

# IEQAS Conference 2007

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## Acknowledgements

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## **Impact of the *in-vitro* Diagnostic Medical Device Directive on Laboratory Medicine - an update from IMB**

*Dr Jan Guerin, In-vitro Diagnostic Product Manager, Medical Devices Department, Irish Medicines Board, Dublin 2.*

### **Abstract:**

Since the implementation of the *in-vitro* diagnostic medical device (IVD) Directive 98/79/EC in 2003 all IVD manufacturers are required by law to comply with this legislation. This means that all IVDs available on the European market must meet the Essential Requirements in Annex I of the IVD Directive and this is demonstrated by the display of a CE mark. The Essential Requirements of the IVD Directive aim to ensure that IVDs do not compromise the health and safety of patients or users and are designed to achieve the performance specified by the manufacturer for its intended purpose.

The Irish Medicines Board (IMB) is designated as the Competent Authority for medical devices in Ireland. Its primary role as a Competent Authority is to ensure that all IVDs sold into the Irish market comply with the IVD Regulations.

The IVD legislation has had an impact on laboratory medicine on a number of levels including the recognition of the role of the IMB, the discontinuation of some test kits and reagents, the implications for laboratories for using non CE marked products for diagnostic purposes, the technical documentation required legally to support analytical and diagnostic performance for all IVDs and the mandatory requirement for manufacturers to report and investigate all adverse incidents associated with IVDs.

This presentation will discuss these implications from a regulatory viewpoint and provide an overview of some common issues observed by the IMB over the last few years along with the challenges faced by the Competent Authority in the regulation of such an evolving environment.

### **Biography:**

Jan Guerin has been employed as the *In vitro* Diagnostic Product Manager with the Irish Medicines Board in Ireland for over 3 years. She obtained her Doctorate of Philosophy in Immunology from Trinity College Dublin in

1998. She has extensive experience in Biomedical Sciences having worked in both hospital laboratory and research environments in Ireland and Australia. She also worked as a Lecturer with the National Centre in HIV Epidemiology and Clinical Research in Sydney, where she managed clinical and epidemiological studies in HIV infection investigating host genetic, immunological and therapeutic factors associated with disease pathogenesis.

The Irish Medicines Board is the Competent Authority for the *In vitro* Diagnostic Medical Device (IVD) Directive in Ireland. As part of this role Jan is responsible for ensuring that the requirements of the IVD legislation are implemented in Ireland

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## **Validation of analytical systems – hospital laboratory perspective**

*Mr Sean Rooney, Chief Medical Scientist, Haematology Laboratory, Our Lady's Children's Hospital, Crumlin.*

### **Abstract:**

EU Blood Directive, EU Tissue Directive, ISO 15189 and CPA standards etc – all these quality management systems require validation (in some form) of analytical equipment. It no longer suffices to run a number of samples and compare results with the existing equipment, run a few stats and off you go.

A system for validation of hospital laboratory systems will be presented which might satisfy the above listed standards.

### **Biography:**

Currently Chief Medical Scientist in the Haematology Laboratory, OLCH with special interest in Flow Cytometry of malignant and non-malignant diseases. OLCH has undergone inspection for EU Blood Directive, EU Tissue Directive and is a CPA accredited laboratory with imminent re-inspection shortly.

## **Labquality – what can we learn from Finnish EQA provider?**

*Mr Juha Wahlstedt, Client Relations Manager, Labquality, Finland.*

### **Abstract:**

Labquality was founded in 1971. Labquality is a non-profit organization owned by Finnish Society for Clinical Chemistry, Finnish Red Cross, Hospital League, Central hospitals and some professional associations. Labquality's office is situated in Helsinki, Finland. Labquality has 27 full-time employees. Currently 100 experts are involved in running the quality assessment programmes. The scheme experts for every scheme are indicated in survey report.

In the end of 2007 over 4000 laboratories in 41 countries participate in Labquality's schemes.

Labquality is a member of the European Committee for External Quality Assessment Programmes in Laboratory Medicine (EQALM) and cooperates with other EQA Organizers in Europe.

Labquality's quality system has been certified to ISO 9001:2000 standard.

Labquality has been cooperating with IEQAS over 10 years. Over one hundred laboratories from Ireland are participating in Labquality's schemes. The number of participating laboratories has been growing fast during last years. Also the variety of the schemes has been enlarged. In 2007 Irish laboratories participated in 37 different schemes.

In our everyday work we have all experienced good quality and tasks well done, but unfortunately we have also too often found a task has not been done according to our quality requirements.

Quality starts with planning and undertaking tasks. Quality cannot be bought off the shelf like a product; it must be built into all procedures. Total quality cannot therefore be bought from Labquality either, but Labquality can help you build up your own quality system.

Labquality's Quality Assessment work is designed to promote quality and reliability in laboratory diagnostics. This is achieved mainly through External Quality Assessment (EQA) schemes, which have proved valuable and practical tools for improving laboratory quality.

Labquality's services are educational, promoting and supporting total quality and reliability in laboratory diagnostics, not just analytical accuracy. Labquality also helps laboratory professionals by arranging educational meetings, issuing recommendations and distributing information from different laboratory disciplines.

The format of Labquality's programme of External Quality Assessment Services has been quite stable for many years, which makes it easier for clients to find what they need. However, each year there have also been changes to improve the quality and benefits of our services wherever they are used. Also we have to develop and learn new technologies to improve our services. Internet is one of the technologies that we cannot pass when developing the EQA services. Internet-connected schemes (e-schemes) are one possibility to run EQA schemes faster and interactive way. It is challenge for Labquality, our experts and our clients to develop EQA services to meet the changing quality improvement needs of different laboratories better and better.

### **Biography:**

Juha Wahlstedt works as client relations manager in Labquality. His main responsibilities are client relations, IT development and general clinical chemistry schemes.

He was born in Helsinki 1963. He graduated as biomedical laboratory scientist in 1987 and specialized to clinical chemistry in 1991. He has been working in several clinical laboratories in Helsinki area. IT technology and Internet related systems have been important part of his work and hobbies during his career. In Labquality he has been working since 2004.

## Annual Review IEQAS 2007

Ms Hazel Graham, Quality Manager and Ms Patricia Howley, Operations Manager, IEQAS

### Steering Committee

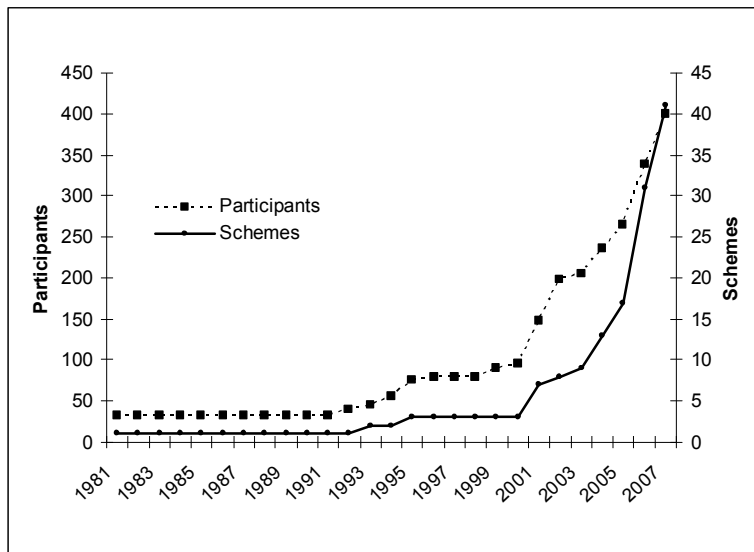
We were shocked and saddened by the sudden and untimely passing of our Chairman, Des Kenny, on 18 December 2006 (ref. Des's obituary in this publication). Subsequently, Dr Ned Barrett was elected as Chairman and Dr Tom Smith was nominated to the Steering Committee by the ACBI. Mr Ivan Shirley was elected to the newly-created position of Vice-Chairman.

### Operations Management

Ms Hazel Graham has moved to the newly-created position of Quality Manager, with Ms Patricia Howley taking on the role of Operations Manager. Ms Anne Cooke joined IEQAS as Scheme Administrator in June 2007.

### Schemes

The number of participants registered with IEQAS has again increased (~20%). We now have 399 participants (495 different analysers) in 41 schemes:



### The current schemes are:

- General Clinical Chemistry
- Full Blood Count
- Blood Cell Morphology
- HbA<sub>1c</sub>
- Alcohol in serum
- Blood Gas
- C Reactive Protein
- Drug abuse screening & confirmation in urine
- Haemoxymeter
- Hormones/Haematinics
- Lipids and Lipoproteins
- Myocardial Markers
- Natriuretic peptides, B-type
- Parathyroid hormones
- PSA
- ESR
- Infectious mononucleosis
- PT (INR)
- APTT, fibrinogen
- D-dimer
- LMW-Heparin/antiFXa
- Coeliac disease
- Thyroid gland antibodies
- Antistreptolysin titre
- Rotavirus & adenovirus, antibody detection
- ABO & Rh grouping
- Antibody screening/compatibility testing
- Antiglobulin test, direct

### New 2007

- HbA<sub>1c</sub> Haemoglobin variants
- Urine, quantitative chemistry
- Drug monitoring (therapeutic drugs)
- Rheumatoid factor & citrullin antibodies
- C. difficile, culture & toxin detection
- H. pylori antigen detection
- Herpes simplex 1 & 2 antibodies
- Influenza virus A+B, antigen detection
- RS virus, antigen detection
- Bordetella pertussis, antibodies
- Chlamydia pneumoniae, antibodies
- H. pylori antibodies
- Mycoplasma pneumoniae, antibodies

Thirteen new schemes have been introduced in 2007 following requests from participants, including several in the new area for IEQAS of Microbiology & Immunology. There has been an increased interest in D-dimer and direct Antiglobulin Test schemes.

### **Achievements and Plans**

Quality Manual (ISO9001:2000): This project had been on hold due to lack of resources, but is again being actively pursued. Feedback from our recent preliminary audit (ATM Consultants) indicates that we should be ready to apply for certification within the next few months.

Clinical Chemistry Special Survey: As our ethics policy has almost been finalised, we are planning to use more fresh material, initially for a Clinical Chemistry survey.

Coagulation Special Survey: Our third special survey is planned for November 2007.

Digital BCM Special Survey: We are planning another trial with Slidepath. Dr Kanthi Perera will review the images and clinical details prior to issue.

Participant Satisfaction Survey: The first of these will be sent to all participants before the end of the year.

Web-submission of results: Over 85% of participants now submit their results over the web, thus significantly reducing the data input time by IEQAS Operations Staff; this also has the advantage of reducing the potential for input errors.

We wish to thank all members of the Steering Committee and other sub-committees, for giving their time to IEQAS.

### **Biographies:**

Hazel Graham has worked with IEQAS since 1992, as Operations Manager until this year, when she took over the newly created role of Quality Manager. Previous work experience included 15 years in various laboratory/management related roles in Warner Lambert, Dun Laoghaire, Co Dublin, manufacturer of sterile pharmaceuticals and diagnostic reagents (now Pfizer). Hazel is a member of Council for the Irish Society for Quality and Safety in Healthcare. She has an honours degree in Biochemistry and a post graduate Diploma in Quality Control, both from Trinity College Dublin.

Patricia Howley joined IEQAS in 1999, initially as Scheme Administrator, then as Scheme Manager and took over as Operations Manager in 2007. Before a career break to bring up her children, she worked in Warner Lambert, Dun Laoghaire, in various roles as QC Chemist, Development Chemist, and Analyst in both QC laboratory Confectionary Plant and Microbiology laboratory in Pharmaceutical/Diagnostic plant. She has a degree in Chemistry from the National University of Ireland, Galway.

## **“Unique patient/client identification” in the health sector in Ireland –why, what, how and when?**

*Mr Dougie Beaton, Population Health, HSE*

### **Abstract:**

The Transformation Programme of the Health Service Executive identifies the establishment of a 'National Client Index' as a high priority project. The goal of the 'National Client Index' project is: to implement a national client index and the necessary new technical systems/ processes/ organisational arrangements to support patient registration and integrated health and social care processes in the health system of the Republic of Ireland.

The purpose of the National Client Index project is to:

- Enable accurate identification of patients/clients for purposes of safer and more efficient health services;
- Enable easier tracking and correlation of patient events/contacts across the health continuum;
- Enable easier monitoring of the delivery of 'integrated care';
- Enable improved administration/patient management, including in relation to matters of eligibility for services and an appropriate control environment for reimbursement; and
- Enable improved security and confidentiality of patient information

The presentation will provide a rapid-fire review of the proposed benefits, components and practicalities of deploying a National Client Index in a manner which can support the range of purposes set out above. The presentation will include news on the progress of the HSE project which intends to complete the strategic planning phase in 2007.

### **Biography:**

Dougie has been engaged in the practice and management of health care for over 20 years, starting out as a 'front-line' health professional in the NHS in Scotland and London, then progressing rapidly to a management/specialist role, which for the last 12 years has been in senior management positions tackling substantial strategic and operational objectives.

Since settling in Ireland (in his wife's home village in County Tipperary) with their young family in 1999, he was until 2002 a management consultant, specialising in strategic information management and ICT in health care and worked on many substantial assignments, including a number with the Eastern Regional Health Authority (ERHA), with providers in the ERHA region and beyond, and with the 'Departments of Health' in both the Republic of Ireland and Northern Ireland.

With the transition from the ERHA and other health bodies to the Health Service Executive, in 2005, he joined the fledgling Health Intelligence team to directly support the National Assistance Director, Dr Davida De La Harpe. Since then he has taken a leadership role in all matters of health informatics for the directorate, across the HSE, and with external partner agencies.

## **Review of technology to improve quality and accountability in laboratory medicine.**

*Prof Jonathan Kay, Prof of Health Informatics and Consultant Chemical Pathologist, John Radcliffe Hospital, Oxford*

### **Abstract:**

Not available at time of printing

### **Biography:**

Jonathan Kay is a Consultant Chemical Pathologist at the Oxford Radcliffe Hospitals and Professor of Health Informatics at the Centre for Health Informatics, City University, London. He has been Chairman of the Information Group of the Academy of Medical Royal Colleges and was a senior consultant to the Design Authority of the NHS National Programme for IT for England.

For many years he has been trying to derive clinical benefits by persuading computers to communicate. This has included work on automated transmission of laboratory reports to general practitioners, hypertext advisory systems and handheld wireless computers.

With his colleagues John McVittie, David Nurse and Christos Bountis he has won six national and international awards, including the 1998 Deloitte Consulting Award for "Information Management Project of the Year" and a 2003 European Union "Best Practice in eHealth" Award for the development of the Oxford Clinical Intranet.

He is currently working with Professor Mike Murphy on positive patient identification in blood transfusion. This work is an "NHS Live" demonstrator, was selected as the case study in the UK National Patient Safety Agency report: "Right Patient, Right Care" and recognised as "Best project: Government to Citizen" and "Overall winner" in the 2007 Government Computing Awards for Innovation and won the "Most Effective Use of Communications Technologies" category in the "Effective IT 2007" Awards.

He is a Board Member with responsibility for patient liaison of "Lab Tests Online UK", a patient-facing website about laboratory investigations. <http://www.labtestsonline.org.uk/>

## **Point-of-Care Testing: New National Guidelines (RCPI, AMLS, ACBI, IMB)**

*Dr Gerard Boran, Chairman of Guidelines Committee*

### **Abstract:**

Point of Care Testing (POCT) refers to a pathology service using small analytical devices (including test kits and analysers), provided near to the patient rather than in the traditional environment of a clinical laboratory. The repertoire of tests available has expanded considerably in recent years, as has the technological reliability of the devices. However, there are concerns that incorrectly performed tests or inappropriately interpreted results could put patients at risk, particularly as most POCT operators are not trained laboratory scientists.

The professional organisations associated with laboratory medicine and the Irish regulatory body had concerns with the delivery of POCT in Ireland and recognised the need to address this important area. In 2006, a Point of Care Testing Consultative Group was established, with representatives from:

- Faculty of Pathology of the Royal College of Physicians of Ireland
- Academy of Medical Laboratory Sciences
- Association of Clinical Biochemists in Ireland
- Irish Medicines Board

The Terms of Reference of this group were to produce guidelines for safe and effective management and use of Point of Care Testing in Ireland.

It is recommended that these guidelines should be adopted by those responsible for POCT in Irish Hospitals. The implementation of these guidelines should facilitate a well-managed and properly governed system for the provision of POCT services in Ireland, which in turn will deliver considerable benefits and safeguards for patients. An outline framework for primary care and for community pharmacists and the IVD industry is also included.

### **Biography:**

Dr Boran is the Dean of Faculty of Pathology of the Royal College of Physicians of Ireland and Consultant Chemical Pathologist in Adelaide, Meath and National Children's Hospital, Tallaght, Dublin. He represents the Faculty on the IEQAS Steering Committee.

## **Creatinine assays: fit for purpose?**

*Mr Finlay MacKenzie, UKNEQAS, Birmingham.*

### **Abstract:**

The basic problem is this: in the good old days, you could clearly state if a serum creatinine was raised or elevated compared to what was deemed normal. The Jaffe reaction, whether kinetic or endpoint, was capable of differentiating between these two states. If your creatinine was within the 'normal range', everything was OK. If your creatinine was raised, then you had a bit of kidney function trouble. We could always use a creatinine clearance to help in the diagnosis.

The issue came to a head when some eager renal physicians in the USA decided to try to tell the difference between 'normal' and 'normal-ish'. The traditional Jaffe reactions just weren't up to the task.

You don't need expensive Mass Spec techniques to tell you that field methods do not measure creatinine. Well field methods do measure creatinine, but the problem is they measure a whole load of other junk as well. As the levels of creatinine increase, the problem appears to diminish. However, at those very eGFR estimates where it is important to be accurate, the creatinine measurements let you down.

Laboratories and Manufacturers have tried to optimise assay conditions. Some have tried to use compensators to try to overcome the non-specificity of the assays. These work reasonably well at the population level, but don't work for all specimens. Some straightforward experiments immediately highlight the deficiencies of this approach. The current oxidation methods appear to be 'under-calibrated' to try to give broadly correct results in the normal range, but at extremes of concentration are sadly exposed.

The UK NEQAS for GFR estimates is a specialised scheme set up specifically to thoroughly probe this area in a way that a 'general chemistry' EQA scheme cannot. It continues to address issues of accuracy, analytical interferences and examines the effect of creatinine results on a range of clinical scenarios.

### **Biography:**

Finlay MacKenzie began his career in Clinical Biochemistry working at Queen Charlotte's Maternity Hospital. During this time he attained an MSc in Clinical Biochemistry from the Faculty of Medicine at the University of London. Staying in London, he then worked at another Teaching Hospital, (St. George's) before entering the speciality of EQA at the Wolfson Research Laboratories, Birmingham, the historical home of EQA provision in the UK. Finlay has contributed widely to the output of this, the largest EQA provider in Clinical Biochemistry, for over twenty years.

His first position in EQA was as Scheme Manager of the UK NEQAS for Thyroid Hormones (he is now the Organiser), but over the years has widened his interest into many other areas of Clinical Biochemistry EQA. He is a Deputy Director of the Wolfson EQA Laboratory.

He has been responsible for much of the computing innovations over the years for both his own and other centres. He says his greatest achievement was the introduction of the 'ABC of EQA', which is a statistical and graphical approach to the data processing and reporting of EQA data and which is built on good scheme design. Finlay was on the Department of Health's [UK Government] expert group for eGFR and looking at 'standardisation' of creatinine.

Recently, Finlay has made a name for himself by robustly challenging the entrenched practice in laboratories of 'fudging' results. He speaks regularly at a range of events from UK NEQAS Roadshows, Company User-Groups, Scientific Meetings (both in the UK and abroad) as well as having a commitment to post-grad and under-grad teaching at Birmingham University.

## **Worldwide standardisation of HbA<sub>1c</sub> measurement – latest developments**

*Dr Ned Barrett, Consultant Biochemist, Mid Western Regional Hospital, Limerick and Chairman of IEQAS Steering Committee.*

### **Abstract:**

The purpose of this short presentation is to advise participants of the content of the consensus statements on HbA<sub>1c</sub> standardisation issued by the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC), the International Diabetes Federation (IDF), the American Diabetes Association (ADA), and the European Association for the Study of Diabetes (EASD) following the specially convened Summit Meeting held in Milan on 4th May of this year.

The following are the agreed statements approved by the four organisations and signed by their principal officers:

1. We agree that the HbA<sub>1c</sub> results should be standardised worldwide, including the reference system and results reporting.
2. We agree that the IFCC reference system for HbA<sub>1c</sub> represents the only valid anchor to implement standardisation of the measurement.
3. We agree that the HbA<sub>1c</sub> assay results be reported worldwide in IFCC units (mmol/mol) and derived NGSP units (%), using the IFCC-NGSP master equation.
4. We agree that if the ongoing "average plasma glucose study" fulfils its *a priori* specified criteria, an HbA<sub>1c</sub>-derived average plasma glucose (APG) value should also be reported as an interpretation of the HbA<sub>1c</sub> result.

5. We recommend that all clinical guidelines be expressed in IFCC units, derived NGSP units, and APG.
6. We agree that these recommendations should be implemented globally as soon as possible.

The consensus statements conclude with the hope "that this agreement may further contribute to the process of the worldwide comparability of HbA<sub>1c</sub> results, paralleling the progress in scientific knowledge on the analytical and biochemical aspects with better care for patients."

### **Biography:**

Dr. Ned Barrett B.Sc., M.Sc., Ph.D., EurClinChem, is Consultant Biochemist at the Mid-Western Regional Hospital in Limerick. He was appointed to this new position in 2005.

Dr. Barrett is a graduate of University College, Cork and Trinity College Dublin. His special interests include diabetes and endocrinology. He is a member of the Health Service Executive's Expert Advisory Group on Diabetes and is Chairman of the Steering Committee of the Irish External Quality Assessment Scheme for Laboratory Medicine (IEQAS).

## **Blood Cell Morphology Review**

*Dr Kanthi Perera, Consultant Haematologist, Midland Regional Hospital, Tullamore.*

### **Abstract:**

During the last year IEQAS circulated 6 morphology cases. Although the availability of slides is limited, we managed to send very informative slides to cover red cell, white cell and platelet abnormalities. As you already know we covered most of the MPD.

It is very important to examine all 3 cell types with an open mind, note down your findings, co-relate these findings to list. If you come across a very low platelet count in a previously healthy individual, if RBC and WBC count and morphology are normal, the most likely diagnosis is ITP. This could avoid BMA even.

The rest of my presentation is on some of the morphological abnormalities in each case with a brief review of the diagnosis to include how you could arrive at the diagnosis.

### **Biography:**

Graduated from the Faculty of Medicine, University of Colombo, Sri Lanka. Dr Perera initiated her post-graduate training in Sri Lanka and completed at The Royal London Hospital in England. She was appointed as the first Consultant Haematologist in the National Cancer Hospital in Colombo and gave the leadership for the establishment of the first stem cell transplant unit in the country at the National Cancer Hospital. Dr Perera was hugely involved with both undergraduate and postgraduate teaching in the country. She moved to Ireland in 2001 and held a temporary consultant post in Mid-Western Regional Hospital, Limerick for 3 years and in UCH Galway for 9 months.

Dr Perera carries out regular morphology teaching for SpR and is a member of IEQAS Haematology Review Group.

## **Blood Transfusion – Labquality review**

*Mr Gerry Judge, Chief Medical Scientist Transfusion Laboratory, Adelaide, Meath and National Children's Hospital*

### **Abstract:**

The Labquality external quality assessment scheme is distributed to 286 laboratories in 14 countries. Twenty three Irish laboratories participate.

The schemes are divided into the following:

ABO and Rh Grouping

Antibody Screening and Compatibility testing

Direct Antiglobulin testing.

Not all laboratories participate in all 3 schemes.

Techniques used for ABO and Rh Grouping are

Tube technique	14%
Diamed	37%
Biovue	6%
Bioplate	7%
Other Microplate	15%
Scangel	1%
Griffols	0.01%
Other Methods	19%

In 2007, Irish Laboratories have performed well in the schemes. There were no discrepant results in ABO and Rh grouping, antibody screen and compatibility testing. However in a DCT survey 16% of Irish participants and 20% of all recipients got a positive reaction when the expected results was negative. Sample changes during storage could have contributed to these results.

### **Biography:**

Gerry is Chief Medical Scientist in Blood Transfusion Laboratory in AMNCH, Tallaght. He has worked previously in St James's Hospital Dublin and Lesotho.

## **Haemoglobinopathy in Ireland – More than simply a case of Haemoglobin S detection!**

*Mr Paul Lynam, Senior Medical Scientist, Haematology, Our Lady's Children's Hospital, Crumlin.*

### **Abstract:**

The Haemoglobinopathies represent a major burden to global healthcare with particularly high carrier frequencies (5-40%) in some population groups. Historically these disorders have been largely confined to populations of the Mediterranean, parts of Africa, throughout the Middle East, the Indian sub-continent and South-East Asia. In recent years, however, population migration trends have meant that many countries, in whose native population haemoglobin disorders have been almost non-existent, now face an increasing burden on public health with increasing patient numbers presenting for diagnosis and treatment.

In Ireland, up until recently, haemoglobinopathy was rare. In the last 5-10 years, however, there has been a significant increase in the number of patients presenting for assessment and with clinical complications of these disorders requiring treatment and appropriate management. These demographic changes have prompted the need for an effective screening program and dedicated treatment centres in Ireland for the diagnosis and management of patients with these disorders.

In Our Lady's Children's Hospital, Crumlin, haemoglobinopathy screening has been carried out for several years with an increasing testing repertoire being offered with increasing specialization in this area. The methods employed in the laboratory diagnosis of the haemoglobinopathies in OLCHC will be presented using some case studies to demonstrate the ever-increasing diversity of abnormal haemoglobins encountered and the potential clinical significance of these findings will be discussed.

### **Biography:**

Paul is currently employed as a senior medical scientist in Haematology, OLCH Crumlin with responsibility for the area of haemoglobinopathy testing. He has been employed in OLCH since mid 2000. Before that he worked for a short time in AMNCH as a locum medical scientist. He graduated in 1997 BSc honours Biochemistry (UCD) and trained in biomedical science in Sydney, Australia before returning to Ireland in 2000. He graduated with MSc in Molecular Pathology (TCD/ DIT) in 2006.

# List of Delegates

## **Academy of Medical Laboratory Science**

Tadgh Hurley  
Tom Moloney  
Kevin O'Connell

## **AMNCH, Tallaght**

Gerard Boran  
Gerry Judge  
Dympna Murphy

## **Bantry General Hospital**

Margaret Skuce

## **Beacon Hospital**

Noel Jereza

## **Beaumont Hospital**

Robert Daly  
Helen Moore

## **Biosys Clinical Ltd**

Mary Ledwidth

## **Bon Secours Hospital**

### **Glasnevin**

Deirdre Browne  
Marilyn Liddy

## **Bon Secours Hospital**

### **Galway**

Yvonne Cronin  
Wayne Parker

## **Cavan General Hospital**

Anna Dowd

## **Children's University Hospital**

### **Temple St**

Sabrina Cahill  
Ann Downey  
Margaret Halley  
Philip Mayne  
Mary Moynihan

## **Connolly Hospital**

John Carberry  
Gene Cranny  
Joe Feely  
Theresa King  
Maeve Marren

## **Coombe Women's Hospital**

Karen Foley

## **Cork University Hospital**

Peter Chuck  
Barry Joyce  
Joe Murphy  
Mary Ring

## **Dublin Institute of Technology**

Frank Clarke

## **Hermitage Medical Clinic**

Hugh Brennan

## **HSE National Hospitals Office**

Dougie Beaton  
Tom Finn

## **Irish Medicines Board**

Jan Guerin

## **Labquality, Finland**

Juha Wahlstedt

## **Letterkenny General Hospital**

Jackie Clarke  
Fiona Ferry  
Kathleen Frize  
Henry McKinney

**MW Regional Hospital Limerick**

Ned Barrett  
Angela Corridan  
Kathleen Keane  
Patricia Kennedy  
Carol Lenihan  
Colm McDonnell  
Brian Power  
William Quirke

**Mater Misericordiae Hospital**

Margaret Briscoe  
John Collier  
Rachel Cullen

**Mater Private Hospital**

Dympna Clarke

**Mayo General Hospital**

Mary Kelly  
Desmond McGowan  
Aiden McGuinness

**Mercy Hospital Cork**

Eithne Barden  
Fiona Coveney  
Katherine Duggan  
Colette Finn

**Midland Regional Hospital Portlaoise**

Noel Brennan  
Elizabeth Ryan

**Midland Regional Hospital, Tullamore**

Regina Creighton  
Jodie Fogarty  
Aisling Harrington  
Margaret Martin  
Kanthi Perera  
Gaffar Saka

**Mount Carmel Hospital**

Pauline Langenbach  
Alison Wortley

**Naas General Hospital**

Mary Duggan  
Caroline Kearney

**Our Lady's Children's Hospital**

John Brady

Paul Lynam  
Joe McNamara  
Mary Molloy  
Sean Rooney

**Our Lady's Hospital, Navan**

Breda Melvin  
Ray O'Hare

**Oxford Radcliffe Hospitals**

Jonathan Kay

**Peamount Hospital**

Alan Carr  
Pauline Johnson

**Roscommon County Hospital**

Denise Lally

**Rotunda Hospital**

Rosie Hickey  
Susan Luke  
Ciaran Mooney  
Deirdre Murphy

**South Tipperary General Hospital Nenagh**

Gillian Daly  
Marguerite Griffin

**St Columcille's Hospital**

Marie Fields  
Cariosa Power  
Maria Walsh

**St Francis Medical Centre**

Noirin Abbott  
Mary Gaye

**St James's Hospital**

Alan Balfe  
Liam Blake  
Vivion Crowley  
Pauline Hannon  
Nora Kinsella  
Richard McCafferty  
Nuala McCarroll  
Maureen Meyler  
Mark Neville  
Michelle Regan

**St Luke's Hospital Kilkenny**

Yvonne Dowling  
Liz Whitney

**St Luke's Hospital Rathgar**

Marie Crummy  
Anne Walsh

**St Michael's Hospital**

Mercedes Cintas Lira  
Marie Davenport  
Marie McBryan  
Jean Rice

**St Vincent's University  
Hospital**

Sean Cunningham  
Anne Dickinson  
Evelyn Hannigan  
Colette Hatton  
Catherine Higgins  
Sinead Kelly  
Orla Maguire  
Rowland Reece  
Ivan Shirley  
Thomas Smith  
Cara Ward

**Tralee General Hospital**

Grace Creedon  
Mary Kelleher  
Jim O'Mahony

**University College Hospital, Galway**

Cait Bruen  
Patricia McMorrough  
Margaret Quinn

**UK NEQAS Birmingham**

Finlay MacKenzie

**Wexford General Hospital**

Geraldine Crean

**Claymon Laboratories**

Mark McKeever  
Anette Ohland  
Julie-Anne Taggart

**Cruinn Diagnostics**

Vincent Foley  
Peter Hussey  
Olive McGann

**Fannin Healthcare**

Philip Bredin  
Richard McCarron  
Donal McGloin

**Olympus Life Science Research Europa Gmbh**

Claire Neville  
Pat Power  
Lorna Quinn

**Serosep Ltd**

Marie Ward

**Siemens Diagnostics**

Stephanie McCallion

**IEQAS**

Anne Cooke  
Hazel Graham  
Patricia Howley

**Conference support:**

Jennie Carr  
Frances Fitzharris  
Robert Howley

**Des Kenny (1941 – 2006)** MSc MCB FICI FRCPATH EurClinChem

We were shocked and saddened by the sudden and untimely passing of our Chairman Des Kenny on 18 December 2006. Des had been involved with IEQAS since its early informal days in the 1970's; he was a member of the Steering Committee since 1987 and was Chairman since 2000 until his death.



Dr Ned Barrett, Prof Brendan Drumm, Mr Des Kenny

2006 IEQAS Participants Conference  
"Celebrating 25 Years of IEQAS"

According to the obituary written by his colleague, Dr Mike Hallworth<sup>1</sup>, President EC4, Des made an immense contribution to clinical biochemistry, not only in Ireland but also further afield. "His twin passions were laboratory computing and the quality of laboratory work. A private and reserved man, he concentrated wholeheartedly on his scientific work at the Children's Hospital, which became the center of his life for decades. He died within a fortnight of his formal retirement from the job he loved and to which he gave so much, although arrangements had just been completed to allow him to carry on working. He died suddenly on a Monday morning while he was getting ready for work. There was something fitting about that."

Des had worked in Our Lady's Hospital for Sick Children, Crumlin for nearly 40 years, rising from trainee to Consultant Clinical Biochemist. He was a member of the Association of Clinical Biochemists in Ireland (ACBI) since its foundation in 1967, and served continuously on its Council for 35 years, holding the offices of Secretary, Treasurer, and three terms as Chairman during that time.

Des was also involved in many international scientific developments, including:

- ACBI representative to the EC4 Register Commission; Quality Manual; Register of Specialists in Clinical Chemistry and Laboratory Medicine; ISO/CEN standards Working Group (Chair); Accreditation Working Group.
- ACBI representative to FESCC
- Editorial Board member for the European Journal of Clinical Chemistry and Clinical Biochemistry (predecessor of CCLM).
- ISO Technical Committee 212 (responsible for development of ISO 15189: 2003, the international standard for Quality Management in Medical Laboratories).
- Irish representative to CEN TC 140 on in vitro diagnostic devices.
- IFCC: Committee on Plasma Proteins; Working Group on calibrators in Clinical Enzymology; IUPAC-IFCC Committee on Nomenclature, Properties, and Units.

Again quoting Dr Hallworth, "As well as his professional skills, he was remembered for his friendship and his kindness, his gentle nature and his enthusiasm, his infectious chuckle and dry wit. He was an excellent companion over a beer (whether Irish or continental), on which he could discourse with authority. He had a great knowledge of all kinds of music, and was well known in Irish traditional music circles. At social gatherings or with friends in Dublin pubs he would bring out his tin-whistle and entertain colleagues, friends and anyone else who would listen. He will be missed as a scientist, but also as a man who brought pleasure and laughter."

His funeral, on a beautiful crisp December morning, was packed, not only with his friends and colleagues from Crumlin, IEQAS and the ACBI, but also with many, many others from throughout the country and abroad. He will be sadly missed. The IEQAS Steering Committee wishes to extend our sympathies to his family, friends and colleagues, especially those in Our Lady's Children's Hospital, Crumlin.

<sup>1</sup> Full text of Dr Hallworth's obituary can be seen in *Clin Chem Lab Med* 2007; 45(2):148-149 or <http://www.acbroi.org.uk/news/ObituaryDes.doc>