

# ACB News

The Association of Clinical Biochemists • Issue 430 • 20th February 1999



**Focus  
Fringe**

**DGH  
Staffing  
Blues**

**hCG Assays  
in Oncology**

**Council  
Nomination  
Form**



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The monthly magazine  
for Clinical Science

The Editor is responsible for the final content. Views expressed are not necessarily those of the ACB.

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# ACB News

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The proof reader for this issue was Dr Rosanna Penn, Birmingham.

Front cover:

Florence – venue for the XVII International Congress of Clinical Chemistry this June.



**The ACB National Scientific  
Meeting and Exhibition**

**17 - 21 May 1999**

**Tel: 01223-516103**

**Fax: 01223-500978 for details**

## Benchmarking in Clinical Biochemistry

**Jeff Seneviratne**

### ACB Representative on the CBC 'Expert' Panel

The Clinical Benchmarking Company (CBC) report for Clinical Biochemistry has been distributed recently to participating laboratories. This is the fourth year of the study which covers the four main pathology disciplines: biochemistry, haematology, microbiology and histopathology, with the possibility of reports on virology and immunology and a combined one for biochemistry and haematology. The clinical biochemistry report is the first to be published and is based on data supplied by 87 departments.

The study has analysed data in cluster groups. There were 19 teaching hospital laboratories, 17 cluster A (large laboratories), 35 cluster B (medium laboratories) and 16 cluster C (small laboratories). Membership of a cluster was determined by rigid criteria. There was a good correlation between cluster group and workload, although there

was more diversity within cluster A compared with the others.

Requests are used as a broad and crude measure of the demand placed on laboratories and it is suggested that the total number of tests is a measure of supply. Clearly this does not take account of variations in complexity of work. However in the majority of laboratories about 95% of the work (as tests) is automated.

Attempts to quantify the complexity of work has had little success so far, and it is of note that only a minority of clinical biochemistry departments use Welcan units. There has also been little progress in measuring the work involved in providing specialist services and the pre- and post-analytical aspects of the service. With these caveats, the studies provide a good indication of what is happening in terms of workload, staffing and 'productivity' within pathology disciplines. A development this year is the collection of data on testing strategies for thyroid function tests, lipids and cardiac markers.

The headlines from the 1997/98 report are:

- Workload (assessed as both requests and tests) is rising: showing a 6.5% increase in the median for the 46 trusts which participated in 96/97 and 97/98.
- This is the first year in which there is an increase in the numbers of medical staff. There are slight reductions in the numbers of clinical scientists and MLSOs.
- There is an increase in MLSO productivity.
- There is a trend towards leasing/rental of equipment rather than capital purchase.
- Introduction of shift working is replacing traditional out-of-hours working.
- There is a fall in the cost per test.

Participants were invited to a feedback meeting at Keele on 10th February, to discuss the report and consider suggestions for modifications to the questionnaire for the future. ■

## Election of Officers and a National Member of the Association

In accordance with the provision of Articles 12, 14 and Bye-Law 6.3 nominations are now called for the annually elected Honorary Officers, Secretary, Assistant Secretary, Meetings Secretary and Treasurer.

In addition, following the completion of a three-year term of office by Dr James Hooper and in accordance with the provision of Articles 12, 14 and Bye-Law 6.4 nominations are now called for one National Member who will be elected for a term of three years.

Nominations for these positions duly counter-signed, should be made on the nomination form in this issue and sent to the ACB Administrative Office, 2 Carlton House Terrace, London SW1Y 5AF before 12th March 1999. ■

## Focus 99 Abstracts Go Electronic

This year, for the first time, email abstracts were accepted for Focus 99. Over 300 abstracts were received by the deadline and of these 99 were sent by email. In theory of course this should enable the Proceedings of the Focus meeting to be typeset more easily. As we all know things are not always as simple in practice with many of the abstracts needing very considerable work to make them intelligible.

Perhaps the learning point is that very precise details of how to send email abstracts is required if a benefit is to be gained. ■

## Critical Appraisal Skills Workshop

**The Royal College of Pathologists, London  
1.00-4.30pm, Monday 12th April 1999**

An increasing number of systematic reviews are being published, which may give more accurate and rapid answers to some of the important questions we are facing. CASP workshops for multi-disciplinary audiences, are designed to introduce and develop skills in the appraisal and use of such reviews.

During the workshop there will be an introductory talk on the use of reviews and evidence in making decisions. Participants will critically appraise a review article on a topic of general interest, and there will then be a general discussion on the use of reviews.

The workshop is designed for trainees. There are only 30 places which will be allocated on a first-come, first-served basis. If you would like to attend please contact Rachel Richardson on Tel: 0171- 930-5862 or email [rachel.richardson@rcpath.org](mailto:rachel.richardson@rcpath.org) for a registration form. **There is no fee for this workshop.** ■

## Health Technology Bids

A brain storming session on health technology assessment bids was held by the ACB Scientific Committee in conjunction with the Royal College of Pathologists' chairman of the Specialist Advisory Committee for Chemical Pathology. After an initial list of thirteen vignettes, a total of five vignettes were put forward for consideration.

### HTA Vignettes submitted jointly with RCPATH

- Clinical and cost-effectiveness of blood glucose measurement in the hospital setting.
- Evaluation of the use of a new generation of pregnancy tests in primary care: the reliability and impact on clinical decision-making.
- Identification of elderly subjects at risk of osteoporosis – related fractures using biochemical markers, in particular the use of undercarboxylated osteocalcin as a predictor.
- Detection of methadone compliance in the community and drug dependency units.
- Cerebrospinal fluid – markers of subarachnoid haemorrhage in CT negative patients.

The remainder were considered inappropriate at this stage. ■

## Nominations for Year 2000 Awards

### Nominations are invited for three awards to be presented at the Pathology 2000 meeting in Birmingham

#### ACB Foundation Award

The ACB Foundation Award is to acknowledge an outstanding contribution to clinical biochemistry by an Association member who is normally resident in the British Isles. The recipient will deliver the Foundation Award Lecture, which will be of a specific nature, reflecting the state of the art in one area of clinical biochemistry.

Nominations may be made by any three members of the Association (excluding elected members of the council) and should be submitted via a regional secretary.

#### Kone Lecture

The Kone Award is given to honour a clinical scientist whose work has been of major importance to clinical biochemistry in practice, research or education; leading to improved international co-operation between works in the specialty, particularly within Europe. The Kone Award comprises finance for the Kone Lecture to be delivered at the National Meeting and is usually awarded to a practising clinical biochemist from outside the UK.

Nominations should be made by three members of the Association (but excluding certain ACB post-holders).

#### Roche Diagnostics Award

The Roche Diagnostics Award is used to finance the visit of an international lecturer to give the Roche Diagnostics Award Lecture at the National Meeting. Nominations may be made by any three members of the Association.

Full details of the nominations procedure for each of the three awards can be found in the current ACB Members' handbook. Nominations should be sent before 1st March 1999 to: Mr C. J. Seneviratne, National Meetings Secretary, Dept of Biochemistry, Manchester Royal Infirmary, Oxford, Manchester M13 9WL. ■

## Focus 99 Fringe Band Night 18th May 1998

This fringe event will be the ACB's own night of home-grown music with a chance for everyone to star. The event will run as an 'open microphone' night where 3 support bands will play the basic numbers. ACB members can guest in on any number during the night either instrumentally or on vocals. Hopefully, a lot of people will bring their own instruments or try their hand at singing a favourite number with a live band. If all else fails the bands will play away into the night. If there is demand for individuals to perform solo spots, these will be accommodated during the band change-overs.

### The Venue

The Thirsty Scholar is a famous Manchester rock venue situated in the arches below Oxford Road Station. It is a very short step from the conference hotels and getting home in the early hours will pose no problems. This place was selected by an advance party after an extensive night of research testing the beer and the atmosphere of the local pub circuit. A late extension has been arranged and only conference attendees will be admitted.

If you want to take part or suggest a song please contact: Rick Jones on Tel: 0113-233-5677 or email: [r.g.jones@leeds.ac.uk](mailto:r.g.jones@leeds.ac.uk); Ian Watson on email: [ian@iandwat.demon.co.uk](mailto:ian@iandwat.demon.co.uk); Brian Lewin, Instrumentation Laboratory on Tel 01925-810141; or Hugh Mitchell, Charing Cross Hospital on email: [h.mitchell@cxwms.ac.uk](mailto:h.mitchell@cxwms.ac.uk). Alternatively fill in the interest form on the ACB web site (<http://www.acb.org.uk>). The full list of songs is also listed on the web site where there are links to midi files, chords and lyrics for those who wish to practice. ■

## Grade B Trainees Representative to the FCS National Committee

Following the call for nominations for this post which appeared in the November 1998 edition of ACB News only one nomination was received. We are therefore pleased to announce that Jacqueline Herdman, currently working at the Royal Infirmary, Edinburgh, has been appointed Grade B Representative to the Federation National Committee and Executive. Any member wishing to ask Jacqueline to raise any issue should contact her on Tel: 0131-536-2708. ■

## General Whitley Council Agreements

Following an absence of any new agreements at General Whitley Council since 1995 the following three agreements have been made and issued during 1998:

- AL(GC)1/98 Amendments to Section 6 of the GWC handbook on Maternity Leave and Pay
- AL(GC)2/98 Introducing a new Section 43: A national statement on the participation of NHS employers in the 'Welfare to Work' scheme
- AL(GC)3/98 Introducing a new Section 44: Implementation of the Working Time Directive.

The implications of the Working Time Regulations (Statutory Instrument 1998 No. 1833) and the guidance from the NHSE on their interpretation and implementation in the NHS (HSC 1998/204) will be discussed in a forthcoming article by the Federation of Clinical Scientists. ■

## ACB Scientific Development Scholarships

The ACB Scientific Committee are pleased to announce that the following projects have been funded in the last round of the scheme:

- Biochemical markers of bone turnover in prostate cancer  
Miss S Barnes  
Greenwich District Hospital, Vaburg Hill, London  
**Award: £2,000**
- P2 receptor expression in normal and pathological bone  
Miss A Gartland  
Human Bone Cell Research Group, University of Liverpool  
**Award: £3,679**
- Identification of a novel human pro-opiomelanocortin converting enzyme using expressed sequence tags and cases of defective pro-hormone processing  
Dr R S Jackson  
Clinical Biochemistry, Addenbrooke's Hospital, Cambridge  
**Award: £3,750**

We hope to publicise details for the next round in due course. ■

## Education Committee Training Day at Focus 99

The final arrangements and topics for the traditional training day at Focus 99 are as follows:

### Clinical Biochemistry Update Sessions

- Adrenal Disease: an Update on Current Investigative Practice  
*Dr T Howlett, Leicester*
- Toxicology: What is Achievable?  
*Dr V Murray, Guy's*

### Management Update Sessions

- Primary Healthcare Groups  
*Dr P Cosford, Luton*
- Clinical Governance  
*Dr D Freedman, Luton*

### Training Day for ACB Trainees: A New Approach

The topics for ACB trainees at Focus 99 are as follows:

- Water and Electrolytes  
*Dr M Penney, Newport*
- Iron Metabolism and Haemochromatosis  
*Dr M Worwood, Cardiff*
- Biochemistry of the Elderly  
*Dr W Fraser, Liverpool*
- Tumour Markers, especially PSA/free PSA  
*Mrs J McAllister, Glasgow*

Feedback from trainees has indicated that they see themselves as falling into essentially one of two groups:

- those who are immediately pre-MRCPath and with 3+ years of experience and
- newer trainees starting out in Grade A posts.

This information has been taken on board for the Training Day at Focus 99 and a 'two-tier' day has been arranged to accommodate these two groups with teaching emphasis at slightly higher levels for those pre-MRCPath trainees. Due to restrictions of time and space, there will be two groups of twenty trainees. Those trainees applying should be prepared to be assigned to one or other of these groups based on their current grade and years in post – the Education Committee's decision is final, and remember, first-come, first-served!

All the above activities will take place in the G-Mex centre. ■

## Focus 99 Social Programme

### An evening at the David Lloyd Leisure Centre Wednesday, 19th May, 1999

Beckman Coulter have historically sponsored the tennis event at Focus meetings. This year the company have kindly offered to sponsor a larger event at the David Lloyd Leisure Centre in Manchester. The event will be an evening consisting of either tennis, squash or 5-a-side football followed by a swim or use of the other gym facilities before retiring to the bar for supper.

So if you fancy a lighthearted game of tennis, squash or football (all abilities welcomed) why not sign up for the events on your social programme booking form. As an added bonus, anyone just fancying swimming or using the gym facilities can also book for the event – just tick one of the sporting boxes and mark on the form 'swimming/gym only'.

Most of the city centre hotels being used for Focus 99 do not actually have swimming pools or leisure facilities, so if you were looking forward to a swim to burn off the excesses of Focus hospitality, why not come down for the evening and join us! ■

## Anyone for Another Mock!

A highly successful mock MRCPath Practical Weekend was held in London in the autumn comprising two practical exercises, data interpretation, calculations and a viva. In particular the mock exam tried to mimic as closely as possible the real exam conditions – including those spectrophotometers! We are planning to organise a repeat during 1999.

Please could potential candidates contact us during the next few weeks to suggest a preferred time of year for the ordeal.

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King's College Hospital  
Denmark Hill  
London  
SE5 9RS  
Tel: 0171-737-4000 ext 3501 bleep 255  
Fax: 0171-737-7434  
Email: RuthAyling@aol.com ■

## National Programme on New and Emerging Applications of Technology

The New and Emerging Applications of Technology programme (NEAT) is one of three national NHS R&D programmes. The other two are the Health Technology Assessment and Service Delivery and Organisation programmes. The current anticipated budget for NEAT is £5 million over 5 years.

The main aim of NEAT is to promote and support through applied research, the use of new or emerging technologies to develop health care products and interventions to enhance the quality, efficiency and effectiveness of health and social care. It will support strategic and applied research, the outputs of which must be

generalisable and capable of being applied to a defined health or social care need.

NEAT is open to all research providers in the academic and NHS communities who may wish to apply on an individual basis or as part of an active collaboration. Joint funding arrangements with other research funders will be acceptable providing certain criteria are met. The programme will operate in the response mode during its initial phase; it is anticipated that this will be extended to a more directed mode later.

### Good Science . . . Please Apply

As a general principle, projects supported through NEAT must be of good scientific quality, show

innovation and demonstrate that they can achieve their objectives as judged by prevailing professional standards. The proposed work must fit into the overall scope and aim of NEAT and demonstrate an awareness of the economic implications of the technologies developed. They must be well managed and give value for money.

It is anticipated that the initial call for proposals will be made in early February 1999. From that time, application forms and programme packs will be available from the NEAT Secretariat, Department of Health, Room 402A, Skipton House, 80 London Road, London SE1 6LH. Email: [jbickley@doh.gov.uk](mailto:jbickley@doh.gov.uk) ■

## Special Fares to Focus 99

For those coming from Europe or larger cities in the United Kingdom you may well be interested in special rates that have been negotiated with the airline British Midland.

All prices are for 'return' journeys between 15th May and 22nd May 1999, are subject to availability and are only bookable in March and April 1999. The reference code to quote, which must be stated when booking, is CIC\*110/176.

Route	Fare	Tax
Paris-Heathrow	£70+	£17.60
Amsterdam-Heathrow	£70+	£19.80
Brussels-Heathrow	£80+	£19.40
Frankfurt-Heathrow	£90+	£22.50

For flights onward from Heathrow to Manchester the add-on return fare is £70.

Heathrow-Manchester	£80+	£10
Edinburgh-Manchester	£90+	£10
Glasgow-Manchester	£90+	£10
Aberdeen-Manchester	£90+	£10
Dusseldorf-Manchester	£100+	£19.70

Contact telephone numbers for British Midland are:

United Kingdom	0345 554554	Amsterdam	662221
Brussels	772 9400	Frankfurt	6950 4100
Paris	4862 5565 ■		

## Market Your Regional Meeting Here . . .

Readers will observe that a number of ACB regions have started to have a higher profile in ACB News since the December editorial on meeting marketing. Why not join in and send details of your upcoming scientific meeting and regional social events to ACB News. Fax or email to the editor, address on page three.

# ACB Training Course No. 4: Brighton

**Sunday 11th April to Friday 16th April 1999**

The next ACB training course will be held at the University of Sussex in Brighton. Lectures will be held on site. This course is primarily aimed at those intending to take the MRCPPath but the course is also registered for CME and will welcome everyone who wishes to update and refresh their current knowledge.

- **Porphyrias**
- **Iron**
- **Haematology**
- **Genetics**
- **Clinical Cases**
- **Medical Informatics**
- **Management Topics**



*For further information please contact:  
Dr Bernard Rocks or Elizabeth Hall on*

*Tel: 01273-696955 at the Royal Sussex County Hospital.*

*Application forms are available from the Association of Clinical Biochemists Office,  
2 Carlton House Terrace, London SW1Y 5AF. Tel: 0171-930-3333. Fax: 0171-930-3553*



**“No, I don’t need an  
MDA Adverse Incident Report!”**

# Townsend Crossword Solution

As usual the Christmas crossword gave fun to many readers. Townsend recently sent the Editor the solution and writes: "Enclosed is solution to X-Mas X-word. The two grid-blocking lines ringed in pencil were omitted from the grid. Ah Well!" It would seem that this error was entirely expected by regulars, who would probably be very unhappy if the grid had been complete.

A	L	E	R	T	I	N	G	S	P	R	I	T	E	S
S		A		Y		E		Y		H		E		P
S	T	R	I	P	E	S	I	N	T	E	G	R	A	L
E				E		T		A		A		N		I
T	R	I	A	N	G	L	E	P	E	R	S	I	S	T
		N		O		E		S		I		N		
P	R	I	E	S	T	S	R	E	L	A	T	I	N	G
A		O		U		D		A		I		I		L
N	O	N	I	N	T	E	R	F	E	R	E	N	C	E
O		S		J		W		F		M		F		A
R	A	T	I	O	N	A	L	I	S	A	T	I	O	N
A		I		S		R		X		D		N		I
M	E	P	H	I	S	T	O	P	H	E	L	I	A	N
I		E		A		E				E		T		G
C	O	L	D	H	E	A	R	T	E	D	N	E	S	S



Winners are as follows:

- Kate Turnbull, Stockport
- Dr Gowenlock, Cheadle
- Dave Worthington, Birmingham
- Graham Beastall, Glasgow
- Mr I. Stuart, Halifax
- Proford, Brighton
- John Stevens, Cheam
- Mr Lay Ton, Manchester
- Aram Rudenski, Cambridge
- Lesley Nelson, Dundee
- Ann Jackson, Manchester
- Alan Balfe, Dublin
- Sandra Rainbow, Norwich

As is traditional the family Berg made a visit to the Royal Worcester factory shop in January and a small collectable token of success now adorns the laboratory offices of these lucky people. Anyone who submitted an entry and is not named above please contact the editor – the office is out of control at present!

# DGH Staffing Blues . . .

By Professor Tim Reynolds, Burton-upon-Trent

**A**sk the average house officer to describe the function of the 'duty biochemist' and depending on their hospital they will either say 'a what' or 'a chicane on the information superhighway who never leaves his/her office (expletives deleted)'. This opinion will of course be modulated by the laboratory automation era: stone age (within-hospital reports sent next day); steam age (important results telephoned); or space age (laboratory results available on-line on wards); and whether they are employed in a teaching hospital (large, impersonal and awful beer in the social club) or a small DGH (a place where everyone knows your name - Cheers!).

ACB News recently revealed that in their March 1998 exam, the Royal College asked trainees to discuss whether results should be scrutinised by a chemical pathologist or a clinical biochemist before release to the requesting physician. This is barbed question - akin to asking a turkey to vote for an early Christmas. Should the trainee reply 'there is no need for pre-release scrutiny and pass the UB40 please' or should they opt for political orthodoxy and a lifetime of unremitting drudgery checking whether the utterly illegible clinical details on the request form bear the remotest relationship to the numbers on the report. Often in sites with computer ordering, illegible clinical details can be replaced by the automatic repeating of information from the hospital admission 4 years ago for an in-growing earhole.

Of course many trainees will have only seen life in the first world of the NHS (the Ivory Towers [Teaching] Hospital Trust PLC). They will believe that every laboratory has sufficient MLSO staff to complete all of the work comfortably, plus a large supernumerary workforce of biochemists whose job it is to vet all results before releasing them to the world at large. Yet for the majority of 'abnormal' results, even in this verdant land, 'clinical validation' is often simply a euphemism for glanced at and rubber-stamped.

## Times Have Changed

As we all believe, adequate staffing in teaching units is totally at variance with the NHS third world where for the average DGH laboratory an adequacy of MLSO staff is a folk memory, and senior staffing is just adequate to cope with the needs of the computer system and the clinical & managerial commitments. Admittedly, in olden days, DGH laboratories had large numbers of 'executive' staff who could man a duty biochemist rota because they manufactured their own reagents, maintained extensive complex internal quality control to ensure their home-brewed assays gave the right results, and checked the validity of most results because the batch-analysed tests were done off-line and results were manually entered into the computer so transcription errors were frequent. Now, however, times have changed and we have rapid analysers running commercially produced reagents with prodigious calibration stability and assay precision. Major analysers are directly interfaced with the computer, and bar-coded primary sample tubes ensure that the correct results are transferred without error, directly to the correct patient's file.

Furthermore, random access analysers mean that results (including endocrinology)

are produced all through the day and night, urgent samples are run as 'stat' analyses and reports can be routinely available for most tests within an hour of arrival at the laboratory.

Hospital finance departments may be run by accountants who classically 'know the cost of everything and the value of nothing', but they are also very good at deciding that the computer system which the manufacturers said could do everything, means that biochemists will have less to do, even if they do have to mend it every 15 minutes. They will also have noticed the MLSO : biochemist pay differential and that MLSOs are all graduates. It takes only a very small leap of their imaginations to generate the question: 'If both biochemists and MLSOs are graduates and MLSOs produce results but biochemists/consultants sit in offices doing the checks that the computer could do, why don't we just have MLSOs and the one head of department required by laboratory management regulations?' We all know the effect that wallet-stuffing moments such as these have already had on laboratory budgets and staffing levels.

### Constantly Available

Consequently, in the third world of the NHS, senior staff to provide the duty biochemist function are dwindling or have already gone. With holidays, CME, clinical and management commitments, the end result is a one-in-one rota with prospective cover which comprehensively breaks the EU 48-hour working time regulations. Additionally, since analyser developments mean that it is impossible for the duty biochemist to know when the results of the serum "rhubarb" will be ready, he/she must either be constantly available, so the only effect of clinical validation becomes the addition of reporting delays that could be measured in geological time. Package tour charter-flight delays pale into insignificance.

### So What Are We to Do?

Should we go for legal regulation and define what results must be clinically validated by senior staff and how many senior staff every laboratory must have? This would inevitably result in increased staff requirements in most laboratories, with increased costs, and a precipitous department-of-finance-led rush to mergers and private finance initiatives, with an inevitable decline in our profession as laboratories become outsourced to mega-number factories. Alternatively, should we move with the times and accept that since MLSOs are fully competent to release results to clinicians on-call, they can do so during the day? For this scenario, we have to accept that MLSOs are sufficiently well trained to decide when to pass results to clinical staff if more specific action is required. This would allow senior staff to abandon the drudgery of report checking and move to a more pro-active existence where significantly abnormal results are discussed with clinicians at large, thus justifying the need for extra training and MRCPATH. This value-added approach to pathology reporting will ensure that clinicians notice when we are on holiday and will fight to maintain their local laboratory when the finance department threatens.

The writing is on the wall - either we adapt and make ourselves indispensable or we wither and die. The choice is yours - Rise Up! Rise Up! - you have nothing to lose but your chains . . . ■

# American Society of Nephrology

Reported by Dr David Newman, Carshalton

**T**he American Society of Nephrology Meeting (ASN) is the world's premier nephrology meeting attracting nearly 10,000 attendees. Unlike the equivalent sized American Clinical Chemistry meeting, over 50% of attendees are non-US registrants, so this is truly an international meeting. The days are long and packed with many sessions, sometimes with up to 24 simultaneous symposia, covering both clinical matters and basic science. There is a strong emphasis on the presentation of both posters and free communications, with over two hours each day being given to the poster sessions during which the presenters need to be present for the whole time.

One interesting aspect of the poster presentations at the ASN is that they are presented by members of all seniorities from junior PhD and MD students to professors of biochemistry and nephrology. Each day there are also two-hour free communication sessions which include both mini reviews and also selected poster presentations which are presented orally during these sessions. This enables significant discussions of particularly high quality work. Over the three days of the meeting, over two and a half thousand posters were available for viewing.

The meeting was opened by a plenary state of the art lecture given by Dr Juda Folkman from Boston on new directions in angio-genesis research. He gave a fascinating insight into the role of endothelial cell development and blood vessel formation in the regulation of both normal and malignant tissue growth and how control of this process would enable significant advances to be made in improving wound recovery and regeneration of damaged organs.

## Aggressive Anti-Hypertensive Therapy

One highlight for me was the series of two-hour sessions on the second day of the meeting, chaired by Professor Barry Brenner from Boston on the treatment with anti-hypertensive therapies of proteinuric progressive nephropathies, the commonest being diabetic nephropathy. He and an internationally renowned panel of speakers gave a series of presentations that resulted in an evening presentation with open discussion over the risks and benefits of aggressive anti-hypertensive therapy. Professor Brenner and his colleagues essentially were suggesting a new stratagem whereby ACE inhibitors, as a first call, would be used aggressively in a dose titration that was designed to reduce proteinuria rather than just hypertension. If this was not successful, further additive inclusions would be that of angiotensin II antagonists, diuretics and, somewhat controversially, the non-steroidal anti-inflammatory drugs. In the final discussion sessions, it was clear that there was a pronounced segregation in the audience between those from the US and those from

*Report  
on the American  
Society of  
Nephrology Meeting  
in Philadelphia held  
from 25th -28th  
October by  
Dr David Newman,  
Scientific Director  
of the SW Thames  
Institute for Renal  
Research*

the rest of the world, but in particular, Europe. There was a great concern that such aggressive therapies, particularly in type II diabetes, that there would be a significant risk of pronounced hyperkalaemia and other side effects which would require intensive monitoring of these patients. The US audience indicated that the healthcare system in the States would preclude such intensive monitoring and therefore the risks of such strategies were high. Whilst European contributors agreed about the risks and the need to monitor, there was less concern about the problems entailed.

There was also much discussion about early intervention strategies in the early stages of diabetic nephropathy, the so-called microalbuminuria stage. Here again, the American audience had great difficulty as a significant proportion of the at-risk population in the US would not be covered by the healthcare system. Therefore early intervention strategies were potentially unusable because the patients would only present when they had severe end organ damage. An interesting insight into the much discussed problems of the American healthcare system.

Sticking to microalbuminuria and diabetic nephropathy, there were a couple of interesting presentations in poster form on the need to measure albumin fragments in urine as there was evidence for increased lysosomal damage resulting in the release of partially degraded albumin fragments. These fragments increased disproportionately to the intact protein and therefore any assays for the measurement of albumin in urine needed to recognise fragments as well, or their clinical utility would be compromised.

## **Pima Indians**

Of potential interest to us as well, as clinical biochemists, are potential new markers of damage that might be identified from such meetings. Cystatin C, a marker of significant interest to myself, was well represented with seven abstracts. There was also significant interest in plasminogen activator 1 inhibitor, particularly in relation to tubular interstitial fibrosis. There was a lot of interest in the urinary release of different collagen fragments and various matrix metallo-proteinases and their inhibitors. There was an important presentation by Professor Brian Myers from Stamford giving an up-to-date of glomerular injury in non-insulin dependent diabetes mellitus, particularly from the NIH study of Pima Indians. He observed that there appeared to be two phenotypes, and this was the first time that I had heard this described. One group of Indians seemed to pass gradually through a microalbuminuric to macroalbuminuric to end stage process but in another group, matched for duration of diabetes they appeared to progress more rapidly, passing almost straight into a macroalbuminuric phase and rapidly deteriorating. The underlying basis for these two different phenotypes was discussed but no particular cause identified.

## **Interstitial Fibrosis**

Other tidbits included a presentation which described the use of anti-transforming growth factor beta antibodies as a potential therapy for the fibrotic changes that occur in diabetic nephropathy. In, admittedly an animal model, they found that anti-TGF beta therapy inhibited the fall in glomerular filtration rate but did not prevent the rise in urine protein excretion, an interesting separation of the two previously considered roles for TGF beta.

There is currently a lot of interest in nephrology in the development of interstitial fibrosis and the scarring that appears to be a common result of a variety of primary renal injuries. One innovative development in this process, described by Professor

Neilson from Nashville, was that of epithelial mesenchymal transformation. He suggested that tubular epithelial cells, under the influence of increased protein filtered through a damaged glomerulus, may undergo a transformation becoming fibroblasts. He implied that the aggressive fibrotic changes were mediated by fibroblasts that were derived from the tubular epithelial cells themselves. In a very elegant demonstration he showed how the initial problem had been to identify fibroblast specific markers but that they now had one, perhaps unoriginally called fibroblast specific protein 1.

Using antibodies to this protein they could watch the transformation of epithelial cells to fibroblasts in various animal models of injury. This is an interesting concept potentially adding another response to injury to follow from necrosis and apoptosis to include cellular transformation.

The real community is also catching up on the clinical biochemistry laboratory scientific community in developing sophisticated audit and quality assessment programmes. There was a major presentation of the US renal data survey which collects treatment and demographic information on all renal patients in the United States and potentially provides an enormous resource for research. Their annual report was available to all attendees at their session on a CD ROM, enabling easy access to the data away from the meeting. I mention this to comment on the development of a UK Renal Registry which also includes biochemical data, representatives of which were also at the ASN meeting.

Overall this was a stunningly stimulating meeting, providing a new impetus for my work for the coming year, both exhausting and refreshing at one and the same time. I am very grateful to the ACB for the contribution to my expenses to attend this meeting. ■



# Letters

## Readers speak out

### Work Pressure and Scientific Meetings

With reference to the December editorial on scientific meetings, we carried out a member survey in the Southern Region last autumn. I received a total of 81 replies, which, considering the size of the region, is a poor response. We included a range of questions which were designed to cover 'softer' areas, such as involvement with the ACB as well as specific areas, such as topics to be covered at our scientific meetings.

The ACB and the Southern Region were both generally thought to be relevant. Those who thought it less relevant were those in specialised fields, either within biochemistry or in cytogenetics. One member wanted meetings for retired members.

People did not generally 'feel involved' with the Southern Region, and a few wished to become more involved. Pressure of work, followed by distance were the main reasons for non-attendance. In fact, pressure of work was the most strongly expressed feeling in this questionnaire. This should be an area of extreme concern at a time when there are more demands than ever for professionals in the health service to be seen to be competent and up to date. Cost was not an issue for our meetings except for long journeys. There was an equal demand for later meetings so that cheapday returns could be used and meetings that finished earlier leave before the M25 becomes blocked!

It was encouraging that people did want to learn and meet colleagues at meetings although colleagues were not as popular as learning!

The most popular subjects for meetings were new topics and refresher meetings in biochemistry. There was no strong demand for meetings in areas such as audit, management, other areas of pathology or medicine, or for two day meetings. However, some individuals expressed strong preferences for different types of meeting, though there was no consensus.

Members expressed a desire to be informed as early as possible about the date and content of meetings, but are still reluctant to book until close to the date of the meeting, when they can be hopeful

that there are no major 'crises' within their laboratory.

One further problem when arranging meetings is the 'competition' between meetings. Regional meetings start planning a year ahead, only to find out much later that another organisation has a meeting on a similar topic. A central meeting database would be useful.

The overall feeling from the questionnaire was that we are still working along the correct lines and that it is work pressures and staffing, rather than meeting content that is the key issue. We will, however, be trying different formats, including workshops and more clinical cases in an attempt to maintain interest.

#### Mike Waterson

ACB Southern Region Assistant Secretary (Meetings)

King George Hospital

Barley Lane

Goodmayes

Essex IG3 8YB

### The Manner of Discussions

I have just received both the ACB News and the College bulletin regarding the proposals for the formation of a College of Pathology with the aim of having a single voice to represent pathology to the outside world.

In the debate that was launched last year on expansion of the membership base, I commented that one of the stated objections against expansion was the perception that clinical scientists would become indistinguishable from other types of laboratory staff, an objection that would seem to have been neutralised by this proposal.

That being said however, I do agree with the Editor's comments' on the manner in which these discussions have been conducted.

#### David Williams

Department of Biochemistry

Sunderland Royal Hospital

Kayll Road

Sunderland SR4 7TP

## More Northerly Vineyard Spotted

When I travel around the country I often come upon tourist attractions which claim to be the smallest house in the country, oldest pub, most complete Roman mosaic, etc, etc.

On reading Kim Tebbutt's report in the December ACB News (issue 428, pp11-12) mention was made of a visit to the "most northerly vineyard in the country . . . on the outskirts of Dudley!" Well, I have visited a vineyard, considerably further north, on the outskirts of Leeds! Any advance on that . . . ?

**Mike Hooper**

**Editor of The Embryologist**

Salford Royal IVF & Fertility Centre  
Hope Hospital, Salford

## All Managed-Up?

On behalf of the ACB Education Committee I would like to ask for comment from readers on the subject of ACB management courses.

The ACB has run management courses for a number of years. Initially in Glasgow and later in York. These cover the usual topics and were designed for Senior Registrars Grade B and above. One feature of the course was that delegates were asked to make comments about the course they attended and suggestions for the future. A regular request was for inclusion of financial training.

We organised a course to be held in York last May and there were to be two subsequent courses all subsidised by the ACB. The course was advertised through ACB News and by direct mail. We had three definite bookings and two more enquiries only. As we needed eight delegates to make it viable the course had to be cancelled.

Is it still necessary for the Education Committee to organise management courses? There are management courses run for health professionals by Kings Fund. There are courses run by the ACP for laboratory professionals. There is also regional and trust-led management training available locally.

Do readers get enough management training locally? We all lead busy professional lives – is there no time? Or is it no money? Are we all 'managed-up'?

We need your views. I have no wish to spend time

setting up a course no one needs to attend. Please write to me, Philip Hyde or Danielle Freedman on the Education Committee. We are waiting to hear from you.

**Hazel Wilkinson**

**Secretary, ACB CLISC**

Department of Biochemistry  
York District Hospital  
Wiggington Road, York  
Fax: 01904-453894

## hCG Assays in Oncology

A 36-year-old man presented with urinary symptoms and was found, by imaging, to have a poorly differentiated adenocarcinoma in his left kidney. Because of his age, a serum hCG and AFP were requested and hCG was reported as greater than 1000 IU/L by his local hospital laboratory. AFP was undetectable.

He was referred immediately to a regional hospital for chemotherapy, where the serum hCG was found to be less than 1 IU/L, the AFP was confirmed to be undetectable. He underwent chemotherapy but died two and a half weeks later from his tumour.

His serum and urine samples were measured for hCG by a variety of different methods:

	<u>hCG Method</u>	<u>Specificity</u>	<u>Result</u>
Serum	J&J 'Amerlite'	total hCG	>980 IU/L
	In-house RIA	total hCG	372 IU/L
	DPC Immulite	total hCG	837 IU/L
	Wallac Delfia	intact hCG	<1.0 IU/L
	Wallac Delfia (free beta)	free beta hCG	52.9 ng/mL
	Hybritech Tandem Icon	intact hCG	negative
Urine	In-house RIA	total hCG	1398 IU/L

The Wallac free-beta value indicates that the patient's tumour was secreting principally the isolated beta subunit. This highlights the need in oncology for an assay which measures total hCG.

**Peter Raggatt**

Dept of Clinical Biochemistry  
Addenbrookes Hospital  
Hills Road, Cambridge CB2 2QR and

**Hugh Mitchell**

Dept of Medical Oncology  
Charing Cross Hospital  
Fulham Palace Road, London W6 8RF

# Council Nomination Form

## Association of Clinical Biochemists

### Election of Honorary Officers

We, the undersigned, being Ordinary Members\* of the Association nominate

Name .....

Address .....

.....  
.....

for election as †Honorary Secretary / Assistant Secretary / Meetings Secretary / Treasurer / National Member with effect from the date of the Annual General Meeting to be held in 1999.

Name 1. .... : .....  
Capitals Signature

Name 2. .... : .....  
Capitals Signature

Name 3. .... : .....  
Capitals Signature

I am willing to undertake the duties and responsibilities of this office if elected.

: .....  
Signature

Date: .....

\* Please indicate if not an Ordinary Member. Every Member other than a Corporate, Retired, Temporary Retired, Temporary or Associate Member shall have one vote and is therefore entitled to support a nomination. However, Ordinary Members only are eligible to hold office.

† Please make the appropriate deletions.

This form, duly countersigned, to be returned to;  
Mrs H. Crossweller, ACB Administrative Office, 2 Carlton House Terrace, London SW1Y 5AF  
to reach her before 12th March 1999



# The Association of Clinical Biochemists

National Meeting

Manchester UK • 17 - 21 May 1999



The Association of Clinical Biochemists invites you to G-MEX, the Greater Manchester Exhibition and Events Centre. One of the largest venues of its kind in the UK, G-MEX will host the scientific programme and exhibition of the 1999 National Meeting.

Details of the complete scientific and social programme will be published in Autumn 1998. Please contact the Focus 99 Office, PO Box 409, Cambridge, CB1 4QD, United Kingdom, for further information.

# Make a date!



The Association of  
Clinical Biochemists

## Clinical Immunology

Postgraduate Medical Centre  
Sunderland Royal Hospital  
Wednesday 17th March 1999

- 10.00-10.30 Registration and coffee  
10.30-11.15 Immunoglobulins  
Dr G P Spickett  
11.15-12.00 Complement  
Dr A Todd  
12.00-13.00 AGM of the ACB Northern Region  
13.00-14.00 Lunch  
14.00-14.40 Immunology from a Biochemist's  
Perspective  
Mr C E Andrew  
14.40-15.20 Allergy  
Dr G Wild  
15.20-16.00 Autoimmune serology and QA in  
Immunology  
Dr A Milford-Ward  
16.00 Conclusion and Tea

The meeting is free to ACB members. If not an ACB member please enclose a cheque for £10 made payable to ACB Northern Region.

Please register with: Mr W Bradbury, Dept of Biochemistry, Cumberland Infirmary, Carlisle CA2 7HY.

- 15.50-16.10 Tea  
16.10-16.40 Osteoporosis in Galactosaemia  
Patricia Rutherford  
Osteoporosis in GSD  
Phil Lee  
16.40-17.20 Bisphosphonates  
Jeremy Allgrove  
17.20-18.00 Osteogenesis Imperfecta  
Nick Bishop

25th June: Metabolic Myopathies

- 09.00-09.30 Overview  
Andrew Morris  
09.30-10.20 Glycogenoses II and III  
Phil Lee  
Glycogenoses V and VII  
Ros Quinlivan  
10.30-11.00 Coffee  
11.00-11.40  $\beta$ -oxidation Defects  
Andrew Morris and Mori Pourfarzam  
11.40-12.40 Case Reports  
12.40-13.40 Lunch  
13.40-14.10 Mitochondrial Myopathies  
Doug Turnbull  
14.10-14.40 Ditto: Treatment and Genetic Counselling  
Patrick Chinnery  
14.40-15.20 Tea/BIMDG AGM  
15.20-16.00 Other Inherited Muscle Diseases: An Update  
Kate Bushby

Cost will be £20 per day; £75 for 2 days including accommodation and dinner. Limited accommodation is also available for the night of 23rd June.

Reservations and enquiries to: Mrs Ann Proudlock, Department of Child Health, Royal Victoria Infirmary, Newcastle upon Tyne. Tel: 0191-202-3033. Fax: 0191-202-3022.

## British Inherited Metabolic Disease Group

Dept of Child Health  
Royal Victoria Infirmary  
Newcastle upon Tyne  
24th-25th June 1999  
Annual General Meeting

- 24th June: Metabolic Bone Disease  
12.00-13.00 Lunch  
13.30-14.10 Calcium Receptor Defects  
Simon Pearce  
14.10-14.50 X-linked Hypophosphataemic Rickets  
Nick Shaw  
14.50-15.50 Case Reports to include:  
Hypophosphatasia  
Tim Cheetham  
Juvenile Osteoporosis  
Anthea Patterson

## Drug Level Measurement, Embracing Mental Alleviators

13th International Bioanalytical Forum of the Chromatographic Society

If you are interested in further details of this meeting please contact: Dr E Reid, 72 The Chase, Guildford, Surrey GU2 5UL. Fax: 01483-565324. Email: D.Stevenson@surrey.ac.uk

## ACB Training Course No. 4

**Brighton**

**Sunday 11th April to Friday 16th April 1999**

The next ACB training course will be held at the University of Sussex in Brighton. This course is aimed primarily at those intending to take the MRCPPath but the course is also registered for CME and will welcome everyone who wishes to update and refresh their current knowledge. Teaching will include lectures, workshops and clinical cases.

Topics include:

- Renal calculi – analysis, lithotripsy, clinical cases
- Purine biochemistry
- Porphyrias – analytical, clinical
- Haematology for bichemists – anaemias, white cell disorders, transfusion, coagulation
- Iron studies
- Immunoassay techniques
- Genetics – molecular, mitochondrial
- Medical informatics
- Management – laboratory organisation, performance indicators, individual performance review, presenting a business case
- Statistics and method evaluation

A full social programme has been arranged including a night at the Dogs and the course dinner. The university sports facilities will be available.

The cost of the course is £400. Places will be limited to 48 participants, so hurry and apply before 12th March 1999.

For further information please contact: Dr Bernard Rocks or Elizabeth Hall on Tel: 01273-696955 at the Royal Sussex County Hospital.

Application forms are available from the ACB Office, 2 Carlton House Terrace, London SW1Y 5AF. Tel: 0171-930-3333. Fax: 0171-930-3553.

## 50th Anniversary of the Foundation of the Midlands ACB

On Thursday 2nd December 1999, the West Midlands Region will hold a special meeting to celebrate the 50th anniversary of the formation of the first Clinical Biochemistry society in England and Wales. There will be a scientific programme in the afternoon with inter-

nationally renowned speakers, a prize poster competition and a gala dinner in the evening. Further details will be announced later, but in the meantime please note the date in your new diary.

## Aspects of Intensive Care

**West Hall**

**Royal Society of Medicine**

**Thursday 22nd April 1999**

**Joint Meeting of the Sections of Pathology and Anaesthesia of the Royal Society of Medicine with the Southern Branches of the ACP**

Chairman: Dr Adrian Pearce, Guy's, King's & St Thomas' Medical Institute, London

15.30 Registration, Tea and Trade Exhibition

16.00 An Overview of the Laboratory Requirements for Intensive Care: Present and Future  
Dr David Teacher, Guy's, King's & St Thomas' Medical Institute, London

16.35 Clotting Diatheses and Haemostatic Problems  
Dr David Keeling, Oxford Radcliffe Hospital

17.10 The Adult Respiratory Distress Syndrome: Causes and Effects  
Dr Bruce Addis, Southampton General Hospital

17.45 Immunonutrition  
Dr Richard Beale, Guy's, King's & St Thomas' Medical Institute, London

18.20 Continupus Intra-arterial Blood Gas Monitoring  
Dr Thomas Clutton-Brock, Queen Elizabeth Hospital, Birmingham

19.00 Reception and Trade Exhibition

19.30 Buffet in the Conservatory

Registration fees: £10.00 to include a buffet supper.

If you would like to attend please send your remittance to Tim Hoof, Academic Administrator at the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

## Clinical Aspects of Protein Assays 1999

**University of York**

**Monday 4th to Friday 8th October 1999**

Workshops are to be organised in conjunction with the main meeting but with restricted numbers.

This three-day meeting on all aspects of protein and

immunology assays will include a two-day practical workshop on five different topics, a special session on EQA, 'meet the expert' round tables, the delegates poster session for the Hobbs prize, and a commercial exhibition. All accommodation, meals, lectures, workshop and the commercial exhibition are on one site.

Workshops on Monday 4th and Tuesday 5th October have a choice of topics from  $\alpha$ 1-antitrypsin deficiency, immunodeficiency, renal disease, coeliac disease and electrophoretic techniques.

For further details and an application form please contact Sarah Janes, SupraRegional Protein Reference Unit, Cardiff Royal Infirmary, Cardiff CF2 1SZ.

Tel: 01222-335563. Fax: 01222-487671.

- 12.15-13.30 Lunch
- 13.30-14.15 Homocysteine and Vascular Disease:  
Past, Present and Future  
Dr D Stansbie, Bristol
- 14.15-15.00 Cardiovascular Risk: Genetics v  
Environment  
Dr V Gudnason, London
- 15.00-15.30 Tea
- 15.30-16.15 Inherited Thrombophilias and Vascular  
Disease  
Dr G Standen, Bristol
- 16.15-17.00 Is Fibrinogen a cardiovascular Risk  
Factor?  
Dr L Breimer, Welwyn Garden City

For further details contact: Dr Andrew Day, Department of Chemical Pathology, Weston General Hospital, Grange Road, Uphill, Weston Super Mare, BS23.

## Near Patient Testing: A Year's Progress

**Weetwood Hall Hotel and Conference Centre  
Leeds**

**Thursday 18th March 1999**

Following on from the last meeting in 1997, the speakers at this conference will explore what lessons have been learned and what progress has been made.

Main sessions will be:

- EQA
- Regulation of NPT
- New Technology

Registration details are available from: Mrs Win Barney, Old Medical School, Thoresby Place, Leeds LS2 9JT.

Tel: 0113-233-5677. Fax: 0113-233-5672.

Email: WINB@pathology.leeds.ac.uk

Details are also available on the ACB website.

## Vascular Disease

**Postgraduate Medical Centre  
Southmead Hospital, Bristol**

**Thursday 18th March 1999**

**South West & Wessex ACB Regional Scientific Meeting**

- 10.15-10.45 Registration and Coffee
- 10.45-11.30 Pathophysiology of Atheroma  
Professor A Newby, Bristol
- 11.30-12.15 The EARS II Study: How do we Measure  
Insulin Resistance?  
Dr M Murphy, Plymouth

## Oxidation and Reduction

**Glenfield Hospital**

**Leicester**

**9th March 1999**

**ACB Yorkshire-Trent Region Annual General Meeting**

- Are antioxidants good for you?
- Antioxidants and heart disease
- Measurement of antioxidant status
- Antioxidants and cancer
- Antioxidants, dietary fats and disease

Want to come? Then contact Dr Nigel Lawson, Dept of Clinical Chemistry, City Hospital, Nottingham NG5 1PB. Tel: 0115-969-1169 ext 45079. Fax: 0115-962-7606. Email: 101550.1560@compuserve.com

## Paediatric Biochemistry

**Clinical Sciences Building**

**St James's University Hospital**

**Leeds**

**9th June 1999**

- 10.15 Coffee and Registration
- 10.45 Diabetes Insipidus  
Dr Mike Penney, Department of Chemical Pathology, Royal  
Gwent Hospital, Newport, Gwent
- 11.25 Hyponatraemia in the Newborn  
Professor George Haycock, Guy's Hospital, London

## Forthcoming Meetings

12.05 Salt and Hypertension: From Birth to Adulthood  
Dr F Cappuccio, Department of Medicine, St George's  
Hospital Medical School, London

12.45 Lunch

14.00 Clinical Experience with Homocystinuria  
Dr Maureen Cleary, Willink Unit, Manchester

14.40 The Current Approach to Thyroid Disorders  
Dr Gary Butler, Consultant in Paediatric and Adolescent  
Endocrinology, Leeds General Infirmary

15.20 Population Screening for Neonatal Liver Disease:  
an Effective Approach?  
Mrs Sue Keffler, Department of Clinical Chemistry,  
Children's Hospital, Birmingham

16.00 Tea and Departure

For further details please telephone: Dr Henderson on  
0113-206-6861 (direct line) or Mrs Suckall on 0113-  
206-4204. Fax: 0113-206-5971.

## Development in Diabetes

**Wrexham Medical Institute**

**Technology Park, Wrexham**

**Friday 26th March 1999**

**Wales ACB Regional Meeting**

09.30-10.00 Registration and Coffee

### **Morning Session**

10.00-10.15 Chairman's Introduction

10.15-11.00 Diabetes in Pregnancy and the Perinatal  
Period

Dr Stephen Walkinshaw, Liverpool

11.00-11.30 Coffee

11.30-12.15 Diabetic Nephropathy

Dr Keith Griffiths, Bangor

12.15-13.00 The Roles of Tissue Kallikriens

Dr John Harvey, Cardiff and Wrexham

13.00-14.00 Lunch

### **Afternoon Session**

14.00-14.45 Diabetes in Children

Speaker to be confirmed

14.45-16.00

All Wales Clinical Biochemistry Audit Group

Audit: Investigation of Gestational Diabetes

Ms A Constantine, Glan Clwyd

Re-Audit: Monitoring of Glycaemic Control

Dr A Fielding, Swansea

Draft Standards for PSA Testing

Mr H R Hughes, Newport

16.00 Tea and Close

16.30 Wales Region ACB AGM

Registration fee is £10 for scientific sessions including  
lunch. No charge for Audit Session.

Further details from: Mr Gareth Davies, Department  
of Medical Biochemistry, Wrexham Maelor Hospital,  
Wrexham LL13 7TD. Tel: 01978-291100 ext 5345.

# Cholinesterase Investigations

The cholinesterase unit at Southmead Hospital in Bristol is now able to offer a genotyping service in addition to activity and biochemical phenotyping. ACB News will carry a letter on this next month.

In the meantime to discuss this further please contact:

**Roberta Goodall, Head of Cholinesterase Unit, The Lewis Laboratories,  
Southmead Hospital, Bristol BS10 5NB.**

**Tel: 0117-950-5050. ext 3012 Fax: 0117-959-1792**

**Email: goodall\_r@hotmail.com**

THE ROYAL FREE HAMPSTEAD NHS TRUST

**DEPARTMENT OF CHEMICAL PATHOLOGY & HUMAN METABOLISM**

**CLINICAL BIOCHEMIST**  
**GRADE B**

**(SCALE POINTS 22 TO 24)**  
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Applications are invited for this vacancy whose duties will include particular responsibilities for a part of the routine analytical service and the possibility of becoming full deputy to the top Grade (Consultant) Biochemist. You should have considerable experience in all aspects of clinical biochemistry and possess an appropriate higher degree and relevant postgraduate qualification.

A particular interest in, and experience of, one or more of the following areas would be advantageous; Endocrinology, Oncology including the use of Tumour Markers, Toxicology & TDM or Near Patient Testing.


For further information contact Dr Michael Thomas, Top Grade (Consultant) Biochemist on either 0171 830 2991 (Direct Line) or 0171 794 0500 Ext. 3464.

**For an application pack and full job description please contact the Human Resources Department, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG. Tel: 0171 830 2064.**

**Please quote Ref: OP/PL/525.**

**Closing date: 12th March 1999.**

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The length of tenure of the post will be for 12 months in the first instance starting April 1999.


For further information or to arrange an informal visit, please contact Dr Eric Kilpatrick, Consultant Chemical Pathologist, on 01482 674312/674814, or Mr Stuart Robertson, Principal Biochemist, on 01482 674323/674814.

**For an application form and job description please contact our 24 hour Job Watch line on 01482 674126 quoting the job reference number followed by your name and address.**

**Closing date: Friday, 5 March, with interviews scheduled for Friday, 12 March 1999.**

ROYAL HULL HOSPITALS

*Royal Hull Hospitals is committed to Equal Opportunities.  
Job Share is in operation.  
A No Smoking policy is in place.*



**To advertise your vacancy contact:**

**Dr Simon Olpin, Neonatal Screening Laboratory, Pathology Block,  
Sheffield Children's Hospital, Western Bank, Sheffield S10 2TH  
Tel: 0114-271-7267**

**Deadline: 26th of the month prior to the month of publication**

The editor reserves the right to amend or reject advertisements deemed unacceptable to the Association. Advertising rates are available on request