International Federation
of Clinical Chemistry
and Laboratory Medicine

Handbook
2003 - 2005

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

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 XXIV. 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 the IFCC numbering system when corresponding with the IFCC.

1st December, 2003

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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 years 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 Due to the rapid changes of projects and activities in the Divisions there is also some concern that it is out of date as soon as it is printed.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 get 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 six years ago, 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 programmes 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 medical service for the benefit of the patients and to maintain it's 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 health care.

The Federation is a voluntary organisation depending not only on financial resources but also on individuals ready to serve this organisation. The Handbook has also the intention to help you to 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 can be reached this makes worthwhile all the hard work of putting together the contents of this booklet. On behalf of all of us, I thank the many individuals responsible for preparing this useful document.

Matthew J. McQueen	Mathias M. Müller	Carl A. Burtis
Past-President	President	Vice-President

I. Aims of International Federation of Clinical Chemistry and Laboratory Medicine (IFCC)

As part of the process leading to the IFCC Strategic Plan, the Executive Board defined the Aims of the organisation. These were endorsed as part of the Plan at the Council meeting in 1996. The aims are:

- 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 standardisation, 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, by defining principles and publishing recommendations for the standardisation of analytical procedures and for the interpretation of analytical results; by promoting meetings of clinical chemists and laboratorians through congresses, symposia and workshops in Clinical Chemistry and Laboratory Medicine, and by encouraging dialogues with clinicians on matters of common interest.

IFCC has a 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**, which are recognised and established national societies of Clinical Chemistry and Laboratory Medicine.
- **Corporate Members**, which are individual corporate entities or research establishments concerned with the field of clinical laboratory practice.
- **Affiliate Members**, which 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, which consists of one Representative appointed by each Full Member (voting), Affiliate Member, and Corporate Member. It meets at the triennial International Congress of Clinical Chemistry and Laboratory Medicine. Between Council meetings, the business of IFCC is conducted by the Executive Board which is elected by the Council. Any important questions which 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 representatives 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.

The Divisions and Committees responsible to the Executive Board are described in more detail later. 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 has taken over most of the everyday and organisational matters and has established itself as 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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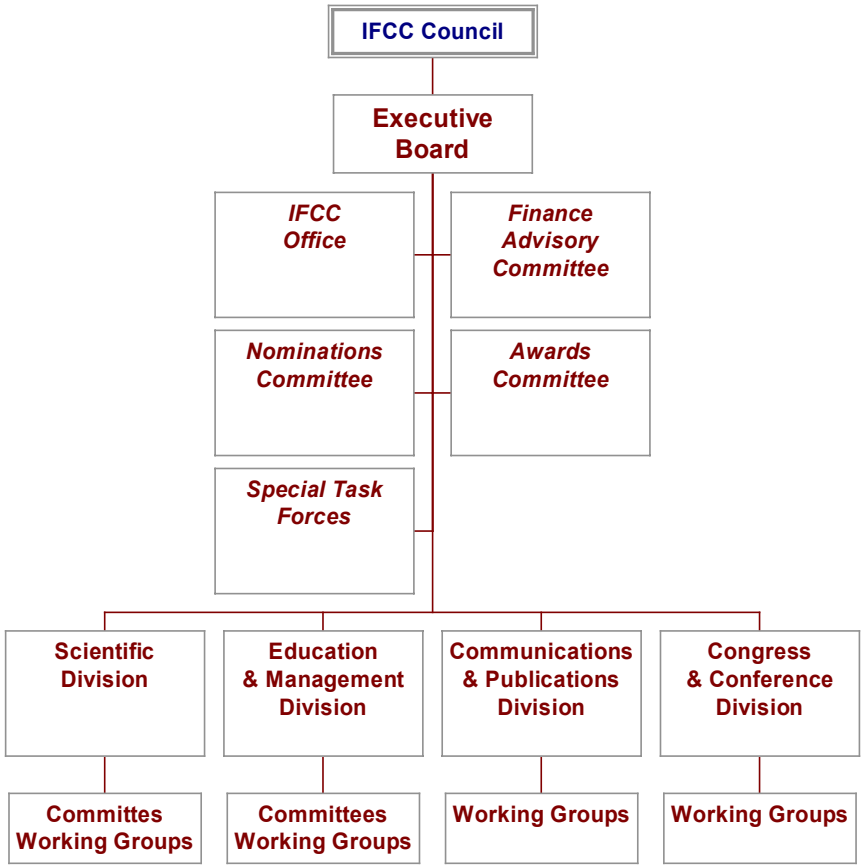
Figure 1: Organisational Structure



The relationships between the Executive Board and the Council, the IFCC Office, the Committees reporting directly to the Executive Board, and the Divisions are shown above.

III. EB MEMBERS 2003-2005 AND IFCC OFFICE

Biographies of the IFCC-EB members 2003-2005

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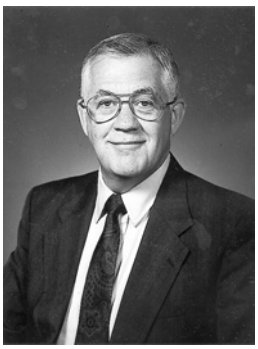
Mathias M. Müller is Professor of Medical Chemistry at the University of Vienna, Austria and Director of the Institute of Laboratory Diagnostics at the Kaiser Franz Josef Hospital and the Preyer Children's Hospital. He received his MD degree at the University of Vienna. He was trained in Laboratory Medicine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

Professor Müller's major research interests were and are related to purine metabolism and clinical, 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 on, he studied purine metabolism in the skeletal muscle, myocard and in endothelial cells under ischemic and reperfusion conditions taking oxidative stress into consideration. In vitro and in vivo it was 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. Recent studies are related to laboratory diagnosis in transplantation medicine and to the rational use of tumor markers. At present 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 is part of a European research project for the establishing services for inborn errors in purine and pyrimidine metabolism. He has published more than 240 scientific papers, he is author and co-author in more than 200 abstracts, and editor and co-editor in 5 books and proceedings. He serves in the editorial boards of the following journals, Clinical Chemistry, Clinical Biochemistry, Clinica Chimica Acta, and Adv. in Clinical Pathology.

He 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 thus was the main responsible for the organisation and build-up of the Austrian Quality Assurance programme covering Clinical Chemistry, Haematology, Coagulation, Blood Grouping, and Serology. He was President of the European Society for Study of Purine and Pyrimidine Metabolism in Man.

Within IFCC he was Secretary of the Executive Board (1985 - 1987) and from 1988 - 1996 a member of the Scientific Division (Vice-Chairman, 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. Finally he succeeded to establish 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 served as Vice President and is currently President of the IFCC; in this capacity he managed to establish the Professional Scientific Exchange Programme for young scientists, a scholarship for individual training and initiated recently the global IFCC campaign for disease management on diabetes mellitus.



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Carl A. Burtis, Ph.D., is Chief of Clinical Chemistry in the Health Division of the Oak Ridge National Laboratory. He is also a Clinical Professor of Pathology at the School of Medicine, University of Utah. He is a native of Colorado and obtained his B.S. degree from Colorado State University in Nutrition, and both M.S. and Ph.D. degrees in Biochemistry from Purdue University. Postgraduate training included a year as a postdoctoral research associate in the Analytical Chemistry Division of the Oak Ridge National Laboratory.

Dr. Burtis has been active in the affairs of the IFCC, serving as a member of the Expert Panel of Instrumentation, Committee on Analytical Systems, and the Scientific Division. He has been active in the affairs of the American Association for Clinical Chemistry (AACC) serving on its Board of Directors (1983-86) and as President in 1989. He also chaired the Organizing Committee for the 1990 International Congress of Clinical Chemistry. He has also served on committees of IUPAC and NCCLS. His publications number more than 100 and he has co-edited the 2nd and 3rd editions of the Tietz Textbook of Clinical Chemistry and the 4th and 5th edition of the Tietz Fundamentals of Clinical Chemistry.

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He received his medical education at the University of Glasgow, Scotland. Moved to Dalhousie University in Nova Scotia, Canada, in 1974, then to McMaster University, Hamilton in 1976. From 1977 until 1990, he was Chair of the Clinical Chemistry and Immunology Program of the Hamilton Health Sciences Laboratory Medicine Program. He is a Fellow of the Royal College of Physicians of Canada and a Fellow of the Canadian Academy of Clinical Biochemistry. His main clinical interests are in lipid and lipoprotein abnormalities with research interests in primary and secondary prevention of cardiovascular disease, biochemical factors influencing the development of cardiovascular disease, and genetic aspects of lipid disorders.

He was on the Council of the Canadian Society of Clinical Chemists from1976-85, Treasurer from 1978-81 and President from 1983-85. In 1985 he received the Ames Award of the Canadian Society of Clinical Chemists for outstanding achievement in the field of Clinical Chemistry. In 1996 he wast he first recipient of the Donald J. Campbell Award from the Alberta Society of Clinical Chemists. In 1998 received an award from the Canadian Academy of Clinical Biochemistry for Outstanding Service to the Profession of Clinical Biochemistry and a similar award from the Ontario Society of Clinical Chemists. The Hungarian Society of Clinical Pathology presented him in 1998 with the Jendrassik Medal for Scientific and Professional Achievement.

He was a member of the Board of the Canadian Academy of Clinical Biochemistry from 1986-88 and Chairperson from 1988-90.

In the International Federation of Clinical Chemistry and Laboratory Medicine he was a member of the Scientific Committee from 1982-87, Treasurer1988-90, Vice-President 1991-96, and President 1997-99.

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Renze Bais is Head of the Express Laboratory, Pacific Laboratory Medicine Services, Royal North Shore Hospital, Sydney and Associate Senior Lecturer, Department of Medicine, University of Sydney. He has over 20 years experience in major laboratories in Australia. He graduated from the University of Adelaide and did his PhD in enzymology at the same University. His original work in clinical biochemistry was in this area and then, for many years, he was involved in research in the areas of metabolic renal stone formation and the metabolic mechanisms of stressed catabolic states. His current research interests are the effect of automation and consolidation of laboratory efficiency, point of care testing and the use of quality control to drive laboratory improvements.

Dr. Bais is currently Vice-President of the Council of the Australasian Association of Clinical Biochemists and is Chair of the Scientific and Regulatory affairs Committee. He has been actively involved in the IFCC for many years, first as a member of the Enzyme Committee, then the Scientific Division including a term as Secretary and now as Secretary of the Executive Board.

Dr Bais has published over 90 scientific papers in peer reviewed journals as well as having co-authored more than 100 abstracts.

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Dr Hicks is currently the Chief Operating Officer of the Genetics Division of Genetics and IVF in Fairfax, Virginia. She is also Executive Director Emeritus, Center for Complex Diseases, and Chair, Department of Laboratory Medicine, Children's Hospital, Washington, DC. Until July 2001 Dr. Hicks was responsible for the Departments of Anatomic Pathology, Dentistry, Dermatology, Endocrinology, Gastroenterology & Nutritional Services, Genetics, Hearing & Speech, Laboratory Medicine, Metabolism, Physical Medicine & Rehabilitation, Physical & Occupational Therapy and Rheumatology. She is Professor Emeritus of Pediatrics and Pathology at The George Washington University School of Medicine.

She obtained her BSc (Honors) in Physiology and her MSc in Biochemistry from the University of London, UK. Her PhD in Physiology and Biophysics is from Georgetown University Medical School in Washington, DC. Her many national and international honors include Honorary Membership of the UK and Israel Societies of Clinical Biochemistry and the Portuguese Association of Clinical Pathology and The Egyptian Society of Laboratory Medicine. Dr. Hicks has been very active in the American Association for Clinical Chemistry and is a former President of that Association. She also served as the Chair of the Publications Division of the International Federation of Clinical Chemistry. She is the current Past-President of the International Association of Pediatric Laboratory Medicine. Dr. Hicks is frequently invited to speak both nationally and internationally. Her peer-reviewed publications total approximately 80, and she has had 18 books published. She also has served as editor of several journals. Her academic and administrative interests include pediatric reference values, point-of-care testing and strategic planning. Her personal interests include cooking, playing bridge, traveling and exercising. She is married to Melvin Blecher, PhD,JD who practices Intellectual Property Law, especially in Biotechnology.

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Like other colleagues in his department, Professor Lam fulfils a tripartite responsibility in teaching of medical students and MSc candidates in Clinical Biochemistry, serving as Chief of Service and Duty Biochemist, and participating in research activities. His research interests in immunology, lipidology and endocrinology, resulting so far in 98 publications, have accrued from his PhD work, a sabbatical period as Australian Heart Foundation Fellow in lipidology from 1992-93, and interdepartmental collaboration with colleagues of his university.

Dr Lam is a Fellow of the Royal Society of Chemistry (FRSC), UK and Fellow of the Academy of Clinical Biochemistry (FACB), US. Besides being an external examiner in biomedical sciences, chemical pathology and immunology for several local universities, his other services include President (1990-92) and Chairman of Accreditation Board (2000-03) of the Hong Kong Society of Clinical Chemistry (HKSCC), Vice President of the Asian Pacific Federation of Clinical Biochemistry (APFCB, 1998-2001), and IFCC Executive Board Member (2000-03).

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He is graduated in Chemistry in 1974 and in Biochemistry, Clinical Orientation in 1976 at the National University of La Plata, Argentina. From 1974 to 1982 he serve 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. Become 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.

He was member of the Executive Board of the Specialists on Biological Analyses Association during 1984- 86. He was Secretary of the Biochemical Federation of the Province of Buenos Aires during 1986 to 1992 period. He is 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. Member of the International Advisory Group of the American Association of Clinical Chemistry. He received the American Association of Clinical Chemistry International Fellowship Award (2000).

He has developed an intense post-graduated education given 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 act as adviser and professor for the Pan-American Health Organization in Guatemala and Ecuador.

In the International Federation of Clinical Chemistry and Laboratory Medicine he was active since 1992 being corresponding member of the Committee on Analytical Quality (C-AQ) of the Education and Management Division. In 1994 become member of the Nomination Committee. In 1997 become member of the C-AQ. Since 1998 he was the chairman of the same committee (C-AQ).

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Professor Vladimir Palicka, MD, PhD is a Professor of Biochemistry and Professor of Internal Medicine at the Charles' University of Prague, Medical Faculty in Hradec Kralove and Director of the Institute for Clinical Biochemistry and Diagnostics at the University Hospital in Hradec Kralove. He received his MD at the Palacky' University and after the training in clinical biochemistry he obtained 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 Vice-Dean of the Medical Faculty.

He served for 8 year as a President of Czech Society for Clinical Biochemistry (now in a position of Honorary President), for 3 years as a President of FESCC (Forum of the European Societies for Clinical Chemistry), now as Past-President. Member of AACC, ACB, Honorary Member of the Slovak Society for Clinical Biochemistry, Polish Society for Laboratory Diagnostics and Hungarian Society for Clinical Pathology. Member of the Editorial Board or Advisory Board of more that 10 Journals, including those published in USA, UK, or Italy.

Scientifically oriented mainly in clinical biochemistry, as well as clinical practice in osteology, most scientific papers from the last years are focused on that topic. Hold the position of the President of the Czech Society for Metabolic Bone Diseases. The further orientation is to clinical nutrition and intensive metabolic care. Up to now published more than 230 scientific papers and presented more than 600 lectures on scientific conferences.

Corporate Representative

VACANT

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 cause of disease, the maintenance of health, and the 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. Superficial consideration of the subject seems to justify this view. Thus, the first scientific societies for Clinical Chemistry and the journals with the term Clinical Chemistry in their titles appeared 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.

However, closer inspection shows that the beginnings of Clinical Chemistry and Laboratory Medicine as an independent discipline reach back to a much earlier time.

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 quite confusing and obviously subject to change. Some examples are 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 French accreditation to the name. Whilst 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 is called upon to examine 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 contains 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 ion selective electrodes, bioluminescence, affinity analysis, mass spectrometry, 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 and Laboratory Medicine.

Laboratories use electronic data processing to acquire data which minimises clerical work, improves the reliability of results by quality control, aids in the interpretation of results, and to provide management data for making the best use of laboratory resources. The contemporary clinical chemist must therefore be much more than just a specialist who analyses biological materials: he or she has to be the manager of a large, complex and diverse analytical service, with stringent demands for maintaining the highest analytical and quality standards and be able to apply

interpretative skills to the results produced, while at the same time exercising appropriate financial management.

Many scientists work within industry and have aided the rapid application of new technology. Industry also takes 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 so widening the traditional role for diagnostic laboratory professionals. .

Most recently, technical advances and the development of appropriate instruments, have created the possibility of performing tests away from the laboratory, specifically either at the patient's bedside or in the doctor's office. This development poses an interesting 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 which are presented earlier in this Handbook.

V. A BRIEF 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. Since then, close relationships have been maintained.

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 presidency of Professor Martin Rubin, which lasted for nearly eight years, 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 years 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 years 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.

The current President, Prof Mathias M Müller, was re-elected for a second three years term in Kyoto, 2002. He has served the Federation since 1983 as Secretary, Vice-Chair and Chair of the Scientific Division, and Vice-President. Since 2000 the Executive Board has continued to stress the interdisciplinary character of our discipline and to focus 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) 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. A new award for significant contributions in molecular diagnostics was 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.

As the scope of the Federation's activities expanded, so did 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, we were 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.

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, 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. It 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 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 73 Full Member national societies of Clinical Chemistry and Laboratory Medicine representing about 30 000 individual clinical chemists, laboratory scientists, and laboratory physicians and 31 Corporate Members covering the major areas of clinical laboratory developments.

The international nature of its membership is reflected in the composition of its various committees and groups. The IFCC must ensure that the location of the triennial congress and the representation on the Executive Board continues to reflect the increasing number and geographical diversity of national society members.

A more comprehensive history of the Federation can be obtained from the recently published book, IFCC Celebrating 50 Years by John Lines and Jacques Heeren, published in 2002 which describes in more detail the various steps from a small association of dedicated clinical chemists to a global, well established Federation serving Clinical Chemistry and Laboratory Medicine world-wide.

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 -

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-

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	2000 -

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 -

Members of Executive Board

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

Until 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 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 worldwide basis.

A new and hopefully productive collaboration with the Bureau International des Poids et Mesures (BIPM), the governmental world organisation of metrology, has been recently 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 medical needs.

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, 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 International 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 National Committee for Clinical Laboratory Standards (NCCLS). These communication links permit IFCC to comment on the documents of other organisations, participate in their meetings and more recently, conduct joint projects with these organisations. 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 and may be basis for 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)

AFCB, the Arab Federation of Clinical Biology, is a federation of associations, syndicates and corps 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.

10 countries form the AFCB: 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, and to share information, expertise and scientific achievements; to organise seminars and training in clinical biology and laboratory medicine; to publish scientific journals and periodicals specialised in clinical and laboratory medicine and to organise training and educational sessions; to participate in the creation of national corps and associations within the Arab countries that do not have such organisations so far in respect to their local legislation, then to give them support and advice to improve their development; to provide consultation and expertise to scientific and production institutions in the Arab world; to organise scientific congresses and to participate at both regional and national congresses in the Arab world and to provide the organising countries with all the scientific support needed; to co-ordinate with the council of Arab Ministers of Health, clinical laboratory science matters; to try to apply the common International Units; to give support to medical manufacturers in the Arab world concerning diagnosis reagents, primary reagents, kits and laboratory equipment; to support quality control programs in laboratories all over the world and to provide them with all the scientific expertise needed; to participate in local organisations dealing with medical laboratory sciences and also with international organisations such as the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and the African and Mediterranean and Far East Organisations; and to 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, and Morocco; the X congress will be in Tunis, Tunisia in 2004.

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Asian-Pacific Federation of Clinical Biochemistry (APFCB)

APFCB is a region very diverse in culture, population, languages and level of economic development. The main activity is the triennial conferences. The APFCB functions through its Education, Scientific and Publication Committees. The APFCB Newsletter is published and distributed to the clinical biochemists of the region ; there is an ongoing project on identification of "Resources Laboratories" data base ; workshops on pre and post analytical variation had been organised since 1995. The APFCB Education Committee is highly involved in selecting individuals for regional awards; and it is also engaged in preparing educational materials like multimedia teaching software for use within the region.

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Federation of European Societies of Clinical Chemistry (FESCC)

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 European Congresses of Clinical Chemistry, called MEDLAB. 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.

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Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)

COLABIOCLI is formed by 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 (SEBioCli) are also members. 13 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 hold the EC COLABIOCLI for the term 2003- 2005 are Argentina, Dominican Republic, Venezuela and Uruguay. COLABIOCLI is a non-governmental organization and represents Latin America at 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 member countries; to stimulate research in the field of laboratory sciences, and to 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 XVII COLABIOCLI congress will take place in Asunción, Paraguay in April, 2006.

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VII. IFCC Strategic Plan: an overview

The strategic plan was conceived and refined during the period 1990-1994 by the EB and reviewed with National Societies (NS) and Corporate Members (CM). 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, 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 mandatory standards issued by ISO, CEN, other International Organisations and National bodies such as NCCLS 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 was a need to ensure the Federation was 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 a succession planning and financial management. The plan also identified that the IFCC needed to take a leading role in supporting the scientific development in global standardisation 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 congruence between its activities and the stated expectations of the IFCC members, recognising the needs of developed and developing countries.
- To develop and maintain IFCC communications, to promote publications and products from IFCC, including publications and reference materials, also to set up joint promotion activities with international organisations such as WHO, WASPaLM, IUPAC, IRMM 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.
- 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 the current EB is undertaking, is to review the Strategic Plan and ensure 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
7.4.6. Beckman Coulter European Conference

7.5. Documents

7.6. List of addresses

CCD Executive Committee (CCD-EC)

Chair:

Prof. Lasse VIINIKKA (FI)

Members:

Dr. Albert FRASER (CA)
Dr. Joseph S.K. LEE (HK)
Dr. Josefina MORA (ES)
Dr. Andrea ROTHSTEIN (CO)
Prof. Istvan VERMES (NL)

Associate Member:

Prof. Tomris OZBEN (TR)

EB Liaison:

Prof. Vladimir PALICKA (CZ)

7.1 Summary of CCD

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

7.1.1. CCD Mission statement

The Congress and Conference Division is responsible for the general administration and management of all IFCC meeting activities (congresses, conferences, and symposia), and for approval of conferences not organised by IFCC functional units to obtain IFCC auspices.

7.1.2. CCD Strategy

The major aim of the CCD is to support and promote 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 aim for, and achieve, organisational and professional excellence.

7.1.3. Projects

The CCD will formulate and continuously update, guidelines, procedures and practices for IFCC-designated meetings, and monitor compliance throughout their planning and organisational stages. The CCD will assist the organizing groups in the administration and promotion of conferences, and will help these conferences obtain support, and achieve financial efficiency in the various economical aspects of their meetings.

The CCD will review 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 will keep an up-to-date 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, in order to allow members to be aware of these meetings, and to allow potential conference organisers to plan the dates of their meetings with care.

The CCD will designate as official IFCC approved meetings those conferences, which 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 endeavour to 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 will assist in expanding the list of IFCC Master Discussion on specific scientific and educational topics and to promote 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
L. Viinikka	Chair	FI	1st	2003-2005
I. Vermes	Secretary	NL	1st	2003-2005
A. Fraser	Member	CA	2nd	2003-2005
J. Lee	Member	HK	2nd	2002-2004
J. Mora	Member	SP	2nd	2002-2004
A. Rothstein	Member	CO	1st	2003-2005
T. Ozben	Associate Member	TR		

7.2. International Congress of Clinical Chemistry (ICCC)

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

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	2007

7.3.2. Federation of European Societies of Clinical Chemistry (FESCC)

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	Crakow (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

7.3.4. Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

S.to 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 (PA)	2006

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

7.4. IFCC Master Conferences

7.4.1. IFCC-Roche Diagnostics Bergmeyer Conferences

" Nucleic Acid Markers for Bacterial and Viral Infections in Intensive Care and Immunocompromised Patients"
Grainau, Germany, March 24-26, 2003

7.4.2. Beckman Coulter European Conference

" Biological & Cellular Applications of Proteins in Medical Laboratories"
Barcelona, May 30-31, 2003

7.4.4. IFCC General Conference

Sousse, Tunisia, May 13-17, 2004

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7.5. Documents

Auspices of the IFCC - Guidelines and Procedures

(Version November 1999) (available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/ifcc_auspices.pdf)

Guidelines and Procedures for IFCC designated Meetings (ICCC)

(Version August 2001) (available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/ifcc-iccc99.pdf)

Guidelines for IFCC Regional Congresses

(Version August 2001) (available as a PDF on the IFCC web site:
http://www.ifcc.org/divisions/CCD/Documents/guidl_reg_ con99.pdf)

7.6. List of Addresses

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Tel: +31-53-4873404
Fax: +31-53-4873075
E mail: i.vermes@ziekenhuis-mst.nl

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
8.2.0. Members of SD Executive Committee (SD-EC)
8.2.6. Nomenclature, properties and units (C-NPU) In Collaboration with IUPAC
8.2.11. Molecular Biology Techniques in Clinical Chemistry (C-MBT)
8.2.13. Plasma Proteins (C-PP)
8.2.19. Standardisation of Markers of Cardiac Damage (C-SMCD) Joint activity with AACC and DGLM
8.2.20. Standardisation of Coagulation Tests (C-SCT) In collaboration with ISTH
8.2.21. Reference Systems of Enzymes (C-RSE)
8.2.22. Point of Care Testing (C-POCT)

8.3. SD Working Groups
8.3.8. Reference Methods for Apolipoproteins (WG-MA)
8.3.16. Standardisation of Human Chorionic Gonadotropin (WG-SHCG)
8.3.18. Standardisation of Lp(a) (WG-Lp(a))
8.3.19. Standardisation of HbA1c (WG-HbA1c)
8.3.24. Nanotechnology (WG-NT)
8.3.29. Laboratory Practice Guidelines on Monitoring Immunosuppressive Drugs (WG-MID)
8.3.30. Standardisation of Plasma Homocysteine Measurement (WG-SHM)
8.3.33 Standardisation of Thyroid function tests (WG-STFT)
8.3.35 Standardisation of Hemoglobin A2 (WG-SHbA2)

8.4.Publications

8.5. List of Addresses

SD EXECUTIVE COMMITTEE (SD-EC)

Chair:

Prof. Jean-Claude FOREST (CA)

Vice Chair:

Dr. Mauro PANTEGHINI (IT)

Secretary:

Dr. Howard MORRIS (AU)

Members:

Dr. Nader RIFAI (US)
Dr. Ulf-Hakan STENMAN (FI)
Dr. Ian YOUNG (UK)

Corporate Representative:

Dr. Rolf HINZMANN (DE)

IRMM Consultant:

Dr. Heinz SCHIMMEL (DE)

NIST Consultant:

Dr. Michael WELCH (US)

SD Consultant/Chair JCTLM:

Dr. JHH THIJSSEN (NL)

EB Liaision:

Dr. Carl A BURTIS (US)

8.2 Committees

	Chair
8.2.6. Nomenclature, Properties and Units (C-NPU) In collaboration with IUPAC	U. Forsum (SW)
8.2.11.Molecular Biology Techniques in Clinical Chemistry (C- MBT)	C. Mannhalter (AT)
8.2.13. Plasma Proteins (C-PP)	G. Merlini (IT)
8.2.19. Standardisation of Markers of Cardiac Damage (C-SMCD)	F. Apple (US)
8.2.20. Standardisation of Coagulation Tests (C-SCT) In collaboration with ISTH	C. Jackson (US)
8.2.21. Reference Systems of Enzymes (C-RSE)	L. Siekmann (DE)
8.2.22. Point of Care Testing (C-POCT)	W.R. Külpmann

8.3 Working Groups

	Chair
8.3.8. Reference Methods for Apolipoproteins (WG-MA)	G.L. Myers (US)
8.3.16. Standardisation of Human Chorionic Gonadotropin (WG-SHCG)	C. Sturgeon (UK)
8.3.18. Standardisation of Lp(a) (WG-Lp(a))	A. Steinmetz (DE)
8.3.19. Standardisation of HbAlc/Glycohaemoglobin (WG-HbAlc)	K. Miedema (NL)
8.3.24. Nanotechnology (WG-NT)	L.J. Kricka (US)
8.3.29. Laboratory Practice Guidelines On Monitoring Immunosuppressive Drugs (WG-MID) In collaboration with IATDMCT	D. Holt (UK)
8.3.30. Standardisation of Total Plasma Homocysteine Measurement (WG-SHM)	E. Rossi (AU)
8.3.33 Standardisation of Thyroid function tests (WG-STFT)	C. Ronin (FR)
8.3.35 Standardisation of Hemoglobin A2 (WG-SHbA2)	A. Mosca (IT)

8.1. Summary of SD

In 1966, it was decided to establish a Committee on Standards "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 Scientific Committee and later to Scientific Division.

8.1.1 SD Mission Statement

Within the framework of IFCC, the mission of the Scientific Division (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 assist the transfer of research results to the profession.
- Identify scientific and technological problems in current practice and provide solutions.
- Facilitate the development and transfer of technical innovations to the clinical laboratory and the practicing clinician.
- 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 program committees of IFCC congresses and scientific meetings.
- Ensure the quality of IFCC scientific documents.
- Organise Master Discussions.

8.1.3. SD Projects

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. SD ensures that each of its committees and working groups are functioning under clear terms of reference together with an agreed schedule of activity. 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
J.C. Forest	Chair	CA	2nd	2000 01 - 2005 12
M. Panteghini	Vice-Chair	IT	1st	2002 01 - 2004 12
H. Morris	Secretary	AU	1st	2002 01 - 2004 12
N. Rifai	Member	US	1st	2003 01 - 2005 12
U.Stenman	Member	FI	1st	2003 01 - 2005 12
I. Young	Member	UK	1st	2003 01 - 2005 12
R. Hinzmann	Corp. Rep.	DE		
H. Schimmel	IRMM-Cons.	BE		
M. Welch	NIST Cons.	US		
J.H.H. Thijssen	SD Cons/ Chair JCTLM	NL		

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Terms of reference

The SD consists of up to 6 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 members are appointed by EB after consultation amongst 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

8.2.6. Nomenclature, properties and units (C-NPU) , in Collaboration with IUPAC

Membership

Name	Position	Country	Term	Time in Office
U. Forsum	Chair	SW	2nd	2003 01- 2005 12
P. Soares De Araujo	Secretary	BR	2nd	2002 01- 2004 12
G. Nordin	Member	SW	2nd	2003 01- 2005 12
A. Jabor	Member	CZ	2nd	2002 01- 2004 12
W. R. Külpmann	Member	DE	2nd	2002 01- 2004 12
R. Dybkaer	Consultant	DK		

Terms of Reference

- International harmonization of used Quantities, Units and Terms. A joint venture with IUPAC.
- Participation in Subcommittees of the Joint Committee on Guidelines in Metrology under the International Organisation for Standardisation (ISO)

Current Projects

- Properties and units for function examinations
- Properties and units in Medical Molecular Biology
- Concepts and structure for requests in clinical laboratories
- Global use of the C-NPU concept system for properties in toxicology
- Properties and units in proteomics of medical interest
- C-NPU concepts and traceability of measurements
- Maintenance and development of the C-NPU generic database (IFCC-IUPAC C-NPU database: http://www.ifcc.org/divisions/SD/C-NPU.htm)

8.2.11. Molecular Biology Techniques in Clinical Chemistry (C-MBT)

Membership

Name	Position	Country	Term	Time in Office
C. Mannhalter	Chair	AT	2nd	2002 01- 2004 12

Terms of Reference

- Guidelines for the use of molecular biology in laboratory medicine.

- Standardisation of molecular biology techniques.

Current Projects

- Collection of information on MBT in clinical laboratories.
- Standardisation of sampling and sample preparation procedures.

8.2.13. Plasma Proteins (C-PP)

Membership

Name	Position	Country	Term	Time in Office
G. Merlini	Chair	IT	1st	2004 01 - 2006 12
M. Johnson	Member	US	2nd	2003 01 - 2005 12
J. Sheldon	Member	UK	1st	2003 01 - 2005 12
K. Ichihara	Member	JP	1st	2003 01 - 2005 12
L.O, Hansson	Member	SE	1st	2004 01 - 2005 12
J.T. Whicher	Consultant	UK		
Y. Itoh	Consultant	JP		
F. Aguzzi	Consultant	IT		
M. Bienvenu	Consultant	FR		
H. Blirup-Jensen	Consultant	SW		
A. Carlström	Consultant	SE		
A. Milford Ward	Consultant	UK		
R.F. Ritchie	Consultant	US		
A. Larsson	Associate member			

Terms of Reference

- Standardisation of plasma protein determinations by the uniform use of an international reference material.
- Establishment of new reference ranges after uniform calibration of different 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 CRM470 plasma protein standard 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 CRM470.
- Preparation of guidelines for Bence-Jones protein measurement.
- Guideline for value-transfer from SSRM to master calibrators.

Proposed Projects

- Publication of results of the International Quality Control and Reference Interval Studies;
- Preparation of guidelines for the utilization of 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) Joint activity with AACC

Membership

Name	Position	Country	Term	Time in Office
F.S. Apple	Chair	US	1st	2004 01 - 2006 12
F. Pagani	Member	IT	1st	2004 01 - 2006 12
I. Ravkilde	Member	DK	2nd	2002 01 - 2004 12
J. Tate	Member	AU	1st	2004 01 – 2006 12
A Wu	AACC	US		
R.H.Christenson	AACC	US		

Terms of reference

- Selection of biochemical markers and sample frequency
- Recommendation, standardisation and evaluation of available tests
- Attempts to improve performance of biochemical markers

Current projects

- Preparation of a secondary reference material for myoglobin
- Preparation of a primary reference material for troponin I
- Development of a certified troponin I secondary reference material
- Standardization of BNP

- Update of the 1999 "Guidelines for the Use of Cardiac Markers"

8.2.20. Standardisation of Coagulation Tests (C-SCT)

In collaboration with ISTH

Membership

Name	Position	Country	Term	Time in Office
C. Jackson	Chair	US	2nd (ext.)	2003 01 – 2004 12
A. Ruf	Member	DE	1st	2004 01 – 2006 12
E. M. Vahtera	Member	FI	1st	2004 01 – 2006 12
J. Lahav	Member	IS	1st	2004 01 – 2006 12
S. Kostovska	Member	MK	1st	2004 01 – 2006 12
G. White	ISTH	US		
T.W.Barrowcliffe	ISTH	UK		
J Lenahan	ISTH	US		
C. Kluft	ISTH	NL		

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Terms of reference

- Standardization of coagulation tests
- Report to IFCC-SD and ISTH-SCC

Current projects

- Standardization of protein C and pre-analytical factors affecting coagulation testing
- Standardization of antithrombin III
- Standardization of POCT for coagulation testing

8.2.21. Reference Systems of Enzymes (C-RSE)

Membership

Name	Position	Country	Term	Time in Office
L. Siekmann	Chair	DE	2nd	2003 01 – 2005 12
G. Férard	Vice Chair	FR	2nd	2003 01 – 2005 12
G. Schumann	Member	DE	2nd	2003 01 – 2005 12
F. Cerotti	Member	IT	2nd	2003 01 – 2005 12
T. Kanno	Member	JP	2nd	2003 01 – 2005 12
J.M. Lessinger	Consultant	FR		
D.W. Moss	Consultant	UK		
R. Rej	Consultant	USA		
F. Schiele	Consultant	FR		
N. Tietz	Consultant	US		
A. Vassault	Consultant	FR		

Terms of Reference

1. IFCC Enzyme Reference Measurement Procedures

   New 37°C IFCC enzyme reference procedures are developed on the basis of existing 30°C enzyme methods.

2. Network of Enzyme Reference Laboratories

   A group of reference laboratories from hospitals and industry, which are able to perform adequate measurements according to a list of stated requirements has been identified.

3. Enzyme Reference Materials

   Reference Materials provided by the IRMM (Institute for Reference Methods and Materials of the European Union) are certified by the network of reference laboratories. The materials will be 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

1. New procedures for CK, LDH, ALT, AST and GGT have been evaluated by several laboratories and published as 37°C IFCC reference procedures together with the relevant reference intervals in 2002. The procedures have

been used to re-certify existing BCR reference materials for CK, LD, ALT. AST and GGT.

2. The recently published 30°C IFCC- approved Amylase method has been optimised to 37°C and proposed as 37°C IFCC reference procedure; the existing BCR Amylase reference material (CRM 476) has been re-certified in co-operation with the IRMM. As soon as a tentative reference interval has been established the reference procedure will be published after a mail ballot among IFCC member societies.

3. A 37°C ALP reference procedure is under development. Preliminary experimental studies have been performed in several laboratories in order to establish a valid and generally accepted ALP reference procedure. This will be used to select a candidate preparation as BCR reference material with respect to its commutability and to certify this preparation by the laboratory network in co-operation with the IRMM.

4. In co-operation with IRMM and experts from manufacturer laboratories the needs and possibilities for the preparation of a multi-enzyme reference material will be discussed.

8.2.22 Point of Care Testing (C-POCT)

Membership

Name	Position	Country	Term	Time in Office
W. R. Külpmann	Chair	DE	1st	2004 01 - 2006 12
P. D'orazio	Member	US	1st	2004 01 - 2006 12
N. Fogh-Andersen	Member	DK	1st	2004 01 - 2006 12
E. Jacobs	Member	US	1st	2004 01 - 2006 12
A. St.John	Member	AU	1st	2004 01 - 2006 12

Terms of Reference

- Point of care testing.

Current Projects

- Point of care testing: its role and reliability.
- Quality control testing of glucose in different health settings.
- Guidelines for the measurement of ionized magnesium.

8.3. SD Working Groups

8.3.8. Reference methods for apolipoproteins (WG-MA)

Membership

Name	Position	Country	Term	Time in Office
G.L. Myers	Chair	US	1st	2004 01 – 2006 12
G.R. Cooper	Member	US		
J. B. Barr	Member	US		
M. Lammers	Associate Member	US		
E. J. Sampson	Member	US		

Terms of Reference

- Establishing reference methods for the determination of apolipoproteins. Joint venture with CDC.
- Collaborative analytical support of the WHO/IFCC standardisation program on SSRM for Apo A-I and Apo B.

Current Projects

- Repository for the WHO-IFCC First International Reference Reagents for Apolipoproteins A-1and B. These pools are stored at –70 degrees. Preparation of new apo B reference material (SP3- 8=according to NCCLS 37–A guidelines.

8.3.16. Standardisation of human chorionic gonadotropin (WG-SHCG)

Membership

Name	Position	Country	Term	Time in Office
C. Sturgeon	Chair	UK	1st	2003 01 – 2005 12
J.M. Bidart	Member	FR		
S. Birken	Member	US		
P. Berger	Member	AT		
R. Norman	Member	AU		
B. Nisula	Member	US		

Terms of Reference

- Preparation of 6 new 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

- Promotion of the reference preparations
- Establishment of conversion factors from molar to SI units
- In collaboration with IRMM, defining applications for excess materials (resulting from the preparation of the reference materials)
- Feasibility study on the use of partially purified hCG to facilitate performance of assay comparability studies

8.3.18. Standardisation of Lp(a) (WG-Lp(a))

Membership

Name	Position	Country	Term	Time in Office
A. Steinmetz	Chair	DE	2nd	1998 01 - 2003 12
F. Dati	Secretary	DE		
R. Couderc	Member	FR		
K. Berg	Member	NO		
G. Kostner	Member	AT		
N. Rifai	Member	US		
I. Sakurabayashi	Member	JP		
J. Tate	Member	AU		

Terms of Reference

- Preparation of secondary reference material for Lp(a)

Current Project

- Submission of the material for acceptance by WHO in February 2003. The material is expected to be approved soon after further information.

8.3.19. Standardisation of HbA1c (WG-HbA1c)

Membership

Name	Position	Country	Term	Time in Office
K. Miedema	Chair	NL	Extra term	2004 01 – 2006 12
W. Hölzel	Secretary	DE		
I. Goodall	Member	AU		
T. Hoshino	Member	JP		
J.-O. Jeppson	Member	SE		
R. R. Little	Member	US		
G.Myers	Member	US		
A. Mosca	Member	IT		

Terms of Reference

- Definition of HbA1c.
- Preparation and validation of primary reference material (standardisation by calibration)
- Development of a reference method for HbA1c
- Development of a reference system for HBA1c/Glycohemoglobin
- Uniform calibration of commercial methods. Value-assignment to secondary reference materials, specific standards and controls
- International surveys.

Current Projects

- Primary reference material is currently being certified by IRMM
- Promotion of utilization of primary and secondary reference materials and reference methods
- Participation in global IFCC campaign on diabetes

8.3.24. Nanotechnology (WG-NT)

Membership

Name	Position	Country	Term	Time in Office
L.J. Kricka	Chair	US	2nd	2003 01 - 2005 12
P. Fortina	Vice-Chair	US		
J.Faiz Kayyem	Member	US		
M. Ferrari	Member	IT		
Y.Miyahara	Member	JP		
N.Oranth	Member	DE		

Terms of Reference

- Surveillance of the current status of nanotechnology and identification of areas of clinical applications, such as point of care testing, multiple simultaneous testing, genetic testing.
- Assessment of the scope of microchip testing and the impact of this new direction in analyses on the practice of laboratory medicine.

8.3.29. Laboratory Practice Guidelines on Monitoring Immunosuppressive Drugs (WG-MID) Joint activity with IATDMCT

Membership

Name	Position	Country	Term	Time in Office
D. Holt	Chair	UK	2nd	2003 01 – 2005 12
K. Napoli	Member	US		
V. Amstrong	Member	DE		
A. Griesmacher	Member	AT		
R. Morris	Member	AU		
L. Shaw	Member	US		
R. Venkaratamanah	Associate Member	US		

Terms of Reference

- Review current consensus documents on monitoring cyclosporine, tacrolimus, sirolimus and microphenolic acid and identify areas which require updating or writing de novo.

- Prepare review style articles that can be used by medical laboratory's workers, pharmacists or clinicians as reference documents on best practice for monitoring these drugs.
- Develop consensus guidelines on the interpretation of the results.

8.3.30. Standardisation of Total Plasma Homocysteine Measurement (WG-SHM)

Membership

Name	Position	Country	Term	Time in Office
E. Rossi	Chair	AU	2nd	2002 01 – 2004 12
J.P. Beilby	Vice Chair	AU		
C.M. Pfeiffer	CDC	US		
M. Welch	NIST	US		
J.P. Ubbink	Member	SA		
J. Moller	Member	DK		
D. Wilcken	Member	AU		
M. Tsai	Member	US		
V. Ducros	Member	FR		

Terms of Reference

- Development of serum based reference materials suitable for the validation of plasma homocysteine measurements.

8.3.33 Standardisation of Thyroid function tests (WG-STFT)

Membership

Name	Position	Country	Term	Time in Office
C. Ronin	Chair	FR	2nd	2002 01 – 2004 12
L. Thienpont	Member	FR		
J.J. Thijssen	Member	NL		

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 calibrators for mass calibration

8.3.35 Standardisation of Hemoglobin A2 (WG-SHbA2)

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	Corp. Rep.	UK		
A. Van Dorsselaer	Member	FR		
B. Wild	Member	UK		

Terms of Reference

- To prepare a reference material for hemoglobin A2 in conjunction with IRMM.

8.4.Publications

A complete list of IFCC publications is available on the IFCC web site at: http://www.ifcc.org/documents/default.htm

8.5. List of Addresses

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X.(9). Education and Management Division

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9.5 List of Addresses

EMD Executive Committee (EMD-EC)

Chair:

Prof. Gerard SANDERS (NL)

Vice Chair:

Dr. Mary BURRITT (US)

Member:

Ing. Leo VANKRIEKEN (BE)

EB Liaison:

Dr Daniel MAZZIOTTA (AR)

The Education and Management Division (EMD) is a key resource for all members of IFCC. EMD facilitates the development of managerial skills, supports educational activities in laboratory medicine and offers critiques, advice and cutting-edge expertise on issues and problems related to laboratory management, teaching and education. EMD provides many of these educational, teaching, and consultative services through its committees.

9.2 Committees

	Chair
9.2.0.Executive Committee (EMD-EC)	G. Sanders (NL)
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.Curriculum Development (C-ECD)	L. Allen (CA)
9.2.9 Committee on Clinical Laboratory Management (C-CLM)	I. Wilkinson (CA)

9.3 Working Groups

	Chair
9.3.3 Master in Clinical Laboratory Science, La Plata University Program (WG-MLS)	N. Fink (AR)
9.3.4. Laboratory management of r-HuEPO therapy (WG-EPO)	L. Thomas (DE)
9.3.5 Reviewing Educational Materials (WG-REM)	B. Dufour (US)
9.3.6 Guidelines for Proficiency Testing (WG-PT)	
9.3.7 Distant Education (WG-DE)	D. Juretic (HR)

9.4 Special Projects

	Chair
9.4.1.Visiting Lecturer Program (VLP)	M. Burritt (US)
9.4.2.Flowtometry (WG-FC)	G. Rothe (DE)

9.1 Summary of EMD

The Education and Management Division (EMD) has a broad mission in fostering educational activities and managerial skills. The Divisional activities are currently carried out by five Committees, three Working Groups and Special Projects.

9.1.1 EMD Mission Statement

EMD will provide IFCC members and the health-care community with the best 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.
- reaching it's 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

- Master Course on Education in Clinical Chemistry
- Field Studies of Laboratory Organisation and Management
- Visiting Lecturer Program
- Managing the Quality of Laboratory Tests
- La Plata University Curriculum - Master in Laboratory Science
- Workshop Programs

9.1.4. Members of EMD Executive Committee and Terms of Reference

Name	Position	Country	Term	Time in Office
G. Sanders	Chair	NL	2nd	2003 01- 2005 12
M. Burritt	Vice Chair	US	1st	2003 01 - 2005 12
L. VanKrieken	Member	BE	1st	2003 01 - 2005 12

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Terms of reference

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

Its functions include the following:

- 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	1 st	2002 01 - 2004 12
S. Kraiss	Member	US	1st	2003 01 - 2005 12
H. Sprecher	Member	IL	1 st	2003 01 - 2005 12
M. Neumaier	Member	DE	1st	2003 01 - 2005 12

Terms of reference

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

Projects

- Molecular Biology Course – Kyoto 2000
- Molecular Biology Courses at Regional Meetings

9.2.5 Analytical Quality (C-AQ)

Name	Position	Country	Term	Time in office
K Sikaris	Chair	AU	1st	2004 01- 2006 12
D. Harell	Member	IL	2nd	2002 01 – 2004 12
J.C. Libeer	Member	BE	2nd	2002 01 – 2004 12
G. M. Henriksen	Member	DK	1st	2003 01 – 2005 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. However to pinpoint analytical problems as a trigger for quality improvement, the current work items of C-AQ are concentrated on external quality assessment schemes (EQAS) and external quality assurance programs (EQAP).

The main focus of C-AQ is currently in 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 ways of doing internal quality control and external quality assessment may also be dealt with.

C-AQ promotes collaboration between EQA programs from all sub-disciplines of laboratory medicine. This is to fulfill the professional operating domain of C-AQ with the general objectives of EMD, to 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 have been running since the end of 1997 and the countries that receive it are: Latin-American Region: Dominican Republic (twice), Bolivia and Uruguay, Iran, India, Bulgaria, Lebanon.

A Network for Reference Laboratories for Enzyme Measurement, NRLEM, has been established between Germany and Argentina.

Courses
Education and training is fundamental for the promotion of EQAS in countries were no such activity exists or it is incipient. The human resources with the appropriate knowledge is a key factor to establish schemes. In the Latin-American region a successful experience has being obtained with courses on organisation and management of EQA schemes and self preparation of control materials to make the schemes work.

Software for Managing EQA Scheme.
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	2003 01 – 2005 12
J. Watine	Member	FR	1st	2003 01 - 2005 12
P. Jorgensen	Member	DK	1st	2003 01 - 2005 12

Terms of reference

The committee is broadening the scope of its activities from systematic reviewing to the broader field of Evidence Based Laboratory Medicine. Putting this into action and creating the relevant co-operations within and outside IFCC will be one of the main activities for the near future.

Projects

- Arrange workshops in Evidence Based Laboratory Medicine
- Promote the value of Systematic Reviewing.
- Organise groups and individuals willing to perform systematic reviewing.
- Promoting STARD: STAndards for Reporting of Diagnostic accuracy.
- Contruction of a Web Site on laboratory tests and their reviewed literature

9.2.8 Education and Curriculum Development (C-ECD)

Membership

Name	Position	Country	Term	Time in office
L. Allen	Chair	CA	1st	2002 01 - 2004 12
M. Scott	Member	US	1st	2003 01 - 2005 12
N. E. Fink	Member	AR	1st	2003 01 - 2005 12
D. Juretic	Member	CR	1st	2003 01 - 2005 12

Terms of reference/Mission

- To play a leadership role in education and curriculum design in clinical laboratory medicine at an international level.

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
- Liaise with Associate Members to determine educational needs of their countries / regions and work with them to improve education in clinical laboratory sciences

Projects

- Prepare article on clinical case material for teaching in clinical chemistry – completed
- Develop outline for Course on Curriculum Development – completed

- Develop educational modules in clinical laboratory medicine
- Compile web-based information in clinical laboratory medicine
- Oversee Master Program in La Plata
- Liaise with Associate Members and assist with their educational needs
- Engagement with Distance Learning for which a WG will be established

9.2.9 Committee on Clinical Laboratory Management (C-CLM)

Name	Position	Country	Term	Time in office
I. Wilkinson	Chair	CA	1st	2003 01 - 2005 12

Terms of reference

The mandate of this new committee will be 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. In general developed countries already possess adequate clinical laboratory management skills.

Plan of Action

This committee's first task should be the production of an IFCC monograph on Basic Clinical Laboratory Management.

Conducting a needs assessment of developing countries and draw up a prioritized list of future projects, together with timelines for completion and cost estimates.

Close co-operation with the Visiting Lecture Program and other EMD committees in order to effectively and efficiently ensure that the right management resources are applied to the right place at the right time for a reasonable cost.

9.3 Working Groups

9.3.3 Master in Clinical Laboratory Sciences, La Plata University Program (WG-MLS)

Membership

Name	Position	Country	Term	Time in office
N. Fink	Chair	AR	2 nd	2001 01 - 2003 12

Terms of reference

The Working Group has established a Master in Clinical Laboratory Sciences Course at the University of La Plata, Argentina. The course provides clinical biochemists

with a firm grounding in the theory, technology, and science of clinical laboratory medicine.

It includes:

- Analytical Methods
- Organisation and Management of Clinical Laboratories
- Selected topics in several areas of the clinical laboratory
- Advanced concepts of Molecular Biology and Human Pathology
- Tools (computing science, information management, statistics, evidence based laboratory medicine)

Projects

Creation of an MLS Program at Universidad Nacional de La Plata, Argentina

9.3.4. Laboratory Management of r-HuEPO (WG-EPO)

The Education and Management Division (EMD) of IFCC, chaired by Prof. Dr. G. Sanders, Amsterdam, has established a working group on the subject of Laboratory Management of r-HuEPO Therapy (WG EPO).

Structure and Membership

The WG EPO consists of 7 sponsored members, which include the chair, 5 full members and 1 corporate member from industry. Other members from industry who are interested in the subject will be corresponding members.

Name	Position	Country	Term	Time in office
L. Thomas	Chair	DE	1st	2002 01 – 2004 12
C. Brugnara	Member	US	1st	
M. Cazzola	Member	IT	1st	
J. Cook	Member	US	1st	
J. Iino	Member	JP	1st	
W. Oosterhuis	Member – representing C-EBLM	NL	1st	
P. Lehmann	Corporate Member	DE	1st	

Terms of Reference

- The scope of the WG EPO will be the replacement of blood donations by r-HuEPO therapy.

- The WG EPO will evaluate the optimal use of laboratory tests to select patients for r-HuEPO treatment and recommend tests useful to monitor r-HuEPO therapy.
- The target audience will be IFCC members, other health care professionals, health care agencies and governmental organisations and the diagnostic industry.

Topics to be addressed are

- to review the literature for laboratory tests which can be recommended to select patients for r-HuEPO treatment
- to review the literature for tests useful to monitor r-HuEPO therapy
- to recommend scientific investigations
- to publish best practice guidelines.

9.3.5 Reviewing Educational Materials (WG-REM)

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Name	Position	Country	Term	Time in office
B. Dufour	Chair	US	1st	2003 01 - 2005 12

Term of Reference

Working with the Education and Curriculum Development Committee of the Education Management Division, the Working Group will be responsible for review of educational materials for potential distribution and/or publication by IFCC. The major functions of the Working Group will be to respond to needs for educational programming by:

- Reviewing existing educational materials already developed by IFCC member societies and other companies and organisations.
- Identifying materials that are suitable for meeting these educational needs.
- Reviewing newly developed educational materials submitted to IFCC.
- Working with authors of in-preparation educational materials to assure that materials developed are appropriate to the needs of IFCC and its member societies.
- Developing lists (both paper and electronic links) listing approved educational offerings
- Contacting societies and companies and to continually update information on educational programming
- As needed, in conjunction with the Education and Curriculum Development Committee, determining needs and priorities of member societies for development of educational programs.

- Suggesting appropriate formats for educational program development.

Since the functions of the Working Group will be primarily review, communication, and consultation, it is likely that meetings of the Working Group would be primarily electronic or by conference call. Once educational content of programs is approved, decisions on appropriate mode of distribution for IFCC published programs will be made by higher levels of the organisation.

Initial tasks of the Working Group would be include:

- Review of educational materials already submitted to IFCC for consideration (Chronomed CD-ROM's, WHO publication on Use of Anticoagulants and German Society pamphlet on The Quality of Diagnostic Samples.
- Contact with manufacturer's actively involved in education to determine interest in distribution of materials through IFCC
- Contact with member societies known to be active in developing educational materials (Timo Kouri, European Urinalysis Guidelines; Scandanavian Society curriculum; ACB CD-ROM's; AACC distance learning programs)
- Develop a review format and schedule for evaluation of educational programs

9.3.6 Working Group on Guidelines for Proficiency Testing (WG-PT)

This WG is in the process of being formed.

9.3.7 Working Group on Distance Education (WG-DE)

Membership

Name	Position	Country	Term	Time of Office
Dubravka Juretic	Chair	HR	1 st	2003 01 – 2005 01
Andrea Mosca	Member	IT	1 st	2003 01 – 2005 01
Mariam Klouche	Member	G	1 st	2003 01 – 2005 01
Debora McKay	Member	CA	1 st	2003 01 – 2005 01

Terms of Reference

Liaise 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 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 Working Group on the Review of Educational Materials (WG-REM) or existing working groups on "multimedia teaching" in the IFCC National Societies
- Prepare a questionnaire to obtain insight on the "state of the art" on 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) 'Co Sponsored by DPC'

Membership

Name	Position	Country	Term	Time in office
M. Burritt	Chair	US	1 st	2000 01 - 2003 12

Term of reference

This program supports international cooperation in educational activities through funding of lectureships on and participation in 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)

Name	Position	Country	Term	Time in office
G. Rothe	Chair	DE	1st	2001 01 - 2003 12
A. Thews	Co-chair	CH		
D. Barnett	Member	UK		
M. Maerer	Member	DE		
M. O'Gorman	Member	IL, US		
A. Orfao	Member	ES		

Terms of Reference

The Working Group intends to promote complex and new 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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10.1.2 CPD Strategy
10.1.3 Projects

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10.3.2. IFCC News and WG-IFCC News
10.3.3.World Wide Web and WG-WWW
10.3.4.Working Group on Ibero-American Nomenclature and Translations (WG-IANT)

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10.9.Public Relations

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10.9.2. IFCC Cyberstand
10.9.3.Posters
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10.9.5. Miscellaneous Public relations projects
10.10. Corporate Member activities

10.19.CPD meetings

10.20. List Of Addresses

CPD Executive Committee (CPD –EC)

Chair:

Dr. Andrew WOOTTON (AU)

News Editor:

Dr. Ellis JACOBS (US)

Editor of Documents:

Dr. Peter LEHMANN (US)

Web Coordinator:

Mr. Craig WEBSTER (UK)

Editor ejIFCC:

Dr. David WILLIAMS (UK)

Consultant:

Dr. Heiko ZIERVOGEL (DE)

EB Liaison:

Dr. Christopher WK LAM (HK)

The aim of the Communications and Publications Division (CPD) is to communicate the work of the IFCC to clinical scientists, physicians and health policy- makers worldwide, 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 composed of an Executive Committee and Working Groups for each CPD program. Ad hoc task forces for specific projects can also be formed.

10.1 Summary of CPD

The CPD is one of the four Divisions reporting to the Executive Board. It is responsible for all of the publication activities of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC).

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.

All IFCC publications are copyrighted by IFCC.

10.1.1. CPD Mission Statement

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 reinforces the use of electronic communication that allows IFCC documents to be consulted by all members at no cost.

10.1.2. CPD Strategy

The major objective of this division is 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.

A priority for the CPD is to pursue the following objectives:

- define the types of communication and of multimedia training that might be proposed to IFCC members
- identify, evaluate, ensure continuous technical awareness, and act as a central point for access to existing 'products', notably those coming from Committees, Working Groups, National Societies and Corporate Members
- develop new products, such as the redesigned 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.

10.2. Members of SD Executive Committee and terms of appointment

Name	Position	Country	Term	Time of Office
A. Wootton	Chair	AU	1st	2004 01 - 2006 12
E. Jacobs	News Editor	US	2nd	2001 01- 2006 12
P. Lehmann	Editor of Documents	US	1st	2002 01- 2004 12
C. Webster	Web Coordinator	UK	2nd	1999 01 - 2004 12
D. Williams	Editor of e-JIFCC	UK	1st	2001 01 - 2004 12
H. Ziervogel	Consultant	DE		

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 publication 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 catalogs all publications of IFCC, is maintained.

10.3. CPD WORKIG GROUPS

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

Membership

Name	Position	Country	Term	Time of Office
D. Williams	Chair	UK	1st	2001 01 - 2004 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.

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 is published only on the website.

10.3.2. IFCC News and WG-IFCC News

Membership

Name	Position	Country	Term	Time of Office
E. Jacobs	Chair	US	2nd	2001 01-2006 12
R. Galimany	Member	SY	2nd	2002 01- 2004 12
D. Gruson	Member	FR	1st	2003 01-2005 12
M. Hjelm	Member	UK	1st	2003 01-2005 12
J. Lopez	Member	MY	1st	2001 01-2003 12
H. Morris	Member	AU	1st	2001 01-2003 12
S. Raymondo	Member	UR	2nd	2002 01- 2004 12
G. Shannan	Member	SY	2nd	2002 01- 2004 12
R. Sierra-Amor	Member	MX	2nd	2002 01- 2004 12

Terms of Reference

IFCC News is a section on the web-site which informs members of the activities of the Federation.

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.

IFCC News is sent via e-mail to subscribers and is printed in Labmedica International.

10.3.3.World Wide Web and WG-WWW

Membership

Name	Position	Country	Term	Time of Office
C. Webster	Chair	UK	2nd	1999 01-2004 12
A. Wootton	Member	AU	2nd	1999 01-2004 12

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.

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.

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

Membership

Name	Position	Country	Term	Time of Office
X. Fuentes-Arderiu	Chair	SP	2nd	2003 01-2005 12
F. Argaña-Gómez	Member	PA	2nd	2003 01-2005 12
L. Bertello	Member	AR	2nd	2003 01-2005 12
M. Blanes- González	Member	PA	2nd	2003 01-2005 12
M.J. Castiñeiras-Lacambra	Member	SP	2nd	2003 01-2005 12
J. Guariguata	Member	VE	2nd	2003 01-2005 12
H. Marques-Tibúrcio	Member	BR	2nd	2003 01-2005 12
E. Melo-Gomes	Member	PO	2nd	2003 01-2005 12
M. Morejon-Campa	Member	CU	2nd	2003 01-2005 12
C. A. Oquendo	Member	PR	2nd	2003 01-2005 12
S. Raymondo	Member	UR	2nd	2003 01-2005 12

Terms of Reference

- Organise and manage the Ibero-American corner on the web site
- Produces Spanish translations of IFCC 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, the 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, the credit should be addressed 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 all 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 Chair of 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

Copyright release can be obtained for all IFCC publications by sending a request in writing to the Chair of the CPD, who will solicit the opinion of the members of 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 always available on the IFCC website.

10.6.PUBLICATIONS

10.6.1. Preparation of Documents of Committees/Working Groups

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.

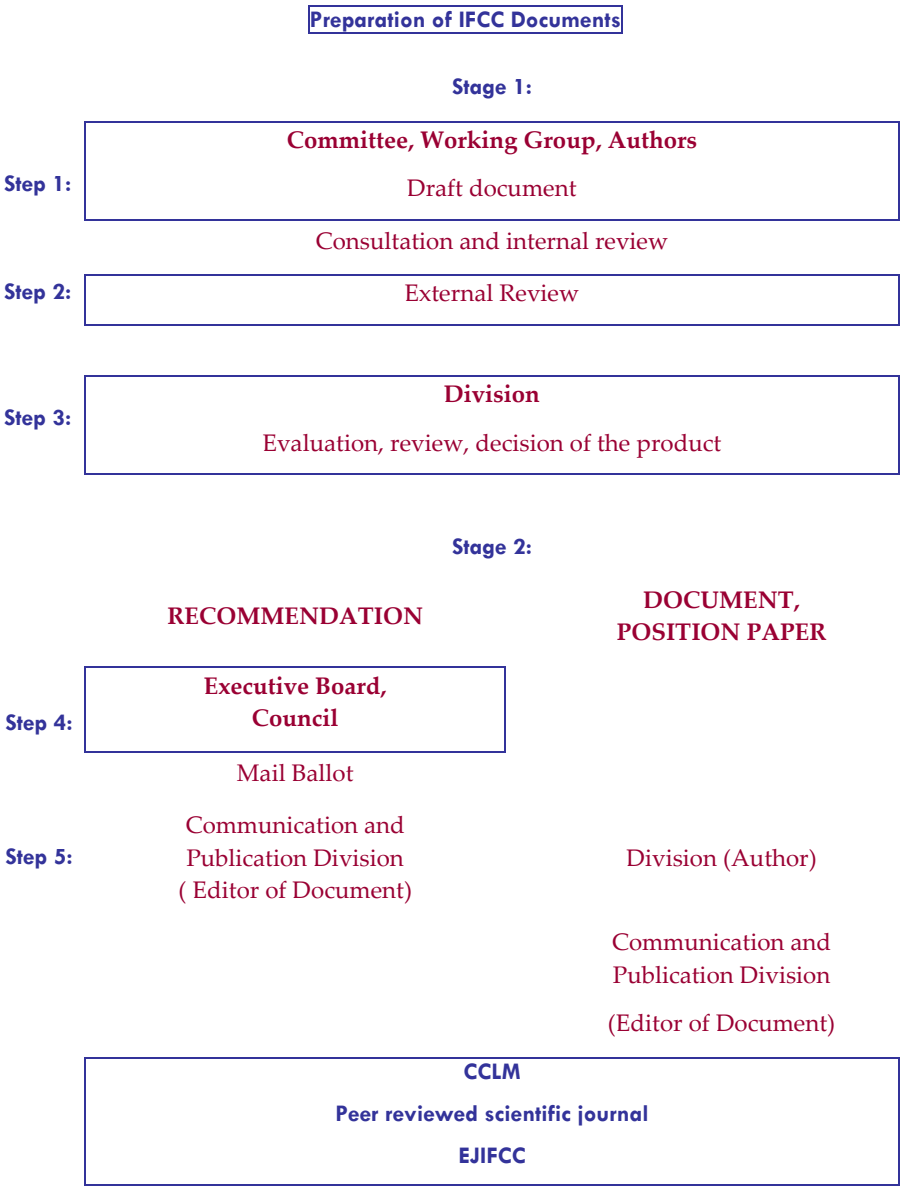
Step 2: If the publication is planned to occur in a peer reviewed scientific journal, the author identifies, in consultation with the Division, two to six external referees. The Division may accept as an alternative, to use referees appointed by the editor of a scientific journal. Comments received from 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 footnote 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.



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 contacted 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 compose pertinent publications, lists and dynamic links to specific pages of the IFCC web site as a function of the congresses or conference programs

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 includes computer facilities to demonstrate IFCC activities whenever 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 at 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, to solicit support from Corporate Members for CPD activities when required, and to 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 Addresses

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XII.(13.0). Special Projects

13.6. Global Campaign on Diabetes

13.6.1. Membership

Name	Position	Country	Term	Time in Office
S. Sandberg	Chair	NO	1st	2003 01- 2005 12
M. McQueen	Member	CA	1st	2003 01 - 2005 12
K. Miedema	Member	NL	1st	2003 01 - 2005 12
H. Morris	Member	AU	1st	2003 01 - 2005 12

Introduction

Improving the laboratory diagnosis and management of diabetes

The campaign is guided by two overall aims:

- 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.
- To closely 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 are affected and the incidence is increasing
- 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.
- It is also 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

Aims

- Compile a "fact file" or "practice guideline" which contains what laboratory scientists should know about the diagnosis and management of diabetes. This fact file should be regularly updated and published and where possible it should be based on evidence-based medicine.

- Issue guidelines/recommendations on analytical methods including required quality for the analytical parameters involved in the laboratory diagnosis and management of diabetes ie. Glucose, HbA1c, micro-albumin, renal function and lipids.
- Determine who are our professional colleagues in diabetes care, including government bodies, on a country to country basis. It will include physicians, general practitioners, diabetes educators, nurses and of course patients. The goal is to develop, improve or maintain relationships with these groups and show how laboratory scientists can or are already contributing to diabetes care.
- Publicise how "diabetes care" is organised in different countries so that the less organised can learn from the better organised.
- Promote and develop existing IFCC SD research activities associated with diabetes including standardisation of whole blood glucose and HbA1c determinations, connectivity standards for glucose measurement instruments etc.

13.6 List of Addresses

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13.7 Task Force on Ethics

Name	Position	Country	Term	Time in office
L. Burnett	Chair	AU	1 st	2002 01 - 2004 12
M.J. McQueen	Member	CA	1st	2003 01 - 2005 12
J.J. Jonsson	Member	IE	1 st	2003 01 - 2005 12
F. Torricelli	Member	IT	1st	2003 01 - 2005 12
S. Hojvat	Member	USA	1st	2003 01 - 2005 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.

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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 range 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, and has found this can be 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 a long 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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XIII.(15.1). FINANCE

15.1. Summary of Finance Advisory Committee

All the IFCC activities are financed through the IFCC Treasury and a main source of income is the membership fees. Although the Federation has no individual members, 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 companies' world-wide turnover of business that is related to Clinical Chemistry. Affiliate Members also pay modest membership dues to IFCC. Careful investment of the reserve funds has become an important source of income during the past years. Congresses sponsored by IFCC have also made valuable contributions to the revenue of the Federation, with the local organisers and IFCC sharing any surplus.

On several occasions IFCC has received grants from various sources for special assignments. In particular there have been several projects in cooperation with WHO. Corporate Members have sponsored the IFCC Travelling Lectureship, the Bergmeyer and Beckman Conferences.

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 community, the work of IFCC could never be carried out. 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 major expenditure since it is general policy to select specialists from many different countries, reflecting the international quality of the Federation.

For several years the cost of the work of the Technical Secretariat of IFCC was generously met by Radiometer Limited, in Copenhagen. This was always understood to be a time limited agreement, and in 1991 the IFCC assumed the responsibility of meeting the costs from its own resources.

July 1989 saw the first issue of the Journal of the IFCC. This has enabled funds, which in the past were used to publish the IFCC News, to be transferred to the support of increased educational and scientific activities.

The legal domicile of the Federation is in Switzerland and therefore all financial transactions are carried out in Swiss Francs (CHF). The funds that have been accumulated during the years are distributed among a variety of currencies, particularly Swiss Francs (CHF), US Dollars (USD), and Japanese Yen (JPY) to decrease the risk of major losses due to fluctuations in the currency exchange rate.

XIV.(16.2). Awards Committee (EB-AC)

16.2.1.Members of EB-AC and terms of appointment

Name	Position	Country	Term
C. Burtis	Chair	US	2002-2005
J. Krahn	Member	CA	2002-2005
P. Laitinen	Member	FI	2002-2005
G. Shannan	Member	SY	2002-2005
E. Topic	Member	HR	2002-2005

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 JIFCC.

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	CB 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	DW Moss (GB)
2002	N Hales (UK)

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. In1989, 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	ML Castillo de Sanchez (MX)
1993	R Dybkaer (DK)
1996	N Tietz (US)
1999	M Shaarawy (EG)
2002	O Zinder (IL)

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)

16.2.1.4. IFCC-Roche Award (formely AVL-award) for Significant Advances in Critical Care.

This Award is a contest open to candidates under 40 years of age, laboratory medicine scientist and clinicians who are conducting research in the area of clinical diagnostic testing related to critically ill patients. This Award is organised as an international contest with the winner being selected following an awards symposium conducted at the International Congress of Clinical Chemistry and Laboratory Medicine. This Award is now sponsored by **Roche Diagnostics**. (It was formerly known as the IFCC-AVL-award).

List of recipients:

1996	T Suzuiki (JP)
1999	A Moravat (UK)
2002	S Zeerleder (CH)

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 is 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).

Detailed information on this competition can be obtained from the IFCC-EDMA Award Secretariat.

IFCC/EDMA Award Secretariat, Place Saint Lambert 14, 1200 Brussels, Belgium, Fax : +32 2 772 2329, e-mail : edma@edma-ivd.be

List of recipients:

1999	A Perrier (CH)
2001	M Umans-Eckenhausen (NL)

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 Leena Peltonen (FI)

2004

16.2.3. List of addresses

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XIV

XV.(16.3). NOMINATIONS COMMITTEE (EB-NC)

16.3.1. Summary of EB-NC

Two years before the end of the term of office of an Executive Board, an ad hoc Nominations Committee is created by the Executive Board which appoints the Chairperson.

This Committee solicits and receives nominations for the Executive Board and handles them in a way that is independent of the Executive Board (whose members may be seeking re-elction) and ensures that voting members are well informed about the candidates. At present the Nominations Committee only accepts nominations received from National Societies ; it does not itself nominate the candidates. Except as mentioned below, it does not function as a "Search Committee" and has no long-term role in "human resource development" or "succession planning".

This Committee is appointed two years prior to an EB election which occurs at a meeting of Council. Under Rule 7.2 the Committee "shall solicit suggestions for candidates for each position on the EB (except the Corporate Representative (CR) from all Full Members (FM) and Affiliate Members (Af.M) and from key individuals within the management structure of the IFCC".

As mandated by the IFCC Rules, nominations are invited by the Committee and received from National Societies, and the Committee then recommends one or more persons for each vacancy. Under recent changes to the rules, all validly nominated candidates are designated as "highly qualified", "qualified" or "not qualified" for the position to which they have been nominated. The Committee will, as before, recommend one or more persons for each vacancy.

16.3.2.EB-NC members

Name	Position	Country	Term	Time in Office
J. WHITFIELD	Chair	AU	1st	2003 01-2005 12
P. BONINI	Member	IT	2nd	2003 01-2005 12
M.J. McQUEEN	Member	CA	2nd	2003 01-2005 12
G. QUERIRUGA	Member	UR	1st	2003 01-2005 12
H. WISSER	Member	DE	1st	2003 01-2005 12
A. STAVLJENIC	Member	HR	1st	2003 01-2005 12

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XVI.(2). IFCC Full 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 service to the field of clinical laboratory science.

This so-called 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, presently Scientific Division, Education and Management Division, Publication Division, Congress Division. Delegates of Corporate Members can participate at any committee and working group as associated members who receive all documents and are elegible to be appointed as full members. By participating in the work of IFCC the Corporate Members have the real opportunity to take initiatives in, advice on and influence early in the long process of creating standards and recommendations which might guide their future business.

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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.

Asahi Chemical Industry Co., Ltd.s

Asahi Chemical Industry Co., Ltd. is a research-based, comprehensive chemical manufacturer headquartered in Japan with a staff of 26,000 people and annual sales in excess of US$ 10 billion, producing a variety of goods, from raw materials to finished products, in a wide-range of areas including pharmaceuticals, fine chemicals, and diagnostics.

The Diagnostics Division of Asahi Chemical Industry develops and manufactures enzymes, reagents, and diagnostic kits, 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.

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.

Biosite Incorporated

BIOSITE is a company dedicated to becoming a driving force in the development and utilization of novel, rapid, high performance immunoassays that will improve clinical decision making processes. Biosite's immediate response diagnostics are designed to provide either more accurate and timely diagnosis, thereby reducing unnecessary procedures, or enabling real-time monitoring of patient status, allowing more effective prescription and dosing of therapeutics.

The existing product range include the Triage® Drugs of Abuse product line for the screening of drugs, Triage® Cardiac Panel for the detection of acute myocardial damage, the Triage® C.difficile Panel for the detection of opportunistic intestinal pathogen and the Triage® Parasite Panel for screening of common parasites that cause gastrointestinal diseases.

The Triage® Cardiac Panel quantitatively measures the levels of Myoglobin, of CK-MB, and of cardiac Troponin-I using a whole blood sample in one single step and a TAT of 15 minutes.

Chronolab AG

The firm Chronolab AG-Switzerland has a long time experience in production and distribution of diagnostic reagents. In recent years it have been working on developing multimedia applications in clinical chemistry and medicine. These programs have been conceived as a help in education, daily work and assigned to everyone directly or indirectly connected to the area each project treats: Laboratory Hematology, Atlas of Urinary Sediment, Chronocomb (Urinalysis by means of test strip and interpretation of results), Laboratory Diagnosis in Primary Health Care, Atlas of Cerebrospinal Fluid Cells, The Quality of Diagnostic Samples.

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

Holzheim (near Limburg) - DiaSys Diagnostic Systems GmbH is proud to announce that it has achieved an agreement with Merck KGaA to purchase Merck's global Clinical Chemistry business. From February 28, 2003 onwards DiaSys will take over global customer relationships, including supply and services. Technical know-how will be transferred from Merck to DiaSys accordingly.

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 Immunoturbidimetric Tests. With 70 employees at Holzheim near Limburg, DiaSys manufactures liquid stable, ready-to-use reagents for customers in 70 countries worldwide achieving a turnover of 10 million Euro in 2001. DiaSys has been growing with an average annual increase of 27 % within the last 5 years. The purchase of the Clinical Chemistry business of Merck will extend the DiaSys product range as well as the customer base. DiaSys will keep many of Merck's Clinical chemistry products, but also modernize and extend the product lines. Clinical Chemistry and Immunoturbidimetry are DiaSys' core businesses and are updated continuously. Therefore previous Merck customers will participate also in innovative developments at DiaSys in future.

Merck's Clinical Chemistry business achieved sales of EUR 7.5 million in 2001. It is mainly represented by standardized diagnostic test kits used in hospitals and private medical laboratories. Main products comprise test kits for diabetes, heart, kidney, inflammation, liver, lipid metabolism, pancreas and other diseases as well as controls and calibrators. About one-third of the business is located in Germany, 30 percent in other European countries. Asia and Latin America each account for around 20 percent.

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. Based in the North West of England, Drew also operates in the United States (Connecticut and Texas). Drew has distributors in 150 countries. The company's chemistry product range covers a range of analysers for glycated haemoglobin, haemoglobinopathies and plasma thiols including homocysteine and glutathione. 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. In addition, the company offers a small chemistry

analyser specifically designed for veterinary laboratories. Both ranges of analysers are backed by a comprehensive range of reagents, calibrators and controls.

Genzyme Corporation

Genzyme Diagnostics offers a unique portfolio for diagnostic manufactures and clinical laboratories worldwide. Our Diagnostics Division has three key product areas these are Intermediates, Clinical Chemistry, and Point of Care Diagnostics.

A prime manufacturer of a large number of critical intermediates such as enzymes, antibodies and substrates that are supplied in bulk to diagnostic kit manufactures. With competencies in R&D, commercial fermentation, purification and lyophilisation, Genzyme is a key partner for custom manufacture.

Our Clinical Chemistry product line is manufactured in cGMP and ISO 9001 certified facilities, offering an array of critical raw materials and finished reagents covering three main disease states – cardiovascular, diabetes and pancreatitis.

Point of care diagnostic testing allows physicians to diagnose patients more rapidly than traditional laboratory based testing. Rapid results can enable better patient management decisions, improved outcomes, and a reduction in the overall cost of care. Areas covered include enteric disease, infectious disease and pregnancy.

Genzyme Diagnostics is a business unit of Genzyme General Division of Genzyme Corporation.

Hytest Ltd

HyTest Ltd. is a biotechnology-oriented company based in Turku, Finland. We manufacture and market high-quality immunological reagents for research and industrial applications. HyTest's product portfolio includes cardiac markers, hormones and toxins, human proteins, neuroscience, infectious and autoimmune disease reagents. Solid scientific background of our staff and continuous investments in R&D coupled with dedication to customer service and focus on global operations is the combination of factors that ensured our success.

It is safe to say that HyTest has become a leading supplier of several reagents worldwide (such as antibodies and antigens of the troponin complex or native human thyroid peroxidase), at the same time maintaining a broad range of other products. Inherent quality of our reagents and extensive support/custom manufacturing services have helped HyTest to become a recognized name in the industry.

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).

Menarini Srl

Menarini Diagnostics is a health care company focused on diagnostics. With our network of European afiiliates and world-wide partners we offer innovative diagnostic tools for clinical laboratories. We are ISO 9000:2000 certified and our experience in the diagnostics field spans over 25 years. We have a leading position in the Diabetes monitoring and our activities also cover Urinanalysis, Autoimmune diseases, Hematology, Immunology, Cell Pathology, Wet and Dry Chemistry systems.

Menarini Diagnostics is part of the Italian A. Menarini Group with Headquarters in Florence and over 7500 employees in 36 countries.

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

   Radiometer assists in analyzing the STAT testing process by identifying potential areas for quality improvements.

2. Cost analysis

   Radiometer assists in analyzing the total cost of STAT testing by identifying how cost efficiency can be improved.

3. Product

   Radiometer offers critical care testing solutions for both laboratory and point of care. 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.

4. Information technology

   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.

5. Quality assurance

   Radiometer provides a customized quality assurance solution that combines quality control products, online interlaboratory comparisons, standard operating procedures, and accreditation support.

6. Training and knowledge

   Radiometer offers training programs and educational material covering both technical and clinical issues, in all phases of the analytical process.

7. Technical support

   Radiometer can provide scheduled maintenance and rapid response to urgent technical problems.

8. Satisfaction

   After installation, Radiometer follows up regularly to ensure the solutions work to the full satisfaction of the user.

Randox Laboratories Ltd

After more than 20 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.

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 3600 plus test output 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.

Roche Diagnostic GmbH

Roche Diagnostics, the Diagnostics Division of Roche, Switzerland, is the world leader in in vitro diagnostics with a uniquely broad product portfolio. Through its five Business Areas, Roche Diagnostics supplies a wide array of innovative testing products and services to researchers, physicians, patients, hospitals and laboratories worldwide.

Applied Science develops and markets components and reagents for the pharmaceuticals and diagnostics industries, new technologies for medical research and innovative products for use in biotechnology. Molecular Diagnostics has made the polymerase chain reaction (PCR) the leading DNA probe technology in the world. PCR technology allows minute amounts of genetic material to be amplified into billions of copies in just a few hours, thereby facilitating detection of the DNA or RNA of pathogenic organisms even before antibodies to these organisms are formed. Centralized Diagnostics is a leading force in developing and supplying new technologies and integrated solutions that help clinical laboratories to operate efficiently and cost effectively. Near Patient Testing, the fourth business area, supplies products and systems for near patient diagnostic testing in hospitals and outpatient settings. Molecular Diagnostics, Centralized Diagnostics and Near Patient Testing serve the clinical market and are operating under the umbrella of Lab Network in order to provide an optimised range of solutions for professional laboratories. As a leader in diabetes management technology the business area Diabetes Care is dedicated to developing technologies and services under the Accu-Chek brand, that helps make living with diabetes easier.

Worldwide, more than 16,500 people are engaged in research, development, marketing and sales of products, services and integrated solutions of Roche Diagnostics. With affiliates in more than 40 countries Roche Diagnostics continuously strives to serve its customers in a way to make them more efficient and generate value to customers, employees, shareholders and the community.

Headquartered in Basel, Switzerland, Roche is one of the world's leading research-oriented healthcare groups in the fields of pharmaceuticals, diagnostics and vitamins. Roche's products and services address prevention, diagnosis and treatment of diseases, thus enhancing well-being and quality of life.

Sebia

Over the past thirty years, Sebia has gained a solid reputation as a company specialising in clinical electrophoresis.

Through constant evolution of instruments, equipment and reagents, Sebia provides both small and large laboratories with high quality products and high performance procedures meeting virtually any need in clinical electrophoresis.

Sebia is committed to improving the means for clinical diagnosis. It strives to meet the laboratory needs through automation and procedural simplification and by converting new scientific discoveries and innovative ideas to commercial availability.

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 Clinical Labsystems

Corporate profile: Thermo Clinical Labsystems (TCL) develops, manufactures and markets fully automated analyzer systems and modular laboratory automation for clinical laboratories. With 30 years of experience, TCL 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, DoA and toxicology 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.Web site: http://www.thermoclinical.com

Wako Pure Chemical Industries, Ltd./Wako

Wako Pure Chemical Industries, Ltd. has devoted itself to the intensive research and production of high quality reagents since its establishment in 1922. One of Wako's priorities has been allocated to the development of diagnostic reagents and reagents for research in the life science. Through intensive studies in clinical chemistry, Wako keeps abreast of the latest developments in the rapid progress of medical science in order to develop products tailored to the sophisticated requirements of our clients in various medical fields. Some fine examples of these clinical reagents are the outstanding range of liquid type chemistry reagents designed for use in automated analysers, the innovative reagents using the liposome technology such as the reagent for total complement activity (CH50), and the micro-organism detection system using LAL and SLP to detect endotoxin, ß- glucan, and peptidoglycan. As one of the industry's leading pioneers, Wako will continue to develop and supply chemicals and reagents of the highest quality to meet growing needs.

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

Walter de Gruyter is an international academic publishing house situated in Berlin, Germany with a US branch located in New York. For decades, de Gruyter has been synonymous with superior scientific literature. Annually, we publish more than 250 new titles, covering the areas of humanities, medicine, mathematics, natural sciences and law in both German and English language. In addition, we offer more than 50 academic journals, as well as various electronic media. As we cater to the academic world, de Gruyter is particularly committed to the highest standards of quality in dealing with its customers and authors.

De Gruyter is widely organisation for its acclaimed Pschyrembel® Series which is continually updated to reflect cutting-edge developments in the field of medicine. However, we are also highly successful with publications in physics, chemistry and ecology: In physics, the well-known Bergmann/Schaefer, Lehrbuch der Experimentalphysik in 8 volumes is now available in the second edition. In chemistry, Riedel, Anorganische Chemie is one of the standard works for undergraduate chemistry students. And the latest chemical and biological methods for water analysis, as well as the practical aspects of processing, disinfection and sewage cleaning, are covered in the book Höll, Wasser, the classic edition for water experts.

Last but not least, the de Gruyter Natural Sciences Journals are well-known and established in their specific markets. In the biochemical and medical fields, Biological Chemistry, Clinical Chemistry and Laboratory Medicine and 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 and in 2003.

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 Lausanne, 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 can be sent electronically. However, votes can only be returned to the IFCC Office by mail or by fax. Would it not be better to state: Votes may be returned to the IFCC Office by mail, email or fax. (is there a difference between fax and email ? not real)

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 but in any event prior to the commencement of the meeting (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 further 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.

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

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

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.

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.
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 (2000-2003)

Laboratory Guidelines for Screening Diagnosis and Monitoring of Hepatic Injury. National Academy of Clinical Biochemistry. Washington DC 2002, IFCC Milan 2002.

Monitoring Glycemic Control in the Diabetic Patient. ED. John WG. Elsevier Science Ltd. London 2001, IFCC Milan 2002.

IFCC: Celebrating 50 Years. Lines J, Heeren J. Ed. Sherwood R. IFCC Milan 2002.

Tumor Markers: Review and Clinical Applications. Vogel M, Mueller MM. IFCC Milan 2002.

Holt D. Progress of the Working Group. Therap Drug Monit 2002; 25:59-67.

Jackson CM, White GC 2nd, Barrowcliffe T, Esnouf MP, Jespersen J, Kluft C, Lenahan J. A reference system approach to future standardization of laboratory tests for hemostasis. A position paper of the joint committee of the IFCC Scientific Division and the ISTH Scientific and Standardization Committee. Thromb Haemost 2002; 87:165-169.

Jeppsson J-O, Kobold U, Barr J, Finke A, Hoelzel W, Hoshino T, Miedama K, Mosca A, Mauri P, Paroni R, Thienpont L, Umemoto M, Weykamp C. Approved IFCC reference method for the measurement of HbA1c in human blood. Clin Chem Lab Med 2002; 40:78-89.

Kricka LJ, Fortina P. Nanotechnology and applications: an all-language literature survey including books and patents. Clin Chem 2002; 48:662-665.

Kricka LJ, Fortina P. Microchips: an all-language literature survey including books and patents. Clin Chem 2002; 48:1620-1622.

Schumann G, Bonora R, Ceriotti F, Clerc-Renaud P, Ferard G, Ferrero CA, Franck PFH, Gella F-J, Hoelzel W, Jorgensen PJ, Kanno T, Kessner A, Klauke R, Kristiansen N, Lessinger J-M, Linsinger TPJ, Misaki H, Panteghini M, Pauwels J, Schimmel HG, Vialle A, Weidemann G, Siekmann L: IFCC Primary Reference Procedures for the Measurement of Catalytic Activity Concentrations of Enzymes at 37 ◎C. Part 3. Reference Procedure for the Measurement of Catalytic Activity Concentration of Lactate Dehydrogenase [L-Lactate: NAD+ Oxidoreductase (LD), EC 1.1.1.27]. Clin Chem Lab Med 2002;40 636-648

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Schumann G, Bonora R, Ceriotti F, Ferard G, Ferrero CA, Franck PFH, Gella F-J, Hoelzel W, Jorgensen PJ, Kanno T, Kessner A, Klauke R, Kristiansen N, Lessinger J-M, Linsinger TPJ, Misaki H, Panteghini M, Pauwels J, Schiele F, Schimmel HG, Weidemann G, Siekmann L: IFCC Primary Reference Procedures for the Measurement of Catalytic Activity Concentrations of Enzymes at 37 ◎C. Part 5. Reference Procedure for the Measurement of Catalytic Activity Concentration of Aspartate-Aminotransferase [L-Aspartate: 2-Oxoglutarate-Aminotransferase (AST), EC 2.6.1.1]. Clin Chem Lab Med 2002;40 725-733

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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

1.2 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

1.3 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

2. Full Members

2.1 Member Societies:

2.1.2 Argentina
2.1.3 Australia
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
2.1.45 Venezuela
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)
2.1.76 Dominican Republic
2.1.77 Lebanon
2.1.78 Honduras
2.1.80 Estonia
2.1.81 Costa Rica

2.2 Applications
2.2.13 Saudi Arabia; 2.2.16 Panama; 2.2.19 Pakistan; 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

2.3 Other Countries

2.4 Annual Dues

2.6 Non Voting Members

2.7 Suspended Members
Algeria, Ivory Coast, Portugal, Peru, Senegal, Thailand, Zimbabwe

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
3.1.2 Asahi Chemical Industry Company
3.1.4 Axis Biochemicals
3.1.5 Bayer Inc
3.1.6 Beckman Coulter
3.1.8 Bio Merieux
3.1.10 Dade Behring Inc
3.1.11 Dako A/S
3.1.12 Diagnostic Products Corporation
3.1.13 DiaSys Diagnostic Systems
3.1.15 Genzyme Diagnostics
3.1.18 Hitachi Ltd
3.1.21 Ortho-Clinical Diagnostics
3.1.26 Orion Diagnostica
3.1.29 Radiometer Medical A/S
3.1.30 Randox Laboratories
3.1.31 Roche Diagnostics
3.1.34 Sebia
3.1.36 Wako Pure Chemical Industries, Ltd
3.1.37 PerkinElmer Life Sciences
3.1.38 Wiener Lab
3.1.40 Walter de Gruyter GmbH & Co.KG
3.1.41 Olympus Diagnostica GmbH
3.1.43 Biosite Diagnostic Inc
3.1.44 Chronolab AG
3.1.45 DiaSorin Inc
3.1.46 Drew Scientific Ltd
3.1.48 HyTest Ltd
3.1.52 Medical Systems
3.1.53 Menarini Srl
3.1.54 Sysmex Europe GmbH

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; 4.1.4 Cyprus Association of Clinical Laboratory Scientists; 4.1.5 Brazilian Society for Clinical Pathology / Laboratorial Medicine

4.2 Applications
4.2.2 Chemical Pathology Section, Egyptian Society for Laboratory Medicine; 4.2.3 African Association for Clinical Laboratory Sciences;

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 AFCC (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 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)
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)
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, 2005 =)
7.3.6 Arab Federation (2000 = 9, Rabat, 2003 = 10, Monastir 2004)

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

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,
11. Molecular Biology,
13. Plasma Proteins,
19. Cardiac Markers,
20. Coagulation,
21. Reference Systems Enzymes

8.3 Working Groups

3. Selective Electrodes
8. Apolipoprotein Reference Methods,
16. hCG,
18. Lp(a),
19. Glycohemoglobin HbA1c,
24. Nanotechnology
29. Monitoring Immunosuppr. Drugs
30. Homocysteine,
33. Thyroid Function Tests.
35. Haemoglobin A2

8.4 WHO collaboration

8.5 Rules of Procedure

8.6 Documents

8.7. Projects

8.8 Project Proposals

8.9 Position Papers
(MDR Genes 10, Cytokines 11)

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)
9.2.4 Clinical Molecular Biology Curriculum (C-CMBC)
9.2.5 Analytical Quality (C-AQ)
9.2.7 Evidence Based on Laboratory Medicine (C-EBLM)

9.2.8 Education and Curriculum Development (C-ECD)
9.2.9 Clinical Laboratory Management (C-CLM)

9.3 Working Groups
9.3.3 Master in Clinical Laboratory Science
9.3.4 Laboratory Management of r-HuEPO theraphy: guidelines for assessment of the optimal therapeutic approach (WG-EPO)
9.3.5 Review of Educational Material (WG-REM)
9.3.6 Proficiency testing (WG-PT)
9.3.7 Distance Education (WG-DE)

9.4 Special Projects
9.4.1 Visiting Lecture Program
9.4.2 Courses (Flow Cytometry 1)

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)
10.6.2 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 (LMI)
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

11. Office of Reference Materials and Methods

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)

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)

16.2.1.3 IFCC Award for Distinguished Contribution in Education

1. 1999 L Thomas (DE)
2. 2002 J. B. Henry (US)

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

16.2.1.6 IFCC Abbott Award for Significant Contributions to Molecular Diagnostics

1. 2002 L. Peltonen (US)
2. 2004

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

16.9 Letter from IFCC President

16.10 Structure of IFCC

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

19.2 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

19.3 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)

19.4 Meetings with Representatives of Developing Countries
(London 16, Caracas 17)

19.5 Meetings with Corporate Members
(Prague, 22; Orlando 23; Philadelphia, 24)

19.6 General Conferences
(Copenhagen 1, Copenhagen 2, Monza 3, Pont-a-Mousson 4, Leipzig 5, Seville 6, Dubrovnik 7, Tunis-Sousse 8,)

20. Inter-EB Correspondence