

Clinical Biochemistry News



May 2025

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



Antoine-François de Fourcroy 1755-1809

François Dumont Portrait Painter c1800.

Wiki creative commons

Who originated the idea of hospital clinical laboratories? Step forward Antoine-François de Fourcroy, born 270 years ago. A contemporary of Antoine Lavoisier (the discoverer of oxygen) he co-authored with Lavoisier, Guyton de Morveau, and Claude Berthollet the *Méthode de nomenclature chimique*. This work was fundamental in standardising the process of chemical nomenclature.

Fourcroy received a medical qualification in 1780. With his strong interest in chemistry he advocated the use of chemical analysis of human tissues to aid in understanding the nature and cause of diseases. In 1784 he carried out extensive analysis of various tissues and was the first to describe differences between pathological and normal samples. Fourcroy was so convinced of the importance of these analyses that he claimed "the successes of chemistry would one day change the face of medicine and result in a beneficial revolution."

In 1791 Fourcroy suggested setting up specialised diagnostic laboratories allied with hospitals and, after overcoming some resistance, opened the first pathology laboratory at the Ecole de Sante in Paris - the ancestor of the modern clinical laboratory.

He died at the young age of 54 in 1809 from a heart attack brought on, it has been speculated, by stress and overwork and his fraught relationship with Napoleon. On the day of his death he was made a Count of the French Empire.

Contents

- | | |
|---|--|
| 2. Message from the President of the ACBI | 7. ACBI News/ Upcoming Meetings/Educational |
| 3. Patricia Barrett - An Appreciation | 8-13 LabMed (RoI Region) Information and Meeting Summary |
| 4. RCPATH - New Fellows | 14-18 Review of BT Young Scientist of the Year 2025 Exhibition |
| 5. Members' Publications | |
| 6. Reviews, Articles of Interest and Federation Links | |



Message from the President of the Association of Clinical Biochemists in Ireland Dr. Paula O'Shea

Dear ACBI Members,

I am delighted to invite you to lend your talents and energy to our Association by stepping forward for leadership roles on Council. We are seeking committed individuals who share a passion for advancing ACBI's mission and advocating for the interests of our community.

Leadership Nominations

If you are eager to help shape ACBI's future and guide its growth, please consider nominating yourself—or a colleague you believe would excel—as an Officer. We are currently accepting nominations for Vice President and Ordinary Member positions, both of which play vital roles in our governance and strategic direction. To submit a nomination—or to learn more about each role's responsibilities—please visit our website or contact the Secretary by **COB 20 May 2025**.

Extraordinary General Meeting

Please note that our EGM will take place online on **21 May 2025**. This meeting is your chance to participate directly in ACBI's decision-making and to hear updates on our strategic initiatives.

Professional Development Day

We are pleased to announce that our Professional Development Day has been **rescheduled to Friday, 12 September 2025**, and will take place at the Aisling Hotel, Dublin. This event offers an engaging programme, including:

- A medical review of non-conformances and change management
- An interactive crisis-management workshop

This educational day is open to all levels of laboratory professionals. Whether you're seeking to update your knowledge, earn CPD points, or prepare for upcoming exams, you'll find valuable insights and practical skills. We look forward to welcoming you on 12 September!

Annual Conference

Mark your calendars for our Annual Conference to be held in the beautiful Hodson Bay Hotel, Athlone on **14th–15th November 2025**. This gathering is an excellent opportunity to engage with fellow members, learn from industry leaders, and celebrate the achievements and future direction of ACBI. Please note the deadline for abstracts for this meeting is **Friday 12th September**.

ACBI Funding Opportunities

I am pleased to remind you that the ACBI Conference & Course Bursary Fund is now open for applications. This fund supports career-grade clinical biochemist members in attending conferences and courses relevant to clinical biochemistry and laboratory medicine, aligned with your professional training and development needs. Applicants are encouraged to first seek sponsorship from their employer; any unmet costs may then be covered by our bursary. For application details and deadlines, please refer to the bursary section on our website.

Newsletter & Member Showcase

Our newsletter—collated and edited by Dr Martin Healy and Dr Peadar McGing—remains your showcase for members' activities and outputs in the field. Our Editors are always delighted to receive:

- Articles on hot topics in clinical biochemistry
- Reports on conferences you've attended
- Information on members' publications, awards, and other achievements

Keep them coming and help us highlight the great work happening across our community!

Acknowledgements & Remembrances

I wish to extend my sincere gratitude to the following outgoing Council members for their service and contributions:

- **Dr Jennifer Brady, Vice President / President** For her strategic leadership, insightful counsel, and steadfast commitment to advancing our organisation's mission.
- **Dr Seán Costelloe, Ordinary Member** For his thoughtful engagement, collaborative approach, and positive influence on committee deliberations.
- **Karen Heverin, Treasurer** For her meticulous financial stewardship, prudent resource management, and unwavering support behind the scenes.

I also extend my gratitude to Alison Bransfield, Dr Janice Reeve and Dr Lucille Kavanagh Wright for their invaluable assistance in maintaining our website.

Please join me in welcoming Dr Lucille Kavanagh Wright as our newly appointed Treasurer.

It is with sadness that we remember past members we have lost this year:

- Pauline O'Gorman.
- Dr. William Clayton Love
- Patricia Barrett
- Dr. Dermot O'Brien

Their contributions to ACBI and to the field of clinical biochemistry will always be cherished.

Thank you for your dedication to our Association. Your support, expertise, and continued engagement are vital to ACBI's success. I look forward to seeing many of you at the EGM on the 21st of May and at our annual conference in Athlone this November.

Warm Regards,

Dr. Paula O'Shea
President, ACBI

Patricia "Trisha" Barrett - An Appreciation

Trisha left us far too early in October 2024. She was a great woman in every respect, both personally and professionally. She was a dedicated and talented scientist, specialising in endocrinology.

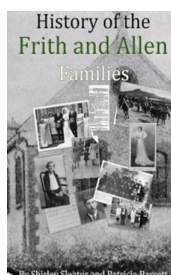
Trisha completed her primary degree at DIT, Kevin Street and a Masters in Clinical Biochemistry at Trinity College Dublin in 1986. She held the post of Senior Biochemist in Endocrinology joining Beaumont Hospital from the Richmond Hospital in 1987, when Beaumont opened. Trisha worked for 40 years between the Richmond and Beaumont Hospitals and enjoyed a great professional working career with Professor James Devlin (who sadly also left us recently), with whom she published works in Clinical Endocrinology and other journals. She spent a term as acting Principal Biochemist and enjoyed great success delivering and enhancing endocrine services. She was a very influential educator, an advocate of life-long learning and was generous with her endocrine knowledge, always willing to train and mentor scientists, instilling a love of clinical biochemistry to those coming into the department. She was an active member of Council of the ACBI, her term marked by multiple post-it notes throughout her house and engaging her children to help at the ACBI conferences!

Trisha was an avid reader and had a keen interest in genealogy. Following her retirement, Trisha and her

sister Shirley researched their family history where they recount their trek through north Wexford in search of information about their ancestors. In a second book, the two girls applied their research skills to the unsolved murder of their great grandmother's fiancé the night before the wedding.

On a personal level, Trisha had a great wit and was a loyal, supportive and true friend. She was immensely kind and visited her elderly Dad on a daily basis and cared for his well-being. She loved fashion, travel and was one of Ireland and Leinster's biggest rugby fans. She was devoted to her husband and best friend Eric and her family Sarah, Sophie and Graeme. I always enjoyed our chats with the most entertainment arising from Graeme and Sophie's mischievous antics. Sarah was the quiet and sensible daughter and she adored them all. In recent years she didn't enjoy good health and it is so sad that she didn't get to meet Graeme and Ashley's new baby Morgan, she would have loved to have fun with him. Sarah, Trisha's lovely daughter described her Mam as a "cracker of a lady" and I think all of us who knew and worked with Trisha would wholeheartedly agree. She is immensely missed and sincere sympathy to Eric and all Trisha's family. May she rest in peace.

Dr. Maria Fitzgibbon.



Two books co-authored by Trisha and her sister Shirley



Trisha with her dad and her husband Eric

Admission of New Fellows – The Royal College of Pathologists

Author: Karen Heverin

Photography: Dr Lucille Kavanagh-Wright and Alison Bransfield

The Royal College of Pathologists (RCPath) held conferral ceremonies for New Fellows on Wednesday 26th February at their modern, purpose-built premises in Aldgate, London.

The ceremony took place in the Elizabeth Room of the impressive 9-floor building with Dr Bernie Croal (President of the College) opening proceedings. Dr Croal welcomed all New Fellows and their guests to the occasion, and remarked on the integral role that the guests in attendance played in our success attaining Fellowship. He discussed the ongoing work of the College and how important it is for membership involvement in all aspects of the College, remarking that membership wasn't a Netflix subscription, where one is encouraged to sit back and consume content! He encouraged all New Fellows to get involved in any way, stating that the delivery of key services relies on active membership, without which the College could not advance the pathology profession.

After the presentation of New Fellows ceremony took place, Prof Marta Cohen (Vice-President of the RCPath) congratulated New Fellows. A drinks reception in the adjoining foyer gave New Fellows an opportunity to mingle and to get those all-important photographs to mark this momentous occasion!

Members of the Association of Clinical Biochemists in Ireland and the Association for Laboratory Medicine Republic of Ireland region that were conferred included: Alison Bransfield, Karen Heverin, Carl Talbot and Dr Lucille Kavanagh-Wright. Congratulations to all New Fellows of the RCPath.



L to R: Dr Lucille Kavanagh Wright, Dr Bernie Croal (RCPath President), Carl Talbot



L to R: Karen Heverin and Alison Bransfield



L to R: Karen Heverin, Dr Eamon McCarron, Dr Emma Murray, Alison Bransfield

A Selection of Members' Recent Publications

[Proof-of-concept study: Remote capillary blood collection for hCG analysis in early pregnancy.](#)

Joyce CM, O'Shea PM, Lynch R, Costelloe SJ, McCarthy TV, Coulter J, Hayes-Ryan D, O'Donoghue K. *Eur J Obstet Gynecol Reprod Biol.* 2024 Sep;300:309-314. doi: 10.1016/j.ejogrb.2024.07.040.

[Pseudoprecocious puberty and gynaecomastia as presenting features of Peutz-Jeghers syndrome.](#) Kelleher KJ, Glackin S, **Brady JJ**, O'Connell SM. *BMJ Case Rep.* 2025 Jan 21;18(1):e262022. doi: 10.1136/bcr-2024-262022.

[Direct-to-consumer testing as consumer initiated testing: compromises to the testing process and opportunities for quality improvement.](#) Shih P, Sandberg S, Balla J, Basok BI, **Brady JJ**, Croal B, De Vos N, Karlsson M, Kedars P, Ozben T, Pijanovic M, Plebani M, Orth M. *Clin Chem Lab Med.* 2024 Aug 14. doi: 10.1515/cclm-2024-0876.

[Measurement of uric acid in FC Mix tubes is not accurate.](#) **Reeve JL**, O'Meara MJ, Griffin DG. *Ann Clin Biochem.* 2024 Dec 13:45632241308076. doi: 10.1177/00045632241308076.

[Trends in polysubstance use among patients in methadone maintenance treatment in Ireland: Evidence from urine drug testing 2010-2020.](#) Durand L, O'Kane A, **Stokes S**, Bennett KE, Keenan E, Cousins G. *J Subst Use Addict Treat.* 2024 Dec;167:209507. doi: 10.1016/j.josat.2024.209507.

[The bronchiectasis microbiome: current understanding and treatment implications.](#) Narayana JK, **Mac Aogáin M**, Hansbro PM, Chotirmall SH. *Curr Opin Pulm Med.* 2025 Mar 1;31(2):135-144. doi: 10.1097/MCP.0000000000001131.

[Novel scoring system provides high separation of diploidy and triploidy to aid partial hydatidiform mole diagnosis: an adaption of *HER2* D-DISH for ploidy analysis.](#) **Joyce CM**, Dineen S, Deane J, Conlon N, **O'Shea PM**, Corcoran P, Coulter J, O'Donoghue K, Fitzgerald B. *J Clin Pathol.* 2025 Apr 17;78(5):320-326. doi: 10.1136/jcp-2023-209265

[Morphology combined with *HER2* D-DISH ploidy analysis to diagnose partial hydatidiform mole: an evaluation audit using molecular genotyping.](#) **Joyce CM**, Maher GJ, Dineen S, Suraweera N, McCarthy TV, Coulter J, O'Donoghue K, Seckl MJ, Fitzgerald B. *J Clin Pathol.* 2025 Apr 17;78(5):327-334. doi: 10.1136/jcp-2023-209269.

[Impact of changes in gestational diabetes mellitus diagnostic criteria during the COVID-19 pandemic.](#) Neville J, **Foley K**, Lacey S, Tuthill A, Kgosidialwa O, O'Riordan M, O'Halloran F, **Costelloe SJ**. *Ir J Med Sci.* 2025 Mar 12. doi: 10.1007/s11845-025-03926-3.

[Cost effectiveness of early metformin in addition to usual care in the reduction of gestational diabetes mellitus effects \(EMERGE\)-A randomised placebo-controlled clinical trial.](#) Gillespie P, Mahon R, Newman C, Alvarez-Iglesias A, Ferguson J, Smyth A, **O'Shea P**, Devane D, Egan A, O'Donnell M, Dunne F. *Diabet Med.* 2025 Apr 2:e70036. doi: 10.1111/dme.70036.

[Elevations of \$\alpha\$ -fetoprotein in patients undergoing chemotherapy for pure testicular seminoma: a retrospective cohort study.](#) **Costelloe SJ**, Spencer JD, Humphries K, Stark D, Dunwoodie E. *BMC Cancer.* 2025 Feb 11;25(1):241. doi: 10.1186/s12885-025-13559-5.

Reviews / Articles of Interest

Klotho protein (named after the Greek goddess, one of the three Fates, who spins the thread of human life) has generated quite a bit of interest recently, particularly its role in the ageing process. This paper reviews current emerging evidence.

[Klotho antiaging protein: molecular mechanisms and therapeutic potential in diseases.](#) Hajare AD, Dagar N, Gaikwad AB. *Mol Biomed.* 2025 Mar 22;6(1):19. doi: 10.1186/s43556-025-00253-y.

Multi-agency overview and guidelines on prostate cancer.

[EAU-EANM-ESTRO-ESUR-SIOG Guidelines on Prostate Cancer-2024 Update. Part I: Screening, Diagnosis, and Local Treatment with Curative Intent.](#) Cornford P, van den Bergh RCN, Briers E et al. *Eur Urol.* 2024 Aug;86(2):148-163. doi: 10.1016/j.eururo.2024.03.027.

Apart from their analytical reliability, do new (and old) biomarkers actually lead to improvements in clinical care. The review below addresses the practicalities and difficulties of answering this question.

[Is this test fit-for-purpose? Principles and a checklist for evaluating the clinical performance of a test in the new era of *in vitro* diagnostic \(IVD\) regulation.](#) Lord SJ, Horvath AR, Sandberg S,

Monaghan PJ, M Cobbaert C, Reim M, Tolios A, Mueller R, Bossuyt PM. *Crit Rev Clin Lab Sci.* 2025 Feb 6;1-16. doi: 10.1080/10408363.2025.2453148.

Female bone health. This review looks at bone physiology, risk of developing osteoporosis and issues around its timely detection and treatment.

['Bone Health-Across a Woman's Lifespan'.](#) Stokes G, Herath M, Samad N, Trinh A, Milat F. *Clin Endocrinol (Oxf).* 2025 Apr;102(4):389-402. doi: 10.1111/cen.15203. Epub 2025 Jan 27.

Enhanced communication of laboratory data and results to various stakeholders has been addressed in several recent reports. How can communications be improved to maximise the lab's role in healthcare? The review below examines the use of AI in the process.

[Increasing the Impact and Value of Laboratory Medicine Through Effective and AI-Assisted Communication.](#) Pillay TS. *EJIFCC.* 2025 Feb 28;36(1):12-25. eCollection 2025 Mar

Overdiagnosis as an emerging problem. Review of neurologist Suzanne O'Sullivan's book 'The Age of Diagnosis: Sickness, Health and Why Medicine Has Gone Too Far'. The diagnosis explosion: an important new book tries to understand what's happening.

Smith R. *BMJ.* 2025 Apr 16;389:r772. doi: 10.1136/bmj.r772.

Federation Links

[EuroLabNews](#): The current edition of the EFLM Newsletter, EuroLabNews (March/April 2025).

[CCLM](#): The latest issue of Clinical Chemistry and Laboratory Medicine (CCLM 63 (5) 2025. Free for ACBI and EFLM Academy Members.

[IFCC eNews](#): April 2025.

[eJIFCC](#): Latest IFCC journal issue, eJIFCC (36(1) March 2025).

[EFLM Working Group on Test Evaluation Publication](#): Is this test fit-for-purpose? Principles and a checklist for evaluating the clinical performance of a test in the new era of *in vitro* diagnostic (IVD) regulation.

[EFLM Live Webinars 2025](#): Upcoming webinars.

[On Demand EFLM Webinars](#): Videos of past EFLM webinars.

[IFCC Podcast](#): Do Bone Turnover Markers have Clinical Utility? Interview with Dr Sam Vasikaran, Member of the IFCC Committee on Bone Metabolism.

[The hurdles to be overcome](#) before AI is fully integrated into clinical laboratories. EFLM President Mario Plebani is a co-author.



Strategic Plan for Laboratory Services

The HSE has released its Outline Strategic Plan for Laboratory Services (2026 – 2035). This is the final version of the Plan. It was approved by the HSE Senior Leadership Team and presented to the HSE Board in March 2025. A date is to be set for its formal launch. Although now officially HSE policy the Strategy does not impact on current employment rights and conditions. The HSE has committed to engage with the negotiating bodies of the various stakeholders on the roll-out of the Strategy. The ACBI will represent the interests of the Clinical Biochemist profession. Agreed implementation of the Plan will be predicated by the outcomes of these discussions. The document can be read [here](#).

From the National Health and Social Care Professions Office (HSCP)

The National HSCP Office is delighted to be in a position to again offer post-graduate professional development opportunities in 2025. Please see the [list of funding opportunities](#) for this year.

The application process has been amended for 2025 and applications will be made through a SmartSurvey Application Form. The link for the application form can be found [here](#).

The deadline for applications is **5pm on May 30th 2025**, at which time the link to the application portal will close. Note that only HSE/HSE funded HSCP are eligible to apply, and they must be one of the 26 professions under the remit of the HSCP Office.

Upcoming Meetings

LabMedUK25 National Meeting of the Association for Laboratory Medicine, Bridgewater Hall, Manchester, UK, 9-11 June 2025

ADLM Annual Conference (Association for Diagnostic & Laboratory Medicine), Chicago, IL, USA, July 27-31, 2025

MSACL 2025 (Mass Spectrometry & Advances in the Clinical Lab) 15th Annual Conference & Exhibits, Bonaventure Hotel Conference Center Montréal, Canada, September 21 - 26, 2025

ACBI 47: Save the date 14th and 15th November 2025, 47th Annual Conference of the Association of Clinical Biochemists in Ireland, Hodson Bay Hotel, Athlone

Educational Stuff

Two new clinical chemistry textbooks with links to more info and a learning guide on cardiovascular disease from Abbott Diagnostics

Clinical Chemistry, 10th Edition. William J. Marshall, Márta Lapsley, Andrew Day, Kate Shipman. To be published on August 1st 2025. Elsevier ISBN no. 978-044-3-28389-5.

Clinical Chemistry: A Practical Learning and Teaching Toolkit. David N. Bailey, Robert L. Fitzgerald. Published 13th December 2024. Springer ISBN no. 978-3-031-67379-5.

Abbott Learning Guide: Cardiac. Six chapters on heart physiology, acute coronary syndrome, heart failure, and the roles of biomarkers in their evaluation. Plus information on guidelines for cardiovascular disease prevention.

The Association for Laboratory Medicine (LabMed) Republic of Ireland Region

The following section contains information from the regional committee that should be of interest to members and to non-members. My thanks to Dr. Janice Reeve for providing this, and to Janice and Brendan Byrne for the accompanying meeting report from the annual scientific meeting held via MS Teams in January.

Dr. Peadar McGing.

LabMed Region Committee

The Association for Laboratory Medicine (LabMed) Republic of Ireland Region Committee represents LabMed members here in Ireland. We would be delighted to hear from anyone with an interest in getting involved in this Committee.

Your Region's Committee

Alison Bransfield	Region Chair
Janice Reeve	Region Secretary (janice.reeve@hse.ie)
Carl Talbot	Region Tutor
Eileen Byrne	Region Trainee Representative
Brendan Byrne	Region Audit Lead
Paula O'Shea	ACBI Representative
Roshaida Abdul Wahab	Ordinary Member

Accessing the Republic of Ireland region section on the LabMed website

To access Regional information from the LabMed website you do not need to be a member. At <https://labmed.org.uk/> on the 'About us' tab select 'Where we work', scroll down and click on 'Republic of Ireland'. On this page, you will find information relevant to our region. If there is anything you would like to see added please do get in touch and we will do our best to oblige.

The Benefits of LabMed membership

If you are not already a LabMed member we would highly recommend becoming one, particularly if you are anticipating sitting RCPATH exams which can be UK/NHS-centric. The members' area of the LabMed website <https://labmed.org.uk/> has many educational resources. It allows access to the Science Knowledge Hub, with its infamous Analyte Monographs and the recently added Laboratory Medicine Learning Academy, a resource aimed at training, which includes cases for thought, lectures, webinars and more. As a member, you will have access to the Annals of Clinical Biochemistry and LabMed News. Regional LabMed members are part of a larger professional community - think Mailbase Discussion List

<https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=acb-clin-chem-gen>, discounted rates to UKMedLab and free access to events across the UK and Ireland. As Committee members we sit on, are involved in, and feedback to wider LabMed Committees.

If all that is not enough to convince you, we would remind you that ACBI members are offered a significant discount on the annual LabMed member rate!

Educational Events and Bursaries

Our annual Region Scientific meeting '*Digital Strategies at the Clinical Interface*' was held in January; if you couldn't attend this meeting or would like to revisit what was said please see our review in this edition of the Newsletter.

We are delighted to announce that in collaboration with the ACBI we will be hosting a professional development day on Friday September 12th in the Aishling Hotel, Dublin. The programme will cover the medical review of non-conformances/change management with an interactive workshop on crisis management amongst the highlights. This educational event is open to all levels of Laboratory Professionals. It will be of value to all those looking to update their knowledge (and gain some CPD points) as well as those preparing for exams! We hope to see you there.

Education bursaries are another important benefit of membership of the Association and allow us support our members to attend scientific meetings or specialised training courses. Both regional and national (UK) education bursaries (£500 each) are not currently open for application but the next round is just weeks away from the date of this publication. The two remaining 6-week application periods for 2025 are June 1st to July 15th and August 15th to September 30th 2025. To be eligible, you must be a member of LabMed for at least 12 months, the event must be in the future and you must agree to write a summary of the meeting/course when attended for LabMed News. Please see [Regional Education Bursary](#) for further details.

Review of the Association for Laboratory Medicine Republic of Ireland Regional Meeting '*Digital Strategies at the Clinical Interface*'

Janice Reeve, University Hospital Galway

Brendan Byrne, Mater Misericordiae University Hospital Dublin

Our half-day annual scientific meeting '*Digital Strategies at the Clinical Interface*' was held online via MS Teams on Friday 31st January 2025 from 10:00 to 13:30. The meeting focused on the implementation and rollout of National IT strategies. Dr. Damian Griffin, Consultant Chemical Pathologist at University Hospital Galway and Chief Medical Information Officer for the HSE West and North West Health Region chaired the meeting.

The first three talks focused on the rollout of a National GP Order Communication System with a particular nod to Navan, County Meath as the first site of implementation. Mary Foley, the Technical and Scientific Lead for the GP eOrdering project for laboratory requests, opened this session with a talk on the implementation of the project. Mary confirmed that the majority of hospital laboratories in Ireland still use paper-based request

forms. Given that as much as 60% of the hospital laboratory workload is derived from GPs, the task of getting patient details from paper onto Laboratory Information Systems (LIS) is onerous. Automating data entry is a no-brainer. It saves Primary Care and Laboratory staff time, improves turnaround time, and reduces errors, providing a seamless, safer electronic process. Mary explained that Healthlink, which GPs already utilise for electronic retrieval of laboratory results, can also be used for eOrdering. A standardised list of orders on Healthlink allows Primary Care clinicians to electronically order the tests they want. While a printed request form is still required, it possesses a barcode, which facilitates efficient processing of the eOrder. Once complete, test results are returned to the Clinician's Practice Management System (PMS) via Healthlink. The first wave of eOrdering incorporating Our Lady's Hospital in Navan (OLHN), Beaumont Hospital and University Hospital Waterford, has gone live. The next sites lined up are University Hospital Galway, Cork University Hospital and University Hospital Kerry. It is envisioned that lessons learned from the first round of implementation will ensure a more efficient implementation process in future.

Ms Foley outlined several important steps including: the requirement of establishing a site Pathology Lead, compilation of a Data Collection Workbook (DCW) for site-specific orders and specimen requirements, liaison with stakeholders, documentation of all changes required, implementation of said changes, lab staff and GP User training, amongst others. Mary also demonstrated the Socrates GP PMS and eOrdering systems. The GP practice database links with the Individual Health Identifier (IHI) database. For all electronic orders, GP out-of-hour's number and clinical details fields are mandatory. Once the tests are selected, a list and number of specimen tubes is created to help the phlebotomist. The order number generated places the order in the LIS. The date and time of sample collection can

subsequently be altered to the precise time of phlebotomy.

Next to speak on his experience of this project in OLHN was Ray O'Hare. Ray is the Laboratory Manager and a champion of IT as a means to improve and streamline lab processes. The GP collection service, established in 2002, has increased 11 fold in 10 years. These increases have mostly been due to the rollout of the Chronic Disease Management programme, increased expectations from service users and patients, and a surge in the local population by 13%. The lab has no specific IT resources and there has been no new additional posts provided. In OLHN, there is a central specimen reception for the laboratory. Booking in the test request forms was a manual process, and increased numbers of patient registrations meant increased risk of error. In an effort to make the process leaner, and avoid booking-in errors, the request form had already been redesigned to number the standard test profiles.

Since 2015, Ray has tirelessly campaigned for an eOrdering solution in Navan. In 2021-2022, the MEDLIS and Healthlink teams agreed they would develop a minimal viable product for GP ordering. As Mary had previously explained, this product is a basic Healthlink ordering system with a test menu aligned to the draft MEDLIS catalogue; HL7 messaging is used across a bidirectional host. The printed request form, with order number barcode lists, the tests ordered and the specimen types required for the order. The order portal links into the GP PMS to allow seamless transfer of patient demographics. Unfortunately, what is missing from this build is an analyser-ready demographic label, which would allow barcoded specimens go straight onto the analysers once received in the lab. Ray outlined the DCW preparation, which covered Blood Sciences, Microbiology, referred tests *etc.* An issued template to each pilot site required extensive work to complete for each test and profile. In OLHN, the DCW contained 211 rows and

by go-live was on version 22! In a larger hospital, the DCW would be anticipated to be much more complex.

In Navan, there are four different GP PMS, all configured slightly differently. Solution based approaches were necessary to solve problems as they arose, and good communication between all relevant stakeholders was essential for the overall success of this project. The Local Integrated Care Committee facilitated discussion and demonstrated the system to GPs. Four Primary Care Practices were selected as pilot sites, all with different PMS. The first live order was seen in OLHN on 28th November 2023. Despite a number of initial teething problems, users and lab staff were happy with the ease of use of the new system. As nurses and phlebotomists became more proficient, they were comfortable taking bloods and eOrdering tests in real time. Manual order registrations which had previously taken 6 hours for 450 registrations was now down to 3 hours with a significant reduction in paper waste. Importantly, the lab at OLHN saw a reduction of non-conformances with respect to specimen registration errors, from 29 in 2023 down to 15 in 2024.

At this point in proceedings, Mary Foley came back online to demonstrate eOrdering through APEX. Mary highlighted; the 'order favourite' option and how to build a 'favourite' profile, showed the link out to the laboratory user guide and demonstrated the facility to type in more esoteric tests not built into the system. While this minimal viable product is not perfect, it does reduce time and errors!

Dr Catherine Wann, GP and partner in a rural Group General Practice in Nobber, Co Meath, provided the perspective of her GP colleagues on eOrdering in their practices. GP PMS required software updates to include eOrdering. Staff were initially anxious about the change and doubtful as to the benefits. Collaboration with the lab and early resolution of problems encountered has helped eOrdering, allowing the correct tests to be

ordered, the correct specimens to be taken, on the correct patients, and the correct demographics to be sent with the request. Overall Dr Wann felt that eOrdering has positively impacted GPs and their patients.

This positivity was again highlighted in a local audit. eOrdering saves time and recording of tests requested has become more standardised. eOrdering is a safer approach with less room for errors and an accurate timeline. While request forms cannot be pre-printed before a clinic, nurses and phlebotomy staff are becoming more confident and proficient. Many suggestions came from the audit. GPs would find a test reconciliation function really useful, *i.e.* an ability to create a report highlighting the test results that are not yet back. Clinicians would like if the test repertoire could be expanded such that handwritten test requests are no longer necessary. Like the lab, GPs would appreciate if specimen labels could be generated with the eOrder. Certain test requests now prompt for additional information, *e.g.* the reason for requesting thyroid function tests; this affords the clinician time to reflect on the appropriateness of the request. These test prompts could be expanded to improve test selection. Fewer steps to the eOrdering process would be welcomed.

After the break Mr Neil O'Brien Clinical Biochemistry National MedLIS Project Lead, spoke about some of the many challenges encountered while trying to implement the system across Irish laboratories. Neil gave various examples of the issues faced, many of which were not directly MedLIS related. In fact, some of the biggest problems encountered related to a lack of standardisation across labs. At the commencement of the MedLIS project we lacked consensus on the constituents of test profiles, protocols for dynamic function testing, use of delta checks, critical phoning limits *etc. etc.* Getting an agreement on these aspects of the testing process was fundamental to rolling out a useful national LIS.

Neil also discussed some of the input he received throughout the process from Consultant Chemical Pathologists & Clinical Biochemists. This resulted in delays in the early stages; however, Neil feels it has ultimately led to a far more robust system, capable of dealing with the various nuances faced within different hospitals across the country.

Following on from that, they began the arduous process of testing the system itself. Every single aspect had to be tested, modified and re-tested again before any hospital could consider introducing the system. Beaumont Hospital in Dublin was chosen as the pilot site for MedLIS. On completion of the testing process, the next major hurdle was staff training. The scale of this training was problematic. It was not just lab staff that would be using the new system, it would be used by many different professions throughout the hospital. One of the major lessons learned from the pilot site was that the time required for training was underestimated, leading to some teething problems during the initial Go-live days. However, despite the many obstacles along the way, in August 2024, Beaumont Hospital became the first site to operate the new MedLIS system. Neil described this time point as a landmark along a very long and winding road. However, he also believes that the roll out of MedLIS across the country will gather huge momentum now that the initial problems faced have been overcome.

Next to speak was Fiona Lawlor, the Business Manager for the Maternal and Newborn Clinical Management System (MN-CMS) project. This venture provides a single information pathway for all women and babies attending these services in Ireland. Fiona informed us that contracts for this project were signed with Cerner in 2013. The Cerner system was considered too American for the Irish market and, as such, required a complete rebuild. The rebuilt product was signed off in 2016. Since then, MN-CMS has been rolled out in Cork, Kilkenny, the Rotunda and the National Maternity Hospital. Phase II will see its introduction to the

Coombe and Limerick. The MN-CMS National Project Team has grown in number since inception.

MN-CMS works through a bi-directional interface with the Integrated Patient Management System which collates information on mum's movements and the birth of baby. As an Electronic Health Record (EHR), MN-CMS pulls in ultrasound, colposcopy and laboratory reports as well as HealthLink antenatal and discharge summaries, amongst others. Several key activities are recognised for MN-CMS implementation. Key resources and a local implementation team are required at each site. The site workflow needs to be mapped. The readiness of the site for EHRs needs to be assessed with respect to Wi-Fi, data points, power cabling capabilities *etc.* DCWs need to be compiled to include information on locations and system users, printer and scanning requirements, Bedside Medical Device Interface (BMDI) and device integration. System and integration testing ensures that it works as it should. A dress rehearsal is ideal before data migration and go-live. Training should not be underestimated, with time spent on digital skills assessments, identification of trainers and super-trainers and determining end-user training requirements.

As anticipated, the benefits of the EHR have seen an improved and safer patient experience. Midwives and nurses report improved oversight of patient care with significant time saving experienced on all paper-based processes, *e.g.* transcription of results, summary notes, medication prescribing and nursing documentation, laboratory results are all returned to the EHR. The improvements seen in the standardisation of the information collated means decreased transcription errors and hospital readmissions. The availability of integrated clinical information to the right person at the right time ensures better clinical decision making. The EHR also allows for enhanced clinical audit and research capabilities in this population.

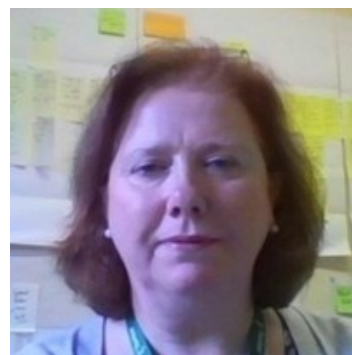
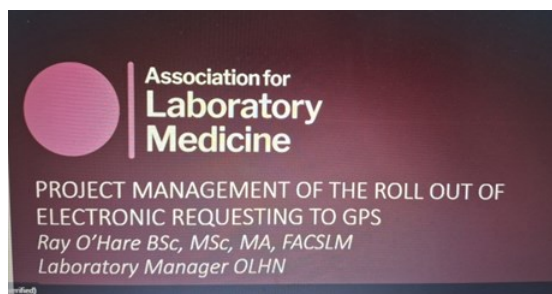
To end this meeting Prof Pat Twomey, Consultant Chemical Pathologist at St Vincent's University Hospital Dublin, wrapped up with a useful discussion on what IT currently brings and potentially can bring to laboratories. Prof Twomey provided numerous examples of simple and effective ways labs already utilise their LIS to add value to test requests. Examples included the automatic addition of magnesium to very low potassium results, reflexive addition of LFTs to isolated ALT results >3 times normal, and for patients on lithium, automatic addition of creatinine, TFTs, lipids and a bone profile if not measured within the preceding year. He also outlined some possibilities in terms of cross-departmental initiatives which can be more difficult to implement from both an IT and attitude perspective, *e.g.* the Fibrosis-4/FIB-4 score. For such parameters to be calculated, or indeed for complementary tests to be displayed together on one report (*e.g.* copper and caeruloplasmin), test results and patient information need to be pulled from different sources (*e.g.* Biochemistry, Haematology, a referral lab *etc.*). Collation is made more difficult by laboratory requirements for separate request forms and numbering systems.

Very simple strategies for better use of time were proposed. Once again Prof Twomey provided many examples such as the use of macro keys for running simple commands on Microsoft products that open

and run the LIS, *e.g.* the addition of pre-written comments and authorisation of results with one key stroke, use of laptops instead of PCs - a plug and play approach, use of single password systems and autofill enabled computers.

The Community Health Index was introduced in Scotland over 30 years ago. This unique identifier alongside access to appropriate LIS means patient laboratory results can be tracked and managed nationally, saving time and money. Patient safety will be hugely enhanced with EHRs to replace paper-based records. The more patient information available to make clinical decisions, both on and off the hospital site, the better. Prof Twomey referred to the EPIC and NHS apps where patients get to see their own GP record, order prescriptions and book and manage appointments. While these are patient empowering initiatives, as healthcare professionals, we need to be very mindful and careful that test commentary is clear, accurate and shouldn't cause any unnecessary stress to a patient who reads them.

Overall the meeting provided us with very clear examples of the types of problems we can expect when trying to develop laboratory IT systems. However, for those willing to persevere, and solve those problems, the ultimate benefits are truly worthwhile.



Fiona Lawlor: Maternal and Newborn Clinical Management Strategy Project

Professor Bill Fraser

Professor Bill Fraser sadly passed away on April 7th last. Bill would have been known to many through his connections with the examining body of the Royal College of Pathologists. He was a world expert on the biochemistry of bone disease and published widely on all of its aspects. These included parathyroid disease, Paget's disease, osteoporosis, markers of bone disease and vitamin D. He was a regular visitor to Ireland and lectured at the annual Bone Day at Tallaght Hospital several times.



BT Young Scientist & Technology Exhibition

Dr. Peadar McGing, Principal Clinical Biochemist (retired)

As a retired Clinical Biochemist I cannot claim to be a young scientist any more, but on the other hand being retired made it easier for me to spend two days at the BT Young Scientist & Technology Exhibition (BTYSTE) in Dublin's RDS, last January. I attended on the Friday and Saturday and, as usual, enjoyed two very pleasant, informative, and uplifting days. I love the enthusiasm of all the young students, but also the knowledge and insight they bring. Of course only the very top projects have the numbers and the depth to give clear answers, but I hope that in reading this brief report you will get an insight into how our young people are thinking about the problems we all face and that their questions and answers will make you think.



My first call was to the Media Room to get my badge, notebook, and programme. Oh, and the first of many cups of tea. I must at this stage say a very special word of thanks to the Teneo people who staffed the Media Room and who were so friendly and helpful. A particular shout-out to Amy Kennerk.

Diabetes Mellitus (DM) is a condition that is widespread in the community, and there are nearly always projects from students with the condition or whose relatives have the condition. As DM care involves Clinical Chemistry at its core I spoke to students at three projects that covered aspects of DM.

A Diabetes App

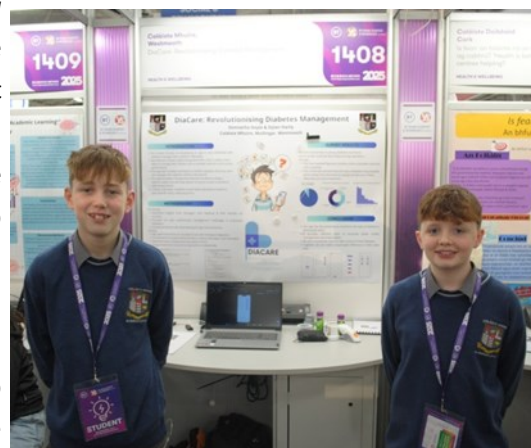
Abigail Killeen of Mount St Michael Secondary School in Claremorris, Co. Mayo, had been very interested in science and joined Teen-Turn, a group promoting female participation in STEM. For a Teen-Turn competition she needed to develop an app with a purpose. She focussed on young people with diabetes and developed an app called Diawise. The app was aimed primarily at school teachers to raise awareness and to allow teachers to help and to understand the health needs of students in their care. The app can include custom care plans for each student with DM who is under that teacher's supervision. As an example, the times at which a student needs to take insulin during school hours could be included, making it easier for students to fit their optimal care into the structures of the school day. She is still working on this, one priority being to have all personal data encrypted.



Abigail Killeen

A Different Diabetes App

Donnacha Doyle and Dylan Hanly, first year students at Coláiste Mhuire in Mullingar, Co. Westmeath, also focussed on an app to help those with Diabetes. Their project *DiaCare: Revolutionising Diabetes Management*, won the AbbVie special award plus the second place award in their group. Donnacha has Type 1 Diabetes Mellitus and brought that insight to their project. One day, when he was looking at his phone at a number of different apps giving help for DM, he and his friend Dylan decide to take on a project to combine these functions. They developed their app *DiaCare* which they registered as a trademark for Ireland (there is also a different *DiaCare* app in Indonesia for medication reminders, plus an electrolyte supplement called *DiaCare*). The app is now fully operational and allows easy access to a number of functions, such as bolus calculator, carb counter, reminders, and diabetes encyclopaedias. The topics covered were chosen based on the most popular choices in a survey they conducted of 21 adult patients with diabetes and 51 parents of children with the condition. The boys used their own code in designing the app, which is now fully operational (see [Diacare.flutterflow.app](https://diacare.flutterflow.app))



Dylan Hanly, Donnacha Doyle

Diabetes Management and the Environment

The third project that I visited in relation to Diabetes gave an interesting twist on the usual. Knowing people with Diabetes and being conscious of rising numbers of affected individuals, together with an awareness of how topical environmental issues have become, led three Transition Year students to set up their project '*Plastic not so fantastic*' – *Sustainability in Diabetes Management*. Hazel O'Grady, John Tully, and Grace McCann, from St. Finian's College in Ballingar, Co. Westmeath, investigated single-use plastics used in Diabetes management to ascertain the impact they had on the environment.

Their study, which was highly commended, examined multiple aspects of how diabetes medications impact the environment, including insulin pen disposal, materials in packaging, and distance travelled. They focussed particularly on pen type and found, in their study of published 2023 data, that the vast majority of patients used disposable pens (93%) compared with only about 5% re-usable (and 2% vials).



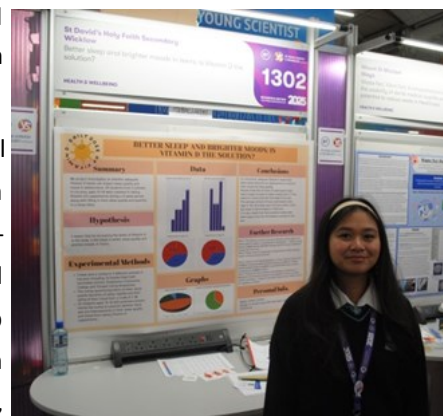
Grace McCann, Hazel O'Grady, John Tully

Hazel, John, and Grace suggested that there needs to be a push to encourage re-usable pens as a way to reduce plastics for disposal. They also noted that in many countries, including in the UK, there are systems for patients to return disposable pens to pharmacies, thereby facilitating correct disposal. These students advocated such a system be established here.

Vitamin D and Sleep

I am sure readers of this article will have heard of Vitamin D. It would be hard not to. Ashley Cahatol, a Fifth Year student at St. David's Holy Faith Secondary School in Greystones, Co. Wicklow, certainly noticed the amount of public discussion of this important compound. She was interested in doing a project on sleep disorders and was intrigued to learn there was a link between Vitamin D and circadian rhythm through its effect on melatonin.

Ashley recruited 29 students aged 15 to 18 who were willing, and had parental consent, to take a Vitamin D supplement over a four week period. Students kept a sleep diary and Ashley compared their sleep duration over the study period with pre-supplementation sleep. She found that 86% of participants (25/29) had improved sleep duration post vitamin D supplementation, with a mean of two hours extra sleep per week. A limitation of the study was that it was not possible to measure serum Vitamin D to determine the pre- and/or post-supplementation status of the subjects, but an interesting study nonetheless.



Ashley Cahatol

Pancreatic Cancer

When I saw the title of Niall Hennessy's project, and the accompanying Overview, I was both intrigued and excited. Project 5312 was titled *Identification of Potential New Treatments for Pancreatic Cancer*, and the aim stated in the programme was 'to find promising new treatment options for pancreatic cancer and to stimulate clinical testing of the potential new treatments that I find'. As I walked towards it I figured this was either a slightly over-hyped school project, or the work of young genius. I am happy to report it was the latter. Niall, a Fifth Year student in St. Andrew's College, Dublin, kept me completely engaged as he recounted the story of his work, which he started in Transition Year.

Drug repurposing (also termed drug repositioning) is a drug discovery tool that has always existed but which is now an active process rather than a serendipitous discovery based on side-effects. It focusses on finding new uses for existing drugs and involves computational and experimental approaches, usually utilizing public databases for drugs [Vulkarni et al. 2023; Russ J Bioorg Chem; 49(2):155-167]. Niall analysed three large databases made public for that purpose. He downloaded treatment information for 2085 drugs in 1593 cancer cell lines altogether (107 pancreatic cancer cell lines), and studied the drug mechanisms. He particularly looked at drugs whose mechanisms of action involved either of the two genes k-ras or TP53. The k-ras gene, an oncogene located on chromosome 12p, is one of the most frequently mutated genes in pancreatic cancer. K-ras mutations are both common and early events in pancreatic cancer, making the k-ras gene an attractive target for the development of an early detection test. TP53 is a tumour suppressor gene that is inactivated in more than one-half of all pancreatic cancers. Inactivation of TP53 removes two important cell functions, namely regulation of cellular proliferation and

cell death (apoptosis) in response to DNA damage [UpToDate, 2025]. One drug particularly caught his attention as having potential.

The drug Belizatinib (TSR-011) was developed for lung cancer and is an inhibitor of both the receptor tyrosine kinase anaplastic lymphoma kinase (ALK) and the tropomyosin-related kinases (TRK). The inhibition leads to disruption of ALK- and TRK-mediated signalling and impedes tumour cell growth in ALK/TRK-overexpressing tumour cells. Niall took his theories to the Royal College of Surgeons in Ireland (RCSI) and with their cooperation, and under supervision, he was able to test and advance his theories under laboratory conditions using Cell Viability Assays and Western Blots. He found evidence that Belizatinib was effective against pancreatic cancer cell lines but that it did not seem to act via TRK / ALK inhibition, and therefore not in the same way as in lung cancer. Its apparent non-specificity for specific mutations or proteins in this instance may make it more effective against all forms of pancreatic cancer. RCSI are now continuing and expanding this work, and Niall has had discussions with Cancer Trials Ireland who have shown interest in organising a clinical trial in patients with advanced pancreatic cancer.



Niall Hennessy

If you would like a little more detail on this project, Niall's full poster can be viewed [here](#). The work earned Niall first place in his category and also the HEAnet Special Award which 'recognises the most practical and innovative use of network technology in performing background research and/or collaborating with others'.

Blood Disorders

Zeina Mohammed, a Third Year student at Coláiste Iósaeaf in Kilmallock, Co Limerick, brought a personal knowledge of Haemophilia to her project. She was concerned about the negative impact of their diagnosis on the mental health of children and young adults diagnosed with blood disorders. She created an app, which she called 'Connected by Blood', for people with blood disorders to connect with others with the same condition. At the time of the Exhibition an IT expert was helping to check that out before releasing. She also created a wristband with a QR code and the message 'Scan QR code in case of emergency'. Scanning the code would give information for helping the wearer. She proposed that knowledge of clinical conditions like blood disorders could be increased by incorporating them into the school science program. She also believed that more blood testing of children could identify the condition earlier.

Chronic Pain and Gender Bias

A personal experience of chronic ear pain was what led Colleen Waters, Katie Franklin, and Sophie Hart, Transition Year students at Ramsgrange Community School in Co. Wexford, to carry out their project *An investigation into the potential gender bias in the diagnosis and treatment of chronic pain conditions in Ireland*. The student's story was that having had her pain dismissed by a GP she was subsequently brought to the local ED by a parent, where a serious issue was uncovered which had lasting effects. The concern of these students in their project was whether a gender bias exists in treating chronic pain (pain lasting more than three months). A survey through advocacy groups and the South East Technological University obtained usable responses from 14 males and 49 females who had suffered chronic pain. The mean wait time from presentation to diagnosis was 9.6 months in the males but 14.3 months in the females. Only one-third of females felt they were taken seriously at first presentation to the medical services, but three-quarters of the males said they were. These students proposed the need for better education of medical practitioners in this regard.



Sophie Hart, Colleen Waters, Katie Franklin

This project particularly resonated with me as my wife had her chronic pain dismissed by an orthopaedic surgeon many years ago, in a rude derogatory manner I might add, resulting in considerable delay in diagnosis and serious clinical consequences.

Colleen, Katie, and Sophie told me they intended continuing their important research, to add more depth to their findings. While writing this I learned that they were true to that commitment and their efforts were rewarded. At SciFest in SETU Carlow they won the best project award and will go on to compete at next year's national SciFest. Additionally, they have been asked

to present on their topic to SETU students.

The Winning Project — Sister ACT

The overall winners of the 61st Young Scientist and Technology Exhibition were three sisters from Presentation Secondary School in Tralee, Co. Kerry. Fifth Year student Ciara Murphy teamed up with her sisters Saoirse (3rd Year) and Laoise (1st Year) for a project with a very strong medical significance. Once again an app was the focus of their project, which was titled *ACT (Aid – Care - Treat): App-timising emergency response. A technological aid, featuring a comprehensive repository of medical information – iterative development.*

ACT is a medical assistance app designed to support emergency healthcare responses. The transformative app is designed to tackle challenges in transferring medical data effectively to the emergency services. It also has the capability to share precise geolocation coordinates, and to facilitate onward transmission of data in a matter of seconds. To maximise the potential of their app Ciara, Saoirse, and Laoise worked closely with the Department of Health, the HSE, the National Ambulance Service, and the Gardaí. That latter co-operation was vividly demonstrated to me when three Gardaí appeared at the poster to enthusiastically congratulate the girls and were greeted with massive enthusiasm and excitement by the three students.



Front row: Ciara, Saoirse, Laoise

During my visit to their poster, on the day after their award, there was of course huge interest in the girls and their work. Ciara told me how she and Saoirse had worked on the project the previous year, a theme common to most of the major prize winners over the years. What she didn't mention was that their work the previous year had earned them the overall group runner-up award. They wanted to continue and further develop that work and with younger sister Laoise starting in First Year she was added to the team. With two daughters myself I loved the idea of the sisters all working together.

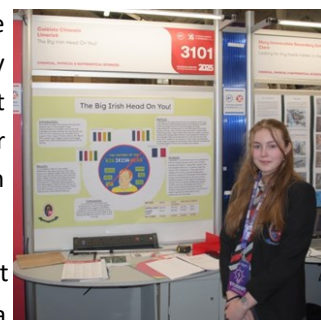
Investigating Sayings

Over the two days I spent in the RDS I visited many projects, some of medical interest and some more general. To finish this report I am including two posters with a lighter touch, something I always enjoy. Both took 'sayings' and investigated them.

Anna Buckley, Saoirse Kiely, and Méabh Casey, Transition Year students in Millstreet Community School in Cork, won third prize in their category for their *assessment of the reliability of weather proverbs in a time of climate change*. As an example of their study depth, one saying they investigated was that if it rains on St. Swithin's Day it will rain for 40 days. You'll be relieved to hear that having analysed weather data for six decades from 1964 to 2024, the correlation was only 0.001 (so definitely not).

A big Irish head is a more modern fun expression that was investigated by Farrah Corbett, a Second Year student at Coláiste Chiaráin in Croom, Co. Limerick. She saw a medical doctor on TikTok say he thought the expression was true, so Farrah decided to investigate. She researched head and skull anatomy and made her own tools to measure shoulder width and head circumference (she explained that the former would have cost hundreds of euro on Amazon). Utilizing the ethnic diversity in her school she carried out measurements and applied appropriate mathematical tools to show that in her small study there was no real difference in head size across the groups.

Having started going to the Young Scientist Exhibition when my youngest daughter Susan first qualified, it was fun to see one of Susan's humorous drawings feature in this year's exhibition as a centre-piece in Farrah's poster and to see it feature on the Virgin Media news.

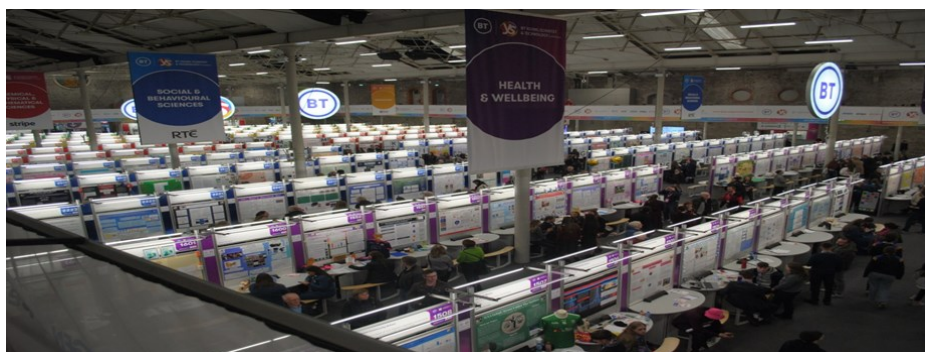
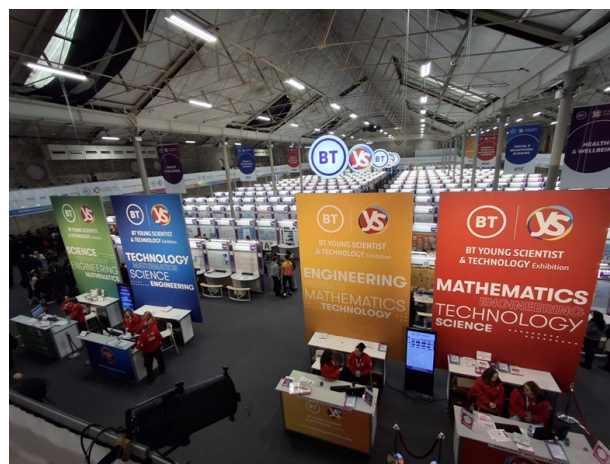


Farrah Corbett

Final Thoughts

What do I get from visiting the Young Scientist Exhibition? I am a seasoned scientist with nearly half a century's experience since I was awarded my BSc in 1977. Well, firstly, I love the infectious enthusiasm of the students, even late in the afternoon (though it can wane a bit then). For some students my experience and knowledge can be helpful, which is rewarding in itself. A highlight memory here, from a few years ago, was a very enthusiastic reaction from the young members of one of the major prize-winning teams when they realised my name was in their project book as co-author of a paper they had used. Obviously

scientific standards are variable but all students had already achieved success to be among the 550 projects at the RDS out of 2,069 projects entered. Some students pretty much blow me away with their knowledge, their thinking, and their technical ability. Even with areas I'm pretty knowledgeable on, I usually learn something new, often finding myself later in the day looking up particular facts or topics. Definitely one of my favourite events of the year. Put it in your calendar for the start of January.



Looking Back - Two pages from the ACBI Newsletter of January 1989

COUNCIL NEWS

ACBI COUNCIL 1989:

Chairman: D. Kenny
Secretary: C. O'Regan
Treasurer: A. Cooke

Members: B. Duggan, N. Cavanagh, L.L.Chong, O. Lanigan, P. Blake, W.C. Love (co-opted), P. Quigley (co-opted).

COMMITTEE

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Scientific Affairs
Conference

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N. Cavanagh
A. Cooke

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Liaison with ACB region: O. Lanigan.

Representatives to other organizations:

ECCLS - B. Duggan
IFCC & ECCCC - C. Love
Royal Irish Academy - M. Doolin

Representatives on joint committees:

Liaison committee on Hospital
Laboratory Computing - see report below.

Quality Assessment Liaison Committee - N.Barrett, D.Kenny.

NOTICE BOARD

Wednesday 1st. February 7.30 - 9.30 p.m.

Criminal Lawyers Association Seminar on :-
"Forensic Medicine --- New Developments"

Speakers: Dr. Maureen Smith & Dr Sheila Willis,
Dept. of Justice.

Mr. Ron Yaxley, I.C.I. Cellmark.

Chairman Dr. John Harbison, State Pathologist.

Venue President's Hall, Blackhall Place, Dublin.

ACBI / ACB region Scientific Meeting :

Wednesday 1st. March 6.30 for 7.00 at St. Vincent's
Hospital, Elm Park, Dublin

Speakers John O'Mullane :-
"HIV - a biochemist's perspective"

Richard Walsh :-
"Factors affecting fructosamine measurement"

Chairman Sean Cunningham

To be followed immediately by a Special General Meeting of the
ACBI - see enclosed notice (sent to ACBI members only)

Ames Medal & Award of the ACB:

The award is made on the basis of a communication presented by
a member of the Association under 35 years of age at 31st
December of the year of the competition. The winner of the
award receives a silver medal and the sum of £250.

Applications on a special form obtainable from the National
Meetings Secretary, accompanied by an abstract of not more than
400 words, must be received by him before the 10th of February.
Start the work now for next year.