Pancreatic Elastase ELISA

The NEW Kit that Better Suits Your Needs for Diagnosing Pancreatic Insufficiency

In response to user needs recent changes made to the Pancreatic Elastase ELISA from BIOSERV Diagnostics, will improve laboratory workflow and create a better solution for laboratories wishing to run faecal elastase testing.

- 100% more wash buffer to better suit testing on automated systems
- The extraction buffer has been removed as users prefer to use the pre-filled stool preparation device
- Standardised test implementation at 37°C
- Increased kit stability (up to 12 months) meaning fewer lot changes for your laboratory

Giving you more of what you need and less of what you don’t!

www.alphalabs.co.uk/elastase

alpha laboratories
supplying quality to science

Tel: +44 (0)23 8048 3000
Email: sales@alphalabs.co.uk
Web: www.alphalabs.co.uk
Nominations for Position of Director of Scientific Affairs

In accordance with the provision of Articles 11 and 14 as outlined in the Association Bye-Laws subsections 6.2 and 6.3, nominations are called for the position of Director of Scientific Affairs.

Nominations for this position, duly countersigned, should be made on the nomination form on page 38 in this issue of ACB News and sent to:

Focus on Glasgow in May

Full details of Focus 2019 can be found in the Invitation to Participate included with the printed issue of this ACB News. To take advantage of the reduced early registration rates and the discounted rates for poster presenters, online registration must be completed by 5th April 2019.

If you are reading this online then do remember that the poster abstracts need to be returned by 11th January 2019.

Condolences

It is with regret that we must inform you that Professor Vivian H T James, ACB Retired Member, died on 6th October 2018 at the age of 94. Professor James joined the Association in 1964 and lived in Hertfordshire. An obituary can be found on page 33.

SAVE THE DATE

ACB South West & Wessex Regional Scientific Meeting

Genetics

Friday 29th March 2019

The Corner House Hotel, Taunton

Further information and programme to follow.

Sudoku

This month’s puzzle

Solution for October

```
Y R I C M T E S H
E T S H I R M C Y
H M C E S Y T R I
C I R M H E Y T S
T H E Y C S I M R
M S Y T R I H E C
S Y M R E H C I T
I C H S T M R Y E
R E T I Y C S H M
```
Complete QC Solutions for Results you can Trust

As a world leading provider of complete QC solutions, Randox takes pride in supporting laboratories globally to achieve their quality goals.

Our diverse range of multi-analyte, third party controls offer industry leading opportunities for consolidation, ultimately delivering cost savings, reduced preparation time and increased efficiency all without compromising on quality. Manufactured using the highest quality raw materials, lot to lot consistency and unrivalled commutability is guaranteed, ensuring performance mirrors that of the patient sample and costly shifts in QC results are reduced.

Complementing our Internal Quality Control range is Acusera 24•7, a powerful data management tool designed to help even the most demanding laboratories manage their daily QC activities. Delivering unique access to real-time peer group statistics, a variety of fully interactive charts and automatic calculation of performance metrics such as Measurement Uncertainty, Acusera 24•7 will speed up data review and troubleshooting.
A Message from Mike Bosomworth, ACB Director of Finance

I appreciate very much the work that many of you do for the ACB and I do not want to do anything to discourage anyone from continuing that good work, or volunteering to help the ACB in the future. However, within my role as Director of Finance, I need to remind you that the ACB does have an expenses policy (recently updated and available on the website) to which everyone should adhere.

I appreciate that there have to be exceptions to any policy from time to time and I am prepared to consider these, but please seek authorisation first. I am also aware that there are sometimes deals available that mean a particular class of travel is actually cheaper than a lower class ticket. Again, I am prepared to consider such claims.

I am acutely aware that I may be criticised for exercising a degree of flexibility but I hope you can see that, whilst maintaining financial probity and transparency, I am trying to be flexible as I truly appreciate that anyone claiming expenses is doing so because they have done (unpaid) work for the organisation. I will review this approach from time to time and if there prove to be too many exceptions then I will have to adopt a more rigid approach.

Finally, despite efforts to recruit staff, the ACB Office remains short-staffed and has been through a particularly difficult period during the summer and autumn. I hope that this will improve in the New Year but the remaining staff are already in the throes of making arrangements for both FiLM and Focus 2019. Please bear this in mind when requesting help from the ACB Office and in particular try to avoid making such requests with a short deadline.

Once again, thank you to everyone who contributes to the Association.

Proposed Increase in HCPC Registration Fees

The Health and Care Professions Council (HCPC) has published a consultation paper that proposes to increase its registration fees by 18% for next year. The proposed increase will raise the annual registration fee from £90 to £106. This will be challenged by the ACB, as we do not feel this increase is proportionate in the current climate.

The HCPC have stated that the increase is due to investment in innovation and technology, prevention of Fitness to Practice cases, loss of income from Social Worker registrations and increasing professional engagement with members and the public. The consultation ends on the 14th December 2018 and the ACB will be responding fully to the paper, but would also encourage you to feed back individually on the HCPC website.

The full consultation paper can be found at: http://www.hpc-uk.org/assets/documents/100058C0ConsultationonHCPCregistrationfees.pdf
New name ... same service!

CityAssays is now part of Black Country Pathology Services. We will continue to offer our specialist assays and services including:

- Detailed scientific input and specialist interpretation
- Electronic result reporting using NPEX and secure email PDF
- Excellent turnaround times
- Relevant services for today’s clinical issues.

0121 507 5348
info@bcpathology.org.uk
www.bcpathology.org.uk
Clinical Biochemistry, City Hospital, Dudley Road, Birmingham B18 7QH
@BCPathology
NHS Pathology Serving the Black Country
The Diggle Microbiology Challenge

These multiple-choice questions, set by Dr Mathew Diggle, are designed with Trainees in mind and will help with preparation for the Microbiology Part 1 FRCPath exam.

Question 10 from October’s ACB News
What would you expect to see in a patient with Streptococcal impetigo?

A) Elevated ASO  
B) Elevated ASS  
C) Elevated anti DNase B  
D) Elevated anti NAD  
E) Elevated anti hyaluronidase  

Answer:
C: Anti DNase B antibodies are produced in 85-90% streptococcal skin infections, also found in pharyngeal infections. ASS, streptolysin S, non-immunogenic, therefore non-diagnostic. The other markers point towards invasive infection: Anti-Streptolysin O (ASO) titres are diagnostic for invasive streptococcal disease as streptolysin O is toxic to tissues, including the heart and kidneys. Hyaluronidase splits connective tissue, NADase splits nucleotides  

Question 11
The action of probenecid is to?

A) Increase the spectrum of penicillin  
B) Increase the renal transport of penicillin  
C) Increase the blood level of penicillin  
D) Increase the protein binding of penicillin  
E) Decrease the action of penicillinase  

The answer to Question 11 will appear in the next issue of ACB News – enjoy!

Merry Christmas and a Happy New Year from the ACB News Team

As Lead Editor, I would like to thank everyone who has helped on ACB News, from those directly working on each issue, the Associate Editors, our publisher – Sue Ojakowa of PRC Associates, and to everyone in all areas of production. The Associate Editors, Gina Frederick, Christopher Pitt, Nicola Merrett, Sophie Barnes and Derren Ready, together with Nic Law and the ACB Office staff, have all helped to ensure that we produce ACB News on time every 2 months. I would also like to thank Nikki Williams for the design and layout of each edition, whilst keeping me on track with the various deadlines (as well as putting up with me!). Finally, we must also thank the staff at Swan Print Ltd, who have produced a high quality product whilst keeping to ever-increasingly tight deadlines.

Merry Christmas!  
Here’s to a Happy New Year!  
Ian Hanning
Biologic Drug Therapy

Biologic therapies used in the treatment of patients, with cancers and inflammatory conditions, have rapidly expanded in recent years, revolutionising patient management. The cost to the NHS is currently over 1 billion pounds per year and although extremely effective in the majority of patients, some will lose response due to development of Anti-Drug Antibodies. Therapeutic drug monitoring to identify these individuals is essential to avoid both adverse side effects and the significant expense of prescribing high cost, ineffective treatment.

<table>
<thead>
<tr>
<th>BIOLOGIC MONITORING ASSAYS</th>
<th>TAT</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infliximab drug</td>
<td>5 days</td>
<td>£29.50</td>
</tr>
<tr>
<td>Infliximab total anti-drug-antibody</td>
<td>5 days</td>
<td>£29.50</td>
</tr>
<tr>
<td>Adalimumab drug</td>
<td>7 days</td>
<td>£29.50</td>
</tr>
<tr>
<td>Adalimumab total anti-drug-antibody</td>
<td>7 days</td>
<td>£29.50</td>
</tr>
<tr>
<td>Golimumab drug</td>
<td>4 weeks</td>
<td>£29.50</td>
</tr>
<tr>
<td>Golimumab free anti-drug-antibody</td>
<td>4 weeks</td>
<td>£29.50</td>
</tr>
<tr>
<td>Vedolizumab drug</td>
<td>4 weeks</td>
<td>Please contact laboratory for price</td>
</tr>
<tr>
<td>Remsima companion diagnostic</td>
<td>5 days</td>
<td>Free of charge</td>
</tr>
<tr>
<td>Inflectra companion diagnostics</td>
<td>5 days</td>
<td>Free of charge</td>
</tr>
</tbody>
</table>

Exeter Clinical Laboratory Biologic Monitoring Services

We are a national referral service currently providing Adalimumab and Infliximab testing for more than 150 hospitals across the whole of the UK and Ireland, performing greater than 17,000 tests per year.

We provide guidance on appropriate test utility and interpretation for our users, underpinned by the research developed by ourselves and the internationally recognised Gastroenterology research group at the University of Exeter.

Utilising fully automated instrumentation we offer an extensive test repertoire.

We are expanding our biologics monitoring service to include drug and anti-drug-antibody levels for the following agents:
- Certolizumab
- Etanercept
- Ustekinumab
- Rituximab

Exeter Clinical Laboratories are a centre of excellence, internationally recognised for our research expertise and specialist services in gastroenterology and diabetes.

Please contact us to discuss your needs. For more information see [www.exeterlaboratory.com](http://www.exeterlaboratory.com) or email rde-tr.bloodsciencesadmin@nhs.net
You are setting up an assay for serum adenosine deaminase in which 20 µL of serum is first equilibrated at 37°C with 1.5 mL of buffer in a cuvette with 0.5 cm light path. The reaction is initiated by adding 25 µL of substrate then monitored by measuring the rate of decrease in absorbance at 265 nm. Both substrate and product absorb at this wavelength with the absorbance of inosine being 43% of that due to adenosine.

Derive a factor to convert the rate of absorbance change (per minute) to units of adenosine deaminase activity (expressed as µmol inosine/min/L serum). The molar absorptivity of adenosine is 13,400 L.cm⁻¹.mol⁻¹.

First convert the observed absorbance change (ΔA) to the expected absorbance decrease due to consumption of adenosine (ΔA_{Adenosine}) taking into account the increase in absorbance due to inosine formation (ΔA_{Inosine}):

\[ \Delta A = \Delta A_{Adenosine} - \Delta A_{Inosine} \]

Substitute:

\[ \Delta A_{Inosine} = \Delta A_{Adenosine} \times \frac{43}{100} \]

\[ \Delta A = \Delta A_{Adenosine} - (\Delta A_{Adenosine} \times 0.43) \]

\[ \Delta A_{Adenosine} = \frac{\Delta A}{0.57} \]

Absorbance change is related to concentration change by the expression:

\[ (\Delta A) = e \times \Delta c \times l \]

Rearranging

\[ \Delta c = \frac{\Delta A}{e \times l} \]

Where \( e \) = molar absorptivity of adenosine = 13,400 L.mol⁻¹.cm⁻¹

\( c \) = concentration in mol/L

\( l \) = light path = 0.5 cm

Rate of change in adenosine concentration =

\[ \frac{\Delta A}{\text{min}} \times \frac{1}{0.57 \times 13,400 \times 0.5} \]

To convert to µmol/min/L of reaction mixture multiply by 1,000,000 (to convert from mol/L to µmol/L). To convert to µmol/min/L serum multiply by the total reaction volume (1.5 + 0.02 + 0.025 = 1.545 mL) and divide by the volume of serum (0.02 mL) by the total reaction volume so as to allow for dilution of serum in the assay:

Adenosine deaminase activity =

\[ \frac{\Delta A}{\text{min}} \times \frac{1,000,000 \times 1.545}{0.57 \times 13,400 \times 0.5 \times 0.02} = \frac{\Delta A}{\text{min}} \times 20,228 \, \mu\text{mol/min/L serum} \]

Therefore the conversion factor is 20,200 (correct to 3 sig figs).
A Celebration of the 200th Deacon’s Challenge

Ian Hanning, Lead Editor

200th Challenge – who would have believed it!

It gives me great pleasure to write this introduction to the 200th Challenge – a remarkable achievement by a remarkable man. For most of us, the Challenge in each edition of ACB News is part of our everyday working life and is, as the title implies, a challenge – can we solve it and get the right answer? Indeed, the Challenge has been an integral part of every edition of ACB News for nearly 18 years.

It means different things to different people. To Trainees about to sit the FRCPath exams it is a must-have part of revision – they are going to be faced with such questions under exam conditions and correct answers are imperative to success. For others who passed their exams some time ago, perhaps even before the advent of the Challenge, there is possibly a more relaxed approach (unless your Trainees are knocking on your door to discuss the current one!).

Following the 200th Question, there is an interview with Allan by Sophie Barnes, who has been involved with Deacon’s Challenge since it started in February 2001. I suggest that the younger members of our profession read this – when Allan started there were no big automated analysers, no HPLC, calculations involved slide rules or mathematical tables! Very different to current life in the laboratory!

On behalf of ACB News, and indeed the ACB in general, I would like to thank Allan for this monumental task that he has now completed. This was recently acknowledged at the November Council meeting, when Allan was presented with a certificate to mark this amazing achievement. I would also like to personally thank Sophie, who has been the ACB News link with Allan, for undertaking the editorial aspects for us.

However, do not panic! The Challenge will continue – further details will be given in the next edition.

Question 200

Your laboratory performs a screening test on patients referred by their GPs with symptoms suggestive of a rare disease (prevalence 1 in 50 of patients referred). The cost is £20 per sample. Follow up of patients with a positive result includes extensive imaging studies and biopsy and your clinical colleagues estimate that the cost is approximately £2000 per patient. They have expressed concern at the high number of false positives (the sensitivity of the test is 99% but the specificity only 85%). The option of adjusting the decision level is unattractive since a significant number of patients with the disease will be missed and the cost of omitting the screening step is prohibitive. You have discovered that an alternative test has become available with a sensitivity of 99% and a specificity of 96% but its implementation involves the purchase of a dedicated analyser and increased reagent and labour costs. You have negotiated a leasing deal with the supplier and you calculate that the total cost of the new test will be £120 per sample. You have been asked to prepare a business case with an assumed annual workload of 2500 samples. Estimate the potential annual savings if the new test is introduced.
A Conversation Between Allan Deacon and Sophie Barnes

Allan, you and I first met when I was on a grade A placement at King’s College Hospital in 2000. What do you recall of work at that time and how had things changed since you started?

Things have changed enormously since I first set foot in a clinical laboratory back in 1963. At that time there were no computer systems and all data management and reporting was done by hand. The Technicon AA1 had just been introduced but we only used it for glucose and urea, everything else was done manually with racks of test-tubes lying everywhere. Immunoassay hadn’t been invented, nor HPLC. There were no commercial kits, we had to prepare all our reagents. There was no QC although we often included repeat samples from a previous run and occasionally swapped specimens with neighbouring laboratories. Mouth pipetting was the norm – there was no Health and Safety as we now know it – the occasional mouthful of urine was an occupational hazard! Out of hours repertoires were very basic with electrolytes being regarded as “special tests”. Nowadays the workload has expanded exponentially with nearly everything automated or performed with a “black box”. All these changes are undoubtedly beneficial but the analytical work isn’t nearly as much fun. Unfortunately the down-side of all this is that most clinical scientists (and probably biomedical scientists too) now have a poorer understanding of analytical methodology.

18 years and 200 Deacon’s Challenges have seen a lot of changes in the profession. What do you think are the most significant?

Without doubt improvements in training, particularly the introduction of designated Clinical Scientist Training posts. In the old days one entered the profession as a Basic Grade Biochemist and, if you weren’t careful, you could easily spend the rest of your life in that grade where your role was mainly analytical. Unless you were fortunate enough to work in a progressive laboratory and had access to an MSc course your training was essentially in your own hands and preparing for professional examinations such as the MRCPath (as it was known then) or the now obsolete MCB) mainly relied upon studying textbooks and review articles in your own time.

As well as learning much about porphyrins from you at that time, I remember your ‘calculations tutorials’ and sharing Duty Biochemist shifts. To me, your catchphrase seemed to be “all good biochemists have a calculator and a biro in their pocket”! Do you remember this? Do you still think they’re essential tools?

Yes, I do remember this – nothing is more infuriating than colleagues constantly borrowing your pen! I also always carried (in my other pocket!) a copy of Eastham’s “Biochemical Values in Clinical Medicine”. Alas my copy eventually fell into pieces through constant use! Other essential gear I used to carry everywhere included felt tip
pens, a pencil, forceps, spatulas, magnetic followers, a notebook, scissors, diamond pen, length of rubber tubing (to attach to micropipettes for taking capillary bloods), a screwdriver, small magnifying glass, pliers etc. That’s why we used to wear white coats – simply for the pockets! Trouble was if you bent over everything was lost. When I first started lab work electronic calculators hadn’t been invented. If you were lucky you had a slide rule (which wouldn’t fit into your pocket anyway) and was a pain to use, nearly always getting the decimal point in the wrong place, otherwise you had to resort to log tables or be good at long multiplication.

Where did your love of, and ability, for applied numerical calculations come from?
I don’t have a special ability for mathematics and my interest only developed later in life. Due to attending 15 different schools my education suffered and I missed out on many things, including learning multiplication tables. I only took maths up to GCE O Level (now GCSE). I have noticed that students with an interest in science but a fear of mathematics tend to gravitate towards careers in the biological sciences. My last New Year’s resolution (at the age of 70) was to finally get to grips with maths so for the last 10 months I have been teaching myself A Level maths. I am finding it quite challenging, struggling with topics such as vectors and calculus, but this could be seen as a desperate attempt to delay the age related decline in mental ability which affects us all! One day I may pluck up enough courage to turn up at my local examination centre and sit down amongst the school kids and actually take the exam.

The idea for DC was that trainees could prepare for FRCPath exams over time rather than cramming for calculations at the last minute. That idea has not only led to 200 published challenges but your excellent Venture Publications book “Calculations in Laboratory Science”. During that time you have covered calculations set by four RCPath Chairs of Examiners and helped many Trainees. I remember only too well recovering from the shock of passing the written examinations only to realise that I was totally unprepared for the practical which was just a few weeks away. The obvious thing would have been to defer the practical to a later date and prepare properly but I just wanted to get the
whole thing over with. There seemed to be no readily available source to help prepare for the calculations which prompted me to write the DCs and the calculations book. When I first started helping trainees I was rather surprised to find that their problem wasn’t so much “innumeracy” but rather a lack of understanding of basic chemistry and physiology. I have attempted to bring all this information together in the hope that it will benefit others. I wish there had been something available like this when I was preparing for exams. Calculations are an excellent way of testing candidates understanding of the subject and their ability to use data to solve problems. I think this is why the examiners have been so keen to include them in their examinations. I certainly hope they are here to stay. After all, clinical biochemistry is a quantitative science.

**Which calculations do you find most challenging?**
Probably most of them although pharmacokinetics and statistics give me the greatest headache. Over the years I have become a little disillusioned with statistics. I know we have to deal with biological variability but if we need to resort to statistical techniques to reveal an effect which isn’t immediately obvious from simply inspecting the data then does the effect really matter anyway? There is a saying “if your experiment needs statistics then you ought to have done a better experiment”. There’s a lot of truth in this. Candidates only have about 10 minutes to answer each question whereas I sometimes take over an hour to prepare my answer! Even then I am often unsure that I have arrived at the correct answer and probably put my reputation on the line every time.

**Do you have a favourite memory of DC?**
Several spring to mind. I struggled with the centrifugal analyser problem (question 25). I am often quite pleased with the clinical scenarios I dream up (e.g. questions 129 and 154). However, it has become increasingly difficult to conjure up new questions (a problem shared by the examiners) so I have decided that number 200 is a good time to stop. I hope others have found my efforts useful.

**Finally, how do you spend your time now that you are retired?**
Soon after retirement I realised that for many years I had been putting life on hold. With the increasing pressures in the NHS it is only too easy to let work take over our lives, which is unhealthy – both for ourselves and our families. I did carry on with some professional activities for a few years – a good way to gently ease into retirement. Initially I was very busy catching up on numerous DIY jobs which had been put on hold. So far I have not been bored; in fact I sometimes wonder how I ever found time to work. Perhaps I have just slowed down with tasks expanding to fill the time available. When I am not fiddling with mathematics I enjoy keeping fit, going on cruises and to rock concerts, playing with my grandson and fishing.

Allan, it has been a pleasure working with you on DC for the last 18 years. Thank you for always providing material way ahead of the deadlines. DC Question 10 was published in the month I sat the Part 1 Practical exam so I would like to say a large and heartfelt thank you on behalf of every Trainee from that time, all those since and I’m sure all those for many more years to come. Thank you.

- The answer to Question 200 will be published in February 2019, exactly 18 years after the publication of Question 1.
Dr Allan Deacon

has been awarded this certificate from

the ACB Council of
Association for Clinical Biochemistry
and Laboratory Medicine

To witness whereof the Seal of the Association and
the signatures of the proper Officers have been affixed.

President Prof Ian Young

on Thursday 1st November 2018

Dr Allan Deacon receiving a certificate from Professor Ian Young to celebrate this major achievement
What is the Federation of Clinical Scientists?
The Federation of Clinical Scientists (FCS) is the trade union arm of the ACB and operates under the overarching governance of the ACB Council. Although part of the ACB, the FCS represents the industrial relations interests of Clinical Scientists from other disciplines (genetics, immunology, microbiology etc.) as well as medically qualified Scientists.

The FCS is a certified independent trade union recognised as a full member of the NHS Staff Council, the authoritative negotiating body for the NHS.

The FCS is represented on the NHS Pensions Board and the Scheme Advisory Board set up by the Public Service Pensions Act 2013.

Why is the FCS unique?
All FCS Officers and Regional Representatives are practising Clinical Scientists who understand your training issues.

The FCS is the only trade union within clinical science.

All FCS industrial relations cases are approached in the same way as our science; with attention to detail and evidence based arguments.

The FCS uses the services of experts in industrial relations with a proven track record in handling complex cases.

How can the FCS help you as an STP Student?
The FCS can advise you regarding pay, terms and conditions, work disputes and grievances within your workplace.

The STP Trainee representatives of the FCS attend meetings with both the FCS and ACB Trainees’ Committee, so can relay training and employment issues between the two.

Sample Case Studies where the FCS can help you during and after your STP training

Note that the substance is real but the names are made up:

- Ganesh slipped on a wet floor in the laboratory corridor that had not been properly cleaned. The FCS used its access to Injury Compensation services to secure Ganesh compensation.

- Sue was due to return from 9 months maternity leave but her manager said that the department had been re-organised whilst she was away and she no longer had a role. The FCS helped secure her employment rights to come back to work on the same terms and conditions and broker a solution that suited all parties.

- Robert had been given more responsibility without a new job description or change in grading. The FCS helped him argue that his job should be re-evaluated according to Agenda for Change terms and conditions and helped to construct his claim.

- Jayne had done something stupid when “out on the town” and got a police caution. She realised HCPC would need to be told but was, understandably,
very anxious. The FCS advised her how to proceed, reviewed the wording of her statements and gave her general support during this difficult time.

### Joining the FCS

If you are a member of the Association for Clinical Biochemistry and Laboratory Medicine you are automatically a member of the FCS. If you are not a member of the ACB you can join the FCS alone.

In 2018 the fee to join the FCS alone is £97.50. Those who choose to pay by direct debit receive a £5.00 discount. See the ACB website for any changes to fees in subsequent years.

Application forms are available from: [www.acb.org.uk/join](http://www.acb.org.uk/join)

Or contact the Administration Office for an application form: The Federation of Clinical Scientists, c/o ACB, 130-132 Tooley Street, London SE1 2TU.

Tel: 020 7403 8001
Fax: 020 7403 8006
E-mail: admin@acb.org.uk

**Remember:** The FCS will not normally provide resources in support of a member’s industrial relations case where the main substance of the case began before or within 90 days of the date of the written application for membership.

---

**Contact your FCS Representative for help and advice:**

via the ACB website: [www.acb.org.uk/contact-the-acb](http://www.acb.org.uk/contact-the-acb)

To find out more information about the FCS Committee visit: [www.acb.org.uk/fcs/committee](http://www.acb.org.uk/fcs/committee)

---

**PEPTEST**

Complex reflux diagnosis & follow-up made easy

Measure the concentration of Pepsin enzyme in saliva samples to support the diagnosis of laryngopharyngeal reflux.

Ideal for Gastroenterology, ENT and Respiratory patients.

Non-invasive | Rapid | Quantitative

**BIOHIT HealthCare**

Tel. +44 151 550 4 550
info@biohithealthcare.co.uk
www.biohithealthcare.com/uk
What is the Metabolic Biochemistry Network (MetBioNet)?

We are a group of specialist laboratories providing analysis, interpretation and clinical advice for the investigation of inherited metabolic diseases (IMDs), comprising 18 stakeholder laboratories which perform a comprehensive range of metabolic investigations and five associate laboratories which provide highly specialist metabolic laboratory services.

MetBioNet was established with financial support from the Department of Health in response to the 2003 white paper ‘Our Inheritance, Our Future: realising the potential of genetics in the NHS’. A stakeholder group was formed which set about documenting UK metabolic laboratory services, surveying the workforce, developing training programmes, identifying EQA requirements and setting up a website. Plans were made for preparation of clinical and technical guidelines, an assay directory and a programme of educational workshops.
Training the future specialist metabolic Clinical Scientist workforce was identified as a priority and, after a significant amount of work, funding was obtained for eight metabolic Higher Specialist Training (HST) posts. All Trainees appointed to these posts went on to pass FRCPath exams and all continue to work in Clinical Biochemistry, the majority in metabolic laboratories.

MetBioNet is currently chaired by Helena Kemp (Consultant Chemical Pathologist, North Bristol NHS Trust). It works closely with other relevant organisations including the UK Newborn Screening Laboratory Network, the British Inherited Metabolic Diseases Group (BIMDG) and the Metabolic Clinical Reference Group. There is an on-going programme to address current issues including the challenges of ISO 15189 accreditation for specialist services, provision of metabolic services outside normal working hours and the development of new best practice analytical guidelines. Similar to the early noughties, the biggest challenge facing MetBioNet is workforce planning and we are working closely with the ACB Director of Education, Training and Workforce to develop programmes to ensure the current and future availability of appropriately trained Clinical Scientists and BMIs in this specialist area. This includes exploring opportunities for creating alternative routes for scientists with an interest in IMD to enter the profession.

A major strength of the group is the strong working relationships which have developed over the years between MetBioNet laboratories, providing an informal network for discussing difficult cases, interpretation of unusual findings and addressing quality and technical issues.

Website: Service and Educational Resources

The MetBioNet website (www.metbio.net) is a free resource for educational and service needs, receiving on average over 300 visitors per day. The website is accessed internationally, with 90% of
visitors from countries outside the UK including USA, Europe, Sudan and India. Top hitting pages include the laboratory and assay directories. The laboratory directory provides a map of all stakeholder and associate laboratories, and with a single click you have access to individual laboratory details including postal address, main contact details and accreditation status. The assay directory is a one-stop shop for all the biochemical tests currently offered by the MetBioNet laboratories. There are options to browse by analyte, laboratory or individual disorder. Browsing by analyte will provide details of all the laboratories offering a particular test, together with the specimen requirements.

The website is regularly updated with best practice guidelines from the MetBioNet and links to guidelines from BIMDG and other relevant organisations. Some documents are clearly more suited to the specialist laboratory (such as guidelines for amino acid analysis and lysosomal enzyme reporting) but there is a wealth of information applicable to the more general Clinical Biochemist including guidelines for the investigation of hyperammonaemia and the investigation of hypoglycaemia in infants and children. There are training case reports which offer a structured approach to the investigation and diagnosis of metabolic disease, and there are over 40 presentations in Powerpoint format which have been supplied (with their permission) by members of the MetBioNet and their colleagues. There are presentations on methodology, which generally discuss the analytical techniques, interpretation of results and the diagnostic application of the test, and on specific disorders and symptoms, the latter focussing on the differential diagnosis of IMD in patients presenting with common symptoms such as hypoglycaemia or neonatal jaundice. For individuals working in a metabolic...
laboratory, there is also a comprehensive chromatogram and an interpretive resources library which provides advice and examples of traces from patients with known rare metabolic disorders which are often difficult to source elsewhere.

The website provides an essential resource for up-to-date service information and invaluable educational resources for anyone with an interest in IMD, both specialist and non-specialist alike.

**Conclusion**

MetBioNet is an excellent example of what can be achieved through collaboration and networking with the common aim of delivering high quality specialist laboratory services. A range of useful resources has been developed, analytical quality improvements have been delivered and training and educational needs are being addressed. By engaging with other strategic groups we have helped to influence the provision of metabolic services in the UK. This has, and will continue to be, extremely important in order for metabolic laboratories to be able to respond and adapt to the ever-changing technological and organisational landscape within the NHS.

---

**IDK® Pancreatic Elastase**

**Diagnosis / exclusion of exocrine pancreas insufficiency**

**Monitoring of exocrine pancreas function**

**ELISA for the determination of pancreatic elastase in stool**

- High specificity monoclonal antibody test system
- Short incubation: 2 x 30 min
- Small sample volume: 15 mg
- Universal extraction buffer IDK Extract®: Complete stool analytics from one single tube

How can your lab save money and time with the new IDK® Pancreatic Elastase ELISA?

Call us!

In UK distributed by:

BIOHIT HealthCare

Innovating for Health

www.biohithealthcare.co.uk
Focus returns to Glasgow in 2019

Kevin Deans, Chair, Focus 2019 Organising Committee

It is my privilege to invite you to Glasgow for Focus 2019. The conference will be held on 1st-3rd May 2019 at the Scottish Event Campus (previously known as the Scottish Exhibition and Conference Centre), an internationally recognised venue.

The scientific programme aims to have something for everyone. We’ll have a “Focus on Service and Science” with two themed streams running through the programme. The “Focus on Service” theme will include discussion on current challenging issues, including accreditation and external quality assessment, as well as looking at demand optimisation, standardisation, IT issues and configuration of laboratory services. Meanwhile, “Focus on Science” will include some challenging scientific issues and an update on areas of clinical interest, including obesity, lipids and nutrition. Regular favourites such as the ACB Medal Award, the Clinical Cases session, the ACB-AACC Transatlantic Lecture, the ACB Foundation Lecture and the RCPath Flynn Lecture will, of course, be appearing as well. Thanks to Bernie Croal (Scientific Committee Chair) and the Scientific Committee for their work in putting together such an enticing programme.

On the Thursday evening, the Conference Dinner will be held in the unique venue of the Tall Ship, otherwise known as the Glenlee, one of only five Clyde-built ships still afloat in the world today.

When the programme ends on Friday afternoon, you might want to stay in Glasgow and explore all that this vibrant
city has to offer. Officially the world’s friendliest city, Glasgow has something for everyone. Whether you are into art galleries and museums, shopping, exploring the West End or eating out, we’re sure you will be impressed. If that isn’t enough, step outside of Glasgow and there is some stunning scenery within a short distance – Loch Lomond is always worth a visit.

So, we are very much looking forward to welcoming you to Glasgow. Come and join us for what we anticipate will be a great conference.

Key Dates

10th December 2018: Abstract submission opens
11th January 2019: Deadline for abstract submission
5th April 2019: Early registration deadline

Further information and registration forms can be found here: www.acb.org.uk/focus
The Focus Training Day is aimed at both scientific and medical members of the profession who are preparing for FRCPPath examinations. The programme aims to cover topics which are traditionally not well taught in textbooks, or for which practical experience is required, and is delivered in interactive, hands-on sessions. It is also a great opportunity to meet and share experiences with trainees from across the country and at different stages of training.

This year we are pleased to have Sense About Science delivering one of the sessions. Sense About Science is an independent campaigning charity that challenges the misrepresentation of science and evidence in public life, including the provision of workshops to scientists in the early stages of their career on representation of science in the media and peer review.

The rest of the day will be dedicated to topics which intersect the laboratory boundaries between Clinical Biochemistry and Immunology. We will focus on tests which may be undertaken by either discipline or where input from both specialties is required in order to make a diagnosis or monitor patients appropriately.
Focus on Service & Science

Programme highlights:
- Reconfiguration
- Accreditation
- Challenging science
- Clinical cases
- Demand optimisation
- IT & standardisation
- Metabolic nutrition
- ACB Medal Award

www.acb.org.uk/focus
On the morning of 7th November we were delighted that Dr Suzy Lishman, Past President of the Royal College of Pathologists, came to Hull to give a presentation entitled ‘A Living Autopsy: The Perils of Modern Life’. The lecture theatre was packed in anticipation of this presentation.

I am careful with my words because it was not simply a lecture, but was an amazing interactive educational session with projected images and photographs, props (surgical instruments and a skull) and the pièce de résistance, a ‘body’ taking centre stage.

During the introduction she highlighted firstly that she was born in Beverley, a local market town. Then she stressed that life as a hospital Histopathologist is not reflected by glamorous television drama programmes such as Silent Witness. Life as a hospital Histopathologist is based in the lab, examining tissue samples from the living and around post-mortems within the department, with no gallivanting around interviewing suspects and working with the police on murder cases! She also highlighted that the centre-piece, in other words the ‘body’ is actually a live volunteer. During early presentations of this type she had realised that some of the audience believed that it was a real body and had been rather shocked when it sat up at the end of the event. She also highlighted that in a real autopsy, she would be supported by other staff, particularly Anatomical Pathology Technologists.
On to the autopsy, starting with paperwork and, like everything else in Pathology, uniquely identifying the subject. Good clinical notes ante-mortem can help immensely. There would then be an initial examination of the exterior of the body to identify any scars or injuries. This was followed by opening up the chest cavity, with a scalpel and, usually, a more substantial knife (PM40), then special shears to remove the front of the rib-cage. She emphasised that cutting the ribs in a fit young man would be much more difficult than in an elderly lady with osteoporosis (where scissors would suffice). Extending the cut would open up the abdominal cavity, giving access to organs such as the liver, spleen and reproductive organs. Next the neck and throat would be dissected, peeling the skin away from these structures. This might identify, for example, a broken hyoid bone, which may suggest strangulation.

Following this the various organs, including the liver, kidneys, lungs and heart would be removed, examined then weighed, measured and dissected if appropriate. The GI tract would also be removed and could be cut open with scissors designed especially for this purpose. Images were shown of real organs, contrasting, for example, a normal liver and a liver from a patient with cirrhosis; a normal heart and an infarcted one. Step by step any abnormalities could be identified.

Finally the brain is examined, again by cutting and peeling the skin away from the skull, then cutting open the skull to allow removal and inspection of the brain, which may show, for example, a fatal bleed. Dr Lishman highlighted that the brain is not a solid mass and is jelly-like. Her pet hate in the television shows is when the Histopathologist balances the brain in the palm of their hand and holds it up to demonstrate a cause of death. In reality the brain would fall apart! It should be stressed that all organs are returned to the body after the autopsy is completed.

The evidence is collated and, where possible, a cause of death is reported.

Dr Suzy Lishman with Ian Hanning, Lead Editor
ACB News
This is, however, not possible in around 20% of autopsies without further testing, such as examining tissue under the microscope or sending a swab for microbiology.

What about the future? Whilst the equipment for autopsies has changed little over the years and is unlikely to change in the future, newer technologies such as scanning are being explored to complement this traditional approach.

Following lunch the presentation was repeated to local school children. Seemingly they were very quiet until Dr Lishman took out the saw, which is still used by some to open up the skull, rather than the ‘modern’ electric saws. A cohort of mobile phones appeared!

Thanks to Dr Lishman for taking the time in her busy schedule to come to Hull and help us celebrate by giving such a wonderful presentation. Thanks also to Dr Chris Chase for the local organisation.

Here’s to next year!
A Successful Year for the ACB Golf Society

Ian Watson, ACB Golf Society Honorary Secretary

There were three scheduled meetings in 2018. We had agreed a new format to make the travel worthwhile so we moved to a two-day format with an overnight stay. The first round is played on the Friday afternoon, with dinner in the evening, then the second after breakfast on the Saturday. All competitions are Stableford cumulating the scores over two days using Society agreed handicaps.

The Spring meeting was held at the MacDonald Hill Valley Hotel where we played the 6,700 yard Emerald course first and the shorter (4,800 yds) Sapphire Course the next morning. The Gemmell Morgan Trophy was won by Ian Watson (yes I was surprised too!). The conditions were not the best, quite wet and muddy, best exampled with Bill Fraser hitting the accelerator in his buggy and spraying yours truly with mud!

What a contrast when we moved North to Hexham, Northumberland, to Slaley Hall. The long hot summer had dried the ground out and dreamed of distances were being achieved off the tee, though sometimes direction was a problem. First we played the Hunting Course (7,000 yds) that had some tricky approaches, though we felt the starter had overplayed the difficulty of the course despite the claim it’s called the ‘Augusta of the North’. We played the Priestman course the next day, which we felt was trickier, but not for Graham White who took the Claret Cup. When we finished we joined the crowd in the bar to watch England win against Sweden.
Every year we play a game against our Dutch colleagues of the NVKC and it was our turn to play host. All was set for Oulton Hall in Leeds on 21/22 September: we had not bargained for Storm Bronagh! The evening before the game KLM cancelled the flight so our Dutch colleagues could not join us. So we keep the Clog for now!

The ACB team carried on anyway, starting on the Hall course (6,500 yds) in intermittent heavy rain, gusting wind and the odd blink of sunshine. Despite our diminished numbers we played for three on-course prizes, the winners were:

- Longest Drive: Bill Fraser,
- Nearest the Pin in 2 (Par 4): Rajeev Srinastava,
- Nearest the Pin (Par 3): Dinesh Talwar.

What a difference a day makes! The Saturday was quite still and dry, though overcast, a much more enjoyable round on the Calverley Course (6,300 yds) with the winners this time: Longest Drive: Dinesh Talwar, Nearest the Pin in 2: Simon Fleming, Nearest the Pin: Graham White.

The player with the highest aggregate Stableford score was Graham White (again!) (69 points), Ian Watson and Rajeev Srinastava shared 64 points in second place.

We are currently planning our next round of two-day meetings for 2019. These have proven very enjoyable and convivial. We are also planning our re-match with the NVKC at Oulton Hall mid-April, our Summer meeting will be in Scotland and the Autumn one probably in the Midlands.

We encourage anyone of any standard to come and join us. The schedule will be posted on our web page when finalised and if you contact me (iandwat@me.com) I’ll be happy to keep you in the loop.

---

**Challenges in the Clinical Biochemistry Laboratory and Beyond**

The RCPath are holding a 1 day meeting titled ‘Challenges in the Clinical Biochemistry Laboratory and Beyond’ on 28th February 2019. This promises to be a useful and interesting day, covering a wide variety of topical areas.

Details can be found at: [https://www.rcpath.org/event/clinical-biochemistry.html](https://www.rcpath.org/event/clinical-biochemistry.html)

The meeting will be the first Clinical Biochemistry meeting to be held at the fantastic new college premises at 6 Alie Street London, so this is a great opportunity to see the facilities available while updating your knowledge base.

For sponsorship opportunities or registration queries, please contact Clare Winter: clare.winter@rcpath.org
The All Wales Inherited Metabolic Disease Study Day

Wednesday 6th March 2019

Mercure Cardiff Holland Hotel, Cardiff

Target audience: Doctors, Nurses, Medical Trainees, Dieticians and Biochemists with an interest in metabolic disease as well as Acute Care Physicians, Endocrinologists and Paediatricians who wish to update their knowledge on acute general metabolic and storage disorders

0900-0930  Registration, Coffee & Exhibition Stands

Morning Session:
0930-0945  Introduction to Welsh Paediatric Service
0945-1035  Approach to the Child with Metabolic Encephalopathy
1035-1105  Update on All Wales Extended Newborn Screening Program
1105-1125  Coffee Break
1125-1205  Suspecting, Identifying and Diagnosing Storage Disease in Children
1205-1250  Keynote Speaker: Practical Clinical Approach to Investigating Mitochondrial Disorders
1250-1350  Lunch

Afternoon Session:
1350-1400  Introduction to Adult IMD Service in Wales
1400-1440  The Acute Management of the Severely Ill Adult with a Metabolic Condition
1440-1500  Tea Break
1500-1540  Not Just Another Heart Failure/Kidney Failure – Storage Conditions in Adults
1540-1610  The ABC of Managing Acute Porphyria for the Non-Porphyria Expert
1610  Summary and Close of Meeting

Registration: £25.00 to include all refreshments and lunch.
CPD accreditation to be applied for.
For further information and a registration form please contact:
Jacqui McAleer, JM Associates, email: jmassociates1@me.com
Sometimes it feels like Groundhog Day!
Trying to pull together some insights from industry as we reach the end of another year and with, ssh, Christmas looming on the horizon, I’m thinking about what has happened since I wrote for the October issue of the ACB News.

Brexit continues to delight (not). A huge area of uncertainty which has retarded any progress over the last six months significantly within Government. The pharma industry are desperately trying to get their PPRS drug deal signed off. Trying to look past that, all the regulatory challenges and so forth, we are thinking about what might be in the NHS 10 year plan next year and also in the new GP Contract, the first for fifteen years.

But we’ve had some great news! The work on accelerating access to new drugs, devices and diagnostics has come out with the first seven technologies it wants to see driven forward to wider adoption for the benefit of 500,000 patients. And 3 of these are NICE approved IVDs! Unsurprisingly they are high sensitive Troponin, PLGF for pre-eclampsia and FIT tests to get earlier referrals for colon cancer. These technologies were announced on 23 October by the Secretary of State for Health & Social Care with £2 million of funding to support education, training and implementation.

The mechanism for actually getting the tests purchased and used is still being considered so why am I so pleased? Well, the real win is that IVDs have been recognised and there are more tests than either drugs or medical devices. The penny is dropping – without test results delivered by the good people in NHS Pathology there will be no improved outcomes in patient care. The next stage is to get them to really value Laboratory Medicine and invest (in Pathology) to save (NHS resources).

Changing the subject slightly, I recently sat with Fiona Carragher at the MHRA Annual Lecture 2018 (an excellent talk available on You Tube from Sir Harpal Kumar, the former CEO of Cancer Research UK – well worth a watch). Fiona told me she was leaving her role as Deputy Chief Scientific Officer at Christmas as many of you will now know. She has been a great advocate for Diagnostics and especially in driving forward the Antimicrobial Resistance agenda so thank you Fiona and my best wishes for your future career.

I hope to see many of you at the Frontiers in Laboratory Medicine meeting at the end of January, I will be bringing BIVDA’s new Chief Operating Officer, Kaye Walton. Kaye will be known to many of you and I am delighted she has agreed to return from her role at Fujirebio in Belgium to work alongside me and the rest of Team BIVDA.

So, finally, just to wish you all a very Happy Christmas and all best wishes for 2019.
Professor Vivian Hector Thomas James

29th December 1924 – 6th October 2018

Professor Vivian James was one of the longest standing members of the ACB, a period of 54 years, having joined the Association in 1964. His qualifications included a BSc, ARIC, PhD, FRSC, DSc, and FRCPath, and he was particularly recognised for his expertise on the steroid hormones. He was appointed the Head of Chemical Pathology at St Mary’s Hospital in London in 1973 and he held that position until his retirement.

Vivian started his working life as a technical assistant in a metallurgical laboratory, a vocation that did not meet with his expectations, but like many in that time his life took a different path with the outbreak of World War 2. He decided to ‘do his bit’ and applied to join the RAF, but as he was not yet 18, formal permission was required from his father, which he found surprisingly forthcoming. Much later, when asked, his father answered that he had only granted his support because he had not expected Vivian to pass the medical, something Vivian found to be most amusing. As part of joining military service, he completed a short course in Aeronautical Engineering at Cambridge University, before going on to do his pilot training in South Africa and Scotland. Whilst the close colleagues he trained with all died on bombing raids over Europe, Vivian was tasked with flying Avro Lancaster planes as transporters in the Middle East. This was not without some life threatening experiences for him, but the chances of survival were considerably better serving in that region. At the time he was, nonetheless, very disappointed that he was not taking part in sorties over Europe, a feeling that stayed with him into old age, a truly courageous man who was prepared to give his life for his country.

In 1947, Vivian was released from the Air Force with the rank of Flight Lieutenant, and he then read Chemistry at London University, graduating with Special Honours in 1950. After a couple of years in Pharma, he was appointed to the Scientific Staff of the Medical Research Council where he carried out research on the synthesis of steroid hormones, completing the work for a PhD. He was then awarded a Fellowship by the Centre Nationale de la Recherche Scientifique, enabling him to study endocrine biochemistry at the École de Médecine in Paris.

In 1956, Vivian was appointed to a lectureship in Chemical Pathology at St Mary’s Hospital Medical School, the place where he spent the rest of his career. He worked extremely hard to meet the demands of teaching and research, setting up in the process a highly successful steroid research unit that was almost
entirely supported by outside funding, including the Medical Research Council, the Cancer Research Campaign and various pharmaceutical firms. Under his wing, the Department also provided a Supra-Regional Assay Service for Steroid Hormones, of which Vivian had been a Director when it was initiated in 1968. In 1967, Vivian was awarded a Chair in Chemical Endocrinology and this was followed in 1973 by a Chair in Chemical Pathology, together with the Headship of the Department, a remarkable achievement for a non-medic, no doubt helped by Vivian earning the trust and support of senior staff qualified in Medicine. In the year prior to Vivian being appointed as the Head, he was asked to re-organise the Chemical Pathology services in the District. This involved planning and building a completely new diagnostic laboratory at St Mary’s W2, and the rationalisation of clinical biochemistry carried out at the two other major acute hospitals, St Mary’s W9 and St Charles’ Hospital. He then continued in an administrative capacity for the District, the unified service amounting to 1,200 acute beds, with a total of 62 established academic, scientific and technical staff.

Vivian’s intellect, knowledge and impeccable professional courtesy resulted in him undertaking key roles on various committees, too many to be all named here, but included those connected with aspects of the National Health Service, the Biochemical Society and the Society for Endocrinology. Vivian also took on the position of President of the Endocrine Section of the Royal Society of Medicine, as well as Chairman of the Hormone EQA Steering Group. He additionally participated on various editorial boards and he was the founder-editor of the highly successful journal *Endocrine-Related Cancer*.

In Vivian’s career there were obviously many achievements, but he considered the highlight to be at an endocrine conference in Italy. He had, rather bravely, decided to present his paper in Italian, a language he had only learnt later in his working life. His presentation was part of a parallel session and few delegates turned up to listen, he presumed because his talk was expected to be in English. Fortuitously, the conference organisers had arranged for presentations from that lecture theatre to be broadcasted over speakers in the corridors of the conference centre. As his presentation progressed, more and more Italian delegates turned up to listen to this Englishman presenting science in their native language. When he finished his presentation, the lecture theatre was packed and the applause was such that it continued for several minutes.

Vivian also trained several endocrinologists from abroad and for this he was awarded the Fiorini d’Oro (Golden Florin) by the City of Florence, an honour which is normally reserved exclusively to Italians. He was also elected an honorary member of the Italian Endocrine Society.

In retirement, Vivian held an Emeritus position at St Mary’s, the Medical School by then having become part of Imperial College London. His expertise in steroid biochemistry and analysis continued to serve him well as in retirement he became an expert witness in cases connected with doping in sport, both nationally and internationally. This attracted the attention of UK Sport who asked him to form and chair a scientific committee inquiring into the contentious problem concerning the anabolic steroid nandrolone, with a key review being issued in January 2000 and a progress report in February 2003.

Professor Vivian James touched numerous lives and many of those who knew him greatly respected him not only as a scientist, but as a sincere, kind and helpful man.

Dr Andrew Kicman
Professor John Ratcliffe

BA BM BCh (Oxon) MSc DM FRCP (Glasgow) FRCPath

John Ratcliffe died aged 78 on 23rd October 2017 after a short illness.

John was born in Sheffield attending King Edwards Grammar School where he was head boy and cricket captain. His preclinical years were spent in St Johns College Oxford, the recipient of an open scholarship, followed by clinical training at the Middlesex Hospital graduating in 1963. He progressed his pathology career initially in St Mary’s Hospital where, while working as a research registrar for Albert Neuberger, he also met his wife Wendy. He subsequently moved to John Landon’s department at Barts as a lecturer in Chemical Pathology in 1968 where his research in the development and clinical application of ACTH assays led to his Oxford DM.

In 1973 Gemmell Morgan appointed him as Consultant in Biochemistry in Glasgow to take charge of the Glasgow Radio-immunoassay Unit. At that time the development of immunoassays was not headed by industry but by the efforts of departments who recognised the clinical need to develop measurements that would enhance the diagnosis and management of many medical conditions. John established a successful department in Glasgow that was recognised both nationally and internationally.

John’s success in Glasgow attracted interest and he was appointed to the Chair of Chemical Pathology in Manchester in 1981. He had a busy 5 years in Manchester heading up the development of the new laboratories on the Hope site, the North West Regional Steroid service and the UK NEQAS for thyroid hormones. He transformed the research activities in the department and ensured that academic teaching was established and fostered.

In 1986 he moved to Birmingham to the Wolfson Laboratory to the Chair of Clinical Chemistry as successor to Tom Whitehead. Once again John took charge in refreshing the department and reviewing and consolidating its activities but within 2 years the laboratories which had direct funding from the Department of Health (DOH) were transitioned to a self-funded department as part of the cuts imposed within the DOH. John and his staff obtained new funding using their expertise in immunoassay, point of care testing, laboratory and hospital information systems and UK NEQAS for Thyroid Hormones that moved with him from Manchester. In addition to these responsibilities he also chaired the Birmingham Cancer Trials Unit Scientific Advisory Committee, and the University Biotechnology and Higher Degrees Committee.
Nationally John at various times was Chair of the Scientific Committee of the ACB and a member of the ACB Council but simultaneously he was a member of the National Biological Standards Board and a member of the RCGP Committee on Point-of-Care testing. Internationally he was a Consultant to the International Atomic Energy Agency, Director of the WHO Collaborating Centre for Clinical Chemistry and a long term member of the Scientific Committee of the IFCC.

While University funding is debated extensively today it is often forgotten how universities in the 1990s experienced funding issues and Birmingham re-structured its departments at that time. In addition the hospital environment in Birmingham was fluid and 4 hospitals merged with Pathology reforming to offer services mostly aligned to single site working. In 1994 John retired and he and Wendy left Birmingham and moved to Pembrokeshire where in addition to volunteering as a voluntary warden he became Chairman of the Friends of Pembrokeshire Coast National Park where he worked at local and national level to ensure that the area retained its unique character, and was not spoiled by inappropriate development, but encouraged visitors to sample its beauty and splendour. The local Rotarians also benefited from his talents and awarded him a fellowship in recognition of his fund-raising efforts. The garden created by Wendy and John in their first house in Dinas Cross was a masterpiece and after their more recent move to a smaller house the gardens were smaller and more manageable but no less impressive. Moreover, John’s love of horticulture was not a post-retirement activity. When the original library of Wolfson Research Laboratories was cleared during refurbishment of the department, a pocket gardening book of 1950s vintage originally belonging to John was found in the collection. This was subsequently returned to him to see if there were any areas that might help when he redesigned the new garden!

In many ways this reflected John’s quiet nature, a man who accomplished much, and enjoyed many activities, being a keen skier, walker, traveller and passionate about cricket. Many medical and scientific staff will recall his helpful advice and encouragement at key times in their careers, and from all of his former colleagues we offer our condolences and thoughts to Wendy and John’s relatives.


We apologise for the delay in publishing this obituary.
ACB News Crossword

Set by Rugosa

Across
8 Surprisingly mobile, transported in blood (6)
9 Spanish without error (3)
10 Alternate middle ear strategy (4)
11 Coach, no top-drawer tutor, incurs unrest (10)
12 Stud hit back (4)
13 Enzyme providing energy for 9 (6)
16 Post bearing thanks for shared organ (8)
17 Recurrence back in June, facies paler (7)
18 Gland of a learned doctor lacking energy (7)
22 Dermatologist misses set-to about flower (8)
25 Hours every day elapse in a different way (6)
26 “Ancient Mariner” back in stock at last (4)
27 Into less used counterfeiting apparatus (10)
30 Record held by England is confirmed (4)
31 Manage a short excursion (3)
32 Disallow one acceptable money for metal (6)

Down
1 Warning: initially no one backed admitting me (4)
2 Dispatch office (4)
3 Unlisted sort of thinners (8)
4 Type of chemical used in diagnosis: complex operations ran out (7)
5 A rising first class campaign for office, but a renal problem (6)
6 Unwell, the French group develop a form of anaemia (6-4)
7 Come back about legal breach of duty (6)
14 Study centre (3)
15 Confused slow starter sticks at it, loses potassium data (10)
19 Fierce criticism of family after help is returned (8)
20 Copy alternate applet (3)
21 A German dean synthesised a purine (7)
23 A burden on one having a neurological condition (6)
24 Happens commander was followed by rotters (6)
28 Create a criminal record (4)
29 Metabolic problem following non-NHS gunshot treatment (4)

Solution for October’s Crossword

ACB News Crossword

Set by Rugosa

Across
8 Surprisingly mobile, transported in blood (6)
9 Spanish without error (3)
10 Alternate middle ear strategy (4)
11 Coach, no top-drawer tutor, incurs unrest (10)
12 Stud hit back (4)
13 Enzyme providing energy for 9 (6)
16 Post bearing thanks for shared organ (8)
17 Recurrence back in June, facies paler (7)
18 Gland of a learned doctor lacking energy (7)
22 Dermatologist misses set-to about flower (8)
25 Hours every day elapse in a different way (6)
26 “Ancient Mariner” back in stock at last (4)
27 Into less used counterfeiting apparatus (10)
30 Record held by England is confirmed (4)
31 Manage a short excursion (3)
32 Disallow one acceptable money for metal (6)

Down
1 Warning: initially no one backed admitting me (4)
2 Dispatch office (4)
3 Unlisted sort of thinners (8)
4 Type of chemical used in diagnosis: complex operations ran out (7)
5 A rising first class campaign for office, but a renal problem (6)
6 Unwell, the French group develop a form of anaemia (6-4)
7 Come back about legal breach of duty (6)
14 Study centre (3)
15 Confused slow starter sticks at it, loses potassium data (10)
19 Fierce criticism of family after help is returned (8)
20 Copy alternate applet (3)
21 A German dean synthesised a purine (7)
23 A burden on one having a neurological condition (6)
24 Happens commander was followed by rotters (6)
28 Create a criminal record (4)
29 Metabolic problem following non-NHS gunshot treatment (4)
Association for Clinical Biochemistry & Laboratory Medicine 
Council Nomination Form

Election of Director / Council Member of the Association for Clinical Biochemistry and Laboratory Medicine – 2019

We, the undersigned, being Members of the Association nominate

Name ........................................................................................................................................

Address ........................................................................................................................................

........................................................................................................................................

For election as Director of Scientific Affairs according to Articles of the Association 11 and 14 as outlined in the Association Bye-Laws subsections 6.2 and 6.3.

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 note only Ordinary and Honorary Members of the ACB may be nominated for the position of Director of Scientific Affairs.

If there is more than one nominee for this position, a ballot will be held with all voting members (see Bye-Laws of the ACB sections 2, 3 and 9).

This form, duly countersigned, to be returned to:
The Administrative Office
Association for Clinical Biochemistry & Laboratory Medicine
130-132 Tooley Street, London SE1 2TU
before 1st February 2019
Registration now open!

Fees to remain the same as last year.

- **Commissioning Health Care & Laboratory Medicine**
  - Hear about Accountable Care Organisations with examples from the NHS and USA
  - Understand better commissioning for Laboratory Medicine

- **Quality – Assurance & Improvement**
  - Getting it right first time (GIRFT) meet the Pathology GIRFT leads
  - Adding value with laboratory test utilisation and changing clinical practice
  - How could we use personalised reference ranges?

- **Innovation & New Models of Service Delivery**

Don’t miss the opportunity to hear great topic discussions, attend your choice of break-out sessions as well as network with Laboratory Medicine colleagues.

**Tuesday 29th – Wednesday 30th January 2019**

**Austin Court**
**Birmingham**
**UK**

Further information: www.acb.org.uk
enquiries@acb.org.uk

Organised by:

The Association for Clinical Biochemistry & Laboratory Medicine
Better Science, Better Testing, Better Care

THE Dark Report
RIQAS

Connect to the World’s Largest External Quality Assessment Network

Uniquely connecting you to over 45,000 laboratory participants across 33 flexible yet comprehensive programmes, RIQAS is the world’s largest EQA scheme. Access to maximised peer groups ensures availability of comparison data for a wide range of instruments and methods, ultimately increasing confidence in test system reliability. The added benefit of frequent analysis, user-friendly reports, multi-instrument reports and consolidated programmes makes RIQAS a cost effective, high quality EQA solution for any laboratory.