

EuroLabNews THE EFLM BI-MONTHLY NEWSLETTER

EFLM Connects National Societies of Clinical Chemistry

and Laboratory Medicine and Creates a Platform for all European "Specialists in Laboratory Medicine"

Issue n.4/2020

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HOT TOPIC IN LABORATORY MEDICINE

Particle profiles – a useful classification of urinary findings

Reported by José Antonio Tesser Poloni, Universidade do Vale do Rio dos Sinos, São Leopoldo, Brasil



Urinalysis, including both chemical strip test and urine microscopy, is a common screening and diagnostic test in clinical laboratories, since the discovery of clinical microscopy in the 19th century [1-3]. It has survived because of some features we expect from modern tests as well: it is fast, its price is low and the method appears simple. Microscopy of concentrated urine sediment with proper optics and standardized procedures, and performed by an experienced professional provides useful dia-

gnostic information on the state of the kidneys and the urinary tract [4-8]. The types of components, such as cells, casts and crystals, present in the urine sediment depend on the underlying disease and the pathophysiological conditions. The classification of the identified urine sediment components helps in differentiation of underlying states, i.e., inflammation, tumor or functional abnormality of kidneys and the urinary tract [9, 10]. Urinalysis is most useful, when the found particles and results of chemical strip test or quantitative protein measurement are combined into patterns of urinary findings when associated with different diseases [11, 12]. Those profiles are not commonly used despite the long tradition of urine microscopy. Some of the most common profiles are summarized below, including their typical particles.

To be continued on page 2



Foreword

Reported by Harjit Pal Bhattoa, Editor EuroLabNews

Striving to keep its readers uptodate, the present EFLM EuroLabNews is released with a full-fledged commitment to include news items in all its regular columns. The Hot Topic is on Particle profiles during Urinalysis by José Antonio Tesser Poloni. Giuseppe Lippi, the Chair of the

IFCC Task Force on COVID-19 presents a perspective on the role of Laboratory Medicine during the pandemia and stresses the grave need and urgency for testing. Illustrating the professional dedication of the EFLM, Evgenija Homsak, Chair of the EFLM Professional Committee, announces extension of eligibility for membership of the EFLM Academy to non-European individuals. The EFLM held its 13th General Meeting in an extraordinary setting in the form of a web-meeting with an exemplary number of participants representing 24 National Societies. The EFLM President Ana-Maria Simundic presented her report touching upon all activities of the EFLM. A total of 4 news National Societies were approved as new EFLM member societies. With a delighting look, Adina Hutanu, Burna Lo Sasso and Lejla Alic, all members of the EFLM Working Group Promotions and Publications, present the latest EFLM publications illustrated by brilliant infographics. The IFCC corner is highlighted by the IFCC President Koshrow Adeli's message. The Calendar of Events lists all upcoming events, as expected, change in dates or cancellations should be closely followed. And above all, the EFLM EuroLabNews team wishes all our readers good health, keep safe!

Editorial information:

Newsletter Editor: Dr. Harjit Bhattoa, Faculty of Medicine, Dept of Laboratory Medicine, University of Debrecen, Hungary

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EFLM Executive Board: AM. Simundic, M. Neumaier, T. Ozben, G. Lippi, K. Kohse, P. Fernandez-Calle, D. Vitkus

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Tubular injury profile: free renal tubular epithelial cells (RTECs), casts containing RTECs and granular casts

The patient with acute kidney injury (AKI) with this combination of urinary findings is likely to suffer from acute tubular necrosis (ATN), induced by either an ischemic event or administration of a nephrotoxin, or both. The injured tubular cells are sloughed into the tubular lumen and form a cast in combination with Tamm-Horsfall matrix protein [11].

Nephrotic profile: lipiduria and marked cylindruria, especially fatty casts and casts containing RTECs

The nephrotic sediment is observed in patients with nephrotic syndrome. This is a condition characterized by proteinuria of >3.5 g/24 hypoalbuminemia, hours associated with hypercholesterolemia, and variable oedema. In most instances, nephrotic syndrome is caused by non-proliferative glomerulopathies that at renal biopsy have little or no evidence of glomerular inflammation. Any glomerular disease may cause a nephrotic syndrome, between the most common are minimal change disease, focal segmental glomerulosclerosis, and diabetic nephropathy [11].

Nephritic profile: haematuria with dysmorphic red blood cells (RBCs), RTECs, casts containing RBCs, and proteinuria

Patients with this constellation of findings are likely to have glomerular disease or renal vasculitis. On glomerular disease, this presentation is termed nephritic syndrome (this is defined as a sudden increase in serum creatinine associated with the appearance of hematuria, variable proteinuria, oliguria and hypertension) and strongly suggests glomerulonephritis [9,10].

Nephrotic and nephritic profile: hematuria with dysmorphic RBCs, RTECs, casts containing RBCs, intense proteinuria and lipiduria

A urine profile with both nephrotic and nephritic features may be found in all proliferative glomerulonephritis [11]. Urinary findings will be composed by a mix of what was explained above.

Urinary tract infection (UTI) profile, caused by bacteria: bacteriuria and leukocyturia

Bacteriuria and leukocyturia are typical in UTI [10]. However, if castcontaining leukocytes are observed coupled with bacteriuria and leukocyturia, pyelonephritis can be suspected. This kind of observation is not sensitive, but when present it helps in the differentiation between an UTI in the lower urinary tract (bacteria + leukocyturia) from an UTI in the upper urinary tract (bacteria + leukocyturia + casts containing leukocytes), in addition to fever, low-back pain or laboratory tests related to systemic inflammation (such as C-reactive protein). The 5 urinary profiles listed here exemplify the information we can find in urine samples with a microscope. More urinary profiles or more detailed variations of a single profile can be detected in more specific clinical conditions.

More information, examples and a didactic quiz <u>can be</u> <u>found in EFLM eLearning platform</u> (accessible for EFLM Academy members only).

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EFLM PERSPECTIVE

Test, test, test: the only strategy for living with the (corona)virus

Reported by Giuseppe Lippi, EFLM Secretary, Chair of the IFCC Task Force on COVID-19



Figure 1. Living with the (corona)virus.

The ongoing pandemic of coronavirus disease 2019 (COVID-19) has now exceeded 17 millions cases, causing several hundreds of thousands of deaths worldwide. Europe makes no exception to this colossal tragedy, with many of its countries like UK, Italy, France and Spain still paying a dramatically high price in terms of overall casualties to severe acute syndrome respiratory coronavirus 2 (SARS-CoV-2). It has now been unque-

stionably established that laboratory resources are essential throughout all clinical phases of COVID-19, from the screening, then through diagnosis and risk stratification, up to therapeutic monitoring and follow-up [1]. Although most of these aspects are essential for managed care of SARS-CoV-2 infection, early diagnosis must be considered the landmark, since timely isolation and care are pivotal for preventing further virus propagation and for establishing appropriate treatments, which must be tailored (i.e., personalized) according to many demographic and clinical factors [2]. In a still evolving scenario, characterized by continuously emerging outbreaks, especially in countries which have partially or totally alleviated lockdown and stay-in-place policies, "case finding" and "contact tracing" are cornerstones of disease containment policies, as well as for preventing the need of re-establishing restrictive nationwide measures.

It has now been clearly established that the viral load is substantially similar in asymptomatic, mildly symptomatic and symptomatic subjects with SARS-CoV-2 infection, though the onset of symptoms such as cough and sneeze would justify an increased risk of being infected by symptomatic patients. Yet, recent evidence attests that over 50% of all contagions can still be attributed to either asymptomatic or mildly symptomatic individuals [3], especially when the volume of exhaled air increases considerably (i.e., during deep breathing, shouting, singing, etc.). This fact contributes to reinforce the paramount importance of increasing testing volumes all across Europe, aimed at early tracking spreaders and the so-called "superspreaders". In this modern world, overwhelmed by SARS-CoV-2 and plagued by an unprecedented economic crisis which will predictably last for many years, the destination of an adequate amount of human and technical resources to "test, test and test", as endorsed by the World Health Organization (WHO) [4], shall be considered a foremost priority for the European Union and for all European healthcare systems. It is rather clear to everybody that the detrimental consequences of new and large SARS-CoV-2 outbreaks would be no longer sustainable in a clinical, economic and also societal perspective. More than ever, the common paradigm "spend now, save later" finds a fertile ground in this context, considering the colossal costs needed for managing COVID-19 patients with severe illness, who necessitate several weeks of hospitalization, mechanical ventilation and intensive care. COVID-19 is not over yet, and we will need to "live with this (corona)virus" for long (Figure 1), being prepared and proactive for the challenge. The road to

developing safe and effective vaccines is still long and winding, whilst reaching natural herd immunity is almost "unethical and unachievable" [5] if one considers the dramatic clinical consequences of SARS-CoV-2 infection and the still very low prevalence of infected individuals in the community (i.e., between 3-10%). It is hence rather clear that laboratory medicine shall be prompt and ready to play its essential role for ensuring a safe and sustainable future. Accordingly, some resource-saving strategies shall also be planned and implemented. For example, "sample pooling" (i.e., pooling and then screening altogether 5 to 20 clinical specimens, and then planning individual re-testing when the pool test positive) can be seen as a relatively safe and viable strategy in low prevalence areas (i.e., <0.5-1.0%), in low income countries, and/or in case of sudden shortages of reagents [6].

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NEWS FROM EFLM FUNCTIONAL UNITS

An EFLM Academy is now open to all who are interested in Laboratory Medicine!

Reported by Evgenija Homsak, Chair of the EFLM Profession Committee



According to the EB decision in Porto and confirmation by General Assembly at the GA meeting on 17th July 2020, we are pleased to announce that the EFLM Academy is now **open to all, also to non-European** individuals who are interested in Laboratory Medicine (LM), thus offering to these people the same benefits with the only exclusion of the possibility to apply

for EFLM bursaries and EuSpLM Register.

With this approach the EFLM would like to spread the wings and rises awareness, recognition and knowledge of our profession.

The EFLM Academy is a package of professional benefits for individual members. The aims of EFLM Academy are:

- 1. To provide a web domain comprising an information and communication platform;
- 2. To support education, training and continuous professional development of laboratory medicine practitioners;
- 3. To raise the profile of EFLM.



EFLM Academy has been officially launched on January 1st 2020. By this date, all benefits of the EFLM Academy have become active for all its members.

Who can be a member of EFLM Academy?

All who are interested in Laboratory Medicine (LM) are eligible for membership in the EFLM Academy:

- Members from the EFLM National Societies/Associations.
- Non-Members of any EFLM National Society/Association;
- Non-european individuals who are interested in LM (from non-EFLM countries, from other profession (i.e. doctors, nurses, other scientists...)
- Representatives of in Vitro Diagnostic Companies

Members who also meet the requirements for "European Specialists in Laboratory Medicine" will, by joining the EFLM Academy, automatically be enrolled into the EFLM Register (without any additional cost). From January 1st 2020, joining the EFLM Register is only possible through applying to the EFLM Academy.

What are the benefits of EFLM Academy members?

The benefits of membership in the EFLM Academy are listed here below:

- Free on-line subscription to Clin Chem Lab Med, the official EFLM journal;
- Unlimited access to all documents (laboratory standards) of the CLSI (Clinical and Laboratory Standards Institute) database;
- Regular e-mail notifications of all EFLM activities, programmes and opportunities;
- Reduced registration fee to all EFLM conferences and courses*;
- Free access to EFLM webinars.
- In addition, only for members of EFLM National Societies/Associations:
- Eligibility to apply for EFLM travel grants (subordinated to application's criteria of each specific EFLM initiative);
- Enrollment in the EuSpLM Register for those who meet the Educational and Training EFLM Equivalence of Standards (subordinated to the evaluation of the requested documentation by the EFLM Profession Committee).

* This applies to: EFLM Preanalytical conferences, EFLM Strategic Conferences, CELME Symposium, but does not apply to congresses/conferences organized in collaboration with other organizations, such as EuroMedLab

How can I become a member of the EFLM Academy?

EFLM encourages its National Societies to establish automatic block enrollment of all its members into the EFLM Academy. If the National Society does not support block enrollment, individual members of the EFLM National Societies can apply directly through the dedicated on-line subscription service in the EFLM website. The annual fee is **15 Euros**, to be paid by December 31st, for the forthcoming year.

Profession Committee has also prepared the new updated version of **Guide to register with included Academy enrolment**, which will be published in Clin Chem Lab Med within next months. We have also updated the <u>EFLM Academy webpages in the website, accordingly</u>.

Until now Academy has already **4306 members**, among which are 2933 EuSpLM. And this is just a beginning...!

We hope that everybody will consider the EFLM Academy an interesting opportunity for professional development!



You can find the access to the EFLM Academy webpages here.

EFLM OFFICE INFORMS

The EFLM General Meeting at the time of the COVID

Reported by Silvia Cattaneo, EFLM Office



The thirteenth EFLM General Meeting was held on Friday 17 July via Zoom due the COVID pandemic.

The meeting was attended by 43 people comprising EFLM National Representatives and National Societies Presidents, the IFCC President, the EFLM Executive Board Members, the EFLM

Committee Chairs, some further EFLM officers from the Communication Committee and Office staff. At the time of the voting, 24 EFLM Full Member National Societies were represented. 4 new National Societies/Associations have been approved as new EFLM Members respectively:

- the "Laboratory Medicine Association of Georgia" to become a Full Member
- the "Academy of Clinical Science and Laboratory Medicine", Ireland to become an Affiliate Member
- the "Order of Biochemists, Biologists and Chemists in the Romanian Health System" to become an Affiliate Member
- the "Serbian Society for Clinical Laboratory Medicine and Science" to become an Affiliate Member



The EFLM President, Prof. Ana-Maria Simundic, presented her report and described the new and ongoing projects. The new EFLM Treasurer, Prof. Klaus Kohse, gave a report on the financial Audit 2019 made according to the Belgian Generally Accepted Accounting Principles (GAAP) and on internal budget 2019 showing a considerable increasing of the own capital of EFLM. Also the preliminary budget 2020 was presented. EFLM Committee Chairs reported on the Committee activities and plans for 2020. The General Meeting was concluded with the presentation of the IFCC President, Prof. Khosrow Adeli.

The PDF of all presentations made during the General meeting are available on the EFLM webite at <u>www.eflm.eu</u>.

UPDATES ON EFLM PUBLICATIONS

Critical appraisal and meta-analysis of biological variation studies on glycosylated albumin, glucose, and HbA1c

Ricós C, Fernández-Calle P, Gonzalez-Lao E, Simón M, Díaz-Garzón J, Boned B, Marqués-García F, Minchinela J, Perich MC, Tejedor-Ganduxé X, Corte Z, Aarsand A, Asland B, Carobene A, Coskun A and Sandberg S

Adv Lab Med 2020; https://doi.org/10.1515/almed-2020-0029

Reported by Adina Huțanu corresponding member EFLM Working Group-Promotion & Publications

The objectives of the study were to perform a systematic review and critical evaluation of BV estimates for glucose, HbA1c, and glycosylated albumin using the Biological Variation Data Critical Appraisal Checklist (BIVAC). The BV studies were graded as A to D in decreasing order according to the level of compliance with 14 quality items of BIVAC. Overall CVi and CVg estimates were derived from a meta-analysis of studies with similar study design: 30 for glucose (23 in previous systematic revision), 20 for HbA1c (17 in previous systematic revision) and 4 for glycosylated albumin (1 excluded from the meta-analysis). For glucose and HbA1c the BV estimates did not differ from those published previously (see infographic), however, for glycosylated albumin, there was a considerable dispersion of the CVi values, explained by the use of outdated analytical method in the earliest papers. Using BIVAC for critical evaluation of the publications provides international standard guidelines for the design, development of new BV studies, constituting a useful instrument for robust BV estimates in the future.

	Overall estimation for BV components		
	Parameter	CVi % (95%Cl)	CVg % (95
To perform a systematic review and critical evaluation of BV	Glycosylated albumin	1.4 % (1.2-2.1)	5.7 % (4.7-
studies for glycosylated albumin and to deliver updated BV	HbA1c	1.2 % (0.3-2.5)	5.4 % (3.3
estimates for glucose and HbA1c, including recently published	Glucose	5.0 % (4.1-12.0)	8.1 % (2.7-
The results are available in the EFLM Biological Variation Database (EFLM BVD) https://biologicalvariation.eu/	 Evaluation by the BIVAC similar methodological we methodological deficience In order to provide robust compliant studies. Using BIVAC for the desi quality and reliability of B¹ 	eaknesses, most being gr ies may affect the reliabili BV estimate, there is a n gn and development of st	aded as "C". Th ty of the results eed for more fu

Critical appraisal and meta-analysis of biological variation studies on glycosylated albumin, glucose, and HbA1c doi.org/10.1515/almed-2020-0029

Infographic by Adina Hutanu (EFLM CC)

Parameter	CVi % (95%Cl)	CVg % (95%Cl)	
Glycosylated albumin	1.4 % (1.2-2.1)	5.7 % (4.7-10.6)	
HbA1c	1.2 % (0.3-2.5)	5.4 % (3.3-7.3)	
Glucose	5.0 % (4.1-12.0)	8.1 % (2.7-10.8)	
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Ricós Carmen, et al. Adv Lab Med 2020: 20200029

How well do laboratories adhere to recommended guidelines for dyslipidaemia management in Europe? The CArdiac MARker Guideline Uptake in Europe (CAMARGUE) study

De Wolf HA, Langlois MR, Suvisaari J, Aakre KM, Baum H, Collinson P, Duff CJ, Gruson D, Hammerer-Lercher A, Pulkki K, Stankovic S, Stavljenic-Rukavi A, Laitinen P.

Clinica Chimica Acta 2020; Available from: https://doi.org/10.1016/j.cca.2020.05.038

Reported by Bruna Lo Sasso, member of EFLM WG-Promotion & Publications

The European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Task Group on Cardiac Markers has promoted The CArdiac MARker Guidelines Uptake in Europe (CAMARGUE) study for the purpose of verify concordance regarding the current use of evidence-based guidelines for lipid profile tests among 452 Europe laboratories. This survey study has clearly demonstrated an between important gap existina recommendations and laboratory practice in terms of measurement units, pre-analytical, analytical and postanalytical lipid management (for detail see infographic). The causes are several and immediately require professional strategies aiming at harmonized reporting of lipid tests with a better



coordination of clinical laboratory activities in Europe. In addition, one of the objectives of laboratory medicine is to adopt evidencebased guidelines and provide interpretative comments of laboratory data in real time for better management of cardiovascular risk.

Exact time of venous blood sample collection – an unresolved issue, on behalf of the European Federation for Clinical Chemistry and Laboratory Medicine (EFLM) Working Group for Preanalytical Phase (WG-PRE)

von Meyer A, Lippi G, Simundic A-M, Cadamuro J.

Clin Chem Lab Med 2020; Available from: https://doi.org/10.1515/cclm-2020-0273

Reported by Lejla Alić, member of the EFLM WG-Promotion & Publications

A new publication by the European Federation for Clinical Chemistry and Laboratory Medicine (EFLM) Working Group for Preanalytical Phase (WG-PRE) reports the important results from the large study conducted previously by this group regarding preanalytical sample handling. Precisely, the publication deals with the practices among European laboratories concerning the records of the exact time of blood collection, which is important input data for proper analyte measurement and interpretation. The pilot survey has been conducted among Austrian laboratories first, which lead to the final survey among 37 European countries with the question: Are the exact date and time of blood collection provided with the samples? Additionally, a brief e-mail survey was conducted among the members of EFLM WG-PRE and its expert consultants about their experiences with the time recordings of blood sampling within their institutions. Although a high percentage of respondents (~85%) claim that the exact time of



most blood samples has a good quality, authors conclude that the documentation of sampling time is heterogenous in European laboratories. Thus, authors propose and discuss a few solutions for appropriate time collection, such as paper-based solutions, computerized physician order entry system, handheld ID device, automatic tube labeling system, pre-labeled barcode tubes, smart rack-based technology, extended point of care blood sugar devices and trained phlebotomists.



Thoughts and expectations of young professionals about the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

Bauçà JM, Imperiali CE, Robles J, Díaz-Garzón J, Vuljanic D, Begovic E, Tikhonov A, Alic L, Nikler A and Simundic AM

Clin Chem Lab Med 2020; Available from: https://doi.org/10.1515/cclm-2020-0717

Reported by Lejla Alić, member of the EFLM WG-Promotion & Publications and Aleksei Tikhonov, member young scientist of the EFLM WG-Promotion & Publications

A new EFLM publication by Bauca JM *et al.* reports results of a large survey conducted among young laboratory medicine professionals (YLMP) from in total 53 European and non-European countries. Authors surveyed YLMPs' opinions and expectations from European Federation of Clinical Chemistry and Laboratory Medicine (EFLM). Results of a comprehensive survey showed that YLMPs knew little about EFLM's activities and would like to learn more but are aware of and attend EFLM.



THOUGHTS AND EXPECTATIONS OF YOUNG

Would like to know more on EFLM







Do not know about EFLM LabX program

YLMPs need better connection among them to gather and share concerns about their daily healthcare duties, to keep updated with new advancements and to face future challenges together. EFLM should nurture and help European young scientists grow from the very beginning and give them a platform to have their voices heard.

Infographic by Lejla Alić (EFLM CC)

Respondents

Bauçà JM, et al. Clin Chem Lab Med. 2020 https://doi.org/10.1515/cclm-2020-0717

events. The common denominator of their expectations from EFLM is for this organization to be included in the early stages of their career as well as to help in facilitating networking and connections among YMLPs. Accordingly, YLMPs have expressed readiness to participate in potential YLMP network and working groups within EFLM. Results from this survey can be a good input for EFLM's future strategy design particularly focused on increasing involvement of YLMP in various society activities that will improve and fortify the laboratory medicine profession.

PAST EFLM EVENTS

Urinalysis

EFLM Academy Webinar

On **30th June 2020 at 18.00 CET**, Dr. **José A.T. Poloni** (BR) held a webinar on urinalysis focusing on the spectrum of urinary sediment findings observed in different kidney diseases as well as specificities, similarities and pitfalls of certain findings. Dr. Poloni has shared his decades long experience on urinalysis and has provided insightful recommendations when establishing differential diagnosis based on urinary sediment. This excellent webinar has drawn great attention of laboratory medicine professionals, has initiated a productive discussion and we are sure it will help many professionals in precise interpretation of results of this important routine diagnostic method.

More information, examples and a didactic quiz <u>can be found in EFLM eLearning platform</u> (accessible for EFLM Academy members only).



Dear colleagues,

Summer is here. Try to enjoy yourselves but don't lose touch with the IFCC. Pay attention to the new strategic plans of our President, Prof. Adeli. Communication is very important especially in these times of "keeping distances". With IFCC social media you can be in touch with IFCC every-day. Read the <u>IFCC Information Guide on COVID-19</u> that is continually updated as new guidelines and literature become available. UNIVANTS' call to action invites all teams to share their best practice. Don't miss the deadline for applications! Keep up-to-date about IFCC and read the <u>eNews</u>.

The IFCC President's message: Khosrow Adeli PhD, FCACB, DABCC, FAACC



As promised, I am writing to follow up on our new proposed strategic plans for IFCC over the next three years. In the June newsletter, I provided a glimpse of our new strategic plan that I have been working on together with members of the IFCC Executive Board over the past few months. In this issue, I would to like explain in more detail three of the key strategic plans and would like to seek feedback from all of you (IFCC officers, IFCC national societies and regional federations, as well as our corporate members) as we finalize and initiate implementation of these plans into practice with your support and participation.

In partnership with IFCC divisions and functional units, the IFCC Executive Board will strive to enhance IFCC's leadership position in the field of laboratory medicine by implementing a number of important new programs. Our top three strategic priorities are:

- Directly Impacting Patient Care and Outcomes;
- Directly Contribute to Global Lab Quality:
- Major Expansion of IFCC eLearning/Distance Learning Program

A detailed outline of our top three strategic priorities is listed at following link.

Last Opportunity to apply for 2020 UNIVANTS of Healthcare Excellence Awards



Now in its third year, the prestigious UNIVANTS of Healthcare Excellence Award Program is recognizing teams that collaborate across disciplines to improve healthcare delivery and achieve measurable impact across the healthcare ecosystem. Winning best practices embrace collaboration and the power of laboratory medicine to drive successful outcomes. Applications are being accepted through August 31, 2020.

OFHEATHCARE EXCELLENCE Winners are selected based on the merit of their outcomes. The award is open to all healthcare professionals and teams regardless of their affiliation with any of the partners (Abbott, IFCC, AACC, EHMA, Modern Healthcare, HIMSS, NAHQ and IHE). All partners, excluding Abbott, will independently assess every application for the selection of global and area winners. This year, the area categories include Best of Asia Pacific, Best of Europe, Best of Latin America and Caribbean, Best of Middle East and Africa, and Best of North America.

All teams are invited to share their best practices with measurable impact to patients, clinicians, health systems and payors. For more information and/or to apply for the 2020 UNIVANTS of Healthcare Excellence Awards, please visit <u>www.UnivantsHCE.com</u>.

IFCC in Social Media



In the current digital age, social media are an important part of many people's life and we, laboratory professionals, are not an exception. The IFCC has a strong presence in social media: thousands of followers regularly receive and interact with our posts and tweets. Follow IFCC on <u>Facebook</u>, <u>Twitter</u>, <u>LinkedIn</u>, <u>Instagram</u>, and now on <u>Telegram</u>! Subscription to Telegram is simple!



Scan the QR code or **click** on above link.

Calendar of EFLM events and events under EFLM auspices

Do not miss the opportunity to have your event listed here.

Apply for EFLM auspices! For more information visit here or email eflm@eflm.eu

Due to COVID-19 alert throughout the world, some upcoming events could have been cancelled or postponed, please direct check with the organizers if the date is confirmed.

 14-16 October 2020

 4èmes Journées Francophones de Biologie Médicale

 Rennes (FR)
 Click here for information

23 October 2020

International Conference on Laboratory Medicine "Pathology and Laboratory Medicine: the promise, the hope, the peril" Padova (IT) <u>Click here for information</u>

4-5 November 2020

 Journées de l'innovation en biologie (JIB 2020)

 Paris (FR)
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14-16 April 2021 XXII Serbian Congress of Medical Biochemistry and Laboratory Medicine and 16 th Belgrade Symposium for Balkan Region	10-12 October 2021 XIV Congress of Slovak Society of Clinical Biochemistry High Tatras (SK)

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