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

eNewsLetter

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EDITORIAL

Jocelyn M.B. Hicks, President, IFCC

The first few months of 2007 have been busy ones. During this period a commitment has been obtained from Ortho Clinical Diagnostics to fund an IFCC Conference every two years for a total of ten years. The overall title of the Conference is 'Diagnostics and the Clinical Laboratory'. The specific title of the first such Conference (2008) will be decided in early June in Amsterdam at the EuroMedLab Congress.

I am also happy to announce an annual contribution from Abbott Laboratories that will enable the IFCC to broaden the scope of the Visiting Lecture Program to all parts of the globe every year. The original commitment is for four

years, but I am hopeful that Abbott Laboratories will continue this commitment for additional years. I am also continuing to work with the clinical diagnostics industry to fund other important programs for the IFCC.

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Thus far this year I have visited Egypt and Tunisia on behalf of the IFCC. IFCC will be heavily involved in the EuroMedLab Conference in Amsterdam in early June. All of the Divisions of the IFCC will be meeting and setting forth their plans for the future. The Executive Board (EB) will be meeting immediately prior to the Congress.

The first EB meeting of 2007 was held in my home city of Washington, DC, where the attendees encountered, within a few days, a heat-wave and sleet and rain. The final dinner was held at my home, where I prepared an Italian dinner!

The reporting of HbA1c results has also been a matter of interest. This subject was debated at some length a 'summit meeting' held in Milan with representatives from the IFCC, the American Diabetes Association (ADA), the European Association for the Study of Diabetes (EASD), and later the International Diabetes Foundation (IDF). The group agreed that the best strategy for a change should involve a coordinated transition at the international level.

The consensus statement is shown below.
1. We agree that the HbA1c results should be standardized worldwide, including the reference system and results reporting.
2. We agree that the IFCC reference system for HbA1c represents the only valid anchor to implement standardization of the measurement.
3. We agree that the HbA1c results be reported worldwide in IFCC units (mmol/mol) and derived National Glycohemoglobin Standardization Program (NGSP) units (%) using the IFCC-NGSP master equation.

4. We agree that, if the ongoing -average- plasma glucose study fulfills its a priori specified criteria, an HbA1c-derived estimated average plasma glucose (APG) value could also be reported as an interpretation of the HbA1c result.
5. We recommend that all clinical guidelines be expressed in IFCC units, derived NGSP units, and APG.
6. We agree that these recommendations should be implemented globally as soon as possible.

We think that this Agreement may further contribute to the process of the worldwide comparability of HbA1c results, paralleling the progress in scientific knowledge on the analytical and biochemical aspects with better care for patients.

EFCC: European Federation of Clinical Chemistry and Laboratory Medicine

Contributed by: Prof V Blaton President EFCCKU-Leuven and Az St Jan Av Hospital Department Clinical Chemistry.

Today we have an important message for the future of our profession, Clinical Chemistry and Laboratory Medicine in Europe. The National Societies of Europe voted in Amsterdam at the occasion of their General Assembly during the 17th Euromedlab meeting 5th June, unanimously for the merger of FESCC (Forum of the European Societies of Clinical Chemistry) and EC4 (the European Communities Confederation of Clinical Chemistry and Laboratory Medicine) and they created a new European organisation in accordance with the IFCC organization nominated as 'EFCC' *The European Federation of Clinical Chemistry and laboratory Medicine*, in accordance with IFCC nominated as the European Branch of IFCC. To clarify the whole initiative I would like to go back to historical facts. During the Pont-á-Mousson meetings (1990-1992) and through the initiatives of different representatives of the National Societies from Europe a platform (FESCC) was created for exchanges between the presidents and the Societies of Clinical Chemistry in Europe according to WHO. Prof Herman Wisser (Germany) nominated as first President (1991) insisted on the necessarily of making a real and operational structure which could be the European branch of IFCC, the first statutes were voted in the Nice meeting (April 1993). FESCC should provide European leadership and worldwide exchanges in clinical chemistry and Laboratory medicine to national professional societies, which are full members of IFCC, to the diagnostic industry and to governmental and non-governmental organizations in order to serve the public interest in health care. Training and education in laboratory medicine was a major task for FESCC. Also

established in 1993, but with roots dating back to 1975, the European Communities Confederation of Clinical Chemistry and Laboratory Medicine (EC4) is the European Union subgroup of FESCC-IFCC. EC4 co-ordinates and promotes the harmonization of practice and quality across the EU countries, with particular emphasis on laboratory accreditation and professional regulation. It operates the EC4 Register of Specialists in Clinical Chemistry and Laboratory Medicine, whose members are awarded the qualification *Eur Clin Chem*. The recent enlargement of the European Union to 27 countries and the expected further enlargement have necessitated the reconsideration of the relationship between FESCC and EC4. It is our firm conviction that a merging of the two organizations into one body, in a structure that assures the effective work and momentum, is the way forward. The merger should lead to a stronger European branch of IFCC that can initiate, co-ordinate, and support and improve scientific and professional activities in our field in Europe. After a long period of preparation and discussion, the National Societies have voted unanimously for the creation of the new European Society - EFCC, *the European Federation of Clinical Chemistry and Laboratory Medicine*, a new organization with new vision and mission, which will take up the challenge of sustaining and promoting the profession at European level.

We have strong plans and decisions for the future based on the existing strategic plans and new visions and missions of EFCC. The main issue of EFCC is to have a stronger cooperation with the National Societies and with their members and also with the diagnostic industry to serve our profession and defend our profession

News from National Associations

Romania's laboratories in the process of raising standards in preparation for EU entry

by Manole Cojocaru MD PhD, RoEQALM President

Last year ROMAR Medical-Colentina Clinical Laboratory, ROMAR Medical, based in Bucharest, received its accreditation from the Romanian Accreditation Association (RENAR).
This example shows the increasing awareness in medical laboratories of the need for total quality management. A quality system requires a quality manual to be compiled, describing the laboratory's organisation, including functionality and staff organisation. Operating procedures should describe pre-analytical, analytical and post-analytical activities. In daily clinical practice, physicians request laboratory tests to assist in diagnosis, monitor a patient and to suggest or change a treatment. Activities need to be standardised to harmonize test results, and new parameters set to aid prevention, diagnosis and therapy monitoring of various

diseases. In the implementation of knowledge-based systems to improve medical knowledge it is evident that such developments are also connected with several analytical and interpretative problems for the laboratory scientific consultant as well as the clinician. Laboratory results might be outside the normal range. All analytes are entered using various units that are converted internally to those in the knowledge base. Both the original and converted units are listed in the report. Variations may be caused, for example, by race, dietetic preference, age, sex, menstrual cycle, degree of physical activity, problems with collection and/or handing of the specimen, non-prescription/prescription drugs, alcohol intake and a number of non-illness-related factors. Any unusual or abnormal results are discussed with the physician. It is not possible to diagnose or treat any disease or problem with a blood test alone. An abnormal test does not mean that something is wrong. Discussion of results between laboratory staff and clinicians plays a crucial role in the use of knowledge-based systems in laboratory medicine. The basis of interpretation of the analytes is not limited to a comparison with the reference ranges. The final report consists of laboratory findings, with partly age and sex-dependent reference ranges in a table, and the knowledge-based interpretation resulting from selected text items. The interpretative text covers not only underlying disorders but also comments on pre-analytical and analytical problems - measures needed to improve comparability of test results in the disease state. A laboratory result is only as good as the understanding of its meaning and the action taken upon its receipt. As more and more diagnostic tests become available, the laboratory's role is becoming a provider of knowledge (and interpretation) rather than results. Thus we must find ways to enhance the role of laboratory medicine professionals as clinical consultants by basing our clinical research on evidence-based medicine and working with our medical care partners to translate emerging laboratory sciences into services that enhance the quality of care. We must also continue to develop high-quality scientific programmes for students and recent graduates.No diagnostic test is 100% effective. A test has a potential for false negative results (abnormality may be present but not detected) and false positive results (an abnormality is reported but does not actually exist). In Colentina Central Clinical Laboratory over 50% of reports contain significant abnormalities. It is totally impracticable for our lab to contact requesting clinicians directly about every report that contains unexpected abnormalities or that may be liable to misinterpretation. Unreliable laboratory results may have serious consequences for the health of an individual - and the community. The initial concept of quality control (QC) was concentrated organisation of the evaluation of analytical performance, i.e. the testing of analytical sensitivity and specificity, as well as of accuracy and reproducibility. Later, that concept was expended to quality assurance (QA), which incorporates broader organisational issues, including patient preparation, specimen collection, specimen processing, measurement performance, validation of results as well as their reporting and interpretation. It is also essential to

interpret results in the light of the patient's history and in the clinical context. The main objective of QA is to provide reliable laboratory data and to ensure inter-laboratory comparability of results, to improve the accuracy of clinical diagnoses, and to reduce costs (via avoidance of repeat tests). Total quality management (TQM) means that every variable that could possibly affect the quality of the test results has been controlled. TQM of laboratory services requires a comprehensive system of quality surveillance that integrates quality development, maintenance and improvement. Accuracy was defined quite simply as the relationship between the actual, observed result and the true result of an analysis. Precision is the reproducibility of a given degree of accuracy. Both require QC to maintain them within acceptable limits in the laboratory. Techniques of QC needed to be used in all branches of pathology. To be successful, QC must be independently applied to commercial materials and the work of laboratories themselves. An effective QA programme covers all aspects of the clinical laboratory. QC begins at the time of specimen collection from a patient, not afterwards. In the lab, the aim of QA is good workflow via all phases (pre-analytical, analytical and post-analytical). From then until a result is achieved we need to control random errors, day-to-day errors in reading or performance, largely unavoidable and systematic errors and those with a definite cause. For Colentina Central Clinical Laboratory, internal quality control is both preventive and prospective. An important element in maintaining day-to-day uniformity in lab results is an established procedure manual, used by all laboratory personnel, which details all phases of the lab's operation (including safety precautions). It should include instructions for collecting, transporting, and storing specimens, preparing and storing reagents, and for performing tests. In addition, controls and calibrators should be listed along with directions for their use, expected results, and instructions for corrective measures if the expected results are not obtained. Guidelines for the collection and transportation of specimens should be available to clinicians in a lucidly written format. These should be regularly revised depending upon the needs and the availability of new technology. There should be frequent (at least annual) consultations between physicians, nurses and the laboratory, to update guidelines. Quality is the degree of congruence between expectation and realisation. The basic aim of QA is to generate the confidence of the user in the final report.The Central Clinical Laboratory in Colentina has a well-defined and constant workload. Each speciality and department function independently. The team faced assessment of a series of challenges and opportunities. For example, could the volume of samples be reduced thereby potentially reducing lab administration as well as patient trauma? What might be the role and impact of sample handling robotics and the reduction of sample splitting? Before committing to such major change, detailed analysis of process, workflow and technical analysis in each area has been necessary. Key decisions for the team included whether or not to move to using a single sample tube for clinical chemistry and immunoassay. The

laboratory operates 24/7 and all performance targets have been achieved. The centralized laboratory improves service to our clinicians and creates a more stimulating environment for everyone in the department. As we have seen, careful process analysis can lead to the development of radical solutions. Using flexible automation and integration, significant process improvements and workflow enhancements can be organized. Organisation and consolidation is now a reality. Such effects must be followed carefully if a lab is to remain a reference laboratory in our country. An additional consideration is the role of the emergency laboratory and what opportunities exist to integrate this part of the service into the central laboratory. The trend for laboratory organisation has led to the need to effectively process a large numbers of tests - rapidly and effectively. We can introduce emergency samples at any time, without interrupting routine workflow. The central laboratory is compatible with the hospital's emergency needs and provides a turnaround of 30-40 minutes for all samples. Every report is signed. The physician has to control plausibility and correct errors, namely before sending. Clinically relevant results are immediately discussed with the physician by phone. Progress in medical science typically follows a stepwise course: a phenomenon is noted and described; a method for its measurements is devised; through the application of the method, new correlations are established between the phenomenon and its clinical manifestations. This conclusion is consistent with my own views from my vantage point as the scientific consultant.

News from the EuromedLab 2007

Hi Amsterdam!!!

Contributed by Damien Gruson

Here we are. Euromedlab 2007 in Amsterdam just came to a close. Feelings are always varied at the conclusion of a great congress a one leaves behind a big event, great colleagues and high quality scientific interactions. We will recollect numerous fond souvenirs from Amsterdam. We have to acknowledge the exceptional contributions of the Organizing and the Scientific Committees to the quality of the congress and for the excellence of the selected scientific sessions. IFCC CPD, would like through this short article, illustrate some highlights of this success.

Amsterdam: a city of water, a city of Art. Walking in of Amsterdam one is bound to cross many scenic canals. Therefore, we could imagine easily the impact of the water proximity on the Amsterdam city life, history and influence on commercial exchanges. The synergy between Amsterdam and

water was well presented in the opening lectures by Dr. J.H. Raveloot ('a body of water') and G. Schwartz ("H_2O in Dutch art"). Art is another notable characteristic of Amsterdam and of the Netherlands. In parallel to the congress sessions, delegates have also enjoyed famous art places in Amsterdam such as the Van Gogh, the Rijk and Van loom museums as well as other pretty places. At the gala dinner, a human representation of one of the many Rembrandt paintings vividly depicted the life in Amsterdam in the days of this great observer of his society. The overall artistic capacity of this city was also very well appreciated at the Monday night concert at the prestigious Concertgebouw with an extraordinary performance of the Netherlands Chamber Orchestra lead by Goran Nikolic.

The signature of an extraordinary Queen. Which congress attendee never had this thought: "I have to wake up early for the plenary"? Which scientist never thought: "It would be an honour that my president, king or queen spend some time at the congress to shake hands"? We were impressed by her majesty the Queen Beatrix of the Netherlands by being not only present at 09.00 AM sharp to open to the congress exhibits and listen to the whole plenary session but also to deliver a message of appreciation to our profession and by stating: "You are important and recognized players for healthcare and patients diagnosis. Please keep fighting". Without unduly publicity, delegates were responsive to the promotional campaign sponsored by a company entitled "Labs are vital" that illustrated so well the laboratory place in the diagnostic tree.

An exciting scientific program. Four fascinating plenary lectures, focused on the impact of modern genetics on society, the new options for obesity management, the biomarkers and early detection of pre-eclampsia, opened each day of the congress. The congress program proposed exciting symposia covering wide panel of recent developments and discoveries in Laboratory Medicine. Indeed, delegates had the possibility to choose between evidence in diabetes practice, standardization, hormonology trends, epigenetics, metabolic diseases, frontiers in technology and methods, laboratory automation, biomarkers of neurodegenerative disorders, bleeding disorders etc. The great success of the different interactive symposia and the quality of the 368 displayed posters, close to the exhibition place, are also worthy of mention.

Breaking news from the congress. Delegates were the first to congratulate the Netherlands Society for Clinical Chemistry and Laboratory Medicine (NVKC) for its 60th anniversary. This memorable event was celebrated on Wednesday night at the Beurs van Berlage, an outstanding building located in the heart of the city, between the

Central Station and the Dam. Delegates could also appreciate some typical music, local cheese girls and talented wooden shoemakers.

Professor Victor Blaton, President of the FESCC, adjudged the FESCC Scientific Award for Laboratory Medicine to Professor Mathias M. Müller from Vienna at the opening ceremony. The IFCC/Abbott Molecular Diagnostics Award for significant contributions to molecular diagnosis was attributed to Professor Ulf Landegren from the University of Uppsala. Delegates at EuromedLab 2007 were also the first-hand witnesses of the birth of EFCC (European Federation of Clinical Chemistry and Laboratory Medicine), the result of the merging of the EC4 (European Communities Confederation of Clinical Chemistry and Laboratory Medicine) and FESCC (Forum of European Societies of Clinical Chemistry and Laboratory Medicine). EFCC aims are to promote the profession at European level and to develop scientific and educational co-operation across Europe. The Organising committee under the leadership of his President Gerard Sanders, the International Scientific Committee and the NVKC members should all be congratulated for these four days of excellent science, social happenings in this beautiful city.

JNBC in Tunisia: a success story and a new born.

Contributed by Damien Gruson, Member of the IFCC eNewsletter Working Group - gruson_damien@yahoo.fr

A recognized international yearly event The XXIst Journées nationales de Biologie (JNBC) were held in Tunisia last May under the joint auspices of the Tunisian Society of Clinical Biology (STBC), the Arabic Federation for Clinical Biology (AFCB), the French Society of Clinical Biology (SFBC) and the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC). The congress took place at the Royal Hotel in the city of Hammamet, a Tunisian city known for its great weather and famous tourist activities.

It is a great opportunity for the IFCC CPD to highlight the great work of the organising committee and of our Tunisian friends Professors A. Hedhili, S. Besbes, N. Gharbi, F. Khemiri,, A. Bouslema, C. Ben Rayana, N. Ben Romdhane, M.H. Ben Aribia and W. Khrouf. Indeed they have build an excellent scientific program covering the

whole range of laboratory medicine (Nanotechnologies, tuberculosis, quality management, molecular diagnosis, iron metabolism) with the participation of recognized international speakers. With more than five hundred attendees, the quality of the JNBC is widely recognized and this meeting take part of the restricted club of the yearly successful meetings.

The International French speaking Federation for Clinical Chemistry and Laboratory Medicine

The foundation of the International French Speaking Federation for Clinical Chemistry and Laboratory Medicine was another that occurred at the JNBC, under the protective auspices of the STBC. The happy parents are Algeria, France, Lebanon, Morocco and Tunisia. The president of this new Federation is the French Professor Alain Legrand, from the C.H.U de Bicètre. The executive board of the society is constituted by two vice presidents, Professor A. Hedhili (Tunisia) and Professor S. Belazzoug (Algeria), one general secretary, Profesor H. Elalamy (Morocco), one general secretary assistant, Dr. B. Gouget (France), one Treasurer, Dr. F. Hobeiche (Lebanon) and four members, Pr. L. Chabraoui (Morocco), Dr. N. Gharbi (Tunisia), Dr. H. Ould Ouis (Algeria) and Dr. M.A. Zabltih (Lebanon). This new federation will be a great relay for IFCC and will surely offer great perspectives for interactions with French speaking countries. Moreover, this new federation will contribute to the promotion of Laboratory Medicine and IFCC actions to the French speaking countries and will encourage exchanges at international level. So, we would like to wish good luck to this new Federation and a lot of success for the different planned tasks.

Letter to the Editor

Contributed by Manole Cojocaru MD, PhD RoEQALM President mcojocar@cmb.ro

How can we improve and guarantee the medical laboratory services? What are the differences between Romania and other countries from EU? What is the best way for learning from the European experience? How should quality assurance programmes be organized? How should quality assurance be undertaken? What should quality assurance programmes accomplish? The 5th edition of the successful series of Quality Assurance in Laboratory Medicine Symposia was programmed by the Romanian Society for External Quality Assurance in Laboratory Medicine (RoEQALM) in Sibiu between 11-13 May 2007. Sibiu is European Cultural Capital in 2007. This meeting was organized with participation of INSTAND-WHO Collaborating Center for Quality Assurance and Standardization in Laboratory Medicine, Germany under auspices IFCC. An exciting programme of plenary lectures and workshops has been arranged on main topic

European regulations and standardization on internal and external quality control in laboratory medicine

The purpose of this symposium was to explain the principles and significance of the EQA schemes. From abroad presented lecture were following:

- Hans Reinauer, Duesseldorf, Germany Acceptability Criteria in EQAS-accuracy and precision
- Patricia Kaiser, Berlin, Germany HbA1c and diabetes monitoring-the reference measurement procedure and standardization,
- Hans-Peter Grunert, Berlin, Germany Internal quality control for virus diagnostics based on the INSTAND external quality assessment schemes,
- Sebastian Suerbaum, Hannover, Germany Internal quality control in bacteriology,
- Klaus Janitschke, Berlin, Germany Internal quality control in parasitology, Claus Heuck, Duesseldorf, Germany Performance targets in laboratory medicine,
- Heinz Zeichhardt, Berlin, Germany Waived tests for virus diagnostics,
- Folker Spitzenberger, Bonn, Germany The role of EQAS in the European vigilance system for in vitro diagnostic devices,
- Michael Spannagl, Munchen, Germany, Recommendations for testing in haemostasis and blood transfusion,
- Alexander Halliassos from Dade Behring with External quality control in internet era.

There was also the opportunity for Romanian colleagues to display their findings through plenary presentations.

Total quality management means that every variable that could possibly affect the quality of the test results has been controlled. RoEQALM promotes efficient and effective quality assurance. Quality assurance is simply a method to determine whether a system is organized, working, and producing to its optimum level. The concept of quality in laboratory medicine contains many facets ranging from housekeeping and waste disposal to safety and management. Clinical laboratory investigations have considerably progressed during the last decade with the use of high-quality instruments and reagents. Many laboratories have instituted measures to assure quality of their results by integrating essential internal quality control steps in their day to day working and also participating in appropriate external quality assessment schemes. The main objective of quality assurance is to provide reliable laboratory data in all health care activities and to ensure inter-laboratory comparability of results. An effective quality assurance programme should cover all aspects of the laboratory. The basic aim of quality assurance is to generate the confidence of the user in the final report. This can happen only if both the product

and the laboratory personnel have performed in accordance with good laboratory practices and approved standards, and tests or analyses have been validated.

In conclusion, an effective quality assurance programme should cover all aspects of the laboratory. Internal and external quality controls need to be developed. For Romania, the European experience of quality assurance is highly relevant, and therefore an appreciation and understanding of the background is essential.

I thank INSTAND for its cooperation that will contribute to the realization of a great progress in Romania.

THE IFCC PROFESSIONAL SCIENTIFIC EXCHANGE PROGRAMME (PSEP)

Program on Paediatric Clinical Chemistry

Contributed by: Oladipo Olajumoke O. MBBS, M.Sc, FWACP, FMCPath Department of Clinical Pathology, College of Medicine, University of Lagos, Nigeria E-mail: jumsoladipo@yahoo.ca

I spent three months at the metabolic Unit of the Children's Hospital of Philadelphia (CHOP). The International Federation of Clinical Chemistry sponsored the program as part of the Professional Scientific Exchange Program (PSEP IFCC Program). I was under the supervision of Dr. Michael Bennett who is the director of the Metabolic Research Laboratory of the Children's Hospital of Philadelphia. While at the lab, I had the opportunity to observe and also perform confirmatory tests on samples. I was exposed to the following equipments: Amino Acid Analyzers (Beckman/Biochrom), Tandem Mass Spectrometers, Gas Chromatography/Mass Spectrometry, Isoelectric focusing, Fluorometry and Inductively coupled plasma mass spectrometer (ICP-MS).I was given the opportunity to witness the following assays: Organic acids, Galactitols, Aminoacids, Orotic acids, Carnitines/acyl carnitine profile, Fibroblast culture and analysis for enzymes, Gal-1-Phosphate and Epimerase analysis, Lysosomal enzymes, Pediatric endocrinology testing, Sweat chloride, Plasma Lactate/Pyruvate, Dissacharidases, Trace metals - lead, Enzyme assays in lymphocytes. Inborn errors of metabolism have been thought to be rare amongst Nigerians but I met Nigerian children being treated at CHOP for diseases such as Maple Syrup Urine Disease (MSUD) and medium chain acyl CoA dehydrogenase deficiency (MCAD). The children's hospital is a referral center for metabolic diseases in children and is also a confirmatory test center for positive screens for inborn errors of metabolism. The state of Pennsylvania screens for over 20 inborn errors of metabolism in all newborns using the tandem mass spectrometer. I also had the opportunity to learn how to interpret results for all the tests performed, the most interesting being organic acid analysis, galactitols and acyl carnitines. I spent some

time with the paediatric metabolism and biochemical genetics unit. I had the opportunity to interact with the paediatricians and also participate in the management of patients being managed for inborn errors of metabolism. This was done at both in patient and out patient basis. Drs Yudkoff, Jaya Ganesh, Ralph Debaradinis, Paige Kaplan and Reena Jethva were most helpful. I had the opportunity of attending genetic paediatric rounds, seminars, lectures and paediatric hospital grand rounds which were very interesting and thought provoking. I would like to thank the IFCC for the opportunity given me to participate in this program. I would also like to thank Dr. Michael Bennett and all the members of the metabolic research laboratory for being such wonderful hosts and look forward to applying the knowledge acquired to improve the detection and diagnosis of metabolic diseases in Nigerian children.

Announcements

Establishment of Abbott Visiting Lecturer Program

Amsterdam, Netherlands, 5th June 2007, The International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) today announced that they had received an annual grant from Abbott Diagnostics to significantly expand their Visiting Lecturer Program. This program supports international cooperation in educational activities through the funding of lectureships on scientific, educational and managerial topics.

"We are delighted and very grateful to Abbott for their generous grant that will allow us to develop this program considerably. There is a real need for the continued communication of scientific and clinical advances and techniques in clinical chemistry and laboratory medicine, especially in developing countries. We intend to use this program as a platform to contribute to the creation of educational networks, bringing together activities in different regions" said Professor Jocelyn Hicks, President of IFCC. Jaime Contreras, vice president of Commercial Operations, Abbott Diagnostics, said "Abbott has always been passionate about assisting laboratories in continuous improvement. In funding this multi-year grant we look forward to enhanced communication between clinical laboratories in the many countries across the Federation. The International Federation of Clinical Chemistry and Laboratory Medicine, composed of 76 full member national societies of clinical chemistry representing over 30,000 clinical chemists, 38 Corporate members and 5 affiliate members, strives to enhance the scientific level and quality of diagnostics and therapy for patients throughout the world. Further information can be found at www.ifcc.org

IUPAC Announces the 2007 Winners of IUPAC Prizes for Young Chemists

The International Union of Pure and Applied Chemistry (IUPAC) today announced the winners of the 2007 IUPAC Prizes for Young Chemists, awards for the best Ph.D. theses in the chemical sciences as described in 1000-word essays. The five winners are:

- Deanna D'Alessandro, James Cook University, Queensland, Australia
- Euan R. Kay, University of Edinburgh, United Kingdom
- Anna Aleksandra Michrowska, Polish Academy of Sciences, Warsaw
- Taleb Mokari, The Hebrew University, Jerusalem, Israel
- Feng Tao, Princeton University, NJ, USA

The winners will each receive a cash prize of USD 1000 and a free trip to the IUPAC Congress, 5-11 August 2007, in Torino, Italy. Each prizewinner will also be invited to present a poster at the IUPAC Congress describing his/her award winning work and to submit a short critical review on aspects of their research topics to be published in Pure and Applied Chemistry. The awards will be presented to the winners of the 2006 and 2007 prizes during the Opening Ceremony of the Congress.

The essays describing the 2007 winners' theses can be found on the IUPAC web site and cover a wide range of subject matter:

- Dr. D'Alessandro, 'Stereochemical Effects on Intervalence Charge Transfer'
- Dr. Kay, 'Mechanized Molecules'
- Dr. Michrowska, 'Search for new Hoveyda-Grubbs catalysts and their application in metathesis of alkenes'
- Dr. Mokari, 'Developing a new composite of nanocrystals with Semiconductor-Insulator and Semiconductor-Metal interfaces'
- Dr. Tao, 'Nanoscale Surface Chemistry of Organic Layers on Solid Surfaces Formed through Weak Noncovalent Interactions and Strong Chemical Bonds'

There were 57 applications from 24 different countries. The Prize Selection. Committee was comprised of members of the IUPAC Bureau with a wide range of expertise in chemistry. The committee was chaired by Prof. Leiv K. Sydnes, IUPAC Past President.

In view of the many high-quality applications, the Committee decided to also give two Honorable Mention awards to:

- Joshua Goldberger, University of California, Berkeley, CA, USA
- Brian H. Northrop, University of California, Los Angeles, CA, USA

The Honorable Mention Award winners will receive a cash prize of USD 100 and a copy of the Compendium of Chemical Terminology, the IUPAC "Gold Book".

IUPAC was formed in 1919 by chemists from industry and academia. For over eight decades, the Union has succeeded in fostering worldwide communications in the chemical sciences and in uniting academic, industrial and public sector chemistry in a common language. IUPAC is recognized as the world authority on chemical nomenclature, terminology, standardized methods for measurement, atomic weights and many other critically evaluated data. In more recent years, IUPAC has been pro-active in establishing a wide range of conferences and projects designed to promote and stimulate modern developments in chemistry, and also to assist in aspects of chemical education and the public understanding of chemistry.

Applications for the 2008 Prize are now being solicited, as described on the IUPAC web site www.iupac.org.
More information about IUPAC and its activities are available at www.iupac.org.
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UPCOMING IFCC RELATED MEETINGS

- EUROMEDLAB Amsterdam 2007, 17th IFCC - FESCC European Congress of Clinical Chemistry and Laboratory Medicine, RAI Congress Centre Amsterdam, Amsterdam, The Netherlands, 2-7 June 2007. For more information please visit www.ams2007.org/
- Canadian Society for Clinical Chemists Annual Meeting and joint Conference with the Canadian Association of Pathologists (CAP) and the Canadian Laboratory Medicine Congress (CLMC), 9-14 June 2007, Westin Harbour Hotel, Toronto, Ontario, Canada. For more information on the conference please visit www.clmc.ca.
- American Association for Clinical Chemistry 2007 Annual Meeting, San Diego, CA, US 15-19 July 2007. For more information please visit www.aacc.org/AACC/events/ann_meet/annual2007/

- 44th IUPAC General Assembly that will be held in Torino. The information is available at http://www.iupac.org/symposia/conferences/ga07. The GA will be held 4-12 August 2007, in Torino, Italy, concurrently with the 41st IUPAC Congress.
- The 15th Balkan Clinical Laboratory Federation (BCLF) Meeting, Antalya, Turkey, 4-7 September 2007. For more information please visit http://www.bclf2007.org/
- Al 6-lea Congres National de Medicina de laborator cu participare internationala, Cercul Militar , Sibiu, Romania, 11-13 October 2007. Contact Person Dr Andreea Munteanu at andreea.munteanu@ralcom.roandreea.munteanu@ralcom.ro Tel: +40 21 211 30 60
- 11th Asian Pacific Congress of Clinical Biochemistry (APFCB), Beijing International Convention Center, Beijing, China 14-19 October 2007, www.chinamed.com.cn/11apccb
- 11th Bergmeyer Conference: Markers of kidney diseases.Eibsee Hotel, D-82491 Grainau, Garmisch-Partenkirchen, Germany. March 3 - 5, 2008
- IFCC General Conference for National Representatives and Corporate Representatives, Antalya, Turkey, 14-15 April 2008
- EUROMEDLAB Innsbruck 2009 18th IFCC-FESCC European Congress of Clinical Chemistry and Laboratory Medicine 7-11 June 2009 www.innsbruck2009.org

RECENTLY PUBLISHED IFCC DOCUMENTS & RELATED PUBLICATIONS

The following documents have been published by IFCC Divisions/Committees/Working Groups:

- Mueller MM. IFCC and Clinica Chimica Acta-50 years of partnership. Clin Chim Acta 2006; 369:153-157

The following recently published papers relate to IFCC documents and Committee-Working Group activities:

- Barlow-Stewartand K, Burnett L. Ethical Considerations in the use of DNA for the diagnosis of diseases. Clin Biochem Rev 2006; 27:53-61.
- Jansen R, Schumann G, Baadenhuijsen H, Frank P, Franzini C, Kruse R, Kuypers A, Weykamp C, Panteghini M. Trueness verification and traceability assessment of results from commercial systems for measurement of six enzyme activities in serum. An international study in the EC4 framework of the Calibration 2000 project. Clin Chim Acta 2006; 368:160-167.
- Savoca R, Jaworek B, Huber AR. New "plasma referenced" POCT glucose monitoring systems-are they suitable for glucose monitoring and diagnosis of diabetes? Clin Chim Acta 2006; in press.