



CLINICAL BIOCHEMISTRY NEWS

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Newsletter of the Association of Clinical Biochemists in Ireland
and the Association of Clinical Biochemists (Republic of Ireland Region)



The Hilton Dublin Hotel, venue for ACBI 2010

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From the President

Orla Maguire

As this is my first contribution to the Newsletter as President of the ACBI, I thought I would bring you up to speed with some of the various activities that the Association is involved in at national level namely, discussions with regard to Pathology Modernisation in Ireland, Statutory Registration and the HSE Education, Development and Training initiatives.

The talk on probably most lips in laboratory medicine at the moment is that of Pathology Modernisation or more specifically the concept of 'Cold Labs', terminology we have become familiar with as a result of the Teamwork report of 2006 which recommended that work originating from GPs should be performed there. As many of you know, the HSE invited representatives from the ACBI, AMLS, the Faculty of Pathology and the representative unions to enter into discussions with regard to the future delivery of Pathology laboratory services in Ireland. At the preliminary meeting held in March of last year, we obtained clarification that the Teamwork report, *Implementing a new system of service delivery for Laboratory Medicine Services 2006* was just one input informing the choice of the preferred service delivery model and that other inputs would be considered. Throughout the intervening period, various models of service delivery from around the country have been tabled at these meetings. However, the HSE remain influenced by the Teamwork report and to this end engaged DKM Economic Consultants at the beginning of this year to prepare a business case for the provision of the 'Cold' laboratory workload for the entire country. The scope of these 'Cold' laboratories was to include routine Clinical Biochemistry, Haematology and Immunoassay work generated by the GP sector. DKM have also been asked to look at the various options of delivery, namely whether the service should be delivered within the Public sector, by a Public Private partnership or entirely under a commercial arrangement (Privatisation). Publication of the DKM report is believed to be imminent. At the beginning of this year Pathology laboratory professionals came together to formulate an alternative framework for laboratory modernisation in Ireland entitled the *National Pathology Network*. The framework provides for the rationalisation of Pathology laboratory services based on regional networks comprising of core automated laboratories ('hub') in large hospital laboratories supporting smaller hospital laboratories ('spoke') in the same region. This is an integrated and consolidated approach

which has been adopted successfully in Northern Ireland and in areas elsewhere within the UK. The *National Pathology Network* proposal was formally presented to the HSE and is being given consideration as a possible option for the future delivery of Pathology laboratory services.

With the passing of the Health and Social Care Professionals (H&SCP) Act in 2005, a legislative framework was established for the setting up of statutory registration for twelve healthcare professions of which Clinical Biochemists are one. Arising out of the Act, a H&SCP Council (Coru) was established in 2007 consisting of a representative from each of the twelve professions along with a majority lay representation. Coru is the umbrella body responsible for the regulation of the professions covered by the 2005 Act and one of its functions is the establishment of registers for the individual professions. The first of the twelve Registration Boards, namely that of the Social Workers was appointed by the Minister for Health and Children, Mary Harney, on the 5th August of this year. Registration boards for the remaining professions will be established on a phased basis with the intention of fully implementing the Act at the earliest possible date. Coru has established a dedicated website (www.coru.ie) where it is possible to access all the latest information on the process.

The HSE recently published a report entitled *'The Education and Development of Health and Social Care Professionals in the Health Services 2009- 2014'* which focuses on the twelve H&SC Professions named in the Act referred to previously and was developed following extensive consultation. The report contains specific recommendations in relation to putting in place mechanisms to facilitate consultation with professional bodies and higher education institutes, supporting and fostering an interdisciplinary approach to education and training and developing structures to enable engagement with senior professionals in each profession in relation to the planning of education and development. The HSE has since widened the H&SCP 'family' which now includes in the region of twenty professions. In late 2009, the HSE convened a meeting consisting of representatives of the professions which was very well attended and resulted in the establishment of a H&SCP Education, Training and Development Advisory Group. The Group consists of nine representatives from the H&SCP grouping which will provide an opportunity for the professions to have an input into

the strategic direction of HSE policy and also a mechanism to provide advice to the HSE on a collaborative basis. Membership of the Group will rotate among the professions every two years and will provide and receive feedback from the wider consultative grouping on a regular basis. One of the practical outcomes from this process has been the provision of financial support for CPD activities for the individual professions.

Before I sign off, I would like to encourage members to make use of the ACBI website (www.acbi.ie) as a communication and education tool. On the site there is access to valuable links, details of forthcoming events, published ACBI guidelines, presentations including posters from our

Annual Conferences and much more. In the Member's area, there is free online access to the journal, Clinical Chemistry and Laboratory Medicine (CCLM), access to details of all ACBI members (ever misplaced someone's contact details?) and the opportunity to initiate discussion on the 'white board'. Online membership renewal and registration for our Scientific meetings including the Annual Conference are now well established and has proved to be a great success. Planned future developments of the site include the ability to manage individual CPD records and the provision of e learning modules. So a visit to the site is sure to be beneficial and regular use by the members will enhance its utility as the valuable resource that it has become for the various activities of the ACBI.



In the news

An interesting story was published in the New York Times a few months back regarding testing of the human epidermal growth factor receptor-2 (HER2) receptor in patients with breast cancer. This protein is over-expressed (i.e., greater than normal copies present in cell membranes) in up to 20% of patients with breast cancer. Increased expression is associated with more aggressive forms of the cancer and poor prognosis. Patients who are HER2 positive can be treated with herceptin, a monoclonal antibody, which suppresses HER2 activity eventually leading to cell stasis and cell death. Prognosis is improved with cancer recurrence significantly reduced. The article highlights, however, that testing for HER2 can yield significant false positive or false negative results. The resulting deficit in sensitivity and specificity can impact on treatment options and outcomes. The article brings into the public domain what professionals already understand; that there are no 100% sensitive and specific diagnostic tests.

The American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP) have addressed this and released guidelines for HER2 testing in 2007. They accept that there is no gold standard to ensure accuracy of testing but they discuss positive, negative and equivocal results and include criteria to deal with them. CAP also require that all CAP accredited labs take part in a proficiency scheme for HER2 testing. Labs must receive a passing score of 90% or better to be considered successful.

The NYT article can be found at http://www.nytimes.com/2010/04/20/health/research/20cancer.html?pagewanted=1&_r=1&sq=Cancer Fight: Unclear Tests for New Drug&st=cse&scp=1

The ASCO/CAP guidelines can be found at <http://www.archivesofpathology.org/doi/pdf/10.1043/1543-2165%282007%29131%5B18%3AASOCCO%5D2.0.CO%3B2>

Accreditation of Irish hospital laboratories is here to stay. The question is, however, who does the accrediting? The Joint Working Group on Irish Laboratory Accreditation (JWG ILA), which was set up in 1996 by the ACBI, AMLS and the Faculty of Pathology, has issued a review of current issues affecting the accreditation of these laboratories.

Current Issues in Accrediting Irish Laboratories

Medical laboratories were early adopters of external assessment of Irish hospital services. A Joint Working Group on Irish Laboratory Accreditation (JWG ILA) was set up in 1996 by the ACBI, AMLS and the Faculty of Pathology. From that time many laboratories engaged with Clinical Pathology Accreditation (CPA) in the UK and secured CPA accreditation. At the time this was the most appropriate body offering accreditation to the majority of medical laboratories. In addition, as Pathology professionals were deeply involved in the management of CPA and in the laboratory assessments, there was widespread acceptance of CPA and its accreditation.

The alternative approach was to seek accreditation to an ISO standard (17025) through the Irish National Accreditation Board (INAB). Food microbiology laboratories were required by legislation to adopt this course. Other laboratories judged that the ISO 17025 model did not recognise the complexities of a medical laboratory that provided a service that went beyond the production of laboratory results. However in recent years the accreditation environment has changed significantly (see below) and it is time for the Pathology professions to review the existing and evolving situation and develop strategies for the future.

This document has been drafted by the JWG ILA. It seeks to inform the Pathology community, indicate the views of the working group and to invite debate and comment.

The Changing Accreditation Environment in Ireland

Over the years CPA has modified its standards to align them with ISO 15189. The CPA assessment is now similar to the ISO model.

In his review of the NHS Pathology Service, Lord Carter was critical of the close relationship between CPA and the professions, the very factor that made CPA so acceptable to Pathology. He felt best practice dictated that those developing the standards ought to be independent of those assessing them. Following this all the company shares of CPA have

been acquired by UKAS, the national accrediting body in the UK. There has been no merger yet and the two organisations are still being run as separate legal entities. CPA is still assessing to its standards from within UKAS but is not accrediting to ISO 15189, although CPA accreditation certificates state that the lab “is in conformance with Standards for the Medical Laboratory incorporating ISO 15189:2007”.

While CPA will continue to support existing accredited laboratories through the accreditation cycle, it is uncertain whether they will accept new applicants from outside the UK. It is uncertain whether CPA will offer accreditation services to laboratories beginning a new cycle after January 2010 (see point 6 below).

Irish blood transfusion laboratories complied with EU Blood Directive 2002/98/EC by seeking accreditation to ISO 15189 through INAB, and currently about 90% of such laboratories are accredited. An inefficient and complex situation arises where Transfusion is accredited to ISO and the other laboratories in the Pathology Department are accredited by CPA.

Yet another EU regulation, EU 765/08 on Accreditation and Market Surveillance, impacts from January 2010. This provides a legal framework for the provision of accreditation services across Europe. It specifies that there should be only one national accreditation body in each country, and local agencies must seek ISO accreditation from this body. It appears that UKAS, being an UK body, can't offer ISO 15189 accreditation in Ireland, unless invited to do so by INAB. As CPA is not awarding an ISO accreditation it could continue to offer accreditation to its own standards in Ireland. However as it is part of UKAS, CPA has indicated it may have a difficulty doing so, as this might be seen as competing with the Irish body, INAB.

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Those tendering for the provision of Cervical Cytology services were required by the National Cancer Screening Service to have accreditation to ISO 15189, 17025 or such other standard deemed to be acceptable, and the accrediting body had to conform to ISO 17011. (Those with CPA accreditation did appear to get past the pre-qualification stage). Tendering for future services such as the proposed Cold Laboratories is likely to involve evidence of accreditation to an international standard.

The Working Group met recently with INAB. The agency is anxious to work with the professions and has established a Sectoral Committee (Medical Advisory Committee) within INAB which includes professionals from medical laboratories and one representative from the Joint Working Group. INAB also intends to set up sub-committees of this Medical Advisory Committee to consider specific issues. This should allow the professions to offer guidance on developing and interpreting the standards. JWG will strive to maximise representation on all relevant INAB committees.

INAB would welcome suitable assessors from Pathology to add to their pool of international assessors, and would be open to also using UK assessors. Appropriate training would be provided possibly in conjunction with UKAS/CPA.

Other uncertainties exist. The Health Information and Quality Agency (HIQA) is developing standards for hospitals to underpin upcoming legislation governing the licensing of hospitals. It is not clear how they would deal with Pathology. Would they develop standards for

laboratories or have an arrangement for "deemed status" for laboratories accredited by INAB or other bodies?

JWG ILA Views

Laboratories that are to survive and thrive must be accredited.

While the original CPA model had many attractions for the professions CPA has moved on and moved closer to the ISO 15189 model.

The professions accept that laboratories which are currently accredited by CPA are fully and satisfactorily accredited. However the long term viability of CPA assessment in Ireland is doubtful.

INAB are now appointed by the Government, in accordance with EU regulation 765/2008, as the sole accreditation body for ISO 15189 in Ireland.

The professions should engage with INAB to secure the maximum involvement of the Pathology professions. This includes participation in the Sectoral Committee and sub-committees with appropriate representatives of the Professions and appropriate INAB Board membership to represent the views of the JWG ILA. There would be mutual benefit in INAB and UKAS co operating.

The environment continues to evolve rapidly and there are many uncertainties. The professions should continue to monitor the situation and be prepared to respond quickly and flexibly to changed circumstances.

The Working Group should continue to be the forum through which the professions liaise and represent the views of the Pathology professions to official agencies.

Dr. Sean K Cunningham
Hon Secretary
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Dublin 4.

2009 ACBI Annual Conference opening remarks by then ACBI President, Dr. Alan Balfe. He talks about aspects of the Conference and also refers to the still relevant Teamwork Report "Implementing a New System of Service Delivery for Laboratory Medicine Services".

Maintaining professional competence

The annual conference, and the other scientific meetings that we organise throughout the year, are an important element of our professional lives as working scientists. These occasions provide valuable opportunities to come together to be educated by experts, to update our knowledge, to explore new ideas and to share experience. These activities are a vital part of maintaining our professional competence.

Voluntary effort demonstrates professional commitment

These meetings are organised with no little effort. The work is done on a voluntary basis, by committees drawn from our members. The speakers on the programme, both from Ireland and abroad, deliver their presentations, with no thought of monetary reward. This voluntary effort is a powerful demonstration of our professional commitment to the quality of the services we provide, and to the public we serve. We have organised these meetings in good times and in bad, in times of economic growth, and in times of recession. Here, I want to especially acknowledge the steadfast support of this conference, through thick and thin, by our sponsors in the diagnostics industry. I also want to thank the conference organising committee, Dr. Marguerite Mac Mahon and her team from the Mater Hospital, for their great work over the past year on this project.

Guidelines launched

Our meeting focuses on selected biochemical themes each year. The themes for the 2009 meeting were endocrine aspects of the kidney, and the biochemistry of under-nutrition and over-nutrition, two contrasting problems of our modern society.

The 2009 conference also sees the launch of the ACBI Guidelines on Fluid Biochemistry. These Guidelines are the latest in a series produced by the ACBI, to promote appropriate and effective use of the laboratory service. They are intended to be concise reference documents to assist practitioners in the Clinical Biochemistry field, and those who order tests from the laboratory service, whether hospital- or community-based.

Reporting scientific work

The meeting also features an extensive range of scientific poster presentations. These presentations reflect an important facet of our professional role as scientists. They report the results of research work being done in our laboratories – evaluations of assays and test protocols, the development and application of new methods, audits of current practice – work that is essential in order to maintain and improve the quality of our service. As in previous years, the Geraldine Roberts Medal will be awarded for the best scientific poster at the meeting.

Service configuration and the Teamwork report

Our programme in 2009 opened with an important session on the management, leadership and configuration of laboratory services for the future. As we face into a period of re-organisation and reform, it is vital that the decisions we make are well-informed, and this session was designed to provide useful insights in this regard.

Earlier in 2009, a report entitled “Implementing a new system of service delivery for Laboratory Medicine Services” was published. It was commissioned by the HSE, and prepared by Teamwork Management Services early in 2007.

This report is a starting point for reform of our clinical laboratory services. Underlying the reform process is the requirement to improve access by bringing health services closer to the patient in the community, shifting the emphasis to the primary care setting as much as possible.

The report provides useful information on the current scope of clinical laboratory services, where requests from local GPs constitute 30 to 40% of the workload in the larger hospital laboratories. It correctly identifies several major deficiencies of the current disjointed system, much of which we have been aware of for years – inadequate IT systems with poor connectivity, inadequate phlebotomy and transport logistics, insufficient consolidation of analytical platforms and organisation within our laboratories, the need to reform work practices including extending the core hours of services, to list some examples.

Point of care testing

The report goes on to make many recommendations for our future services. It advocates increased use of Point of Care Testing (POCT) in the primary care and community setting, as well as in the hospitals, and wants to develop the role of Laboratory Medicine staff as providers of expert advice. We recognise that Point of Care Testing can be more convenient for the patient, but it is vital that the quality and cost-effectiveness of this testing is assured. Adequate training of operators, external quality assurance and clinical governance will be crucial to the safe implementation of such testing.

“Hot” and “cold” laboratories

Probably the most contentious proposal in the report is the suggestion to segregate work into what it terms “hot” laboratories and “cold” laboratories. In this vision, all non-urgent routine and non-specialised work from primary care and out-patients would be transferred out of the present laboratories in the acute hospitals, to between one and three “cold” laboratories around the country which would process them with a fast turnaround. Now the fact is that the analytical turnaround for this work currently is quite good – the problems are mainly due to deficiencies of access to phlebotomy, transport logistics and Information Technology connectivity. These problems will have to be corrected no matter what system we want to implement, and if they were corrected, they would eliminate much of the current inadequacies.

Integrated service model adopted by HSE contradicts direction of Teamwork report

Although the report was only published in 2009, it was prepared in 2006 and early 2007. More than a year later, in July 2008, the HSE radically changed the organisational model for health service delivery to the integrated service model. In this model, the services that patients need and the professionals who provide them should be well connected together in integrated networks.

The nature of this re-organisation is illustrated in the report of the HSE's Diabetes Expert Advisory Group published in 2008, which provides a blueprint for the development and delivery of integrated healthcare for people with diabetes in the years ahead. It stresses the need for redirection of resources and focus, and for health professionals and organisations from primary, secondary and tertiary care to work together in a co-ordinated way. As the scope of integrated care extends beyond diabetes to other long-term conditions, the range of laboratory investigations required by primary care teams will coincide with the range of laboratory investigations delivered in the large acute hospitals.

The artificial separation of laboratory services for primary care from those for secondary and tertiary care, as proposed in the Laboratory Medicine Services report, and the transfer of these services to centres 100 km away will be unlikely to enhance and facilitate the integration of care. The existing large hospital laboratories are already embedded in their local communities, and thus are well-placed to serve as the hubs of an integrated service network.

International practice is diverse

The report rather carelessly uses the term "international best practice" in relation to the cold laboratory concept, with little evidence to justify the use of this term. We know that this model is not without problems, and that other more integrated services are also common internationally, often within the same jurisdictions.

Whereas opinion within the HSE seemed to favour the concept of stand-alone "cold" laboratories on a remote site, the report admits that the "hot" and "cold" laboratories could be stand-alone or co-located, depending on how the national strategy is applied; and further, including academic laboratories and reference laboratories, it says "several perfectly reasonable combinations of functions, co-locations and stand-alone solutions" are possible.

The Laboratory Services Modernisation Group, which has been set up by the HSE to plan and oversee the reform of the services, has far-reaching decisions to take. It will be crucial that these decisions are well-informed, and consistent with other initiatives in the delivery of our health services.



Useful Web Sites



<http://ghr.nlm.nih.gov/>

(genetics home reference)

A wealth of information here on all things genetic. Written for the general public but a nice source for those of us with a tenuous grasp on the complexities of this topic.

<http://dailymed.nlm.nih.gov/dailymed/about.cfm>

(current medicine information)

Again an extensive source from the NIH. Has detailed information on over 10,000 drugs but be aware that some European drug names may not be recognised here. A search for paracetamol found nothing but there were more than 240 hits for acetaminophen.



Members' Publications

Byrne B, O'Shea P, Barrett P, Tormey W. The Beckman DxI 800 prolactin assay demonstrates superior specificity for monomeric prolactin. Clin Chem Lab Med. 2010 Feb;48(2):205-8.

Smith TP, Fahie-Wilson MN. Reporting of post-PEG prolactin concentrations: time to change. Clin Chem. 2010 Mar;56(3):484-5. Epub 2009 Dec 3.

O'Broin S, McCarthy N. Ferritin assays on the Beckman Access using EDTA-plasma samples. Int J Lab Hematol. 2010 Feb;32(1 Pt 1):e186-7.

Sturgeon CM, **Duffy MJ**, Hofmann BR, Lamerz R, Fritsche HA, Gaarenstroom K, Bonfrer J, Ecke TH, Grossman HB, Hayes P, Hoffmann RT, Lerner SP, Löhe F, Louhimo J, Sawczuk I, Taketa K, Diamandis EP; National Academy of Clinical Biochemistry. National Academy of Clinical Biochemistry Laboratory Medicine Practice Guidelines for use of tumor markers in liver, bladder, cervical, and gastric cancers. Clin Chem. 2010 Jun;56(6):e1-48. Epub 2010 Mar 5.

Nugent C, Roche K, Wilson S, **Fitzgibbon M**, Griffin D, Nichaidhin N, Mulkerrin E. The effect of intramuscular vitamin D (cholecalciferol) on serum 25OH vitamin D levels in older female acute hospital admissions. Ir J Med Sci. 2010 Mar;179(1):57-61. Epub 2009 Aug 28.

Browne BC, Crown J, Venkatesan N, **Duffy MJ**, Clynes M, Slamon D, O'Donovan N. Inhibition of IGF1R activity enhances response to trastuzumab in HER-2-positive breast cancer cells. Ann Oncol. 2010 Jul 20. [Epub ahead of print].

Journal



Watch

Article: Nicole Simunovic et al. Effect of early surgery after hip fracture on mortality and complications: systematic review and meta-analysis. CMAJ. Epub ahead of print September 13, 2010.

Hip fracture is associated with up to 20% mortality in the year following fracture. There have been conflicting observations on the impact of early or delayed surgery on morbidity or mortality. This meta-analysis of published work found that surgery before 24 to 72 hours reduced the risk of death and may reduce the risk of postoperative pneumonia and pressure sores. Further studies are recommended.

Article: Hsiu-Chung Ou et al. Cardiac Contractile Dysfunction and Apoptosis in Streptozotocin-Induced Diabetic Rats Are Ameliorated by Garlic Oil Supplementation. J. Agric. Food Chem. Epub ahead of print September 13, 2010.

Animal study in which rats were given garlic oil of varying amounts to determine its influence on progression of cardiomyopathy, a major cause of death in diabetics. A protective effect against the heart disease was noted. Garlic oil contains large amounts of anti-oxidants with about 20 compounds identified. They suggest that these may contribute to this protective effect.

IgNobel Prizes

Every October a new round of Nobel prizes are given out to the select few and every year they are preceded by the igNobel prizes, organised by the magazine Journal of Improbable Research. They are designed to reward unusual research that will “make people laugh then make them think” and are presented by bona fide Nobel laureates. Listed below are some of the winning projects.

ENGINEERING PRIZE: Collection of whale snot using a remote controlled helicopter.

REFERENCE: "A Novel Non-Invasive Tool for Disease Surveillance of Free-Ranging Whales and Its Relevance to Conservation Programs," Karina Acevedo-Whitehouse, Agnes Rocha-Gosselin and Diane Gendron, Animal Conservation, vol. 13, no. 2, April 2010, pp. 217-25.

MEDICINE PRIZE: For discovering that symptoms of asthma can be treated with a roller-coaster ride.

REFERENCE: "Rollercoaster Asthma: When Positive Emotional Stress Interferes with Dyspnea Perception," Simon Rietveld and Ilja van Beest, Behaviour Research and Therapy, vol. 45, 2006, pp. 977-87.

PHYSICS PRIZE: For demonstrating that, on icy footpaths in wintertime, people slip and fall less often if they wear socks on the outside of their shoes.

REFERENCE: "Preventing Winter Falls: A Randomised

Controlled Trial of a Novel Intervention," Lianne Parkin, Sheila Williams, and Patricia Priest, New Zealand Medical Journal. vol. 122, no. 1298, July 3, 2009, pp. 31-8.

PEACE PRIZE: For confirming the widely held belief that swearing relieves pain.

REFERENCE: "Swearing as a Response to Pain," Richard Stephens, John Atkins, and Andrew Kingston, Neuroreport, vol. 20, no. 12, 2009, pp. 1056-60.

PUBLIC HEALTH PRIZE: for determining by experiment that microbes cling to bearded scientists.

REFERENCE: "Microbiological Laboratory Hazard of Bearded Men," Manuel S. Barbeito, Charles T. Mathews, and Larry A. Taylor, Applied Microbiology, vol. 15, no. 4, July 1967, pp. 899-906.

EFCC-Labs Are Vital Award for Excellence in Outcomes Research in Laboratory Medicine

Invitation



Announcement

EFCC and Labs Are Vital™ are pleased to announce the EFCC-Labs Are Vital Award for Excellence in Outcomes Research in Laboratory Medicine, sponsored by Abbott. The Award will be given to the best published paper, as judged by an independent panel of experts, which demonstrates improved outcomes (clinical and/or economic) arising out of the application or improved

utilisation of an in-vitro diagnostics test. This award was launched at EUROMEDLAB 2009 in Innsbruck, and will be presented for the first time at IFCC/Euromedlab 2011 in Berlin. Thereafter it will be awarded every two years at an EFCC conference. The Award will consist of a certificate and the sum of 15,000 Euro.

Criteria

All entries must be validated studies demonstrating improved outcomes (clinical and/or economic) arising out of the application or improved utilisation of an in-vitro diagnostic test.

Entries must have been published or finally accepted for publication between 1 February 2009 and 1 February 2011.

Entries must be published in English in a peer-reviewed medical, scientific or health economics journal.

Entries must have been produced by an individual or group working wholly or mainly within Europe (as defined by WHO – www.euro.who.int/countryinformation). The submitting author must be located in Europe.

It is a condition of entry that applicants agree to the use of the data and conclusions presented in the paper for purposes of promotion of laboratory medicine by EFCC and in campaigns and materials associated with Labs Are Vital. Only conclusions specifically presented in the paper will be used in such materials, and authors will be acknowledged in and have the right of review of any materials produced.

For details of the submission procedure, visit www.efccim.org



www.efccim.org



www.labsarevital.com



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