3 Time and Venue

A General Conference is held once during the triennial term of the Executive Board (EB) of IFCC, usually during the second year. The EB decides on the time of the year

at which to hold this Conference.

The EB will decide on the venue for the IFCC General Conference following a recommendation from the CCD.

The duration of the General Conference is normally four to five days. This period is required to enable all the IFCC functional units to meet individually and collectively.

7.4.4.4. Scope

The General Conference is structured so that all IFCC functional units carry out their own meetings, meet with their immediate and/or Divisional supervisors, and report on the progress of their projects and on project proposals. The Division Executive Committees (DEC) then meet with the EB to present the status of their Division, and to obtain consent for future and/or continuing activities. The structure of the Conference is such that it will be able to accommodate this progressive set of meetings.

7.5. Documents

Auspices of the IFCC - Guidelines and Procedures

(Version January 2006) (Available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/ifcc_auspices2.pdf)
Word Version available from IFCC Office.

Guidelines and Procedures for IFCC designated

(Version July 2005) (Available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/IFCC_FESCC_EuroMedLab_Revised_July_2005.pdf)

Guidelines for International Congresses of Clinical Chemistry and Laboratory Medicine (ICCCLM)

(Version July 2005) (Available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/ICCCLM_Guidelines_2004_Revised_July_2005.pdf)

Guidelines for IFCC FESCC European Congresses of Clinical Chemistry and Laboratory Medicine (EuroMedLab)

(Version July 2005) (Available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/IFCC_FESCC_EuroMedLab_Revised_July_2005.pdf)

Guidelines for Regional Congresses off Clinical Chemistry and Laboratory Medicines (RCCCLM's)
(Version August 2001) (Available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/RCCCLMS_2001_RevisedAugust_2001.pdf)

7.6. List of Addresses

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Hospital Group
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Fax: +31-53-4873075
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Tel: + 65 6772 4345
Fax: + 65 6777 1613
E-mail: patsks@nus.edu.sg

Prof. Ulisses TUMA
President
Brazilian Society of Clinical Analyses
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Rio de Janiero, Brazil
Tel 55 21 2187 0800
Fax 55 62 3291 6579
E-mail: ultuma@terra.com.br

IX.(8). SCIENTIFIC DIVISION (SD)

8.1. Summary of SD
8.1.1. SD Mission Statement
8.1.2. SD Strategy
8.1.3. SD Projects

8.2. SD Committees
8.2.6. Nomenclature, Properties and Units (C-NPU), in collaboration with IUPAC
8.2.11. Molecular Diagnostics (C-MD)
8.2.13. Plasma Proteins (C-PP)
8.2.19. Standardisation of Markers of Cardiac Damage (C-SMCD), in collaboration with AACC
8.2.21. Reference Systems of Enzymes (C-RSE)
8.2.22. Point of Care Testing (C-POCT)
8.2.23. Traceability in Laboratory Medicine (C-TLM)
8.2.24. Reference Intervals and Decision Limits (C-RIDL)

8.3. SD Working Groups

8.3.3. Selective Electrodes and Biosensors (WG-SEB)
8.3.8. Apolipoproteins (WG-A)
8.3.16. Standardisation of Human Chorionic Gonadotropin (WG-SHCG)
8.3.19. Standardisation of Hemoglobin A1c (WG-HbA1c)
8.3.33. Standardisation of Thyroid Function Tests (WG-STFT)
8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)
8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)
8.3.37. Standardisation of Cystatin C (WG-SCC)
8.3.38. Standardisation of Glomerulal Filtration Rate Assessment (WG-GFRA)
8.3.39. Standardisation of Microalbumin Assays in Urine (WG-SMA)
8.3.40. Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPPA)
8.3.41. Growth Hormone (WG-GH)

8.4. Publications

8.5. List of addresses

SD EXECUTIVE COMMITTE (SD-EC)

Chair:

Prof. Mauro PANTEGHINI (IT)

Vice Chair:

Prof. Ian YOUNG (UK)

Secretary:

Prof. Howard MORRIS (AU)

Members:

Prof. Philippe GILLERY (FR)
Prof. Lothar SIEKMANN (DE)
Prof. Ulf-Hakan STENMAN (FI)

Corporate Representative:

To be appointed

IRMM Consultant:

Dr. Heinz SCHIMMEL (BE)

NIST Consultant:

Dr. David BUNK (US)

SD Consultant/Chair JCTLM:

Prof. Jean Claude FOREST (CA)

EB Liaison:

Prof. Mathias MÜLLER (AT)

8.2. SD Committees

	Chair
8.2.6. Nomenclature, Properties and Units (C-NPU), in collaboration with IUPAC	F. Pontet (FR)
8.2.11. Molecular Diagnostics (C-MD)	F. Rousseau (CA)
8.2.13. Plasma Proteins (C-PP)	G. Merlini (IT)
8.2.19. Standardisation of Markers of Cardiac Damage (C-SMCD), in collaboration with AACC	F. Apple (US)
8.2.21. Reference Systems of Enzymes (C-RSE)	G. Schumann (DE)
8.2.22. Point of Care Testing (C-POCT)	A. Okorodudu (US)
8.2.23. Traceability in Laboratory Medicine (C-TLM)	To be appointed
8.2.24. Reference Intervals and Decision Limits (C-RIDL)	F. Ceriotti (IT)

8.3. SD Working Groups

	Chair
8.3.3. Selective Electrodes and Biosensors (WG-SEB)	A. Lewenstam (FI)
8.3.8. Apolipoproteins (WG-A)	G. Myers (US)
8.3.16. Standardisation of Human Chorionic Gonadotropin (WG-SHCG)	C. Sturgeon (UK)
8.3.19. Standardisation of Hemoglobin A1c (WG-HbA1c)	K. Miedema (NL)
8.3.33. Standardisation of Thyroid Function Tests (WG-STFT)	L. Thienpont (BE)
8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)	A. Mosca (IT)
8.3.36. Standardisation of Carbohydrate-Deficient Transferrin (WG-CDT)	A. Helander (SE)
8.3.37. Standardisation of Cystatin C (WG-SCC)	A. Grubb (SE)
8.3.38. Standardisation of Glomerulal Filtration Rate Assessment (WG-GFRA)	N. Greenberg (US)
8.3.39. Standardisation of Microalbumin Assays in Urine (WG-SMA)	M. McQueen (CA)
8.3.40. Standardisation of Pregnancy-Associated Plasma Protein A (WG-PAPPA)	K. Spencer (UK)
8.3.41. Growth Hormone (WG-GH)	M. Bidlingmaier (DE)

8.1. Summary of SD

A Committee on Standards was established in 1966 "to instigate and promote theoretical and practical developments in the field of standards and standardisation in clinical chemistry - in its broadest sense." During its first decade, the main efforts of the Committee were directed toward analytical nomenclature, reference materials and methods, and quality control. Its achievements during this period are illustrated by the list of publications on these topics. Following a Council decision in 1978, efforts have been made to extend its work to include more subjects of interest both to clinicians and clinical chemists. Accordingly, the name of the Committee was changed to the Scientific Committee and later to the Scientific Division.

8.1.1. SD Mission Statement

The mission of the SD is to advance the science of Clinical Chemistry and to apply it to the practice of Clinical Laboratory Medicine.

8.1.2. SD Strategy

According to the Statutes of IFCC, the Federation exists to advance the science and practice of Clinical Chemistry and to further its application in the provision of health services and the practice of medicine. The goals to which the Scientific Division is committed are to:

- Identify research areas of relevance to Clinical Chemistry and Laboratory Medicine and assist the transfer of research results to the profession.
- Identify scientific and technological problems in current practice and provide solutions and guidelines on how to resolve them.
- Facilitate the development and transfer of technical innovations to clinical laboratory professionals and clinicians.
- Facilitate the development and implementation of diagnostic strategies.
- Establish standards for scientific and technical aspects of good laboratory practice.
- Respond to scientific and technical needs of IFCC Member Societies, IFCC Corporate Members and external agencies.
- Participate actively in the scientific programs of IFCC congresses and other scientific meetings.
- Ensure the quality of IFCC scientific documents.
- Organise Master Discussions.

8.1.3. SD Projects

The SD initiates and manages projects with its own resources or through its Committees and Working Groups. Work is conducted in cooperation with other IFCC units and with relevant National and International Organisations. The SD ensures that each of its Committees and Working Groups are functioning under clear terms of reference together with an agreed schedule of activity. The SD will assist in the development of the project proposals, and will undertake an annual review of progress and review and approve any documents that result from the work.

8.1.4. Members of SD Executive Committee and terms of appointment

Name	Position	Country	Term	Time in Office
M. Panteghini	Chair	IT	1st	2006 01 - 2008 12
I. Young	Vice-Chair	UK	1st	2006 01 - 2008 12
H. Morris	Secretary	AU	2nd	2006 01 - 2008 12
P. Gillery	Member	FR	1st	2006 01 - 2008 12
L. Siekmann	Member	DE	1st	2006 01 - 2008 12
U.H. Stenman	Member	FI	2nd	2006 01 - 2008 12
To be appointed	Corp.Rep.			
H. Schimmel	Cons./IRMM	BE		
D. Bunk	Cons./NIST	US		
J.C. Forest	Consultant / Chair JCTLM	CA		

Terms of Reference

The SD consists of up to six IFCC sponsored-individuals, which include the Chair and the Vice-Chair, and additionally one individual is nominated by the Corporate Members of IFCC. The Division may co-opt additional member(s) to address specific issues. The Chair, the Vice-Chair and all Full Members are appointed by EB after consultation between the EB, SD and Member Societies.

The SD working units are COMMITTEES, that are theme-oriented, and WORKING GROUPS, that are task-oriented. Committees (C) are usually funded by IFCC for one full meeting per year. Only the Chair of Working Groups (WG) is normally funded by IFCC; however, a WG may be partially or totally supported by IFCC, Member Societies, Corporate Members or other Organisations.

8.2. SD Committees

Currently active SD committees include the following:

8.2.6. Nomenclature, Properties and Units (C-NPU), in collaboration with International Union of Pure and Applied Chemistry (IUPAC)

Membership

Name	Position	Country	Term	Time in Office
F. Pontet	Chair	FR	1st	2006 01 - 2008 12
I. Bruunshuus Petersen	Member	DK	1st	2005 01 - 2007 12
X. Fuentes-Arderiu	Member	ES	1st	2006 01 - 2008 12
D. Karlsson	Member	SE	1st	2006 01 - 2008 12
J. Ihalainen	Member	FI	1st	2005 01 - 2007 12
R. Dybkaer	Consultant	DK		
U. Forsum	Consultant	SE		

Terms of Reference

- Conduct activities as a joint venture with IUPAC
- International harmonization of used Properties, Quantities, Units and Terms
- Participation in Subcommittes of the Joint Committee on Guidelines in Metrology (JCGM) under the International Organisation for Standardisation (ISO)

Current Projects

- Maintenance and development of the C-NPU generic database
- Properties and units for function examinations
- Properties and units for urinary calculi
- Concepts and structure for requests in clinical laboratories
- Global use of the C-NPU concept system for properties in toxicology
- Internationally agreed terminology for observations in scientific communication
- Translation of C-NPU database into French and German

8.2.11. Molecular Diagnostics (C-MD)

Membership

Name	Position	Country	Term	Time in Office
F. Rousseau	Chair	CA	1st	2004 01 - 2006 12
D. Lo	Member	HK	1st	2004 01 - 2006 12
C. Mammote	Member	AU	1st	2004 01 - 2006 12
M. Pazzagli	Member	IT	1st	2004 01 - 2006 12
R. Van Schaik	Member	NL	1st	2004 01 - 2006 12

Terms of Reference

- To foster dynamic exchanges between IFCC and molecular diagnostic laboratories and industry
- To produce guidelines on clinical validation of tests, conduct and reporting of molecular diagnostic tests
- Provision of reference materials
- Creation of a network of locus-specific IFCC Molecular Diagnostics Centres
- Establishment of databases of sequence variations and allele frequencies in regions bracketing disease loci
- Creation of a C-MD web page within the IFCC web site

Current Projects

- Establish an International Network of IFCC Reference Centres in Molecular Diagnostics.
- Production of well defined but "low level" reference materials capable of being used as positive and negative controls in clinical testing
- Develop a checklist for technology transfer from development to clinical laboratory testing
- Standardise formats for reporting of molecular diagnostic results

8.2.13. Plasma Proteins (C-PP)

Membership

Name	Position	Country	Term	Time in Office
G. Merlini	Chair	IT	1st	2004 01 - 2006 12
L.O. Hansson	Member	SE	1st	2004 01 - 2006 12
K. Ichihara	Member	JP	2nd	2006 01 - 2008 12
M. Johnson	Member	US	1st	2004 01 - 2006 12
J. Sheldon	Member	UK	2nd	2006 01 - 2008 12

Terms of Reference

- Standardisation of plasma protein determinations by the uniform use of an international reference material
- Establishment of new reference intervals after uniform calibration of different analytical systems

Current Projects

- Studies of international reference intervals for a range of plasma proteins in various ethnic populations
- An International Quality Control study to assess the effect of the introduction of the CRM-470 plasma protein reference material on the performance of their analyses in over 3,000 laboratories across the world
- Assignment of values for each of the clinically relevant proteins in CRM-470
- Preparation of a protocol for value-transfer from reference material to master calibrators
- Preparation of recommendations for the utilization of specific plasma protein assays for the clinical laboratory and physician
- Evaluation of new technologies, including micro- and nanotechnologies for protein assays and proteomics.

8.2.19. Standardisation of Markers of Cardiac Damage (C-SMCD), in collaboration with American Association for Clinical Chemistry (AACC)

Membership

Name	Position	Country	Term	Time in Office
F. Apple	Chair	US	1st	2004 01 - 2006 12
J. Mair	Member	AT	1st	2005 01 - 2007 12
J. Ordoñez-Llanos	Member	ES	1st	2005 01 - 2007 12
F. Pagani	Member	IT	1st	2004 01 - 2006 12
J. Tate	Member	AU	1st	2004 01 - 2006 12
R. Christenson	AACC	US		
A. Jaffe	AACC	US		
A. Wu	Consultant	US		

Terms of Reference

- Analytical and clinical recommendations pertaining to standardization and evaluation of available biomarker assays
- Evaluate need for performance improvements of biomarkers
- Evaluate selection and use frequency of biomarkers in varied clinical settings

Current Projects

- Development of a cardiac troponin I secondary reference material.
- Standardization of B-type natriuretic peptide assays.
- Collaboration with National Academy of Clinical Biochemistry (NACB) on updated cardiac biomarker guidelines.
- Preparation of a secondary reference material for myoglobin (collaboration with IRMM).
- Establish working relationship with European Society of Cardiology (ESC)/American College of Cardiology (ACC) Global Task Force for redefinition of Myocardial Infarction revisions

8.2.21. Reference Systems of Enzymes (C-RSE)

Membership

Name	Position	Country	Term	Time in Office
G. Schumann	Chair	DE	1st	2004 01 - 2006 12
F. Canalias	Member	ES	1st	2005 01 - 2007 12
P. Jorgensen	Member	DK	1st	2005 01 - 2007 12
D. Kang	Member	JP	1st	2006 01 - 2008 12
G. Miller	Member	US	1st	2005 01 - 2007 12

Terms of Reference

- IFCC Enzyme Reference Measurement Procedures: New 37 °C IFCC enzyme reference procedures are being developed on the basis of the existing 30 °C IFCC methods
- Network of Enzyme Reference Laboratories: Coordination of a group of reference laboratories from hospitals, academy and industry, which are able to perform adequate measurements according to a list of stated requirements
- Enzyme Reference Materials: Evaluate reference materials provided by the IRMM within the network of reference laboratories prior to certification. The materials are available as primary reference materials for calibration and/or validation of lower order procedures for the measurement of the catalytic concentration of enzymes

Current Projects

- Certification campaign for a primary reference material for Aspartate Aminotransferase (AST) (in cooperation with IRMM)
- Optimization of the 30 °C IFCC-approved Amylase method to 37 °C
- Development of a 37 °C Alkaline Phosphatase (ALP) reference method.

A certification campaign for a primary reference material for ALP by the network in cooperation with IRMM is in preparation

- Concepts on how to establish the uncertainty budget for the measurement of the catalytic concentration of enzymes will be established
- A candidate reference procedure for Lipase is under evaluation

8.2.22. Point of Care Testing (C-POCT)

Membership

Name	Position	Country	Term	Time in Office
A. Okorodudu	Chair	US	1st	2006 01 - 2008 12
M. Ben Rayana	Member	TN	1st	2004 01 - 2006 12
N. Fogh-Andersen	Member	DK	1st	2004 01 - 2006 12
C. Ritter	Member	AT	1st	2004 01 - 2006 12
A. St.John	Member	AU	1st	2004 01 - 2006 12

Terms of Reference

- To contribute to the development of international standards for Point of Care Testing, and in particular to current applications such as glucose, blood gases, electrolytes, coagulation
- To make recommendations on Quality Assessment of glucose measurements in different health settings
- To establish parameters of utilisation of Point of Care Testing devices based on levels of uncertainty clinically acceptable for particular analytes
- To monitor new domains of implementation of Point of Care Testing and to device evidence-based approaches of clinical utilization

Current Projects

- Point of Care Testing: its role and reliability
- Quality control testing of glucose in different health settings

8.2.23. Traceability in Laboratory Medicine (C-TLM)

Membership

Name	Position	Country	Term	Time in Office
To be appointed	Chair			
C.W. Chen	Member	CN	1st	2004 01 - 2006 12
C. Cobbaert	Member	NL	1st	2004 01 - 2006 12
R. Miller	Member	US	1st	2004 01 - 2006 12
L. Thienpont	Member	BE	1st	2004 01 - 2006 12

Terms of Reference

- To support activities regarding Traceability in Laboratory Medicine permitting IFCC to continue its international role in this area and providing an operating link between the SD and the WGs of the Joint Committee on Traceability in Laboratory Medicine (JCTLM) (in which IFCC , as a founding member, has a key role along with other organisations such as BIPM and ILAC), concerning identification of reference measurement procedures, reference materials and reference laboratories
- To support reference laboratories in the context of complete reference systems (accepted reference measurement procedures of higher order, reference materials, and reference laboratories), by establishing an External Quality Assessment Scheme (EQAS) for reference laboratories in order to monitor their competence

Current Projects

- Organization of IFCC Ring Trials for reference laboratories

8.2.24. Reference Intervals and Decision Limits (C-RIDL)

Membership

Name	Position	Country	Term	Time in Office
F. Ceriotti	Chair	IT	1st	2005 01 - 2007 12
J. Boyd	Member	US	1st	2005 01 - 2007 12
J. Henny	Member	FR	1st	2005 01 - 2007 12
V. Kairisto	Member	FI	1st	2005 01 - 2007 12
G. Klein	Member	DE	1st	2005 01 - 2007 12
J. Queraltó	Member	ES	1st	2005 01 - 2007 12

Terms of Reference

- To review current concepts of establishing reference intervals and decision limits and to prepare state-of-the-art position statements regarding new avenues to make available reference intervals and decision limits that respect the requirements of international directives such as the European IVD Directive 98/79, and relevant ISO standards
- To determine priority list of measurands (analytes) for which reference intervals and/or decision limits have to be studied considering various factors, such as age, gender, ethnicity, and for which the greatest improvements in medical decision making are anticipated
- To monitor and evaluate currently proposed reference intervals for selected measurands (analytes) in the light of the concept of traceability and of the identification of the uncertainty
- To establish transferabilty protocols of reference intervals and decision limits to take into consideration inter-routine laboratory method variations and to achieve better applicability in clinical practice
- To collaborate with other organizations and/or to undertake establishment of reference intervals or decision limits for measurands (analytes) identified as a priority

- To work in close collaboration with other Cs and WGs of SD and other IFCC Divisions for the development and appropriate clinical utilization of reference intervals and decision limits

Current Projects

- Revision of IFCC/Clinical and Laboratory Standards Institute (CLSI) documents of the theory of Reference Intervals
- Preparation of a protocol for a collaborative experiment on the establishment of reference values

8.3. SD Working Groups

8.3.3. Selective Electrodes and Biosensors (WG-SEB)

Membership

Name	Position	Country	Term	Time in Office
A. Lewenstam	Chair	FI	1st	2006 01 - 2008 12
R.W. Burnett	Member	US		
A.K. Covington	Member	UK		
P. D'Orazio	Member	US		
E. Jacobs	Member	US		
R. Kataky	Member	UK		
W. Külpmann	Member	DE		
K. Kuwa	Member	JP		
L. Larsson	Member	SE		
A.H.J. Maas	Member	NL		
G. Mager	Member	DE		
J.W. Naskalski	Member	PL		

Terms of Reference

- International recommendations concerning application of electrochemical and optical sensors and biosensors in clinical analysis
- Recommendations on measurement of pH, blood gases, electrolytes and selected metabolite, e.g. glucose, lactate, urea, creatinine, by biosensors.
- Cooperation with C-POCT

Current Projects

- Recommendation on pH measurement in blood
- Recommendation on lactate measurement in blood
- Measurement of creatinine and urea by biosensors

8.3.8. Apolipoproteins (WG-A)

Membership

Name	Position	Country	Term	Time in Office
G. Myers	Chair	US	1st	2004 01 - 2006 12
J. Barr	Member	US		
G. Cooper	Member	US		
E. Sampson	Member	US		

Terms of Reference

- Establishing reference methods for Apolipoproteins A-I and B
- Preparation of reference materials for Apolipoproteins A-I and B

Current Projects

- Repository for the WHO-IFCC First International Reference Reagents for Apolipoproteins A-I and B

- Preparation of a new apolipoprotein B reference material (SP3-08) according to CLSI 37-A guideline and fulfilling the ISO 15194 document recommendations

8.3.16. Standardisation of Human Chorionic Gonadotropin (WG-SHCG)

Membership

Name	Position	Country	Term	Time in Office
C. Sturgeon	Chair	UK	2nd	2006 01 - 2008 12
P. Berger	Member	AT		
J. Bidart	Member	FR		
S. Birken	Member	US		
R. Norman	Member	AU		

Terms of Reference

- Preparation of six reference materials for hCG-related actions : hCG, hCG-ß, hCG-ßcf, hCG-nf, h-CG-ßnf
- Characterization and validation of the preparations for acceptance by WHO as International Standards for immunoprocedures with assigned values in molar units

Current Projects

- Promote the WHO-IFCC reference materials
- In collaboration with IRMM, defining applications for excess materials (resulting from the preparation of the reference materials)
- Conduct an external quality assessment study to assess the impact of the introduction of new reference materials on performance of commercial assay

8.3.19. Standardisation of Hemoglobin A1c (WG-HbA1c)

Membership

Name	Position	Country	Term	Time in Office
K. Miedema	Chair	NL	Extra term	2004 01 - 2006 12
A. Mosca	Secretary	IT		
I. Goodall	Member	AU		
T. Hoshino	Member	JP		
J.-O. Jeppsson	Member	SE		
G. John	Member	UK		
R. Little	Member	US		
G. Myers	Member	US		
D. Sacks	Member	US		
C. Weykamp	Member	NL		

Terms of Reference

- Development of a reference system for HbA1c.
- Uniform calibration of commercial methods. Value-assignment to secondary reference materials, commercial calibrators and controls
- Development of a network of reference laboratories
- Collaboration with clinicians for the transition from National to International Standardisation

Current Projects

- Production of secondary reference materials (in collaboration with IRMM)
- Participation in the IFCC Global Campaign on Diabetes Mellitus

8.3.33. Standardisation of Thyroid Function Tests (WG-STFT)

Membership

Name	Position	Country	Term	Time in Office
L. Thienpont	Chair	BE	1st	2005 01 - 2007 12
G. Beastall	Member	UK		
N. Christofides	Member	UK		
J. Faix	Member	US		
T. Ieiri	Member	JP		
G. Miller	Member	US		
R. Miller	Member	US		
C. Ronin	Member	FR		
A. Ross	Member	NL		
M. Rotman	Member	DE		
J. Thijssen	Member	NL		
B. Toussaint	Member	BE		

Terms of Reference

- Development of new reference materials and reference measurement systems for thyroid hormones and TSH
- Investigation of the use of synthetic or recombinant materials for mass calibration

Current Projects

- Standardisation of total T4 and free T4 Immunoassays

8.3.35. Standardisation of Hemoglobin A2 (WG-HbA2)

Membership

Name	Position	Country	Term	Time in Office
A. Mosca	Chair	IT	1st	2004 01 - 2006 12
E. Bissé	Member	DE		
D. Caruso	Member	IT		
B. Green	Member	UK		
A. Van Dorsselaer	Member	FR		
B. Wild	Member	UK		

Terms of Reference

- To promote the standardisation of hemoglobin A2 measurement through the definition of international reference system including a reference measurement procedure and primary and secondary reference materials

Current Projects

- Define a reference measurement procedure using mass spectrometry associated with proteolytic degradation
- Prepare a secondary reference material for hemoglobin A2 (in cooperation with IRMM)

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

Membership

Name	Position	Country	Term	Time in Office
A. Helander	Chair	SE	1st	2005 01 - 2007 12
J. Whitfield	Secretary	AU		
R.F. Anton	Member	US		
T. Arndt	Member	DE		
J.O. Jeppsson	Member	SE		
T. Schellenberg	Member	FR		
J. Wielders	Member	NL		

Terms of Reference

- Definition of the analyte and standardisation of the nomenclature
- Preparation of reference material and selection of reference method
- Establishment of appropriate reference intervals
- Writing guidelines for clinical use of CDT assays

Current Projects

- Identification of suitable candidate reference materials for CDT.
- Epitope mapping of antibodies used in CDT assays

8.3.37. Standardisation of Cystatin C (WG-SCC)

Membership

Name	Position	Country	Term	Time in Office
A. Grubb	Chair	SE	1st	2005 01 - 2007 12
C. Schmidt	Secretary	DK		
H. Althaus	Member	DE		
S. Blirup-Jensen	Member	DK		
Y. Itoh	Member	JP		
V. Lindström	Member	SE		

Terms of Reference

- To promote the standardisation of cystatin C measurement through the definition of an international reference system including a reference measurement procedure and primary and secondary reference materials
- To suggest glomerular filtration rate (GFR) prediction equations based upon plasma/serum cystatin C values

Current Projects

- Validation of a candidate primary recombinant reference material

8.3.38. Standardisation of Glomerular Filtration Rate Assessment (WG-GFRA)

Membership

Name	Position	Country	Term	Time in Office
N. Greenberg	Chair	US	1st	2006 01 - 2008 12
C. Cobbaert	Member	NL		
J. Delanghe	Member	BE		

G. Jones	Member	AU
G. Miller	Member	US
G. Myers	Member	US
D. Seccombe	Member	CA
L. Siekmann	Member	DE
L. Thienpont	Member	BE
M. Welch	Member	US

Terms of Reference

- Coordinate, support and publicize at the international level the regional and national activities and recommendations directed to standardize GFR estimation
- Establish a reference laboratory network for creatinine measurement

Current Projects

- Support the international circulation of relevant documents and education materials
- Preparation of an IFCC recommendation for the use of specific, e.g. enzymatic, assays for creatinine measurement
- In cooperation with C-TLM, establishment of an IFCC reference laboratory network for creatinine
- In cooperation with the U.S. National Kidney Disease Education Program, development of guidelines to coordinate the global introduction of standardized creatinine together with the new GFR estimating equation and to educate laboratory professionals regarding the importance of assessing chronic kidney disease

8.3.39. Standardisation of Microalbumin Assay in Urine (WG-SMA)

Membership

Name	Position	Country	Term	Time in Office
M. McQueen	Chair	CA	1st	2005 01 - 2007 12
H. Morris	Secretary	AU		
K. Miedema	Member	NL		
S. Sandberg	Member	NO		

Terms of Reference

- To establish a reference procedure and reference materials for the measurement of (micro)albumin in urine

Current Projects

- Chemical and immunochemical characterization of the various forms of albumin in urine (definition of the analyte)
- Decision on the optimum analyte for the assessment of (micro)albuminuria

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

Membership

Name	Position	Country	Term	Time in Office
K. Spencer	Chair	US	1st	2006 01 - 2008 12
M. Christiansen	Member	DK		
A. Ellis	Member	UK		
C. Oxvig	Member	DK		
Q.P. Qin	Member	FI		
B. Rafferty	Member	UK		

Terms of Reference

- To develop a reference system for standardisation of PAPP-A measurement employed as marker for prenatal screening

8.3.41. Growth Hormone (WG-GH)

Membership

Name	Position	Country	Term	Time in Office
M. Bidlingmaier	Chair	DE	1st	2006 01 - 2008 12
C. Sturgeon	Secretary	UK		
K. Nustad	Member	NO		
J.C. Souberbielle	Member	FR		
G. Wieringa	Member	UK		

Terms of Reference

- Assessment of the commutability of WHO 98/574 reference material
- Determination of the clinical decision limits for specific assays.
- Identification of a reference procedure for GH measurement

8.4. Publications

A complete list of IFCC publications is available on the IFCC web site at: http://www.ifcc.org/documents.asp?documents=0

7.6. List of Addresses

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X. (9). EDUCATION AND MANAGEMENT DIVISION

EMD EXECUTIVE COMMITTE (EMD-EC)

Chair:

Ms. Janet SMITH (UK)

Vice Chair:

Dr. Mary BURRITT (US)

Members:

Prof. Leslie LAI (MY)

Corporate Representative:

Dr. Rolf D. HINZMANN (DE)

EB Liaison:

Dr. Michael THOMAS (UK)

9.1.0. Executive Committee

	Chair
9.1.0. Executive Committee (EMD-EC)	J. Smith (UK)

9.2. Committees

	Chair
9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)	M. Ferrari (IT)
9.2.5. Analytical Quality (C-AQ)	K. Sikaris (AU)
9.2.7. Evidence Based Laboratory Medicine (C-EBLM)	A. Horvath (HU)
9.2.8. Education and Curriculum Development (C-ECD)	L. Allen (CA)
9.2.9. Clinical Laboratory Management (C-CLM)	W. de Kieviet (NL)

9.3. Working Groups

	Chair
9.3.7. Distant Education (WG-DE)	D. Juretic (HR)

9.4 Special Projects

	Chair
9.4.1. Visiting Lecturer Program (VLP)	L. Lai (MY)
9.4.2. Flow Cytometry (WG-FC)	G. Rothe (DE)

9.1. Summary of EMD

The Education and Management Division (EMD) fosters educational activities and managerial skills. The Divisional activities are currently conducted by Committees, Working Groups and Special Projects.

9.1.1. EMD Mission Statement

EMD will provide IFCC members and the health-care community with education relevant to Clinical Chemistry and Laboratory Medicine, directed at scientific, management, and clinical issues.

9.1.2. EMD Strategy

To accomplish this mission EMD will:

- guide laboratory professionals to function optimally, in a changing environment, so that they might best serve the health-care needs of society.
- strengthen consultation and collaboration among all groups responsible for the planning and delivery of healthcare.
- identify areas of relevance to Clinical Chemistry and Laboratory Medicine, and will assist in the transfer of knowledge in these areas to the profession.
- actively participate in programs of IFCC Congresses and Scientific Meetings.
- produce and ensure the quality of IFCC educational documents.
- respond to the needs of IFCC Members in education and management skills as well as those of the Corporate Members and external agencies.
- design, develop and implement diagnostic strategies
- identify current problems in education and management practices and provide solutions and guidelines on how to overcome them.

EMD will implement this strategy by:

- facilitating the provision of critically evaluated information by means of projects, expert visits, courses, lectures and documents including electronic learning tools

- covering topics such as educational principles and methods, quality management, utilization and cost-effectiveness of laboratory measurements and observations
- covering topics such as educational principles and methods, quality management, utilization and cost-effectiveness of laboratory measurements and observations
- reaching its target audience which includes IFCC Members (National societies, Corporate members and Associate members), other health-care workers, students, health-care agencies and governments, the diagnostic industry and the general public

9.1.3. Projects

- Visiting Lecturer Program
- Clinical Molecular Biology Courses
- Expanding Knowledge in Evidence Based Laboratory Medicine
- Managing the Quality of Laboratory Tests
- Serum Donation Project
- Courses and workshops in specialized areas

9.1.4. Members of EMD Executive Committee and Terms of Reference Membership

Name	Position	Country	Term	Time in Office
J. Smith	Chair	UK	1st	2006 06 - 2008 12
M. Burritt	Vice-Chair	US	2nd	2006 01 - 2008 12
L. Lai	Member	MY	1st	2004 01 - 2006 12
R. Hinzmann	Corporate Rep.	DE	1st	2007 01 - 2009 12

Terms of Reference

The EMD Executive Committee is the management group responsible for directing and coordinating the activities of the EMD working units.

Its functions include:

- initiates, manages and coordinates EMD projects.
- ensures committees and working groups are functioning under clear terms of reference and an agreed schedule of activity.
- ensures progress on each project, monitoring of activities, and resolutions of conflicts.
- reviews educational and managerial problems in current practice and initiate projects as appropriate.
- seeks funding to achieve the completion of selected projects
- communicates and interfaces with Executive Board, Divisions and Committee Chairs of IFCC.

9.2. EMD Committees

9.2.4. Clinical Molecular Biology Curriculum (C-CMBC)

Membership

Name	Position	Country	Term	Time in Office
M. Ferrari	Chair	IT	2nd	2005 01 - 2007 12
S. Kraiss	Member	US	2nd	2006 01 - 2008 12
H. Sprecher	Member	IL	2nd	2006 01 - 2008 12
M. Neumaier	Member	DE	2nd	2006 01 - 2008 12

Terms of Reference

The objective of the C-CMBC is to develop curriculum and hold training courses in Molecular Biology techniques. In addition, C-CMBC will develop techniques for teaching Clinical Molecular Biology in Laboratory Medicine and courses in teaching Clinical Molecular Biology.

Projects

- Clinical Molecular Biology Courses
- Symposia at International Congresses

- Liaison with other special International Groups
- Molecular Biology Courses at Regional Meetings

9.2.5. Analytical Quality (C-AQ)

Membership

Name	Position	Country	Term	Time in Office
K. Sikaris	Chair	AU	1st	2004 01- 2006 12
Y. Bilto	Member	JO	1st	2005 01 - 2007 12
C. Ricos	Member	ES	1st	2005 01 - 2007 12
G. M. Henriksen	Member	DK	2nd	2006 01 - 2008 12

Terms of Reference

The scope of C-AQs activity involves various aspects of analytical quality in the clinical laboratory, such as sampling procedures, selection of measurement procedures, including traceability, reference methods and reference materials, internal quality control, external quality assessment, "good laboratory practice" and suitable reports. To identify analytical problems as a trigger for quality improvement, the working items of C-AQ include on external quality assessment schemes (EQAS) and external quality assurance programs (EQAP).

The C-AQ is also currently helping developing countries setting their own EQAS through donation of quality control material, help in data analysis and training courses. New technologies such as molecular biology, point-of-care testing and new approaches to internal quality control and external quality assessment may also be considered.

C-AQ promotes collaboration between EQA programs from all sub-disciplines of laboratory medicine. This is to fulfil the professional operating domain of C-AQ with the general objectives of EMD, and strengthen consultation and collaboration among all groups responsible for planning and delivery of health-care.

Projects

Serum Donation Project (SDP)

This project is aimed to help candidate EQA organisers in developing countries for

establishing new External Quality Assessment Schemes or support existing ones by provision of donated control serum.

The project has been operating since the end of 1997 and involve the Latin-American Region and countries that receive it including Dominican Republic, Bolivia and Uruguay, Iran, India, Bulgaria, Lebanon and Vietnam.

Courses

Education and training is fundamental for the promotion of EQAS in countries where such activity is non-existant or embryonic. The human resources with the appropriate knowledge is a key factor to establish schemes.

EQAP Guidelines.

Co-operation with the Institute for Reference Materials and Measurements (IRMM) on the IMEP-17 project.

9.2.7. Evidence based Laboratory Medicine (C-EBLM)

Membership

Name	Position	Country	Term	Time in Office
A.R. Horvath	Chair	HU	2nd	2006 01 - 2008 12
J. Watine	Member	FR	2nd	2006 01 - 2008 12
P. S. Bunting	Member	CA	1st	2005 01 - 2007 12
R. Christenson	Member	US	1st	2004 01 - 2006 12

Terms of Reference/Mission

- To promote the methodology and practice of evidence-based medicine in the laboratory profession.

Aims and objectives

The aims and objectives of the Committee on Evidence-based Laboratory Medicine are to:

1. Promote the understanding and the methodology of EBLM by educating laboratory professionals about

    - how to find the evidence
    - how to appraise the evidence
    - how to act on evidence

2. Support rational laboratory use by implementation of results from EBLM into daily practice. This can be achieved by methodological research, international surveys and by educating laboratory professionals in the following topics:

    - How to perform primary diagnostic studies
    - How to carry out systematic reviews in laboratory medicine
    - How to make evidence-based guideline recommendations in laboratory medicine
    - How to implement evidence-based diagnostic guidelines in clinical practice

3. Promote the international dissemination of and collaboration in EBLM

Projects

- Workshops and training in Evidence Based Laboratory Medicine
- Collaborative projects on the methodology and application of systematic reviews
- Research in evidence-based guideline development and implementation
- Promoting STARD (STAndards for Reporting of Diagnostic accuracy)
- Monitoring and updating of a systematic reviews data base in laboratory medicine

9.2.8. Education and Curriculum Development (C-ECD)

Membership

Name	Position	Country	Term	Time in Office
L. C. Allen	Chair	CA	2nd	2005 01 - 2007 12
N.E. Fink	Member	AR	2nd	2006 01 - 2008 12
D. Juretic	Member	HR	2nd	2006 01 - 2008 12
R.W.K. Chiu	Member	HK	1st	2006 01 - 2007 12

E.Y. Souzmen	Member	TR	1st	2006 01 - 2008 12
B. Dufour	Member	US	1st	2005 01 - 2007 12

Terms of reference/Mission

To play a leadership role in preparing and recommending training and educational tools and material in clinical laboratory medicine

Goals

- Assess existing teaching materials and programs, and develop new teaching materials
- Define core knowledge in clinical laboratory medicine in undergraduate and postgraduate medicine, and for baccalaureate, masters, doctoral and postdoctoral programs
- Promote and support new directions in the teaching of clinical laboratory medicine
- Promote and support curriculum development in clinical laboratory medicine
- Interact with Associate Members to determine educational needs of their countries / regions and work with them to improve education in clinical laboratory sciences

Projects

- Promote case-based learning in clinical Laboratory Medicine
- Curriculum Development
- Develop educational modules in clinical laboratory medicine
- Compile web-based information in clinical laboratory medicine
- Interact with Associate Members and assist with their educational needs
- Evaluating and promoting Distance Learning

9.2.9. Committee on Clinical Laboratory Management (C-CLM)

Membership

Name	Position	Country	Term	Time in Office
W. de Kieviet	Chair	NL	1st	2005 01 - 2007 12
E. Frank	Member	IN	1st	2004 01 - 2006 12
H. Stekel	Member	AT	1st	2005 01 - 2007 12

Terms of reference

This a new committee whose mandate is to produce monographs and/or handbooks on basic clinical laboratory management and to offer courses, seminars, workshops and expertise to IFCC members. The committee's initial focus will be on addressing the needs of developing countries

X

Plan of Action

- Produce an IFCC monograph on Basic Clinical Laboratory Management
- Conduct a needs assessment of developing countries and draw up a prioritized list of future projects, together with timelines for completion and cost estimates
- Closely co-operate with the Visiting Lecture Program and other EMD committees to effectively and efficiently ensure that the correct management resources are applied to the right place at the right time for a reasonable cost

9.3. EMD Working Groups

9.3.7. Working Group on Distance Education (WG-DE)

Membership

Name	Position	Country	Term	Time in Office
D. Juretic	Chair	HR	2nd	2006 01 - 2008 01
P. Kocna	Member	CZ	1st	2005-01 - 2007-12

Terms of reference

Interact with Associate Members of the Committee on Education and Curriculum Development to determine educational needs of their countries/regions and work with them to improve education in clinical laboratory science worthwhile through the Project on Distance Education.

Goals

- Periodic evaluation of websites with educational information as part of distance learning
- Categorize web-based teaching materials: instructive clinical cases, atlases, and e-mail learning programs
- Identify lectures/educational materials on particular diseases including including diagnosis, monitoring, therapy and clinical utility of new tests as part of continuing education programs

- Identify lectures/educational materials or programs on particular diseases including diagnosis, monitoring, therapy and clinical utility of new tests (multidisciplinary approach) for students in biomedicine (medicine, clinical biochemistry, dentistry, pharmacy)

Projects

- Cooperate with existing working groups on "multimedia teaching" in the IFCC National Societies
- Prepare a questionnaire to obtain insight on the "state of the art" of distance learning in the IFCC National Societies
- Initiate organisation of working groups on "multimedia teaching" in National Societies
- Conduct periodic needs assessment analysis with organisational working groups to determine the educational needs of target groups and instructional technology capabilities
- Prepare instructions on how lectures/educational materials/multimedia teaching have to be prepared
- Cooperate in preparation of lectures/educational materials and programs with IFCC-Corporate Members or other Teaching programs on international level
- Select the best prepared teaching material at the national level.
- Initiate EQA results to be part of the material for distance learning

9.4. EMD Special Projects

9.4.1. Visiting Lecturer Program (VLP)

Membership

Name	Position	Country	Term	Time in Office
L. Lai	Chair	MY	1st	2006 06 - 2008 12

Term of reference

This program supports international cooperation in educational activities through

funding of lectureships on professional, educational and managerial topics. National Societies are invited to apply for a Visiting Lecturer on a specific subject and/or request a lecturer

Projects

- Promoting the VLP Program
- Additional Visiting Lectureships

9.4.2.1 Course on Flowcytometry (WG-FC)

Membership

Name	Position	Country	Term	Time in Office
G. Rothe	Chair	DE	2nd	2004 01 - 2006 12
A. Thews	Co-chair	CH		
D. Barnett	Member	UK		
M. Maerer	Member	DE		
M. O'Gorman	Member	US		
A. Orfao	Member	ES		

Terms of reference

The Working Group will promote and encourage applications of flow cytometry in diagnostics and clinical research through publication of educational material and the organisation of courses and symposia

Projects

- Organisation of annual flow cytometry courses at the University of Mainz (DE) on the alternating topics of Clinical and Research Applications of Flow Cytometry in Hematology & Oncology and Immunology & Hemostaseology
- Publication of course handbooks
- Organisation of symposia on new trends in cellular diagnostics
- Publication of symposia proceedings

9.5. List of Addresses

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XI.10. COMMUNICATIONS AND PUBLICATIONS DIVISION (CPD)

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10.10. Corporate Member activities

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10.20. List of Adresses Of CPD-EC Membership

CPD EXECUTIVE COMMITTEE (CPD -EC)

Chair:

Dr. Andrew WOOTTON (AU)

Deputy Chair:

Dr. Craig WEBSTER (UK)

News Editor:

Dr. Ellis JACOBS (US)

Editor of Documents:

Dr. Peter LEHMANN (US)

Web Coordinator:

Dr. Grazyna SYPNIEWSKA (PL)

Editor ejIFCC:

To be appointed

Corporate Representative:

To be appointed

EB Liaison:

Mr. Joseph LOPEZ (MY)

10.1 Summary of CPD

The Communications and Publications Division (CPD) is one of the four Divisions reporting to the Executive Board. It is responsible for all of the publication activities of the IFCC.
The CPD is composed of an Executive Committee and Working Groups for each CPD program. Ad hoc task forces for specific projects can also be formed.
The aim of the CPD is to communicate the work of the IFCC to clinical scientists, physicians and health policy- makers world-wide, and to provide continuing education in printed and electronic forms. The CPD publishes the eJIFCC, IFCC News and educational tools including scientific monographs. The CPD coordinates translations of important documents into languages other than English. The CPD is responsible for the coordination of the Internet activities of the IFCC, primarily through the IFCC web site. This includes preparation and promotion of the IFCC website, establishment of links between relevant resources and the production and participation in Internet and computer educational courses designed to promote the IFCC.

In addition, the CPD publishes the eJournal of the International Federation of Clinical Chemistry and Laboratory Medicine (eJIFCC) on the web, IFCC recommendations and documents in a formal collaboration with the journal Clinical Chemistry and Laboratory Medicine (CCLM) and other international journals in the field. It also publishes educational tools including monographs.

The CPD uses electronic communication that facilitate the availability of IFCC documents to all members at no cost.

10.1.1. CPD Mission Statement

It is the mission of the CPD to:

- communicate the work of the IFCC to clinical laboratory scientists, physicians and health care policy makers worldwide.
- provide educational material to clinical chemists in both printed and electronic forms. Much of the work done by the Education and Management Division and the Scientific Division is published after approval and assistance of the CPD. The National Societies and Full Members, Corporate and Affiliate Members are the target audience for all IFCC publications
- promote the image of the IFCC to its individual members, to the biomedical industry and to the world-wide health care community at large

10.1.2. CPD Strategy

The major objectives of this division are to:

- define the types of communication and of multimedia training that might be relevant to IFCC members and act as a central point for access to existing information sources, notably those coming from Committees, Working Groups, National Societies and Corporate Members
- identify, evaluate and ensure continuing technical awareness of communications methods
- develop new products, such as the web-site, virtual book-store and e-commerce
- together with other Divisions, to make widely available new techniques for professional training, such as self-training materials and tutorials
- prepare and provide the most appropriate supporting techniques for widespread use of the new teaching techniques

10.1.4 Members of CPD Executive Committee and terms of appointment

Name	Position	Country	Term	Time in Office
A. Wootton	Chair	AU	1st	2004 01 - 2006 12
C. Webster	Vice Chair	UK	1st	2006 01 - 2008 12
E. Jacobs	News Editor	US	2nd	2004 01 - 2006 12
P. Lehmann	Editor of Documents	US	2nd	2005 01 - 2007 12
G Sypniewska	Web Coordinator	PL	1st	2006 01 - 2008 12
To be appointed	Editor of e-JIFCC	UK	2nd	2005 01 - 2007 12
To be appointed	Corporate Representative			

Terms of reference

The CPD-EC is responsible:

- for carrying out public relations policy as it affects production of material to be used for enhancing the professional image of the IFCC
- for the e-JIFCC and the publication process of the IFCC publications
- for the recognition of the IFCC and its activities by establishing and maintaining an IFCC world wide web site
- to the EB and Council to ensure the highest performance standards of its units, and for the activities of its members

The CPD-EC will ensure the progress of each project and publication and will review on an annual basis the contributions of the members of each functional unit.

The CPD is responsible for the continued production of the IFCC Handbook and the Annual Report.

A function of the CPD-EC is to coordinate the publication of all IFCC recommendations, position papers and documents.

The Editor of Documents is the liaison to the Editorial Board of Clinical Chemistry and Laboratory Medicine (CCLM).

A register of documents, which catalogues all publications of IFCC, is maintained.

10.3. CPD WORKING GROUPS

10.3.1. eJIFCC (ISSN number (1650-3414) and WG-eJIFCC

The journal is an educational and news vehicle intended for the individual members of the Full Member Societies.

Papers are solicited from well known experts in the field of clinical chemistry and laboratory medicine.

Since 1999, the e-JIFCC has only been published on the website.

Membership

Name	Position	Country	Term	Time in Office
To be appointed	Chair	UK	2nd	2005 01 - 2007 12
D. Cole	Member	CA		
E. Bairaktari	Member	GR		
P. Gillery	Member	FR		
J. J. Jonson	Member	IS		
G. Sypniewska	Member	PL		
S. Vasikaran	Member	AU		
T. Szekeres	Member	AT		
E. Koay	Member	SG		
A. Gronowski	Member	US		
J. Kappelmayer	Member	HU		
J. Thiery	Member	DE		
E. Hamalainen	Member	FI		
E. Carlyle	Member	UK		

Terms of reference

The Editor in Chief is a member of the CPD Executive Committee, chairs the WG-e-JIFCC and is responsible for the articles and material in each issue.

10.3.2. IFCC News and WG-IFCC News

IFCC News is a section on the web-site which informs members of the activities of the Federation. It is sent via e-mail to subscribers and is printed in Labmedica International.

Membership

Name	Position	Country	Term	Time in Office
E. Jacobs	Chair	US	2nd	2004 01-2006 12
X. Fuente Arderiu	Member	ES		
D. Gruson	Member	FR		
M. Hjelm	Member	UK		
J. Lopez	Member	MY		
H. Morris	Member	AU		
KP Sinha	Member	IN		
M Tinawi	Member	SY		

Terms of reference

The News Editor, a member of the Executive Division Committee, with the members of the WG coordinates, gathers and disseminates information about the activities of the EB, SD, EMD and CCD and their Committees and Working Groups. In addition, news and information is published about the activities of IFCC Members as well as news from Corporate Members. It also provides early information about discussions taking place within the expert groups in order that the topics of current concern, and future developments, are known to all those practicing in the field. A calendar of all IFCC congresses and meetings is also published.

10.3.3. World Wide Web and WG-WWW

The WG promotes a multidisciplinary approach to patient care by obtaining educational material, making it available on the web site and by providing links to other relevant resources.

Membership

Name	Position	Country	Term	Time in Office
G. Sypniewska	Chair	PL	1st	2006 01 -2008 12
C. Webster	Member	UK		
A. Wootton	Member	AU		

Terms of reference

The Web coordinator, a member of the Executive Division Committee, chairs the WWW-WG and organises the content of IFCC Web Site.

10.3.4.Working Group on Ibero-American Nomenclature and Translations (WG-IANT)

Membership

Name	Position	Country	Term	Time in Office
X. Fuentes-Arderiu	Chair	SP	3rd	2006 01-2008 12
F. Argaña-Gómez	Member	PA		
E. Boquet-Jiménez	Member	SP		
M. Blanes- González	Member	PA		
E. Campos-García	Member	MX		
H. Marques-Tibúrcio	Member	BR		
E. Melo-Gomes	Member	PO		
M. Morejon-Campa	Member	CU		
S. Raymondo	Member	UR		

Terms of reference

Organise and manage the Ibero-American corner on the web site.

Editorial Board of the e-journal "Diagnostico in vitro" (edited by E. Boquet-Jiménez).

Produces Spanish and Portuguese terminological documents.

Produces Spanish and Portuguese translations of IFCC documents.

Produces Spanish and Portuguese informative and educational documents.

10.4. PUBLICATIONS OF RECOMMENDATIONS AND DOCUMENTS

10.4.1. IFCC publishes three types of reports:

- Recommendations
- Position papers
- Documents

10.4.2. Sources

The IFCC documents are prepared by the Divisions, their Committees and Working Groups, and by any other IFCC functional unit. Some documents are prepared in conjunction with other organizations.

10.4.3. Products

The final outcome of a project may be a recommendation , a position paper or a document. If any of the projects involves significant contribution from external agencies, this credit should be acknowledged at the outset.

Recommendations

Recommendations are produced in order to harmonise the educational and scientific development and aspects of the practice of clinical chemistry and laboratory medicine. Recommendations are prepared according to IFCC guidelines and are subject to approval by the IFCC Member Societies through a mail ballot (Council approval) prior to publication. They are intended to be definitive statements by the IFCC.
Recommendations are printed in peer reviewed scientific journals, such as CCLM, and are announced in eJIFCC on the website.

Position papers

Position papers are produced in order to stimulate and highlight development within specific areas, for scientific and educational purposes and for purposes of discussion and clarification of selected topics.
Issues identified in position papers may ultimately become Recommendations following further work commissioned by a Division. In such cases they must undergo the procedure outlined above.
Position papers submitted for publication must undergo standard editorial processes including peer review.
Position papers must include a statement that they were commissioned by IFCC although they do not carry any official endorsement by IFCC.
When published, position papers are generally not attributed to any of IFCC's Divisions, Committees or Working Groups, but to individual authors. However, the affiliation of the authors with a Division, Committee or Working Group should be stated.

Position papers may appear in peer reviewed scientific journals, such as CCLM, eJIFCC or in journals or newsletters of Member Societies.

Documents

Any other papers produced by IFCC are considered as "documents." These cover a wide range of topics, such as editorial reviews, educational, standardization and management issues.

Documents reaching publication are organised by the respective Division in collaboration with the CPD and undergo standard editorial review.

A statement indicating IFCC support must be included in all documents.

Documents may appear in peer reviewed scientific journals, such as CCLM, eJIFCC or in journals or newsletters of Member Societies.

10.4.4. Translations

To obtain approval for the translation of an IFCC Publication, a request, in writing must be sent to the CPD. The decision to allow the translation will be made by the CPD.

Any IFCC publication that has been translated must carry a statement that "This translation was authorised by the IFCC. However, the IFCC does not accept any responsibility for the accuracy of this translation. The definitive document remains the original document in English".

Publications must be submitted by Committees or Working Groups after their proposal has been approved. If publications are not submitted to, and approved by CPD, they cannot be called official publications of IFCC, nor will they be recorded in the register of IFCC Publications.

10.4.5.Copyright Release

A copyright release may be requested for all IFCC publications by sending a request in writing to the the CPD.

10.5. GENERAL RULES OF PROCEDURE

10.5.1. IFCC Procedure manual -section 6: CPD

10.5.2. Individual responsibilities for preparation of an IFCC document

The Editor of Documents coordinates the publication of Division/Committee/Working group publications with journal editors.

The categories of IFCC publications and the individuals responsible for them are:

Publication	Responsible Individual
Documents: C/WG Recommendations C/WG Position papers C/WG Technical Reports C/WG Reviews C/WG Guidelines	Editor of Documents
Minutes (all units)	Secretaries of unit
Annual Report	EB Secretary/Chair
IFCC News	Editor, IFCC News
e-JIFCC	Editor, e-JIFCC
Handbook	EB Secretary/Chair
Conference Proceedings	Special Editor/Editor of Documents*
Monographs, Books	Special Editor/Chair/Editor of Documents*
Promotional Materials Multimedia	Chair and Vice Chair/Corporate Representative

* CPD Editor of Documents has a liaison function.

The Editor of Documents is responsible for organising the database of IFCC publications. The list includes documents and papers published in journals, conference proceedings and monographs. The entries are listed according to the IFCC-EB numbering system and in chronological order. IFCC publications are edited to ensure the nomenclature and units used conform to approved IFCC recommendations.

10.5.3. Instructions to the authors

The latest instructions for authors are available on the IFCC website.

10.6. PUBLICATIONS

10.5.3. Instructions to the authors

In stage 1, the draft document is developed in order to meet IFCC standards for quality and to ensure consensus with regards to its contents.

Step 1: the author arranges consultation and a critical review, involving associate members, member societies representatives, corporate members representatives, EB members, Division -Committee and Working Group-chairmen, other IFCC groups and the other individual scientists or organizations. Assistance may be requested from the IFCC Office to circulate the document. It is pertinent to acknowledge comments received. The outcome of the consultation and the consequences for the draft document must be reported to the Division.

Step 2: If the publication is planned to occur in a peer reviewed scientific journal, the author identifies, in consultation with the Division, two to six external referees. The Division may accept as an alternative, to use referees appointed by the editor of a scientific journal. Comments received from external referees must be acknowledged and commented by the senior author of the document. It is obligatory that reviewers are informed about the decisions taken by the authors. As a courtesy, referees should be addressed in a foot note of the title page.

Step 3: The Division evaluates the draft document and decides on taking the referees' comments into consideration, whether it should be upgraded to stage 2 or redrafted. The Division confirms or changes the planned type of product and publication. Draft documents may undergo editorial changes.

Stage 2:

Step 4: EB receives from the Division stage 2 documents with a recommendation from the Division as to necessity for Council approval and a mail ballot. EB decides to arrange a mail ballot or to refer the draft document to CPD for publication as an IFCC document. Decisions concerning further handling of the document are made after consultation between the Division and CPD.

Step 5: CPD receives from EB or from the Division, stage 2 draft documents approved for publication as IFCC Recommendations or IFCC Documents. New stage 2 documents are announced in e-JIFCC. Copies should be available from the IFCC Office upon request.

Preparation of IFCC Documents

Stage 1:

Step 1: **Committee, Working Group, Authors**
Draft document

Consultation and internal review

Step 2: External Review

Step 3: **Division**
Evaluation, review, decision of the product

Stage 2:

	RECOMMENDATION	**DOCUMENT, POSITION PAPER**
Step 4:	**Executive Board, Council** Mail Ballot	
Step 5:	Communications and Publications Division (Editor of Document)	Division (Author) Communications and Publications Division (Editor of Document)

CCLM
Peer reviewed scientific journal
eJIFCC

10.6.2. Monographs

Multidisciplinary series featuring an in-depth study or group of closely related studies per issue. Monographs cover all aspects of laboratory medicine.

10.6.4. Conference proceedings

The CPD produces CD-ROMs in collaboration with SD and EMD of meetings held under the auspices of the IFCC

10.6.5. Annual Report

The annual report is published once a year on the IFCC website and is available in Lab Medica International in the July issue.

10.6.6. Handbook

The IFCC Handbook is published every three years in printed form and continually updated on the IFCC web site.

10.6.8. Views and Reviews

Technical notes entitled "Views and Reviews" are published in e-JIFCC.

10.6.10. Electronic publications

Relevant publications in the field of laboratory medicine can be published on the website after CPD approval.

10.6.20. Other publications

Other publications are considered by the CPD. A proposal must be sent to the Chair for this purpose.

10.7.WEBSITE

10.7.1. Organisational matters

The management of the website is the responsibility of the Web Coordinator. The IFCC Office Liaison is responsible for continuously updating the information on the website.

10.7.2. Bookstore

The IFCC bookstore is online.

10.7.3. e-Banners

Corporate Members are entitled to purchase e-Banners on the IFCC website.

10.7.4. Information

Information on the web-site includes:

- membership information
- member societies (organizations and individuals)
- corporate members (companies and individuals)
- members of IFCC units (EB, Divisions, Committees, Working Groups)
- congresses, meetings, symposia, etc (IFCC/IFCC sponsored/member society/other)
- IFCC units (Divisions, Committees, Working Groups)
- List of IFCC publications (1973 to present)

10.8. RELATED JOURNALS

10.8.1. Meetings of editors

CPD organises a meeting of the Editors of Clinical Laboratory journals at each IFCC International Congress with the purpose of working towards common goals, and to allow the CPD to assist the Member Societies with their publications when requested.

10.8.2. Journals

The Editor of Documents coordinates the publication of the IFCC documents with journal editors.

10.8.2.1. Clinical Chemistry and Laboratory Medicine (CCLM)

The EB gives a publisher the right to publish news, approved recommendations, and other IFCC documents. The copyright for these contributions lies with the IFCC.

The Editor of Documents is responsible for editing IFCC recommendations and documents when necessary. He is also the contact person to the journal editor on publication matters.

Since 1975 the contracted journals for IFCC documents have been:

- European Journal of Clinical Chemistry and Clinical Biochemistry 1975-1991

- Clinica Chimica Acta 1975
- Clinical Chemistry and Laboratory Medicine 1991- present

Free access to the full on line version of the contracted journal is provided for:

- one representative per National Society associated with IFCC,
- one representative per Corporate Member of the IFCC,
- chairs of the divisions,
- members of the executive board,
- the presidents of the regions.

10.9. PUBLIC RELATIONS

The CPD develops external communication, where appropriate, with National Societies and Corporate Members in order to promote the image and goals of IFCC. Potential exists for IFCC advertisements or information in announcements and programs of congresses held under IFCC auspices and in monographs adopted by IFCC from Corporate Members.

The CPD will publish program and meeting details on the IFCC website to provide functional web resources to congresses or conferences.

10.9.1. IFCC Brochure

The CPD publishes the IFCC Brochure publicising the IFCC organization. This brochure is available from the IFCC office

10.9.2. IFCC Congress Booth

CPD in collaboration with the IFCC office organises an IFCC Booth where IFCC publications and activities are exhibited. The booths may include computer facilities to demonstrate IFCC activities when possible.

10.9.3. Posters

A series of posters presenting the activities and the historical accomplishments of the IFCC is available to be displayed during the meetings held under auspices of IFCC. A special booklet " Charting the Milestones of IFCC": the 50th anniversary is available from the IFCC office.

10.9.4. Publicity

The CPD produces advertising tools for IFCC members.

10.9.5. Miscellaneous Public Relations Projects

The CPD organises for specific purposes questionnaires for member society surveys and surveys of individual participants of congresses.

10.10. Corporate Member activities

The role of the CPD Corporate Representative is to maintain and improve communications between Corporate Members and CPD, solicit support from Corporate Members for CPD activities when required, and facilitate activities of Corporate Members with the CPD.

10.19. CPD meetings

The CPD meets at least twice a year to discuss and approve publications, set policies and communication strategic directions. A quorum is present when at least four members are present, one of whom must be the Chair or his/her designee. Items for the agenda should be introduced prior to a meeting by any member of CPD or by other interested parties.

Associate members are encouraged to attend meetings of CPD, but without funding from the CPD.

At the IFCC General Conference and the IFCC International Congresses, the CPD meets with EMD, SD, CCD and EB when possible.

10.20. List of Adresses

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XII.(13.0). Special Projects

13.5. Professional Scientific Exchange Programme (PSEP)

The puposes of this programme are to:

- Promote international cooperation between laboratories
- Facilitate the exchange of laboratory scientists of IFCC Member societies.
- Exchange scientific expertise between laboratories based on visits by young scientists to quality laboratories in the field worldwide.
- Enable high level education in clinical laboratory sciences to transfer the knowledge of new and state-of-art technology among IFCC Member societies.

This programme is available for laboratories in all countries where an IFCC Member society exists and is active. For complete details of this programme and how to apply for participation, please visit our website at **www.ifcc.org** and go to the "services" tab.

Qualified Applicants:

- Clinical Chemists, Laboratory Scientists (MD, PhD) < 40y
- Graduate students working on their theses
- Post doctoral students for training in advanced technology or the participation in a research programme
- Member of the IFCC Full Member Society

Type of Exchanges:

- Short term visits 2-3 months
- Long term visits Up to 1 year

IFCC Support:

- Travel
- Monthly Allowance: CHF 1.000.-/month

Application Package:

The application package is available to Full Members Societies (National IFCC Representatives) from the IFCC Office. The Full Member Society disseminates the information to its membership.

Content of an Application:

- Presentation of the project in collaboration with a hosting laboratory
- CV of the applicant
- Letters of agreement from the two participating laboratories. The heads of both laboratories have to specify their own contribution to the exchange and the rationale for the visit

Applicant's Laboratory:

- Purpose of the visit
- Short description of the scientific and technological background of the institution
- Description of the financial contribution to the exchange programme; e.g. salary granted during the visit of the PSEP awardee

Host Laboratory:

- Letter of invitation.
- Short description of the scientific and technological background of the institution
- Description of the financial contribution to the exchange; e.g. accommodation
- Letter of support from the Full Member Society (National IFCC Representative or President).

Date for Submission:

Applications can be mailed any time to the Exchange Programme co-ordinator:

Professor Dr. Jocelyn M.B Hicks
JMBH Associates,
4329 Van Ness Street,
Northwest Washington, DC
20016-5625, USA
Fax: + 1 202 363 5322
E-mail: president@ifcc.org

Visit Schedule:

The visit has to start within 6 months of the applicants being notified that their application has been successful. In order to obtain IFCC support the exact schedule or any changes of the visit should be notified to the Exchange Programme coordinator and the IFCC Office.

Report/Acknowledgement

The Exchange Fellow has to submit a written report no later than 3 months after completion of the visit to Exchange Programme co-ordinator.
This report should contain a summary suitable for publication in **eJIFCC**.

Scientific publications resulting from this exchange programme must acknowledge the support of IFCC.

13.6. Global Campaign on Diabetes

Membership

Name	Position	Country	Term	Time in Office
S. Sandberg	Chair	NO	2nd	2006 01- 2008 12
M. McQueen	Member	CA	2nd	2006 01 - 2008 12
K. Miedema	Member	NL	2nd	2006 01 - 2008 12
H. Morris	Member	AU	2nd	2006 01 - 2008 12

Introduction

The purpose of the Global Campaign on Diabetes is to improving the laboratory diagnosis and management of diabetes.

The aims of the campaign are to:

- Assist laboratories throughout the world develop a patient-centred, evidence-based and collaborative approach to the diagnosis and management of diabetes by transferring what is "Best Practice" to all countries and maintaining that standard of practice.
- Associate IFCC with the diagnosis and management of diabetes for all people who have contact with this disease including professional colleagues, patients and the general public

Why Diabetes?

Diabetes has been chosen because of the following:

- Large numbers of people affected an increasing incidence
- It is well known to the general population (even those people who are not affected)
- The role of the laboratory is crucial for diagnosis and follow-up.
- Important to many IFCC corporate members because a substantial volume of their sales is associated with diabetes.
- IFCC already has various activities associated with diabetes

The Task Force has 5 associate members (D.Aslan (TR); R. Little (US); S. Manley (UK); P.Gillery (F); D. Sacks (US)) and 34 corresponding members.

Aims

- Examine the best diagnostic strategy for diagnosing diabetes mellitus
- Issue guidelines/recommendations on analytical methods including required quality as well as recommended use of analytical parameters involved in the laboratory diagnosis and management of diabetes e.g. Glucose, HbA1c, Microalbumin and Lipids

- Develop recommendations on Self-Monitoring of Blood Glucose
- Cooperate with governmental bodies, manufacturers, physicians, general practitioners, diabetes educators, nurses and patients in developing the role of laboratory medicine in diabetes care
- Promote and develop existing research and educational activities through IFCC Scientific Division, Educational and Management Division, Congress and Conference Division and Communications and Publications Division

Projects finished in 2003 - 2005

- Evaluation of current status of diabetes mellitus in IFCC member states. A questionnaire has been circulated to member states to examine how they deal with certain aspects of DM - and to establish contact persons in IFCC memberstates.
- Standardize the evaluation of instruments used for self-monitoring of blood sugar (Clin Chem 2004; 50 1068-71)
- International postanalytical quality assessment of the interpretation of constituent related to diabetes mellitus. One survey has been carried out concerning glucose and HbA1c (Clin Chem. 2005: 51 1145-53).
- Presentation of symposiae and lectures at most major IFCC conferences in this time period.

Ongoing projects

- International postanalytical quality assessment of the interpretation of constituent related to diabetes mellitus. Microalbumin.
- Establishment of a working group in the SD for the standardization of microalbumine (WG-SMA)

- Advice and assist member National Societies on how to implement the new IFCC reference method for HbA1c - in cooperation with WG-HbA1c
- Advice and assist member National Societes on laboratory medicine in relation to diabetes mellitus
- Participate in the NACB work on developing practice guidelines (based on systematic reviews) for diabetes POCT
- In cooperation with the IFCC Committee on evidence based laboratory medicine (C-EBLM) evaluation of guidelines for diabetes mellitus
- Conduct a randomized controlled trial to examine the effect of self-monitoring of blood sugar with a high quality instrument
- Presentation of lectures at national and international conferences and congresses.

13.6 List of Addresses

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13.7 Task Force on Ethics

Membership

Name	Position	Country	Term	Time in Office
L. Burnett	Chair	AU	2nd	2006 01 - 2008 12
M.J. McQueen	Member	CA	2nd	2006 01 - 2008 12
J.J. Jonsson	Member	IE	2nd	2006 01 - 2008 12
F. Torricelli	Member	IT	2nd	2006 01 - 2008 12
S. Hojvat	Member	USA	2nd	2006 01 - 2008 12

Aims

- To increase awareness among Laboratory Medicine Professionals of ethical issues
- To encourage the practice of Laboratory Medicine to the highest ethical standards
- To develop position papers on appropriate ethics policies issues
- To provide a voice for Laboratory Medicine on ethics policies
- To link Laboratory Medicine, ethics and the public interest

Objectives

- Recognising that IFCC is formed by representatives from Clinical Chemistry and Laboratory Medicine in more than 70 countries plus more than 30 corporate members, it is unlikely that position papers will have the complete agreement of all of our members. They are position papers and should not be put to a vote. The objective is to produce a statement with widespread support from the members of the Federation.

- A secondary objective is to ensure that each paper is published in professional journal(s) and that it is also made available to the general public

Background

During the term 1997-1999, the EB of the IFCC accepted the principle of establishing an Ethics Committee. It was identified that the greatest need was not for a Committee that would look inwardly at personal and professional ethics or codes of behaviour, since these can best be dealt with at the level of the individual society or country. For more than a decade there has been an increasing number of pre-symptomatic tests that can be offered to the community. Some of the challenges have been in laboratory organisation and testing but these are minor compared to broader issues affecting those targeted for screening and the general community. DNA testing combined with newer genetic and biochemical techniques raise significant issues of community awareness, education, informed consent and pre- and post-test counselling. The genetic information stored and used must also have safeguards that ensure there are no stigmatisation and discrimination issues. In various parts of the world individual professional organisations have raised awareness of these issues among their members and have produced documents addressing some of the key issues. In general, the Laboratory Medicine community has not provided organised discussion in which the members can actively participate. There has been even less effort at the international level to create a collective voice for Laboratory Medicine. Laboratory Medicine organisations have a goal and responsibility to advance the interest of their members but the IFCC strategic vision also clearly states that the ultimate goal is to benefit the health and well-being of the patients and communities we serve. This test of our professional responsibility demands that we do not simply perform tests and use technology uncritically. We cannot be isolated from the impact of our work on society.

Projects

(1) Forensic DNA Fingerprinting

This technology is based on non-coding repeat sequences, using approximately 10 13 loci with high polymorphism. The loci have been chosen with no known medical function so that no medical issues arise. This creates a near-unique capacity for identification. The UK has already established a nationwide program, that has been used to solve a number of major unsolved crimes, as well as being used to clear a number of convictions of those wrongly convicted. The technology is mature and robust and would appear to have potential to benefit society. However, accepting that fact then brings us to the difficult issues. What happens to those who decline to volunteer to provide DNA when a crime is suspected? What of cases of those arrested but not subsequently charged? What of those charged and convicted? What of those convicted who then have the conviction quashed on appeal? Should their DNA

fingerprints remain on the police files? What about DNA samples that are collected but then discarded once a suspect is arrested? What protection is there against corruption since it is very easy to "plant" DNA at a crime scene? What of the potential to use DNA fingerprints to identify not only an individual but also members of their family?

(2) Serum and Tissue Banks

Many Departments of Laboratory Medicine have very large banks of serum and tissue, with Anatomical Pathology in particular having a long history of retaining tissues for many years. Researchers may wish to use this material and the issues of accessibility, confidentiality and informed consent all need to be addressed. Even when not storing material for an extended period of time, many Departments use routinely obtained specimens as controls for existing procedures and testing material for new procedures. The issues of accessibility, confidentiality and informed consent need to be addressed, not only to protect the interest of patients but to ensure that restrictive rulings are not put in place that make it almost impossible for the laboratory to function for the benefit of patients.

13.7. List of Addresses

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13.8. Task Force on Paediatrics (IAPLM)

Task Force on Pediatric Laboratory Medicine - Improving diagnosis and management of patients from birth to adolescence

Membership

Name	Position	Country	Term	Time in Office
K. Kohse	Chair	DE	1st	2006 01 - 2008 12
G. Lockitch	Member	CA	1st	2006 01 - 2008 12
P.M. Jones	Member	US	1st	2006 01 - 2008 12
S. Sethi	Member	SG	1st	2006 01 - 2008 12
J. Coakley	Member	AU	1st	2006 01 - 2008 12

The purpose of this Task Force is to develop procedures and processes to improve the diagnosis and management of patients from birth to adolescence

This Task Force will:

- Coordinate activities worldwide directed towards the establishment of reference intervals for laboratory test results in pediatric patients of all age groups
- Form a sound support basis for the continuation of the International Congresses of Pediatric Laboratory Medicine which have been very successful over the past 25 years
- Create a world wide network of scientists working in laboratories specialized in Pediatric Medicine

Why Pediatric laboratory medicine?

Children are not simply small adults - this holds especially true when they become patients. Pediatric patients comprise a group with special problems, also with regards to the results of laboratory investigations.
Local and regional activities exist in which an exchange of ideas and concepts for the role of the laboratory in the care of children's health take place, but in general, these acitivities are not linked to each other. In spite of a variety of activities in the past years, reference intervals for laboratory test results are often not very well defined for the pediatric population, a situation which is even worse in adolescent medicine.

The subject of the Task Force is obviously relevant to large numbers of people - a substantial proportion of our patients are children.

Especially in pediatric patients, the role of the laboratory is crucial for diagnosis and follow-up, e.g., in metabolic disorders or genetically determined diseases.

Activities of the Task Force will include:

- Coordination, promotion and development of existing IFCC SD research activities associated with reference intervals. Existing regional groups within IFCC, e.g., the Nordic States (Denmark, Sweden, Norway, Finland and Iceland) are currently engaged in the development of Pediatric Reference values. By close interaction with this group and the IFCC SD, the Task Force will expand these activities to other regions of the world.
- Integration and eventually merging of the Board of the International Association of Pediatric Medicine into the Task Force and continue to motivate the then former members of this Association worldwide to support the activities of the Task Force.
- Establishment of a concept for the next International Congress of Pediatric Medicine, to be held in 2007. As the preferred setting, the Congress will be held in conjunction with an IFCC meeting or a meeting taking place under the auspices of IFCC.
- Regularly publish reports on the progress of the Task Force's activities and other relevant articles in the field of Pediatric Laboratory Medicine in the IFCC Journal.

Professor Klaus P. Kohse, MD, PhD
Chair, Task Force on Pediatric Laboratory Medicine

13.8. List of Addresses

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XIII.(15.1). FINANCE

15.1. Financial Status

Treasury

All the IFCC activities are financed through the IFCC Treasury. An important source of income for the Federation is membership fees. Although the Federation has no category of individual personal membership, the contributions from the Full Member Societies are based on their number of individual members. Corporate Members also contribute significantly to the Federation and their dues are based on the world-wide turnover of the company's business in the field of Clinical Chemistry and Laboratory Medicine. Affiliate Members pay modest membership dues to IFCC. Careful investment of the reserve funds has become an important source of income. Congresses sponsored by the IFCC make valuable contributions to the revenue of the Federation, with the local organisers and IFCC sharing the surplus.

On several occasions IFCC has received grants from various sources for special assignments. Corporate Members have sponsored several IFCC activities, including the Visiting Lecture Programme, various conferences and workshops.

The scientific and administrative work carried out for IFCC is provided on a voluntary basis, and the financial value of resources put into IFCC by individuals and their employers does not show in the accounts of the Federation. Without this indirect and significant support from the Clinical Chemistry and Laboratory Medicine community, the work of IFCC could not be possible. Much of this scientific and administrative work is carried out by mail, FAX or E-mail, but occasional meetings are necessary. Travel costs represent a significant expenditure since it is general policy to select specialists from many different countries, reflecting the international quality of the Federation. The IFCC Office and its activities are supported from its own resources.

The legal domicile of the Federation is in Switzerland and therefore all financial transactions are carried out in Swiss Francs (CHF). The income is handled by various banks to maximize investment income and the turnaround time of of expense claims.

15.2. Members of Finance Committee

The IFCC treasurer chairs the finance committee with the past-president and the representative of the Corporate Members.

Chair:

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XIV. (16.2). AWARDS COMMITTEE (EB-AC)

16.2.1. Members of EB-AC and terms of appointment

Name	Position	Country	Term	Time in Office
V. Palicka	Chair	CZ	1st	2006-2008
C. Burtis	Member	USA	2nd	2006-2008
C. WK Lam	Member	HK	1st	2006-2008
R. Sierra-Amor	Member	MX	1st	2006-2008
M. Shaarawy	Member	EG	1st	2006-2008

Terms of reference

Recipients of the IFCC Awards are selected by an ad hoc Awards Committee appointed by the Executive Board; it is chaired by the Vice-President of the IFCC. The members are drawn from different parts of the world. Nominations for the awards are solicited from all Members of IFCC at least 18 months before the award is to be made. Individual members of a Member Society may also nominate. Details of the nomination procedure may be obtained from the current IFCC Vice-President and are published in eJIFCC.

16.2.2. Awards

The Federation presents several awards to clinical chemists, laboratorians, and others who work in the field of clinical chemistry, laboratory medicine, and clinical laboratory science. These awards are presented to recognize the outstanding achievements by these individuals; to make the scientific community and general public aware of exceptional contributions by them to scientific research and development and the improvement of health care; and to stimulate and encourage other scientists and laboratorians to accelerate their efforts to contribute to the advancement of the field of clinical laboratory medicine and science.

The sponsors of these awards make it possible for IFCC to honor these outstanding individuals; in addition, the sponsors have shown their strong commitment to the growth and advancement of the field. Their support can be viewed as an example of the true partnership that exists between our profession and industry in attaining these goals.

Awards presented by the IFCC include the Distinguished Clinical Chemist Award, Henry Wishinsky Distinguished International Services Award, Distinguished Award for Contributions in Education, Award for Significant Advances in Critical Care; and EDMA Award For Evidence of Effectiveness of Laboratory Tests, and Distinguished Award for Contributions in Molecular Diagnostics. The awards are bestowed at the triennial International Congress of Clinical Chemistry or Regional Congresses.

16.2.1.1. IFCC Distinguished Clinical Chemist Award

Recognizes specifically an individual who has made outstanding contributions to the science of Clinical Chemistry and Laboratory Medicine or the application of clinical chemistry to the understanding or solution of medical problems. The award is sponsored by Bayer Diagnostics.

List of recipients:

1969	D. D. Van Slyke	(US)
1972	C. P. Stewart	(GB)
1975	L. Eldjarn	(NO)
1978	C.B. Laurell	(SE)
1981	P. Metais	(FR)
1984	P. Astrup	(DK)
1987	HU. Bergmeyer	(DE)
1990	N.G. Anderson	(US)
1993	R. Ekins	(GB)
1996	M. Wilchek	(IL)
1999	D.W. Moss	(GB)
2002	N. Hales	(UK)
2005	G.M. Siest	(FR)

16.2.1.2. IFCC Distinguished International Services Award

Honors an individual who has made unique contributions to the promotion and understanding of Clinical Chemistry and Laboratory Medicine throughout the world In 1989, the Award was renamed the Henry Wishinsky Award for Distinguished International Service to honour the memory of Henry Wishinsky, a Vice-President of

Miles Laboratories Inc. and a distinguished international scientist in his own right. The award is sponsored by Bayer Diagnostics.

List of recipients:

1981 M. Rubin (US)

1984 P. Lous (DK)

1987 T. P. Whitehead (GB)

Henry Wishinsky Award for Distinguished International Service

List of recipients:

1990 M.L. Castillo de Sanchez (MX)

1993 R. Dybkaer (DK)

1996 N. Tietz (US)

1999 M. Shaarawy (EG)

2002 O. Zinder (IL)

2005 J.H. Ladenson (US)

16.2.1.3. IFCC Award for Distinguished for Contributions in Education

Honors an individual who contributed extraordinary in establishing and developing educational material for our discipline to improve training and educational programs world-wide or in a region. The award is sponsored by Beckman Coulter.

List of recipients:

1999 L. Thomas (DE)

2002 JB. Henry (US)

2005 WJ. Marshall (UK)

16.2.1.4. IFCC-Roche Scholarships for Study in Near-Patient Testing

Significant Advances in Critical Care.

This Award was initially known as the IFCC-AVL-Award that was later changed to the IFCC-Roche Diagnostics Award. It is now known as the IFCC-Roche Diagnostics Scholarship Competition.

Starting in 2007, this award now consists of three scholarships of 15000 Euros per year. The topic of the award focus of the competition is near-patient testing. Competition for these scholarships is a contest open to candidates under 40 years of age who are laboratory medicine scientists and clinicians who are conducting research in the area of Near-Patient Testing. This competition is organised as an international contest with the three recepients participating in an awards symposium conducted at the International Congress of Clinical Chemistry and Laboratory Medicine in 2008 in Fortalezza, Brasil.

List of recipients:

1996 T. Suzuiki (JP)

1999 A. Moravat (UK)

2002 S. Zeerleder (CH)

2005 M. Vasei (IR)

16.2.1.5. IFCC-EDMA Award For Evidence of Effectiveness of Laboratory Tests

Presented for the best investigation providing evidence for the benefits of laboratory testing as basis for better decisions in health care. It was the objective of the award to support the generation of papers of high scientific quality on laboratory testing outcomes as an essential tool in increasing the effectiveness of patient treatment, both from the medical and the economic viewpoint. This Award is sponsored by the European Diagnostic Manufacturers Association (EDMA). The award was terminated in 2005.

List of recipients:

1999 A. Perrier (CH)

2001 M. Umans-Eckenhausen (NL)

2003 MG. Colombo (IT)

2005 K. Decochez (BE)

16.2.1.6. IFCC Abbott Award for Significant Contributions in Molecular Diagnostics

Honors an individual who has made unique contributions to the promotion and understanding of Molecular Biology and its application in Clinical Chemistry and Laboratory Medicine throughout the world. This Award is sponsored by Abbott Diagnostics.

List of recipients:

2002 L. Peltonen (FI)

2003 RM. Bertina (NL)

PH. Reitsma (NL)

2004 M. Ferrari (IT)

2005 CT. Wittwer (US)

2006 Y. M. D. Lo (HK)

16.2.1.7. IFCC Distinguished Award For Laboratory Medicine And Patient Care

The award honors an individual who has made unique contributions in Laboratory Medicine, its application in improving patient care and having a world-wide impact in clinical medicine. This Award is sponsored by Ortho Diagnostics. It is a new award and will be bestowed at IFCC International Congresses starting with the 2008 ICCC in Fortaleza, Brasil.

16.2.3. List of Addresses

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XV.(16.3). Nominations Committee (EB-NC)

16.3.1. Summary of EB-NC

The Executive Board creates an ad hoc Nominations Committee (NC) and appoints the Chairperson. This occurs every third year with the Committee being appointed two years prior to the next ICCCLM.

It is the responsibility of the NC to solicit and receive nominations for the next Executive Board. To do so, the NC solicits suggestions for candidates for each position on the Executive Board (except the Past-President and Corporate Representative), from Full Members of the IFCC and from key individuals within the management structure of the IFCC. The NC then recommends a slate of candidates consisting of one or more persons for each vacancy. Also, the candidates MUST be nominated by the Association of the country where the candidate works, and not by another Association of which they are a member.

The Nominations Committee will conduct this activity independent of the current Executive Board (whose members may be seeking re-election). Also, it will establish an appropriate deadline by which all nominations must be received. The NC does not function as a "Search Committee" and has no long-term role in "human resource development" or "succession planning".

The election for the new EB is conducted at a meeting of Council during the ICCCLM.

16.3.2. EB-NC members

Name	Position	Country	Term	Time in Office
M. Burritt	Chair	US	1st	2006 01-2008 12
N. Fink	Member	AR	1st	2006 01-2008 12
M. M. Müller	Member	AT	1st	2006 01-2008 12
J. Whitfield	Member	AU	2nd	2006 01-2008 12

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XVII.(4). AFFILIATE MEMBERS

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XVIII.(3). IFCC Corporate Members

3.1 Corporate Membership

The Federation offers membership to any corporation which is manufacturing products or offering services to the field of clinical laboratory science.

Corporate Membership has proven a very productive means of communication between the laboratory professionals, professional societies and specialised industry. The Corporate Members elect their own representative to the Executive Board. Each Corporate Member nominates a representative to IFCC who can participate at Council meetings and is the direct link to the Corporate Representative in the Executive Board.

The Corporate Members have a delegate at the Board of each IFCC Division. Delegates of Corporate Members can participate at any committee and working group as associated members and receive all documents and are eligible to be appointed as full members. By participating in the work of IFCC the Corporate Members have the real opportunity to take initiatives in, advise on and influence early the process of creating standards and recommendations which might guide their future business.

Application for membership can be made through the Corporate Representative or the IFCC Office. (ifcc@ifcc.org)

3.2. List of addresses

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3.3. Profiles of IFCC Corporate Members:

Abbott Laboratories

Founded in 1888 by Dr. Wallace Calvin Abbott, a Chicago physician, Abbott Laboratories is a highly diversified health care company that discovers, develops, manufactures and markets products and services that span the continuum of care - from prevention and diagnosis to treatment and cure. Headquartered in north suburban Chicago, Abbott serves customers in more than 130 countries, with a staff of 70,000 employees at more than 135 manufacturing, distribution, research and development, and other locations around the world. Abbott's products fall into four principal business arenas: pharmaceutical, hospital, diagnostic and nutritional products.

Analis s.a.

Based on 75 years of trading we have accumulated remarkable experience and know-how, which are acknowledged and appreciated by our partners and customers alike. To help our customers we have developed a series of application in the IVD field and more specifically techniques using electrophoresis and capillary electrophoresis.
Our focus is to develop applications and to give our customers a permanent support.

Asahi Kasei Pharma Corporation

Asahi Kasei Pharma is the core operating company for all operations of the Asahi Kasei Group which serve the health care industries. The product range includes pharmaceuticals, medical devices, pharmaceutical intermediates, diagnostic reagents, nutritional products, and animal health products.

The Diagnostics Department develops and manufactures enzymes for clinical chemistry use, reagents, diagnostic kits, and human enzyme calibrator for standardization, employing state-of-the-art biotechnology, for marketing to reagent manufacturers, OEM reagent manufacturers, and hospital and commercial laboratories. Our focus is on value-added, continuous innovation and quality improvement of enzymes and enzyme-related products to meet the increasing demands for greater measurement accuracy and product-handling flexibility in the clinical chemistry marketplace.

AXIS Biomedicals ASA

AXIS Biomedicals ASA is a public diagnostics company with products and patent protected technologies for chemical analysis of blood samples. Changes in blood protein concentrations are measured as indications of illness, or as the case may be, of improvement or deterioration of clinical conditions.

AXIS is actively taking part in and has to some extent been a pioneer in the development of technologies for new commercial analytical products.

Axis has developed new products or technologies in the following areas:

Alcohol abuse - %CDT assay
Diabetes - Glycohaemoglobin assay
Cardio-vascular disease - Plasma homocysteine assay

Axis operates in defined segments of the diagnostics field, and even though AXIS is becoming increasingly oriented, its focus is still on R&D and production.

Bayer Inc

Bayer Diagnostics (www.bayerdiag.com), based in Tarrytown, New York, U.S.A., is one of the largest diagnostic businesses in the world, with approximately 7,000 employees worldwide and 2001 sales of $1.8 billion. The organization supports customers in 100 countries through an extensive portfolio of central, self-testing, nucleic acid and near patient care diagnostics systems and services for use in the assessment and management of health, including the areas of cardiovascular and kidney disease, oncology, virology, women's health and diabetes. Bayer Diagnostics' global headquarters in the United States operates as part of Bayer HealthCare LLC, a member of the worldwide Bayer HealthCare group.

BD Diagnostics - Preanalytical Systems

BD is a worldwide medical technology company specialising in the field of healthcare for over 100 years. With a mission "to help all people live healthy lives" BD has committed itself to contribute to medical progress by providing safe, accurate and effective systems and solutions for both the patient and the healthcare worker in all fields of the healthcare profession.

BD through its 3 segments BD Medical, BD Bioscience and BD Diagnostics provides the following range of products and services. BD Medical principles products include needles, syringes and intravenous catheters for medication delivery, diabetes care products, prefillable drug delivery devices, surgical blades and regional anesthesia needles, critical care monitoring devices and ophthalmic surgery devices. BD Bioscience principle products include fluorescence activated cell sorters and analyzers, cell imaging systems, monoclonal antibodies and kits, reagent systems for life sciences research, tools to aid in drug discovery and growth of tissue and cells; and diagnostic assays.

BD Diagnostics serves hospitals, laboratories and clinics; reference laboratories; blood banks; research organizations; healthcare workers; patients; physicians' office practices; and industrial microbiological laboratories.

BD Diagnostics - Preanalytical Systems through its BD Vacutainer range offers complete systems for evacuated blood collection using a broad range of tubes, needles, needle holders, and safety devices which are optimally designed and tested for controlling preanalytical variability throughout the specimen collection and handling process.

Through its range of Molecular and Proteomic products BD Diagnostics - Preanalytical Systems provides a range of blood collection tubes for the containment and stabilization of blood samples as well BD Free Flow Electrophoresis analyzers for diagnostic and research purposes.

BD Diagnostics Systems is a leading provider of products for the safe collection and transport of diagnostics (plated media; automated blood culturing), and of instrumentation for quick, accurate analysis for a broad range of microbiology and infectious disease testing (microorganism identification and drug susceptibility). These products provide the diagnostic industry with high quality, efficient arrays for routine microbiology and infectious disease testing.

Website: www.bd.com

Beckman Coulter

Beckman Instruments, Inc. acquired Coulter Corporation late 1997. This creates an organisation with one of the most comprehensive product portfolios spanning the continuum between life sciences and clinical diagnostics. The new entity will work with customers throughout the world to simplify and automate laboratory processes.

Beckman is focused on the chemistry of life: The company designs, develops and markets instrument systems, chemistries, accessories, software and supplies to support biological analysis. As an ISO 9000 Quality Systems company, Beckman not only looks for opportunities to improve its own systems, but also helps customers become more efficient through use of its industry-leading instruments.

Like Beckman, Coulter is an acknowledged leader in its field of expertise: blood cell analysis. Coulter's product portfolio includes hematology systems for diagnostic applications, flow cytometers for diagnostic and research use, scientific instruments and laboratory automation systems. With over 40,000 hematology placements, Coulter has consistently demonstrated an ability to deliver high quality products and service to its customers.

As an integrated organisation, the two companies aspire to be the supplier of choice for in vitro diagnostic systems and products that serve the medical community around the globe. Together, Beckman and Coulter are able to provide systems for up to 75 percent of hospital lab tests, giving diagnostics customers a single source for a majority of their tests.

BioMérieux

BioMérieux is an international biotechnology company dedicated to in vitro diagnosis. It develops, manufactures and markets reagents and automated systems designated for medical analyses and for industrial quality controls.

As the basis for many crucial medical decisions, these products identify the cause of most infectious diseases, and metabolic disorders and determine the most effective treatment and clinical follow-up.

Bio-Rad Laboratories

Founded in 1952, Bio-Rad has its headquarter based in Hercules, California. It has remained at the centre of scientific discovery for more than 50 years by providing a broad range of innovative tools and services.

Bio-Rad employs more than 4,000 professionals worldwide within a network of more than 30 wholly owned subsidiaries serving more than 150 countries. Its two primary businesses include Clinical Diagnostics and Life Science research.

Bio-Rad serves more than 70,000 research, industry and clinical laboratories around the globe. It is world renowned within its core industry segments with customers in hospitals, universities, research institutions, microbiological and environmental inspection agencies, pharmacological and biological research and private industry laboratory.

Bio-Rad is the number one specialty diagnostics company. It holds leadership positions in quality control management, diabetes monitoring, blood virus and autoimmune disorders testing.

ControlLab

Since 1977, ControlLab has been developing products and services aiming at quality control of clinical laboratories in Latin America with technical competence and professional ethics recognised by the market. The continuous improvement based on quality and trust helped ControlLab:

- Becomes the first Provider of Proficiency testing licensed by ANVISA/REBLAS - National Agency for Sanitary Surveillance - in Brazil since August/2001;
- conquer the seal ISO9001, with the approval BVQI/ Inmetro and BVQI/UKAS, in June 2003;
- to be credited by RBC/Inmetro as laboratory of volume and microvolume, in December, 2002;
- licensed by ANVISA/REBLAS as Laboratory of Analytical Reference for Quality Control in Clinical Analyses, Physical-chemical and Microbilogical, in November/2003;
- becomes the first Alternative Proficiency Testing Provider within Brazil approved by the College of American Pathologists, whose approval has initially comprised the areas of Glycohemoglobin and Flow Cytometry.

Our services (listed below) aim at all laboratories which try to do their best for quality and those who search for technical reliability and efficient control tools:

- Proficiency testing (external control): bacteriology, blood components, blood gas, cerebrospinal fluid, clinical chemistry, coagulation, endocrinology, flow citometry, glycohemoglobin, hematology, immunology, immunoproteins, lipids, malaria, micology, molecular biology, NAT, newborn screening,

parasitology, protein electrophoresis, specific proteins, spectrophotometer, sweat analysis, therapeutical drugs, serology, transfusion medicine, tumor markers and urinalysis.
- Proficiency testing (veterinary medicine): bacteriology, clinical chemistry, hematology, parasitology and urinalysis.
- Internal controls: the same as external control.
- Calibration: centrifuge, dispenser, micropipette, thermometer and laboratory glassware.
- Equipment and product evaluation.
- Adviser and working-shops.
- Benchmarking.

Headquartered in Rio de Janeiro, Brazil, with 100 employees and 12 scientific-technician assessors, we are committed with innovations and continuous updating to promote an excellence environment for the clinical laboratory community.

Dade Behring Inc.

Dade Behring Inc., headquartered in Deerfield, Illinois, with a branch office in Frankfurt, Germany, is the result of the merger of Dade International and Behring Diagnostics in October 1997. The Company has approximately 8,700 employees, operations across the industrialised nations, and the broadest available offering of products and services for clinical laboratories in hospitals and elsewhere. With leadership positions in areas such as clinical chemistry, plasma-protein testing, infectious-disease testing, testing for drugs of abuse, therapeutic drug monitoring, and cardiac immunodiagnostics, approximately half of Dade Behring's annual sales of more than $1.5 billion are in the United States and half in other countries worldwide.

Dako A/S

The Dako Group develops, manufactures and markets products and complete systems that assist medical research and diagnosis in the fields of Immunocytochemistry, molecular biology, clinical chemistry, flow cytometry and clinical microbiology.

Within clinical chemistry Dako has specialised in the quantitative determination of proteins in body fluids, such as plasma/serum, cerebrospinal fluid and urine. Based on many years of dedicated research and development in our laboratories, Dako has successfully developed optimised test systems for turbidimetry/nephelometry - some of them based on the new and more sensitive technique of Particle-Enhanced-Turbidimetry.

Protein standardisation has always been an important issue for Dako and participation in international standardisation committees has brought Dako in the front-line of international protein standardisation.

In our ELISA panel we would like to emphasise our comprehensive diabetes panel including Insulin, C-Peptide and Proinsulin.

Soren Blirup-Jensen, DVM, Ph.D., has primarily worked in the field of electrophoresis, protein fractionation and protein standardisation. Together with Per Just Svendsen, he has produced the world standards for human prealbumin, orosomucoid and transferrin. As a member of the International Committee on Protein Standardisation he participated in finalising the CRM 470 which today is widely accepted as the "gold" standard for human serum proteins.

DiaSys Diagnostic Systems GmbH

DiaSys Diagnostic Systems GmbH was founded in 1991 and advanced to a well-known developer and manufacturer of high-quality reagents focusing on Clinical chemistry and immunoturbidimetry.

With 100 employees at Holzheim near Limburg, Germany, DiaSys manufacturers more than 60 liquid-stable, ready-to-use reagents in convenient packages for manual use and for automated analysers.A broad range of controls and calibrators is also offered. The product range is completed by photometric systems and a line of glucose and lactate analysers.

DiaSys is an ISO 9000 (EN 13485) certified company since 1996. The high quality of products is secured and improved by steady R&D activities, highly qualified staff, years of experience in the diagnostic field as well as co-operation with experts worldwide. To date, distributors, OEM partners and users in more than 80 countries worldwide rely on the DiaSys quality.

Drew Scientific Ltd

Drew Scientific designs, manufactures and sells a range of analytical instrumentation for clinical chemistry and haematology laboratories in both human and veterinary medicine. The company operates from three sites in Texas, Connecticut and England. Drew has distributors in 150 countries.

The company's chemistry product range includes analysers for glycated haemoglobin, haemoglobinopathies and blood chemistry. For haematology the company has a range of systems for human, veterinary and research use, offering five part white cell differential counting and as many as 30 different species.

Both ranges of analysers are backed by a comprehensive range of reagents, calibrators and controls. Drew Scientific is a wholly owned subsidiary of Escalon Medical Corporation Inc.

Genzyme Diagnostics

The year 2006 marks the 25th anniversary of Genzyme's founding.

Established in 1981, the company has grown from a small start-up to a diversified enterprise with more than 8,000 employees in locations globally.

Genzyme Diagnostics was the first business unit of the Genzyme Corporation and offers a unique portfolio for diagnostics manufacturers and clinical laboratories worldwide. The division has three key product areas: Intermediates, Clinical Chemistry Reagents, and Rapid Tests.

Genzyme Diagnostics is a key raw material supplier and partner of diagnostic companies who have developed clinical chemistry reagents, rapid tests, and Point of Care testing devices using its Intermediates portfolio of enzymes, substrates, and antibodies.

The Clinical Chemistry Reagents product line offers an array of reagents in the form of raw materials and branded reagent kits covering three main disease stats - cardiovascular, diabetes, and pancreatitis.

With competencies in enzyme and reagent manufacture, R&D, and a focus on quality in all aspects of the business, Genzyme is a key partner for other Diagnostics companies.

Genzyme Diagnostics has focused its development efforts on the growing area of Rapid Tests and Point of Care devices which allow physicians to diagnose patients more rapidly than traditional laboratory based testing, thus enabling improved patient management decisions and reductions in the cost of care. Areas currently covered include infectious disease and women's health.

Hitachi High-Technologies Corporation

Hitachi High-Technologies Corporation is a global company that has specialized in development and marketing in the cutting-edge technologies in a broad range of fields from leading-edge materials, life science products, semiconductor production systems to IT solutions and products. Hitachi High-Technologies is a subsidiary of Hitachi, Ltd. Founded in 1947, the Headquarter is located in Tokyo and there are 28 offices in Japan and 59 offices outside of Japan in twenty-four countries. The company has earned a reputation as a "high-tech" integrator. The amount of consolidated net sales is US$ 8 billion in 2005.

In the life science field, Hitachi High-Technologies Corporation offers clinical equipment and systems including automatic chemistry analyzers and clinical laboratory automation systems achieving world-class results as well as DNA sequencers essential to genome analysis, analytical instruments and electron microscopes to assist in a variety of research and development. Hitachi High-Technologies Corporation also delivers advanced technologies and services in a broad range of areas, including the rapidly advancing field of biotechnology, medical facilities requiring improved safety and labor-saving devices, clinical testing, urgently needed environmental measurement, materials research, and more.

Hitachi High-Technologies Corporation's life science business is able to maintain its leadership position with the efforts of its ISO14001-certified Naka Division, a major hub for R&D and manufacture of the advanced clinical and scientific equipment.

Visit the company's Web site at: http://www.hitachi-hitec.com/global/

Hytest Ltd

HyTest Ltd., founded in 1994, offers innovative solutions for assay development and research applications by providing high-quality immunological reagents in such areas as cardiac markers, infectious, neuroscience, biological warfare agents and autoimmune disease reagents. HyTest is a leading provider of several reagents such as antibodies and antigens of the troponin I, troponin complex and native human thyroid peroxidase.

HyTest offers also extensive customer services and has a certified ISO 9001:2000 quality system.

Innotrac Diagnostics

Innotrac Diagnostics provide state-of-the-art immunoassay systems for cardiac markers and critical care diagnostics. Automated Innotrac Aio!TM immunoanalyzers are truly easy-to-use, making them ideal both for critical care environment and for larger laboratories. Innotrac Aio!TM is the only continuous and random-access immunoassay system giving rapid and fully quantitative results directly from whole blood, plasma or serum.

Proven Innotrac Aio!TM systems exploit both the benefits of non-enhancement time-resolved fluorometry and Innotrac´s patented dry chemistry technology to provide fast and simple assays with no reagent preparation. In addition to being highly sensitive, the 2nd generation Innotrac Aio!TM cardiac troponin I assay brings increased diagnostic usefulness to troponin measurement by reducing interference from cardiac autoantibodies (improved immunoassay, patent pending), also known as interfering factor.

Innotrac Diagnostics Oy, founded in 1995, is an experienced provider of immunoassay reagents and contract manufacturing services meeting the high requirements of clinical laboratories, diagnostics and pharmaceutical industry and research institutions.

Innotrac's expertise in streptavidin plate coating and antibody biotinylation is used to provide both off-the-shelf products and products tailor-made to the individual needs of research and industrial partners.

Medical Systems S.p.A.

Medical Systems S.p.A., founded in 1977, is a leading Italian diagnostic distributor certified to UNI EN ISO 9002 and UNI CEI EN 46002 for "commercialisation of in vitro diagnostic reagents and systems, pre and post sales assistance and training courses for users of the commercialised systems" and close to updating its Quality System with the Vision 2000.
Medical Systems S.p.A. is the exclusive distributor for Italy of the renowned company Diagnostic Products Corporation (DPC) Los Angeles, CA a worldwide global leader of immunodiagnostic testing and designer and manufacturer of automated laboratory instrumentation which provides fast and accurate results to improve patient outcomes while reducing labor and reagent costs.

Medical Systems S.p.A. also offers a unique solution for the Laboratory automation of the pre-analytical phase with "Pathfinder", an automated tube management system supplied by A.i. Scientific, Australia, designed to help pathology laboratories manage specimen receival, preparation, distribution, storage and retrieval.

Medical Systems S.p.A. organises Workshops, Scientific Roundtables, National and International Conferences by its Congress Center "Torre Cambiaso" - a XVIth Century castle located very close to Genoa - and by the Congress Center "Villa Tacchi" - a Palladian Villa close to Venice, built at the end of the XVIIth century.

Medical Systems S.p.A. is a publisher of a wide range of journals and monographs such as "Journal of Clinical Ligand Assay - Italian Edition", "GALA - Italian Edition of the Journal of the Association for Laboratory Automation", "Tribuna Biologica e Medica - Journal of the Central Laboratory of the Italian Red Cross", "Caleidoscopio", "Pandora" and "Guide Pratiche".

Medical Systems S.p.A. is Member of EQALM (European Committee for External Quality Assurance Programmes in Laboratory Medicine) and Member of ECLM (European Confederation of Laboratory Medicine).

A. Menarini Diagnostics

Born as a division of pharmaceutical A. Menarini Industrie Farmaceutiche Riunite, headquartered in Florence and with over 13.000 employees in 70 countries, A. Menarini Diagnostics is a health care company with more than 30 years of experience in developing and leading the European market of prevention and focused on diagnostics.
For the European healthcare community we are a dynamic and reliable partner providing innovative diagnostic solutions thanks to our deep relation with the market, and therefore, knowledge of its needs.

All therapy decisions are based on reliable informed diagnosis as well as quality of life is related to prevention. These are the main reasons for our daily committed work. By focusing on well-defined and selected diagnostic areas, we create value for the society as a whole. Extensive investments in research, strategic alliances, and a constant, close, and intelligent presence into the healthcare community, allow us to be a leading European company and a trustful partner for both patients and professionals.
Our aim is to make diagnostics management easier, more effective and result cost efficient.

All over Europe each client can be supported by one of our more than 700 skilled scientific consultants.

In fact we are one of the diagnostics company with the most capillary presence in Western Europe covering with our own network 90.3% of the population and serving a market of 300 millions people.

We have 13 fully owned subsidiaries, and in the future we will establish our presence also in East and North of Europe.

We have a leading position in the Diabetes monitoring and our activities also cover Urinanalysis, Autoimmune diseases, Hematology, Immunology, Immunohistochemistry, Wet and Dry Chemistry systems.

Mitsubishi Chemical Europe GmbH

Mitsubishi Chemical Corporation was the first company in the world to market the LPIA, a latex photometric immunoassay device in 1982. In July 2003, Mitsubishi Kagaku Iatron, Inc. was established by merging the former Iatron Laboratories into the diagnostic business group of Mitsubishi Chemical Corporation.
Their businesses now include instruments and reagents based on its patented LPIA technology, radio immunoassays and a flourishing OEM reagent business. Mitsubishi sees major applications for its technologies as the 'theranostics' sector develops, and has already established links with a number of pre-eminent life science research institutions. Mitsubishi Chemical Europe GmbH is the representative of Diagnostic business in Europe.

Olympus Diagnostica GmbH

Founded in 1919, Olympus Corporation initially specialised in microscopes and thermometers. Since that time the company has expanded into a highly diversified multi-national organisation with more than thirty thousand employees worldwide.

Within Olympus Corporation, Olympus Diagnostics is a provider of systems for in vitro diagnostics, with a long tradition in the product segments of clinical chemistry, electrophoresis, transfusion testing and laboratory automation. With the development of the AU3000i immunochemistry system and the consolidated AU-CONNECTOR system, Olympus Diagnostics reaches more areas within clinical laboratories. Olympus Diagnostics serves mostly large and medium size hospitals, commercial clinical laboratories and blood banks.
Olympus develops and produces its own reagents in addition to analytical equipment based on innovative automation and systemization technologies.
Our strength is derived from our ability to develop both equipment and reagents, through the optimal combination of which we provide accurate and highly reliable analytical results.

Orion Diagnostica

Orion Diagnostica is part of the Orion Group. Finland's leading company in the health care sector.

Orion Diagnostica develops, manufactures and markets tests and test systems mainly for use by clinical laboratories, private practitioners and environmental target groups.

Diagnostics of infectious diseases, hormone and bone metabolism assays, specific protein assays, and hygiene testing have been designated fields of priority. Particular emphasis is placed on niche-type patentable products.
The objective of Orion Diagnostica is to promote appropriate usage of biomedical analysis to achieve a better and more cost efficient healthcare with unique and innovative products and services.

Ortho-Clinical Diagnostics, Inc.

Ortho-Clinical Diagnostics, Inc. provides professional diagnostic products to hospital laboratories, commercial clinical laboratories and blood donor centers. Its products include diagnostic reagent and instrument systems for clinical chemistry, immunodiagnostics, blood screening and hemostasis. VITROS Chemistry Systems are among its products for hospital and reference laboratories.

PerkinElmer Life and Analytical Sciences

Through its Life and Analytical Science business unit, PerkinElmer provides innovative total solutions to predict and prevent diseases, and to monitor treatment where disease has been confirmed.
Our latest research products include DNA probes to indicate the presence of the gene alleles most associated with risk of diseases such as type 1 diabetes and celiac disease.

With a wide range of test kits, instruments and computer software we supply all key components for effective prenatal and neonatal screening programs as well as diagnostic tools for identifying thyroid or reproductive dysfunction, and for anemia and diabetes. In addition, we offer a range of tumour-marker assays for monitoring cancer treatment.

PerkinElmer, Inc. is a global technology leader focused in the following businesses - Life and Analytical Sciences, Optoelectronics, and Fluid Sciences.

Radiometer Medical A/S

Radiometer helps hospitals worldwide with quality and cost-effective STAT testing solutions for diagnosis of critically ill patients. To achieve this, a systematic approach has been developed to analyze the hospital's needs before suggesting a customized solution. This approach is called the Red System:

1. Process analysis
2. Radiometer assists in analyzing the STAT testing process by identifying potential areas for quality improvements.
3. Cost analysis
4. Radiometer assists in analyzing the total cost of STAT testing by identifying how cost efficiency can be improved.
5. Product Radiometer offers critical care testing solutions for both laboratory and point of care.
6. The analyzer range includes non- invasive patient monitors, portable and benchtop analyzers, all of which offer a cost-efficient quality solution. All instruments can be integrated in the hospital information system.
7. Information technology
8. With the RADIANCE STAT analyzer management system Radiometer integrates STAT analyzers in the hospital information system, giving optimal solutions for information flow, data processing, and control of remotely placed analyzers.
9. Quality assurance.

10. Radiometer provides a customized quality assurance solution that combines quality control products, online interlaboratory comparisons, standard operating procedures, and accreditation support.
11. Training and knowledge
12. Radiometer offers training programs and educational material covering both technical and clinical issues, in all phases of the analytical process.
13. Technical support
14. Radiometer can provide scheduled maintenance and rapid response to urgent technical problems.
15. Satisfaction
16. After installation, Radiometer follows up regularly to ensure the solutions work to the full satisfaction of the user.

Randox Laboratories Ltd

After more than 23 years in the diagnostics healthcare business, Randox is now firmly implanted as a significant investor to improving healthcare technology. Throughout the last 20 years, Randox has developed and manufactured high quality diagnostic kits, mainly for biochemistry laboratories and more recently for virology and endocrinology. Randox also manufacture diagnostic reagents for veterinary laboratories.

Randox's critical products can be found in over 130 countries throughout the world - in fact, wherever there is a need for disease diagnosis. Consequently the role that Randox products play in healthcare decisions is increasing every day. It is evident that clinical diagnostics are taking centre stage in the fight for improved health. It is commonly acknowledged that as much as 70% of the information used by medical personnel to make a diagnosis is information sourced from the laboratory. Through research and design Randox is helping with improved diagnostic systems to present more patient information to the medical professionals, empowering medical staff with a more complete diagnostic patient profile.

3) This is why Randox has designed the world's first very exciting biochip array system - evidence® - a diagnostic system that will change the way we think of diagnostic testing. Instead of a patient sample needing to be sub-divided for each test result, evidence® offers a diagnostic patient profile with each patient sample. The wealth of information facilitated by the incredible capacity sets new standards in clinical analysis. So now, with evidence®, the patient's need becomes the focus and evidence® from Randox delivers the results as a 'panel' of test results. evidence® from Randox is available now for routine and clinical trial laboratories to measure tumour markers, cytokines, drugs of abuse, fertility hormones, cardiac markers, thyroids and drug residues. Now the 1st Ranplex DNA tests are available for continued research in cancer and heart disease with DNA chip technology on the evidence investigator™.

Roche Diagnostic GmbH

Headquartered in Basel, Switzerland, Roche is one of the world's leading research-focused healthcare groups in the fields of pharmaceuticals and diagnostics. As a supplier of innovative products and services for the early detection, prevention, diagnosis and treatment of disease, the group contributes on a broad range of fronts to improving people's health and quality of life. Roche is a world leader in diagnostics, the leading supplier of medicines for cancer and transplantation and a market leader in virology.

In 2005 sales by the Pharmaceuticals Division totaled 27.3 billion Swiss francs, and the Diagnostics Division posted sales of 8.2 billion Swiss francs. Roche employs roughly 70,000 people in 150 countries and has R&D agreements and strategic alliances with numerous partners, including majority ownership interests in Genentech and Chugai.

For more information about the Roche Group, please visit our website (www.roche.com).

Roche's Diagnostics Division offers a uniquely broad product portfolio and supplies a wide array of innovative testing products and services to researchers, physicians, patients, hospitals and laboratories world-wide.

Sebia

Since its creation in 1967 SEBIA has gained a solid reputation as a company specialized in clinical electrophoresis.

Electrophoresis has many applications such as the analysis of proteins present in the serum or in other biological fluids. It is very useful for the diagnosis of pathologies related to cancer, the search of immune system anomaly or for the detection of haemoglobin anomalies.

Through constant evolution of instruments, equipments and reagents, SEBIA provides small and large laboratories with high quality products and high performance procedures.

From the semi-automated HYDRASYS agarose gel electrophoresis system to the completely automated CAPILLARYS 2 capillary electrophoresis system, Sebia keeps on innovating to meet virtually any need in clinical electrophoresis.

Sysmex Europe GmbH

SYSMEX EUROPE GMBH, Germany-based daughter company of SYSMEX CORPORATION, Kobe, Japan, is responsible for customer and sales support for Sysmex's in vitro diagnostic systems and reagents as well as manufacture and sales of reagents for Sysmex's in vitro diagnostic systems in the European, African and Middle East markets.

Sysmex, a manufacturer of comprehensive clinical testing, is engaged in clinical laboratory testing of blood, urine and other specimens, covering the areas of haematology, haemostasis, immunochemistry, biochemistry, urinalysis and faecal occult blood testing. In the field of haematology, Sysmex boasts one of the highest market shares in the world. In addition to providing instruments and reagents for clinical laboratory testing, Sysmex is also developing a broad range of laboratory information systems and application software, thus offering information technology as part of its comprehensive service and support system. Integration of those various technologies is the driving force behind Sysmex's business activities.

Sysmex is also developing these technologies and expertise to expand its areas of business. For example, it is expanding into such fields as point of care (POC) testing - clinical laboratory tests conducted on the spot, such as in the hospital operating room, intensive care unit, or at the clinic - to enable faster diagnoses, centralized test data management for improved testing efficiency, and the establishment of local healthcare networks to link hospitals and clinics.

At the same time, Sysmex is also creating new core technologies to address the challenges of disease prevention and early cancer detection.

By expanding its business into these healthcare testing fields, Sysmex intends to contribute to the creation of a vibrant and healthy society.In addition, Sysmex is applying the technologies that it has devised in the field of clinical laboratory testing to industry, sports, and other new business fields.

At Sysmex, we have adopted two commitments to the future: to continually develop advanced technologies and create value with the aim of serving our customers and society at large; and to play a key role in contributing to the health and vitality of people the world over. It begins with close attention to the voices of our customers.

Thermo Electron Oy

Thermo Electron Oy's Clinical Chemistry & Automation Systems business develops, manufactures and markets fully automated analyzer systems and modular laboratory automation for clinical laboratories. With over 30 years of experience, Thermo provides user-friendly Konelab analyzers, which are supported by technical and application services. An extensive range of system reagents are offered for clinical chemistry tests, specific proteins, electrolytes as well as TDM and DoA tests. TCAutomation laboratory automation systems serve automated sample pre-handling, like decapping, aliquoting and centrifugation. The workcell configurations ensure efficient sample processing by using a common sample entry and user interface for several analyzers.

Automation can be started with just a single pre-analytical process, and expanded step by step towards total laboratory automation. Thermo Electron Oy is part of Thermo Electron Corporation. Website: www.thermo.com.

Wako Pure Chemical Industries, Ltd./Wako

Wako Pure Chemical Industries, Ltd. has devoted itself to the research, development, and manufacturing of high quality reagents since 1922. Headquartered in Osaka, Japan, Wako is an international company with research, manufacturing, and sales and marketing in Japan, the United States and Germany. Wako is committed to the development of diagnostic and research reagents in the life sciences. Through intensive studies in clinical chemistry, Wako keeps abreast of the latest developments in medical science, in order to develop products tailored to the sophisticated requirements of our clients in various medical fields.

Wako has developed a wide range of liquid chemistry reagents designed for use in the clinical laboratory. They include innovative reagents that use liposome technology, the reagent for total complement activity (CH50), and the micro-organism detection system using LAL and SLP to detect endotoxin, glucan, and peptidoglycan. Wako has a consistent focus on the development of new and important tests for the diagnostic community. For example, Wako now provides a test that includes both novel chemistry and instrumentation for the measurement of AFP-L3%, a test that will improve the chances for finding liver cancers at an earlier and more treatable stage. Recently, Wako has also introduced a bench top clinical analyzer that utilizes many of these chemistries at the point of care in the physician's office, bringing the value of testing closer to the patient.

As one of the industry's leading pioneers, Wako will continue to develop and supply chemicals, reagents, and instruments of the highest quality to meet the growing and changing needs of the diagnostic and research communities.

Walter de Gruyter GmbH & Co.KG,Berlin/NewYork

Walter de Gruyter is an international academic publishing house headquartered in Berlin, Germany - with a US branch based in New York. For decades, de Gruyter has been synonymous with superior scientific literature. Annually, we publish more than 250 new titles, both print and ebooks, covering the areas of humanities, medicine, mathematics, natural sciences and law in both German and English. In addition, we offer more than 60 academic journals, as well as a variety of electronic media publications. As we cater to the academic world, de Gruyter is particularly committed to the highest standards of quality in serving its customers and authors.

De Gruyter is widely recognized for its acclaimed Pschyrembel® Series. Pschyrembel® is the standard German medical reference book - a powerful and competent encyclopaedia, continually updated to reflect cutting-edge developments in medicine.

We further have a strong reputation in scientific textbooks with the well-known Bergmann/Schaefer, Lehrbuch der Experimentalphysik in 8 volumes as well as translations from English and French in physics (Jackson, Cohen-Tannoudji). In chemistry, de Gruyter offers a wide range of textbooks ranging from the introductory Riedel, Anorganische Chemie, the standard text for undergraduate chemistry students, to Holleman/Wiberg: Lehrbuch der Anorganische Chemie, the "bible" for students and chemists alike. Beyond works for students de Gruyter publishes high

quality English language handbooks for researchers such as Schinzel: Catalogue of Unbalanced Chromosome Aberrations in Man, the new title Hörnlimann: Prions in Humans and Animals and the series Handbook of Zoology.

Last but not least, the de Gruyter journals are well-established in their specific markets. In the biochemical and medical fields, Clinical Chemistry and Laboratory Medicine (CCLM), LaboratoriumsMedizin (Journal of Laboratory Medicine), Biological Chemistry, Biomedizinische Technik (Biomedical Engineering) and the Journal of Perinatal Medicine each offer a high quality, international forum for scientists in the respective disciplines.

Wiener Lab

Wiener lab. develops, manufactures and markets FDA approved diagnostic reagents since 1960. It is also the distributor of technical equipment from international renowned companies. It is located in Rosario, Argentina, in a crossroads of the Mercosur. It is the leading manufacturer of diagnostic reagents in Latin America and its sales network includes six associated companies in Brazil, Chile, Colombia, Mexico, Peru and Venezuela, and has sales representatives in the other countries of the region. Its exports operations for Eastern Europe and the Middle East are performed through its associate company Wiener lab. Switzerland.

Wiener lab. products are focused on clinical analysis and specialised hospital laboratories. Its products are based on the research, development and production of monoclonal antibodies to manufacture several tests: Hepatitis, Pregnancy, Blood

Typing; production and purification of antigens for the detection of parasitic (Chagas'disease, Toxoplasmosis), bacterial (Brucella, Salmonella) or viral (Hepatitis, AIDS) diseases; applied research on recombinant nucleic acids and nucleic acid probes, as well as PCR (Polymerase Chain Reaction) procedures; design of recombinant proteins and synthetic peptides with antigenic activity; and research on different branches of Biotechnology. The leading edge technology in the research and development of diagnostics kits for Chagas'disease have earned Wiener lab. an outstanding position within the diagnostic market.

Some of Wiener lab. products are the result of joint projects with renowned research centres. Along with the Program for Appropriate Technologies in Health (PATH-Seattle, USA), Wiener lab. has developed a high sensitivity, non-instrumental procedure for HIV carriers screening, the D.I.A. (Dot Immuno Assay) HIV 1+2, which has been evaluated and approved by the World Health Organisation.

Wiener lab. keeps up to date in scientific research and manufacturing technologies in order to improve and develop products of advanced technology.

XIX.(14.1). STATUTES OF THE IFCC

Preamble

Clinical Chemistry and Laboratory Medicine involves the study and application of chemistry, biochemistry, and molecular biology to the practice of diagnosis in medicine. The scope of the subject matter of this discipline is recognised by several names in various parts of the world (e.g. clinical biochemistry, physiological chemistry, chemical pathology). Included in its scope are the chemical facets of all areas of laboratory medicine.

The International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) was formed to advance the science and practice of laboratory medicine throughout the world in the interest of the peoples of the world. These articles of association were approved by the IFCC Council on June 18,1972 and amended by the IFCC Council on July13, 1975. They were further reviewed and amended by Council on April 29, 1984, November 14, 1993, October 20, 2002, and July 24, 2005.

Articles of Association

1. Name and legal domicile

In accordance with the articles set forth hereunder and with articles 60 and following of the Swiss Civil Code, an Association is hereby formed under the name of International Federation of Clinical Chemistry and Laboratory Medicine (hereinafter sometimes referred to as the Federation).

The legal permanent domicile of the Federation is Pfaeffikon (Canton Schwyz), Switzerland.

1.1 The International Federation of Clinical Chemistry and Laboratory Medicine exists to address the Purposes stated in 2 below. It operates without the intent of making a profit and all revenue that it earns is ultimately used for its stated Purposes.

2. Purposes

The International Federation of Clinical Chemistry and Laboratory Medicine exists to advance the theory and practice of clinical laboratory science and to further its application in the provision of health services and the practice of medicine. Specific purposes of the Federation include, but are not limited to:

2.1 Establish, encourage and foster high professional standards of clinical laboratory science.

2.2 Promote international cooperation and coordination in the development of clinical laboratory science in matters of research, procedures, materials, regulations and practices, education and training, codes of ethics and related subjects.

2.3 Provide a basis for closer liaison and the free exchange of professional information among clinical laboratory scientists worldwide.

2.4 Sponsor and support International Congresses of Clinical Chemistry and Laboratory Medicine, sponsor and support regional congresses and meetings of international scope and interest.

2.5 Encourage, sponsor and/or conduct studies, prepare recommendations, reference measurement procedures and reference materials, reviews and reports on facets of clinical laboratory science of international interest and concern.

2.6 Provide consultation and advice on facets of clinical laboratory science to all Members of the IFCC, other international and regional societies, states, nations, industries and others concerned with the provision of health services and materials.

2.7 Encourage and assist in the organisation and establishment of new societies concerned with clinical laboratory science.

2.8 Contribute in other ways wherever practical and feasible to the improvement of clinical laboratory science and its services to humanity.

3. Organisation

The International Federation of Clinical Chemistry and Laboratory Medicine is organised with: (1) a Council (Article 5 hereafter) (2) an Executive Board (Article 6 hereafter) and holds General Meetings as provided for under Article 9 hereafter.

4. Membership

4.1 Types of Membership

There are three types of membership - Full Member, Affiliate Member and Corporate Member.

4.1.1 Full Members are drawn from either one established and recognised national society of clinical chemistry or, clinical chemistry and laboratory medicine, or one such organisation in a given geographical area.

4.1.2 Affiliate Members may be admitted from additional organisations or sections of non-member national or regional organisations.

4.1.3 Corporate Members may be admitted from organisations manufacturing products or offering services for the field of clinical laboratory science.

4.2. Application Procedures

4.2.1 Application for Full Membership (4.1.1) shall be presented to the Secretary of the Executive Board. Applications shall be

subject to approval by the Council on the recommendation of the Executive Board. Such application shall state that the applicant:

4.2.1.1 is an organised society for clinical chemistry, or clinical chemistry and laboratory medicine or other appropriate official organisation that represents the major clinical chemistry, or clinical chemistry and laboratory medicine interests of the country or area.
4.2.1.2 is recognised by a National Research Council, National Academy of Sciences or National Committee, Ministry of Health, or other appropriate official scientific organisation.
4.2.1.3 has officers authorized to act for the society.
4.2.1.4 is composed of persons employed in clinical laboratory science on a professional level.
4.2.1.5 holds regular meetings that include scientific programmes.
4.2.1.6 has as its main objectives the improvement of clinical laboratory services in health care and medicine, the advancement of knowledge and the encouragement of research.

4.2.2 Applications for Affiliate Membership of the IFCC (4.1.2) shall be presented to the Secretary of the Executive Board. The Executive Board shall approve Affiliate Membership following appropriate consultation. Such an application shall state that the applicant Group:

4.2.2.1 is involved in the field of clinical laboratory science and includes persons employed in clinical laboratory science at a professional level.
4.2.2.2 is recognised by a National Research Council, National Academy of Sciences or National Committee, Ministry of Health, or other appropriate official organisation.
4.2.2.3 has officers authorized to act for the Group.
4.2.2.4. holds regular meetings that include scientific programmes.

4.2.3. Application for Corporate Membership (4.1.3.) shall be presented to the Corporate Representative of the Executive Board. Applications for Corporate Membership then require approval by the Executive Board. Applications shall contain details to show that the applicant:

4.2.3.1 is engaged in the manufacture of products and/or the provision of services for use in the field of clinical laboratory science.
4.2.3.2 has a commitment to the improvement of clinical laboratory science in health care and medicine, the advancement of knowledge and the encouragement of research.

4.3 Membership in each of the above groups becomes operative from the moment of approval.

4.4 The Council shall decide upon exclusion of Full Member organisations (4.1.1) that no longer conform to the requirements of articles 4.2.1.1. to 4.2.1.6.

4.5 The Executive Board shall decide upon exclusion of Affiliate Members (4.1.2) and Corporate Members (4.1.3) that no longer conform to the requirements of the relevant sections of articles 4.2.2 and 4.2.3.

5. Council

5.1 The supreme body of the Federation shall be a Council which is responsible for the establishment of policy and the overall direction of the Federation. Council may exercise its authority at a meeting or when written submissions are presented to it according to the protocol established below (5.9 to 5.14).

5.2 Full Members constitute the voting members of Council.

5.3 Each Full Member from within its membership will designate by writing to the Secretary a Representative to the Council of the Federation, with full powers to act for the Society in all matters coming before the Council.

5.4 The representatives from Full Members shall be the voting members of Council. An alternate representative may be appointed by a Full Member from within its membership or from the membership of another Full Member. The Secretary must be advised of this appointment in writing by an officer of the Full Member prior to the commencement of the meeting of Council.

5.5 Each Affiliate Member and Corporate Member may designate a non-voting representative to Council.

5.6 The Council shall approve the representative of the Corporate Members on the Executive Board as selected by the Corporate Members.

5.7 The members of the Executive Board of the Federation shall be non-voting members of the Council.

5.8 The Council is presided over by the President or, in his absence, by the Vice-President.

5.9 The Council, at the call of the Executive Board, shall meet in the same period and at the same place as an International Congress of Clinical Chemistry and Laboratory Medicine.

5.10 Extraordinary meetings of the Council may be called by the Executive Board or by one fifth of the voting members writing to the Secretary.

5.11 At a duly called meeting a quorum of the Council shall consist of a simple majority of all Full Members.

The procedures to be followed should a formal vote be required are set out in the Rules. In the absence of a quorum at a duly called meeting, business is subject to a mail ballot conducted as set out in the Rules.

5.12 In the periods between Council meetings the Executive Board may submit questions by mail ballot to the Full Members' representatives to Council.

6. Executive Board

6.1 The Executive Board is charged with the day-to-day management of the Federation.

6.2 The Executive Board consists of the President, Vice-President, Secretary, Treasurer, three Members, the immediate Past President and a representative of the Corporate Members. Other individuals may be co-opted as non-voting members at the Executive Board's discretion.

6.3 The term of office of the elected members of the Executive Board shall be three years and shall start on the first of January following an International Congress of Clinical Chemistry and Laboratory Medicine. Members of the Executive Board are eligible for re-election once only for a given office. No individual shall serve for more than six consecutive years excluding years served as Past President.

6.4 The Executive Board shall ensure the orderly discharge of the functions of the Federation and, in particular, carry out the administrative duties between meetings of Council. The Executive Board shall establish and maintain a set of Rules through which it will accomplish these functions.

6.5 A vacancy on the Executive Board may be filled by the Board. Such an appointment will be subject to ratification by the Council at its next regular meeting.

7. Affiliated Organisations

At its discretion the Executive Board may designate organisations engaged in the broad field of clinical laboratory science as IFCC Affiliated Organisations. The rights associated with such a designation shall be determined by the Executive Board.

8. The Rights of Members

The Rights of Full Members are determined by Council. The Rights of Affiliate Members and Corporate Members shall be determined by the Executive Board and subjected to approval by Council. These Rights shall be set out in the Rules.

9. General Meetings

9.1 A General Meeting of all interested individuals shall be held at the time and place of sponsored International Congresses of Clinical Chemistry and Laboratory Medicine.

9.2 The General Meeting shall discuss actions, problems, and issues facing the Federation and shall give participants the opportunity to record their recommendations.

10. Dues

The annual dues for the various forms of membership (4. 1) of the Federation shall be fixed by Council. Failure to pay dues by the prescribed date shall lead to a loss of Rights as is set out in the Rules. Council, on the advice of the Executive Board, has the discretion to recognize exceptional circumstances affecting a Member society and has the power to modify dues.

11. Dissolution of the Federation

If the Federation is dissolved, the net assets will be employed to realise the purposes set out in Article 2.

12. Amendments

Proposals of amendments to these articles of association may be presented in writing through the Executive Board to the Council. Such proposals must be proposed by one voting member of Council and seconded by another voting member. Amendments may also be presented by the Executive Board. Any such proposal must be received six months before a meeting of Council, otherwise it would be processed by mail as set out in the Rules. In either case acceptance of amendments shall require a two-thirds majority of those voting. Should a mail ballot be required for an amendment to the Statutes, then the procedure to be followed for this ballot will be as set out under Rule 2.

XX.(14.2). RULES OF IFCC

1. Voting procedures established for Council (Refer to Statute 5.12)

1.1 The voting members of Council are the formal representatives of Full Members (ref. Statutes 5.2 and 5.3). Only those Full Members in good standing are eligible to vote. The determination of those in good standing will be made by the Executive Board.

1.2 For a Council meeting a quorum must be present. A quorum of Council consists of a simple majority of the representatives of the Full Members in good standing or their formal alternates.

1.3 A simple majority of quorum rules; that is for a proposal to be passed, it has to receive a majority of votes of the representatives of the Full Members in good standing.

1.4 Whenever a vote is required, the meeting shall decide whether this shall be by show of hands or by secret ballot. In this, as in all other procedural matters, the President's or the person presiding over the meeting decision is final.

1.5 If equal numbers of votes are cast For and Against the proposal, the President will ask the proposer and seconder whether they wish to modify their proposal so that it is more acceptable. If they do not, there is a revote. If an equal number of votes are cast For and Against the same proposal on a second ballot, the proposal is lost.

1.6 All proposals and amendments require a proposer and seconder before they can be put to a vote. Any voting or non-voting member of Council can propose or second motions. During the debate other proposals or amendments may be made. The original proposer and seconder may agree to withdraw or modify their proposal to incorporate suggestions made during the debate, so that one final proposal is put to the vote. If however, they do not accept suggestions or amendments, but wish to press their original proposal, the following procedure must be observed. Amendments must be voted on first, and if passed, are then added to the original proposal, and this then voted upon. If the amendment is defeated, the original proposal is put to the vote. If the proposal is defeated, any amendment is automatically lost as well. A similar procedure is followed with amendments to amendments, that is the most recent one is voted on first.

If a second proposal is made during the debate, which is judged not to be an amendment, this cannot be voted upon until a decision has been reached on the first proposal.

1.7 When Council must select one of several alternatives, e.g. in the election for positions on the Executive Board, the procedure will be:

1.7.1 Each Full Member of good standing shall have one vote. No person shall cast votes on behalf of more than one Member.

1.7.2 For election to positions for which there is only one vacancy (President, Vice-President, Secretary and Treasurer), or for deciding on a single course of action when multiple possibilities are under consideration:

1.7.2.1 A candidate who, or an alternative which, receives a majority of votes cast in a first ballot is elected or adopted. If none of the candidates or alternatives receives a majority of the votes cast, all candidates or alternatives except the two which received the highest number of votes are eliminated and a further ballot is held.

1.7.2.2 If three or more candidates or alternatives tie for first place they are all entered into the second ballot, but the candidate or candidates with the second highest number of votes is/are not. If two or more candidates or alternatives tie for second place they are all entered into the second ballot together with the candidate who, or alternative which, gained the highest number of votes.

1.7.2.3 In a second (or subsequent) round of voting the candidate who, or alternative which, receives the highest number of votes will be elected or adopted, even if he/she/it has not received a majority of votes cast. If there is a tie for first place the candidates or alternatives in first place will be entered into a further ballot or ballots until a result is obtained or until Council agrees to defer consideration of the question.

1.7.3 For election to positions for which there are multiple vacancies (i.e. Executive Board Members):

1.7.3.1 The procedures outlined in Rule 1.7.2 will be followed, except that the number of candidates carried forward to the second ballot will be up to twice the number of vacancies remaining to be filled. If the number of candidates remaining is less than twice the number of vacancies remaining, all candidates will be considered in the second round.

1.7.3.2 If any candidate gains a majority of votes cast in the first round of voting for EB Members, they are elected and the number of vacancies to be contested in the second round is therefore reduced to two. In the event of ties (in the first round) for the last available position in the second ballot, all those who tied for this position will be carried forward to the second ballot.

1.7.3.3 In the second ballot, the three candidates (in the case of three remaining vacancies) or the two candidates (in the case of two remaining vacancies) who receive the highest number of votes will be elected, even if they do not receive a majority of the votes cast.

1.7.3.4 If two or more candidates gain an equal number of votes in the second round, and if this means that the candidates to be elected under section 1.7.3.3 cannot be determined, then the tied candidates will be entered into further rounds of voting until a result is obtained.

1.7.4 Before any new ballot, the President, or the person presiding over the meeting of Council, may ask each candidate, or in their absence each proposer and seconder, to confirm that they wish to continue in the ballot.

1.7.5 The Past President, or in the absence of the Past President, the Chair of the Nominations Committee, will take the Chair during election of members of the Executive Board. He or she will propose the names of two persons, who are neither representatives of Members nor candidates for office, as tellers.

1.7.6 A majority of votes means that the number of votes for a candidate or alternative is greater than the total number of votes cast for all other candidates or alternatives; abstentions are not counted.

2. Procedure for conducting a mail ballot (Refer to Statutes 5.12 and 5.13)

2.1 In the event that a mail ballot is required, then the documents to be considered by Full Members will be dispatched to them by the most secure mail or courier service available. In addition, the documents will be sent electronically. Votes may be returned to the IFCC Office by mail, email or fax.

2.2 Full Members are required to respond to the ballot. Ordinarily, the response must be received no later than six months from the time the ballot documents were mailed. However, in special circumstances the President can vary the time in which a response must be received. For a proposal to be accepted it must receive a simple majority of the votes received.

2.3 In the event of a tie, rule 1.5 will apply.

3. RIGHTS OF FULL MEMBERS

3.1 Membership

3.1.1 Each Full Member will designate in writing to the Secretary a representative to the Council of the Federation, with powers to act for the Society in all matters coming before the council (ref. Statute 5.2)

3.1.2 The representatives from Full Members shall be the Voting members of Council. An alternate representative to Council may be appointed by a Full Member from within its membership, with full powers to participate and vote on Council matters. The Secretary must be advised in writing of this appointment, preferably one month before the meeting of Council (ref. Statute 5.3).

3.2 Documentation

3.2.1 Representatives of Full Members will receive copies of all documents and publications distributed by the IFCC.

3.2.2 Representatives of Full Members are responsible for providing their Societies formal responses and comments on these documents to the Executive Board or the specifically designated Division or Committee.

3.2.3 Full Member representatives are the official conduit from the Member Societies for bringing relevant matters regarding the profession of clinical chemistry to the attention of the IFCC.

3.2.4 Appropriate numbers of copies of the journal of IFCC will be provided to Full Members for individual members.

3.3 Meetings

3.3.1 Full Members are eligible to hold an International or Regional Congress of Clinical Chemistry and Laboratory Medicine.

3.3.2 Full Members may seek support from the IFCC for international, regional, national or local meetings. The IFCC may grant either its auspices or sponsorship where appropriate (see Congress guidelines).

3.4 Representation in Divisions, Committees, and Working Groups

3.4.1 Each Full Member is entitled to nominate members of Division Executive Committees, Committees and Working Groups. The appointments for the Division Executive Committee membership and the Committee's chairs lies with the IFCC Executive Board. Members of Committees and Working Groups are appointed by the respective Division Executive Committee.

3.4.2. Each Full Member is entitled to appoint a corresponding member to every Committee and Working Group.

3.5 Other rights

3.5.1 Full Members are entitled to apply to host the IFCC Visiting Lecturer.

3.5.2 Full Members are entitled to describe themselves as such in their publications and other promotional material.

3.5.3 A group working on a specific topic for a Full Member or several such Members may be recognised formally as an IFCC Working Group.

3.5.4 Full Members may submit a project proposal.

3.5.5 Additional rights may be determined by the Executive Board subject to ratification by Council.

4. RIGHTS OF AFFILIATE MEMBERS

4.1 Membership

4.1.1 Each Affiliate Member will designate in writing to the Secretary a representative to the Council of the Federation, with powers to act for the relevant group in all matters coming before the Council (ref. Statute 5.4).

4.1.2 The representatives from Affiliate Members shall be non-voting members of Council. An alternate representative to Council may be appointed by an Affiliate Member with power to act for the relevant group if the representative is unable to attend Council. The Secretary must be advised in writing of this appointment.

4.1.3 The representatives can propose or second motions in Council and can participate in its discussions (ref. Rule 1.6).

4.2 Documentation

4.2.1 Representatives of Affiliate Members will receive copies of all documents and publications distributed by the IFCC.

4.2.2 The Affiliate Member is entitled to submit formal comments on IFCC documentation.

4.2.3 Representatives of Affiliate Members are the official conduit from the member groups and are responsible for bringing matters regarding the profession of clinical chemistry to the attention of the IFCC.

4.2.4 Appropriate numbers of copies of the journal of IFCC will be provided to relevant groups for individual members.

4.3 Other rights

4.3.1 Affiliate Members are entitled to describe themselves as such in their publications and other promotional material.

4.3.2 An Affiliate Member may submit a project proposal.

4.3.3 Additional rights may be determined by the Executive Board.

5. RIGHTS OF CORPORATE MEMBERS

5.1 Membership

5.1.1 Each Corporate Member will designate in writing to the Secretary a representative to the Council of the Federation, with power to act for the Corporate Body in all matters coming before the Council (ref. Statute 5.4).

5.1.2 The representatives from the Corporate Members shall be non-voting members of Council. An alternative representative to Council may be appointed by a Corporate Member with power to act for the Corporate Body when the representative is unable to attend Council. The Secretary must be advised in writing of this appointment.

5.1.3 The representative can propose or second motions in Council and can participate in its discussions (ref. Rule 1.6).

5.2 Documentation

5.2.1 Representatives of Corporate Members will receive copies of all documents and publications distributed by the IFCC.

5.2.2 The Corporate Member is entitled to submit formal comments on IFCC documentation.

5.2.3 Representatives of Corporate Members are the official conduit from the member Corporate Bodies and are responsible for bringing matters regarding the profession of clinical chemistry to the attention of the IFCC.

5.3 Meetings

5.3.1 Corporate Members may seek support from the IFCC for relevant meetings (see Congress guidelines).

5.4 Representation in Divisions, Committees, and Working Groups

5.4.1 Corporate Members are entitled to nominate a representative for the Division Executive Committees. The final appointment of this Division Corporate Representative lies with the Executive Board based on the nomination of the Division chair.

5.4.2. Each Corporate Member is entitled to appoint Corresponding Members to every Division Committee or Working Group.

5.5 Other rights

5.5.1 Corporate Members are entitled to describe themselves as such in their publications and other promotional material.

5.5.2 Corporate Members may participate in the selection process for the Corporate Representative on the Executive Board and the Division Executive Committees.

5.5.3 Corporate Members are entitled to use the IFCC logo on exhibits or when making presentations at meetings.

5.5.4 Each Corporate Member may submit a project proposal.

5.5.5 Additional rights may be determined by the Executive Board.

6. RULES GOVERNING THE PAYMENT OF DUES (refer to Statute 10)

6.1. Dues

6.1.1 The financial year of the Federation is January 1st to December 31st.

6.1.2 The Swiss Franc is the currency of the IFCC.

6.1.3 The dues payable for each category of membership are determined by Council which may delegate this responsibility to the Executive Board for recommending the level at which the dues should be set.

6.2 Non-payment of dues

6.2.1 If dues are not paid by a Full Member for one year without a satisfactory explanation being offered in writing to the Treasurer, voting rights are withdrawn automatically.

6.2.2 If dues are not paid for two years, the rights of a member of any class are suspended automatically. Suspended members will no longer be sent IFCC correspondence or other information.

6.2.3 In the case where a Member organisation is unable to pay the full dues for reasons beyond its control, a temporary revised fee structure may be determined by the Executive Board. Such an action requires that the organisation provides the President or Treasurer with a written statement of the circumstances and the action is subject to ratification by Council.

6.2.4. Rights of membership are restored on receipt of payment of dues at a level deemed appropriate and acceptable by the Executive Board.

6.2.5 Where membership in any class has lapsed because of non-payment of dues, readmission may be sought by submitting a new formal application for membership.

6.2.6 After three years of non-payment, it would be proposed to council that the National Society no longer be a member.

7. NOMINATION PROCESS

The Executive Board is elected by Council and the procedures described below are to ensure a fair and democratic process for this election.

7.1 The Executive Board shall appoint a Nominations Committee at least 2 years prior to the beginning of a new triennium. The Nominations Committee shall consist of no fewer than five individuals knowledgeable about the field of clinical laboratory science and the workings of the IFCC. The membership also should reflect the broad geographic diversity of the IFCC and shall include both the Chairman of the immediate previous Nominations Committee and the immediate Past President of the IFCC.

7.2 The Nominations Committee shall solicit suggestions for candidates for each position on the Executive Board (except the Corporate Representative), from Full Members of the IFCC and from key individuals within the management structure of the IFCC.

The Nominations Committee shall establish an appropriate deadline by which all nominations must be received.

7.2.1 Each nominee for office shall give written consent and provide consent of their national society to indicate acceptance of office if they were to be elected. The nominees National Society is defined as the IFCC member for the country in which the nominee spends the majority of their time working in Laboratory Medicine. Only members of Full Members in good standing at the time of solicitation are eligible for consideration.

7.2.2 The candidates will be presented to Council at least 3 months before its scheduled meeting.

7.3 The Nominations Committee shall solicit from all Corporate Members suggestions for candidates for the corporate representative on the Executive Board.

7.3.1 Each Corporate Member may propose two nominees, one of whom must not be employed by that company or its subsidiaries or affiliated companies. Any nominee must be an employee of a Corporate Member in good standing. The nominees must provide written verification that they consent to serve, if elected, and a letter from their employer indicating the employer's consent. No less than six months before the scheduled meeting of Council, the Nominations Committee shall submit a ballot containing the names of all nominees to the Corporate Members, together with a short position statement from each of the candidates. From ballots returned no later than three months before the next Council meeting the Nominations Committee shall declare the recipient of most votes the elected Corporate Representative to the Executive Board. In the event of a tie the Corporate Members will be polled again. If a tie continues the Chairman of the Nominations Committee shall decide the representative by means of a coin-toss in the presence of witnesses and inform Council of the selection.

8. VOTING PROCEDURE AT COUNCIL MEETINGS

8.1 Voting for the Executive Board membership will be at the Council meeting.

8.5. Voting by Council shall be in the following order: President, Vice-President, Secretary, Treasurer and Members-at-Large.

8.6. Provision should be made to conduct the voting in an orderly manner such that all eligible votes can be counted. Representatives or their alternates are personally called to deliver their votes for the National Societies. For each ballot being conducted, all National Representatives or alternate must be signed off before their vote is valid.

8.7. After each voting the outcome will be announced by the chair of the respective session. The number of votes will also be reported in the Council Minutes.

8.2. All National Representatives of Member Societies in good standing or alternates must register to be eligible to vote. The IFCC Secretary has to provide a list of members

in good standing giving the name of the National Representative or the alternate. The voters will be presented with appropriate voting papers at the time of registration.

8.3. For a (nominee) alternate to be eligible to vote, the Secretary of the Executive Board will be informed by the National Society in writing at least one month prior to the voting, the name of the nominee who will represent the National Society. In addition, the nominee must present this letter at the time of registration to be eligible to vote.

8.4. A suggested procedure is to have available a separate table where tellers are able to receive and count the votes.

8.8. If there is one nominee only for an Executive Board position, voting will be by acclamation.

8.9. In the case of a casual vacancy during the normal Executive Board term, nominees will be solicited from the Membership and a mail ballot will be conducted.

XXI.(16.7). Proposed New Projects

Proposals for new projects can be forwarded by any IFCC Member to either the Executive Board or to the Division related to the content. In order to review a new proposed project, it is necessary to prepare a detailed description of the project. Project proposals should focus on the rationale and feasibility of the project and the likely outcome (recommendation, guidelines, report, educational material, reference material, reference measurement procedure, etc.).

Project proposal forms are available from the IFCC office, or for SD from the IFCC web.

This detailed form for proposing a new project is designed to:

1. Describe and justify the project.
2. Define the problems and questions to be answered.
3. Identify prospective users.
4. Identify the existing Division, Committee or Working Group to undertake the project or whether a new group must be created.
5. Assess the priority to be assigned to the project.
6. Determine the costs of the project.

This form must be completed for any new project to be authorized and should be signed by the proposer and mailed to either the IFCC Secretary or the Chair of the appropriate Division.

The Division that receives the proposal, and the Executive Board, will use the information for the evaluation of each proposal in relation to the interest, expertise and goals of the IFCC. The proposer will be notified about the outcome of the evaluation process.

XXII. List of IFCC Publications (2003-2005)

Bergmeyer Conferences-Roche Diagnostics Master Discussions:

Kallner A, Müller M M, Hölzel W (eds). . 9th Bergmeyer Conference - IFCC-Roche Diagnostics Master Discusssion. Nucleic Acid Markers for Bacterial and Viral Infections in Intensive Care and Immunocompromised Patients. Scand J Clin Lab Invest 2003; 63 (Suppl 239):1-57.

Kallner A, Muller MM, Poppe W. 10th Bergmeyer Conference-Roche Master Discussion. Diabetes Mellitus and Cardiovascular Disease. Scand J Clin Lab Invest 2005; 65 (Suppl. 240):1-56.

Special IFCC publication

The 2002 IFCC-Roche Diagnostics Award. Advances in Critical Care Testing. Burtis CA, Muller MM (eds.). Springer-Verlag, Berlin, Heidelberg 2004.

SD 8.1 Scientific Division

Panteghini M, Forest JC. Standardization in laboratory medicine: new challenges. Clin Chim Acta 2005; 355:1-12.

8.2.6 Committee on Nomenclature, Properties and Units

Varming K, Forsum U, Bruunshuus I, Olesen H. Properties and units in the clinical laboratory sciences. Part XIX. Properties and units for transfusion medicine and immunohematology. Pure Appl Chem 2003; 75:1477-1600.

Soares de Araujop, Zingales B, Alia-Ramos P, Blanco-Font X, Fuentes Arderiu X, Mannhalter C, Varming K, Bojesen S, Bruunshuus I, Olesen H. Properties and units in the clinical laboratory sciences. Part XVIII. Properties and units in clinical molecular biology. Pure Appl Chem 2004; 76:1799-1807.
(Joint publication with SD-C 8.2.11 C*ommittee on Molecular Biology Techniques in Clinical Chemistry)*

Solberg HE. The IFCC recommendation on estimation of reference intervals. The RefVal Program. Clin Chem Lab Med 2004; 42:710-714.

Nordin G, Klintenberg B, Persson B, Forsum U. Can a laboratory investigation be called anything? "The NPU system" sorts out the concepts and gives systematic stringency. Lakartidningen 2005; 102:1308-1315.

SD-C 8.2.11 Committee on Molecular Biology Techniques in Clinical Chemistry

Soares de Araujop, Zingales B, Alia-Ramos P, Blanco-Font X, Fuentes Arderiu X, Mannhalter C, Varming K, Bojesen S, Bruunshuus I, Olesen H. Properties and units in the clinical laboratory sciences. Part XVIII. Properties and units in clinical molecular biology. Pure Appl Chem 2004; 76:1799-1807.

(Joint publication with *SD-C 8.2.6 Committee on Nomenclature Properties and Units)*

SD-C 8.2.13 Committee on Plasma Proteins:

Graziani M, Merlini G, Petrini C; IFCC Committee on Plasma Proteins; SIBioC Study Group on Proteins. Guidelines for the analysis of Bence Jones protein. Clin Chem Lab Med 2003;41(3):338-346.

Johnson MA, Hyltoft Petersen P, Whicher JT, Carlstrom A, Maclennan S. Reference intervals for plasma proteins: similarities and differences between adult Caucasian and Asian Indian males in Yorkshire, UK. Clin Chem Lab Med 2004; 42:792-799.

Ichihara K, Itoh Y, Min WK, Yap SF, Lam CW, Kong XT, Chou CT, Nakamura H. Diagnostic and epidemiological implications of regional differences in serum concentrations of proteins in six Asian cities. Clin Chem Lab Med 2004; 42: 800-809.

SD-C 8.2.19 Committee on Standardisation of Markers of Cardiac Damage

Panteghini M, Pagani F, Yeo K-TJ, Apple FS, Christenson RH, Dati F, Mair J, Ravkilde J, Wu AHB. Evaluation of imprecision for cardiac troponin assays at low-range concentrations. Clin Chem 2004: 50:327-332.

Panteghini M, Linsinger T, Wu AHB, Dati F, Apple FS, Christenson RH, Mair J, Schimmel H. Standardization of immunoassays for measurement of myoglobin in serum. Phase I: Evaluation of candidate secondary reference materials. Clin Chim Acta 2004; 341:65-72.

Apple FS, Panteghini M, Raykilde J, Mair J, Wu AH, Tate J, Pagani F, Christensen RH, Jaffe AS. Quality specifications for B-type natriuretic peptide assays. Clin Chem 2005; 51:486-493.

Apple FS, Wu AH, Mair H, Ravkilde J, Panteghini M, Tate J, Pagani F, Christenson RH, Mockel M, Danne O, Jaffe AS. Future biomarkers for detection of ischemia and risk stratification in acute coronary syndrome. Clin Chem 2005; 51:810-824.

SD-C 8.2.21 Committee on Reference System of Enzymes

Ferard G, Imbert-Bismut F, Messous D, Piton A, Ueda S, Poynard T, Lessinger JM. A reference material for traceability of aspartate aminotransferase (AST) results. Clin Chem Lab Med. 2005; 43:549-553.

SD-C 8.2.22 Committee on Point of Care Testing

Ben Rayana MC, Burnett RW, Covington AK, D'Orazio P, Fogh-Andersen N, Jacobs E, Kulpmann WR, Kuwa K, Larsson L, Lewenstam A, Maas AH, Mager G, Naskalski JH, Okorodudu AO, Ritter C, St John A. Guidelines for sampling, measuring and reporting ionized magnesium in undiluted serum, plasma or blood. Clin Chem Lab Med 2005; 43:564-569.

D'Orazio P, Burnett RW, Fogh-Andersen N, Jacobs E, Kuwa K, Kulpmann WR,

Larsson L, Lewenstam A, Maas AH, Mager G, Naslalski JW, Okorodudo AO.
Approved IFCC Recommendation on Reporting Results for Blood Glucose (Abbreviated).
Clin Chem 2005; 51:1573-1576.

SD-WG 8.3.16: Working Group on Standardization of HCG Measurements:

Birken S, Berger P, Bidart JM, Weber M, Bristow A, Norman R, Sturgeon C, Stenman UH. Preparation andcharacterization of new WHO reference reagents for human chorionic gonadotropin and metabolites. Clin Chem 2003; 49:144-154.

Bristow A, Berger P, Bidart JM, Birken S, Norman R, Stenman UH, Sturgeon C. Establishment, value assignment, and characterization of new HO reference reagent for six molecular forms of human chorionic gonadotropin. Clin Chem 2005; 51:177-182.

SD-WG 8.3.18: Standardization of Lp(a).

Dati F, Tate JR, Marcovina SM, Steinmetz A. First WHO/IFCC Reference Reagent for Lipoprotein(a) for Immunoassay. IFCC Code Lp(a) SRM 2B. Clin Chem Lab Med. 2004; 42:670-676.

SD-WG 8.3.19: Working Group on Standardisation of HbA1c:

John WG. Hemoglobin A1c: analysis and standardisation. Clin Chem Lab Med 2003; 41:1199-1212.

Hoelzel W, Weykamp C, Jeppsson JO, Miedema K, Barr JR, Goodall I, John WG, Kobald U, Little R, Mosca A, Mauri P, Paroni R, Susanto F, Takei I, Thienpont L, Umemoto M, Wiedemeyer HM. IFCC reference system for measurement of hemoglobin A1c in human blood and the national standardization schemes in the United States, Japan, and Sweden: a method comparison study. Clin Chem 2004; 50(1):166-174.

Miedema K. Towards worldwide standardisation of HbA1c determination. Diabetologia. 2004; 47:1143-1148.

SD-WG 8.3.29 (Joint IFCC-IATDMCT Working Group): Laboratory Practice Guidelines for Monitoring Immunosuppressive Drugs.

Morris RG, Holt DW, Armstrong VW, Griesmacher A, Napoli KL, Shaw LM. Analytical Aspects of cyclosporine monitoring (on behalf of the IFCC/IATDMCT Joint Working Group). Ther Drug Monit. 2004; 26:227-230.

EMD 9.1 Education and Management Division

Managing Change in the Clinical Laboratory. Wilkinson I (ed.). IFCC, Milan, 2004

EMD-C 9.2.7 Evidence Based Laboratory Medicine

Horvath AR, Pewsner D. Systematic reviews in laboratory medicine: principles, processes and practical considerations. Clin Chim Acta 2004; 342:23-39.

Oosterhuis WP, Bruns DE, Watine J, Sandberg S, Horvath AR. Evidence-based guidelines in laboratory medicine: principles and methods. Clin Chem 2004; 50:806-818.

EMD-C 9.2.8: Committee on Curriculum Development:

Fink NE, Allen LC. IFCC Handbook on Master Program in clinical laboratory sciences. Clin Chem Lab Med 2003; 41:1379-1386.

hpl 04-17-2006

XXIII. IFCC NUMBERING SYSTEM

The IFCC uses a numerical system for all its official correspondence. This number is also used for storing and archiving IFCC records. The numbering system is continually updated with for new activities. The system at the time of preparing this Handbook was as follows.

1. Minutes of EB meetings

1.1.80 Rabat 2000
1.1.81 Captiva Island 2000
1.1.82 Dubrovnik 2001
1.1.83 Prague 2001
1.1.84 Milan 2001
1.1.85 Vienna 2002
1.1.86 Orlando 2002
1.1.87 Kyoto 2002
1.1.88 Vienna 2003
1.1.89 Barcelona 2003
1.1.90 Milano 2003
1.1.91 Sousse 2004
1.1.92 Perth 2004
1.1.93 Milano 2004
1.1.94 Vienna 2005
1.1.95 Orlando 2005
1.1.96 Milano 2005
1.1.97 Paraguay 2006
1.1.98 Chicago 2006
1.1.99 Milano 2006

1.2 Action Lists

1.2.80 Rabat 2000
1.2.81 Captiva Island 2000
1.2.82 Dubrovnik 2001
1.2.83 Prague 2001
1.2.84 Milan 2001
1.2.85 Vienna 2002
1.2.86 Orlando 2002
1.2.87 Kyoto 2002
1.2.88 Vienna 2003
1.2.89 Barcelona 2003
1.2.90 Milan 2003
1.2.91 Sousse 2004
1.2.92 Perth 2004
1.2.93 Milano 2004
1.2.94 Vienna 2005
1.2.95 Orlando 2005
1.2.96 Milano 2005
1.2.97 Paraguay 2006
1.2.98 Chicago 2006
1.2.99 Milano 2006

1.3 EB Meetings Reports (for IFCC News)

1.3.80 Rabat 2000
1.3.81 Captiva Island 2000
1.3.82 Dubrovnik 2001
1.3.83 Prague 2001
1.3.84 Milan 2001
1.3.85 Vienna 2002
1.3.86 Orlando 2002
1.3.87 Kyoto 2002
1.3.88 Vienna 2003
1.3.89 Barcelona 2003
1.3.90 Milan 2003
1.3.91 Sousse 2004
1.3.92 Perth 2004
1.3.93 Milano 2004
1.3.94 Vienna 2005
1.3.95 Orlando 2005
1.3.96 Milano 2005
1.3.97 Paraguay 2006
1.3.98 Chicago 2006
2.1.50 Milano 2006

2. Full Members

2.1 Member Societies:

2.1.2 Argentina
2.1.3 Australasia
2.1.4 Austria
2.1.5 Belgium
2.1.6 Brazil
2.1.7 Bulgaria
2.1.8 Canada
2.1.9 Chile
2.1.10 Colombia
2.1.11 Albania
2.1.12 Denmark
2.1.13 Ecuador
2.1.14 Egypt
2.1.15 Germany
2.1.16 Finland
2.1.17 France
2.1.19 Hungary
2.1.20 Iran
2.1.21 Ireland
2.1.22 Israel
2.1.23 Italy
2.1.25 Japan
2.1.26 Kenya
2.1.27 Luxembourg
2.1.28 Mexico
2.1.29 Morocco
2.1.30 Netherlands
2.1.31 Croatia
2.1.32 Nigeria
2.1.33 Norway
2.1.34 Poland
2.1.36 Singapore
2.1.37 South Africa
2.1.38 Spain
2.1.39 Sweden

2.1.40 Switzerland
2.1.41 Syria
2.1.43 United Kingdom
2.1.44 United States
2.1.46 Yugoslavia (Serbia/Montenegro)
2.1.47 Indonesia
2.1.49 Hong Kong
2.1.50 China Taipei
2.1.51 Iceland
2.1.52 Korea
2.1.53 Kuwait
2.1.54 Vietnam
2.1.55 India
2.1.56 Cuba
2.1.57 Tunisia
2.1.58 Czech Republic
2.1.59 Slovak Republic
2.1.60 Guatemala
2.1.61 Latvia
2.1.62 Slovenia
2.1.63 Thailand
2.1.64 Greece
2.1.65 Macedonia
2.1.66 Paraguay
2.1.67 Jordan
2.1.68 Russia
2.1.69 Uruguay
2.1.70 Lithuania
2.1.71 Romania
2.1.72 Turkey
2.1.73 Malaysia
2.1.75 China (Beijing)
3.1.77 Lebanon
2.1.78 Honduras
2.1.80 Estonia
2.1.81 Costa Rica
2.1.82 Portugal
2.1.83 Pakistan
2.1.84 Bosnia Herzegovina

2.2 Applications
2.2.13 Saudi Arabia; 2.2.16 Panama; 2.2.21 Botswana; 2.2.23 Philippines; 2.2.25 Yemen Arab Republic; 2.2.27 Sri Lanka; 2.2.28 Libya; 2.2.36 Ukraine; 2.2.42 El Salvador; 2.2.44 Puerto Rico; 2.2.47 Mongolia; 2.2.49 Ghana; 2.2.50 Tanzania; 2.2.53 Nicaragua; 2.2.54 Kazhakstan, 2.2.57 Kosovo

2.3 Other Countries

2.4 Annual Dues

2.6 Non Voting Members

2.7 Suspended Member
Algeria, Ivory Coast, Peru, Senegal, Thailand, Zimbabwe, Dominican Rep., Venezuela

2.8 Co-operative Activities Between Members
(e.g. Twinning)

2.9 Ballots For Membership

2.40 Other Business

3. Corporate Members

3.1 Current Members
3.1.1 Abbott Diagnostics GmbH
3.1.2 Asahi Kasei Pharma Corporation
3.1.4 Axis Shield ASA's
3.1.5 Bayer Healthcar Diagnostics Div.
3.1.6 Beckman Coulter International S.A.
3.1.8 Bio Merieux
3.1.10 Dade Behring Holding GmbH
3.1.11 Dako Denmark A/S
3.1.12 Diagnostic Products Corporation
3.1.13 DiaSys Diagnostic Systems GmbH
3.1.15 Genzyme Diagnostics
3.1.18 Hitachi High Technologies Corp
3.1.21 Ortho-Clinical Diagnostics inc
3.1.26 Orion Diagnostica OY
3.1.29 Radiometer Medical A/S
3.1.30 Randox Laboratories ltd
3.1.31 Roche Diagnostics GmbH
3.1.34 Sebia SA
3.1.36 Wako Pure Chemical Industries, Ltd
3.1.37 PerkinElmer Life and Analytical Sciences ltd
3.1.38 Wiener Lab
3.1.40 Walter de Gruyter GmbH & Co.KG
3.1.41 Olympus Diagnostica GmbH
3.1.45 Thermo Electron OY
3.1.46 Drew Scientific Ltd
3.1.48 HyTest OY
3.1.52 Medical Systems Spa
3.1.53 Menarini Industrie Farmaceutiche Riunite Srl
3.1.54 Sysmex Europe GmbH
3.1.55 BD Becton Dikinson Diagnostics
3.1.56 Control Lab
3.1.57 Bio Rad Lab
3.1.58 Mitsubishi Chemical Europe GmbH
3.1.59 Innotrac Diagnostics OY
3.1.60 Analis s.a.

3.2 Applications

3.3 Withdrawals

3.4 Annual Dues

3.5 Guidelines and Rules

3.6 Corporate Representatives

3.7 Non-CM Companies

3.40 Other Business

4. Affiliated Members

4.1 Current Members
4.1.1 Spain: Asociacion Espanola de Farmaceuticos

Analistas; 4.1.3 Regional Association for Clinical Laboratory Diagnosis, St. Petersburg 4.1.4 Cyprus Association of Clinical Laboratory Scientists; 4.1.5 Brazilian Society for Clinical Pathology/ Laboratorial Medicine; 4.1.6 Eritrean Medical Laboratory Association

4.2 Applications
4.2.2 Chemical Pathology Section, Egyptian Society for Laboratory Medicine; 4.2.3 African Association for Clinical Laboratory Sciences, 4.2.4 Catalan Association of Clinical Lab Science, 4.2.5 Association for Molecular Pathology USA, 4.2.6 Colegio Mexicano de Quimicos Clinicos, 4.2.7 Romanian Association of Medical Lab.

4.4 Annual Dues

4.40 Other Business

5. Organisations (Regional) affiliated with IFCC

5.1 APFCB (Asian-Pacific Federation of Clinical Biochemistry)

5.2 COLABIOCLI (Latin American Confederation of Clinical Biochemistry)

5.4 FESCC (Federation of European Societies of Clinical Chemistry)

5.4.1 EC4

5.11 Balkan Federation of Clinical Chemistry (formerly 4.1.3)

5.12 AFCB (Arab Federation of Clinical Chemistry) (formerly 4.2.1)

5.13 NFKK (Nordisk Forening for Klinsk Kemi) (formerly 6.33)

5.40 Other Business

6 International/Regional Organisations

6.1 WHO
6.1.1 Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
6.1.2 WHO Regional Office for Europe
6.1.3 PAHO

6.2 CLSI (Formerly NCCLS)

6.3. UNO

6.4 IUPAC

6.6 IUIS (Immunology Societies)

6.7 IUBMB (Biochemistry)

6.8 CIOMS (Medical Sciences)

6.9 WMA (World Medical Association)

6.10 ISH (Haematoogy)

6.10.1 ICSH (Standardisation)

6.11 ICSU (Scientific Unions)

6.12 FIP (Pharmaceuticals)

6.13 COWS/WASPaLM (Pathology)

6.14 IUPHAR (Pharmacology)

6.15 OIML (Metrology)

6.16 IMEKO (International Measurement Federation)

6.18 APCCLS (Asian-Pacific CCLS)

6.21 AOCS (American Oil Chemists Society)

6.22 BIPM

6.23 ISO (Standards)

6.23.1 ISO-TAG

6.23.2 ISO-REMCO

6.23.3 FICOM
(Forum for Inter-Organisational Cooperation in Metrology)
6.24 IFMBE (Biomedical Engineering)

6.25 IEC (International Electrotechnical Commission - associated with ISO)

6.26 JCCLS (Japanese)

6.27 UN (All United Nations bodies except WHO)

6.30 CEN

6.31 IRMM

6.33 NIBSC

6.36 ECLM (European Confederation of Laboratory Medicine) = ELM

6.37 NIST (National Institute of Standards)

6.38 CAP (College of American Pathologists)

6.40 EAL (European Accreditation of Laboratories - previously WELAC - Western European Laboratory Cooperation)

6.41 CDC (Centres for Disease Control & Prevention)

6.42 EDMA (European Diagnostics Manufacturers Association)

6.43 CCL (International Conference on Computing in Clinical Laboratories)

6.44 ISACB (International Society of Animal Clinical Biochemistry)

6.46 IATDMCT (Clinical Toxicology)

6.47 ISTH (Thrombosis & Haemostasis)

6.48 International Atherosclerosis Society

6.49 Connectivity Industry Consortium (CIC)

6.50 ILAC (International Laboratory Accreditation Cooperation)

6.60 Others

7. Congress and Conference Division (previously Congress Committee)

7.0 Agenda/Minutes

7.1 Activity and Annual Reports

7.2 ICCCs

7.2.1 Amsterdam, 1954
7.2.2 New York, 1956
7.2.3 Stockholm, 1957
7.2.4 Edinburgh, 1960
7.2.5 Detroit, 1963
7.2.6 Munich, 1966
7.2.7 Geneva, 1969
7.2.8 Copenhagen, 1972
7.2.9 Toronto, 1975
7.2.10 Mexico City, 1978
7.2.11 Vienna, 1981
7.2.12 Rio de Janeiro, 1984
7.2.13 Den Hague, 1987
7.2.14 San Francisco, 1990
7.2.15 Melbourne, 1993
7.2.16 London, 1996
7.2.17 Florence, 1999
7.2.18 Kyoto, 2002
7.2.19 Orlando, 2005

7.3 Regional Congresses:

7.3.1 Asia Pacific (1995 = 7, Bangkok, 1998 = 8, Kuala Lumpur, 2001 = 9, New Delhi, 2004 = 10, Perth) 2007 = 11, Beijing
7.3.2 European (1995 =11 Tampere, 1997 = 12, Basel, 1999 = 13, Florence, 2001 = 14, Prague, 2003 = 15, Barcelona, 2005 = 16, Glasgow, 2007=17, Amsterdam) 2009 =18, Innsbruck
7.3.3 AMNE
7.3.4 Latin American (1995 = Buenos Aires, 1997 = Caracas, 1999 = Puerto Rico, 2001 = Florianopolis, 2003 = San Jose, 2006 = Asuncion)
7.3.5 WASP ALM (1999 = Sao Paulo, 2002 = Dusseldorf)
7.3.6 Arab Federation (2000 = 9, Rabat, 2004 = 10, Monastir) 2006= 11, Damascus, 2009 = 12, Beirut

7.4 IFCC Specialised Conferences

7.4.1 Roche Bergmeyer
1. 1988 - Principles of Assays in Medical Sciences
2. 1989 - Laboratory Measurements in Lipid Disorders
3. 1990 - Immunoassay Standardisation
4. 1992 - Proposal for Two Immunoassay Reference Systems: Cortisol and Human Chorionic Gonadotropinin
5. 1994 - Tumor Markers: Current Status and Future Trends
6. 1996 - Biochemical Markers for Bone Diseases: Current Status and Future Trends
7. 1999 - Markers for Cardiac Damage: Current Status and Future Trends
8. 2001 - Autoimmune Diseases: Current Status and Future Trends
9 2003 - Nucleic Acid Markers for Bacterial and Viral Infections in Intensive Care and Immunocompromised Patients
10 2005 - Diabetes Mellitus & Cardiovascular Disease

7.4.2 European Beckman Coulter Molecular Basis of Diseases
1. 1998 - Inflammatory Diseases

2. 2000 - Cell Biology of Neuronal Dysfunction
7.4.3 Roche Molecular Biology
1. 1998 - Recent Progress in Molecular Biology Technology
2. 2000 - Validating and Using Pharmocogenetics
7.4.4 Education
7.4.5 Medica MediLab
7.4.6 Beckman Coulter Proteins
1. 2001 - Prague
2. 2003 - Barcelona

7.5 Congress Guidelines

7.8 Congresses with IFCC Auspices

7.20 Membership

7.30 Budget

7.40 Other business

8. Scientific Division

8.0 Agenda/Minutes

8.1 Activity and Annual Reports

8.2 Committees
6. Nomenclature, Properties and Units, (C-NPU)
11. Molecular Diagnostics, (C-MD)
13. Plasma Proteins, (C-PP)
19. Standardization of Markers of Cardiac Damage (C-SMCD)
21. Reference Systems of Enzymes (C-RSE)
22. Point of Care Testing (C-POCT)
23. Traceability in Lab. Medicine (C-TLM)
24. Ref. Intervals & Decision Limits (C-RIDL)

8.3 Working Groups
3.Selective Electrodes & Biosensors (WG-SEB)
8. Apolipoproteins, (WG-A)
16. Stand. of Human Chorionic Gonadotropin (WG-ShCG),
19. Stand.of Hemoglobin A1c (WG-HbA1c)
33. Stand. of Thyroid Function Tests (WG-STFT)
35. Stand. on Hemoglobin A2 (WG-HbA2)
36. Stand. of Carbohydrate-Deficient Transferrin (WG-CDT)
37. Stand. of Cystatin C (WG-SCC)
38. Standardisation of Glomerulal Filtration Rate Assessment (WG-GFRA)
39. Stand. of Microalbumin Assays in Urine (WG-SMA)
40. Stand. of Pregnancy-Associated Plasma Protein A (WG-PAPPA)
41. Growth Hormone (WG-GH)

8.4 WHO collaboration

8.5 Rules of Procedure

8.6 Documents

8.7 Projects

8.8 Project Proposals

8.9 Position Paper

8.10 Internal IFCC Relations of SD
8.10.1 Executive Board
8.10.7 Congress and Conference
8.10.9 Education and Management
8.10.10 Communications and Publications
8.10.16 Technical Secretariat
8.10.17 Corporate Members Report

8.12 Reference Materials & Standardisation

8.13 JCTLM
8.13.1 WG 1: Reference-Measurements and Reference-Materials
8.13.2 WG 2: Reference Laboratories

8.15 SD Aspects of IFCC Specialised Conferences (Bergmeyer 1, European Beckman 2, Roche 3, Beckman Coulter Proteins 4)

8.19 Meetings

8.20 Membership

8.30 Budget

8.31 Contingency Fund

8.40 Other Business

9. Education and Management Division

9.0 Agenda/Minutes

9.1 Activity and Annual Reports

9.2 Committees (Programs and Courses)
4. Clinical Molecular Biology Curriculum (C-CMBC)

5. Analytical Quality (C-AQ)
7. Evidence Based on Laboratory Medicine(C-EBLM)
8. Education and Curriculum Development(C-ECD)
9. Clinical Laboratory Management (C-CLM)

9.3 Working Groups
7. Distance Education (WG-DE)

9.4 Special Projects
1. Visiting Lecture Program (VLP)
2. Courses (FlowCytometry 1) (WG-FC)

9.5 General Rules of Procedure

9.6 Documents

9.8. Project Proposals

9.19 Meetings

9.20 Membership

9.30 Budget

9.40 Other Business

10. Communications and Publications Division

10.0 Agenda/Minutes

10.1 Activity and Annual Reports
10.1.1 Report of the Chair
10.1.2 Report of the Vice Chair
10.1.3 Report of the Secretary

10.2 Committees

10.3 Working Groups
10.3.1 WG-EJIFCC
10.3.2 WG-IFCC News
10.3.3 WG - Web Site
10.3.4 WG -Spanish (Ibero American) Nomenclature and translations

10.4 Publication of Recommendations and Documents

10.5 General Rules of Procedure
10.5.1 IFCC Procedure manual -Section 6: CPD
10.5.2 Rules for Preparation of an IFCC Document
10.5.3 Instructions for authors to eJIFCC

10.6 Publications
10.6.1 Documents (Committee/Working Groups)

10.6 Publications
10.6.1 Documents (Committee/Working Groups)
10.6.2 Monographs
10.6.3. Books
10.6.4 Conference proceedings
10.6.5. Annual report
10.6.6. Handbook
10.6.8 Views and Reviews
10.6.10 Electronic
10.6.20 Other publications

10.7 Web Site
10.7.1 Organisational matters
10.7.2 Bookstore
10.7.3 Advertisement / Banners
10.7.4 Databases
10.7.10 FESCC web Site

10.8. Related Journals
10.8.1 Meetings of Editors
10.8.2 Journals
10.8.2.1 CCLM
10.8.2.2 Clinica Chimica Acta (CCA)
10.8.2.3 Labmediaca International (LMl)
10.8.2.5 Annals of Clinical Biochemistry (ACB)

10.9. Public Relations
10.9.1 Brochure
10.9.2 IFCC Booth
10.9.3 Posters
10.9.4 Publicity and Meetings
10.9.5 Miscellanous PR Projects

10.10. Corporate member Activities

10.19 Meetings

10.20 Membership

10.30 Budget

10.40 Other Business

12. Archives

12.1 Activity report

12.20 Membership

12.30 Budget

12.40 Other Business

13. Special Projects

13.5 Professional Scientific Exchange Programme

13.6 Global Campaign (Diabetes 1)

13.7 Ethics

14. IFCC Statutes and Rules

14.1 Statutes

14.2 Rules

15. Financial Report

15.1 Treasurer's Report

15.2 Budget

15.4 Annual Dues

15.5 Guidelines for Industry Support

15.6 Income from Congresses

15.7 Financial Advisory Committee

15.40 Other Business

16. Organisational Matters

16.1 IFCC Office

16.2 Awards Committee

16.2.1 Awards

16.2.1.1 IFCC Distinguished Clinical Chemist
1. 1969 DD van Slyke (US)
2. 1972 CP Stewart (GB)
3. 1975 L Eldjarn (NO)
4. 1978 CB Laurell (SW)
5. 1981 P Metais (FR)
6. 1984 P Astrup (DK)
7. 1987 HU Bergmeyer (DE)
8. 1990 NG Anderson (US)
9. 1993 R. Ekins (GB)
10. 1996 M Wilchek (IL)
11. 1999 DW Moss (GB)
12. 2002 N. Hales (UK)
13. 2005 G. Siest (FR)

16.2.1.2 IFCC Distinguished International Service Award (since 1990, Henry Wishinsky Award for Distinguished International Service)
1. 1981 M Rubin (US)
2. 1984 P Lous (DK)
3. 1987 TP Whithead (GB)
4. 1990 ML Castillo de Sanchez (MX)
5. 1993 R Dybkaer (DK)
6. 1996 N Tietz (US)
7. 1999 M Shaarawy (Egypt)
8. 2002 O. Zinder (IL)
9. 2005 J. H. Ladenson (US)

16.2.1.3 IFCC Award for Distinguished Contribution in Education
1. 1999 L Thomas (DE)
2. 2002 J. B. Henry (US)
3. 2005 W. J. Marshall (UK)

16.2.1.4 IFCC Roche Award for Advances in Critical Care Testing
1. 1996 T Suzuiki (JP)
2. 1999 A Moravat (UK)
3. 2002 S. Zeerleder (CH)

16.2.1.5 IFCC-EDMA Award for Evidence of Effectiveness of Laboratory Testing
1. 1999 A Perrier (CH)
2. 2001 M. Umans-Eckenhausen (NL)
3. 2003 M.G. Colombo (IT)
4. 2005 K.Decochez (BE) DISCONTINUED

16.2.1.6 IFCC Abbott Award for Significant Contributions toMolecular Diagnostics
1. 2002 L. Peltonen (US)
2. 2003 Rogier Bertina & Pieter Reitsma (NL)
3. 2004 M. Ferrari (IT)
4. 2005 C. T. Wittwer (US)
5. 2006 Dennis Lo (HK)

16.2.1.7 Distinguished Award for Laboratory Medicine & Patient Care

16.3 Nominations Committee

16.4 Annual Report

16.5 IFCC Handbook

16.6 IFCC Procedures Manual

16.7 Project Proposal Forms

16.8 IFCC Numbering System

16.11 IFCC Public Relations Project

16.12 Statutes of IFCC Office

16.13 Members Mailing Lists

16.20 Intellectual Property

16.40 Other Business

17. Future Development

17.6 Strategic Plan

18. Miscellanea

19. Meetings

19.1 Council Meetings
19.1.1 Amsterdam, 1954
19.1.2 New York, 1956
19.1.3 Stockholm, 1957
19.1.4 Edinburgh, 1960
19.1.5 Detroit, 1963
19.1.6 Munich, 1966
19.1.7 Geneva, 1969
19.1.8 Copenhagen, 1972
19.1.9 Toronto, 1975
19.1.10 Mexico City, 1978
19.1.11 Vienna, 1981
19.1.12 Rio de Janeiro, 1984
19.1.13 Den Hague, 1987
19.1.14 San Francisco, 1990
19.1.15 Melbourne, 1993
19.1.16 London, 1996
19.1.17 Florence, 1999
19.1.18 Kyoto, 2002
19.1.19 Orlando, 2005
19.1.20 Fortaleza 2008
19.1.21 Berlin 2011

16.9 Letter from IFCC President

16.10 Structure of IFCC

19.2 General Assembly
19.2.1 Amsterdam, 1954
19.2.2 New York, 1956
19.2.3 Stockholm, 1957
19.2.4 Edinburgh, 1960
19.2.5 Detroit, 1963
19.2.6 Munich, 1966
19.2.7 Geneva, 1969
19.2.8 Copenhagen, 1972
19.2.9 Toronto, 1975
19.2.10 Mexico City, 1978
19.2.11 Vienna, 1981
19.2.12 Rio de Janeiro, 1984
19.2.13 Den Hague, 1987
19.2.14 San Francisco, 1990
19.2.15 Melbourne, 1993
19.2.16 London, 1996
19.2.17 Florence, 1999
19.2.18 Kyoto, 2002
19.2.19 Orlando, 2005
19.2.20 Fortaleza
19.2.21 Berlin

19.3 EB Meetings
(London 69, Mondorf 70, Caracas 71, Basel 72, Vancouver 73, Seville 74, Chicago 75, Kuala Lumpur 76, Mexico City 77, Antalya 79, Rabat 80, Captiva Island 81, Dubrovnik 82, Prague 83, Milano 84, Vienna 85, Orlando 86, Kyoto 87, Vienna 88, Barcelona 89, Milano 90, Sousse 91, Perth 92, Milano 93, Vienna 94, Orlando 95, Milano 96, 97 Asuncion, 98 Chicago, 99 Milano

19.4 Meetings with Representatives of Developing Countries
(London 16, Caracas 17)

19.5 Meetings with Corporate Members
(Prague, 22; Orlando 23; Philadelphia, 24 Los Angeles, 25 Orlando, 26 Chicago)

19.6 General Conferences
(Copenhagen 1, Copenhagen 2, Monza 3, Pont-a-Mousson 4, Leipzig 5, Seville 6, Dubrovnik 7, Tunis-Sousse 8,)

19.80.01 President's International Reletionships

19.80.00 EB Meetings & International Relationship

20. Inter-EB Correspondence