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XXXVth Annual National Conference of Association of Clinical Biochemists of India

Vedic Village, Kolkata :
Venue of 35th Annual
National Conference of
ACBI



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All articles in this News Bulletin reflects
the views of the respective authors.



Dear members,

This issue of ACBI News Bulletin should have come earlier but one of the most important causes of delay was the lack of news from the state units. Similar is case with corporate members. As I mentioned in previous issue we wish to make this newsletter a mouthpiece of association. Therefore I request you to simply mail me the happenings at your end.

UPACBI is going to hold a state level conference in November. Notice regarding it is in this issue. Similarly a workshop & CME was organized by West Branch. These types of meetings should be organized by other state branches also. In order to keep an association alive & throbbing it is important that its units are active i.e. they are organizing state level meetings, CMEs or other educational & social meetings. And it is more important to let other members know about these activities so that they can take ideas from them. These meetings at smaller levels energize the members and in turn the association. It also helps to solve the problems related to profession at state level. Gathering at annual conferences and forgetting the association for the rest of year will not help the association grow.

This is your news bulletin. Whatever activity is done at state level should be communicated to us and we will be happy to publish it in the bulletin.

Thanking you and hoping for more academic news from state branches.

Yours,

Dr. K.R. Prasad
EXECUTIVE EDITOR

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Audío-Vívisual Presentations Maladies & Remedies

Col. Murli M. Arora, MD
AFMC, Pune

INTRODUCTION

Probably the best way to cope up with information explosion is to exchange information through presentations. Presentations may be persuasive e.g. an election speech, instructional such as for demonstrating a surgical technique or informative that is for presenting new findings and information¹. Most of the medical presentations belong to the last category.

Presenting scientific information to scientific audience is more of an art than science. Lot many guidelines & papers exist on technique of presentation and design of slides^[1-10]. But attend a conference and in the very first session we find some speakers with indecipherable slides full of ill understood jargon. Curriculum in medical colleges sadly does not devote a single chapter on this, taking it for granted that those who need will automatically acquire the skill. Unfortunately skill so acquired leaves much to be desired as is evident by the quality of most of the presentations in clinical meetings and conferences.

Why this Article?

Variables in any communication are the transmitter, the receiver, the medium and the message. This article was conceived while sitting in an audience trying to analyse reasons for difficulty in receiving the message despite best intentions of the speaker (the transmitter) and the listener (the receiver). Aim of the article is to discuss common deficiencies in slides and presentations done by clinical scientists using overhead projectors, photographic transparencies and multimedia LCD projection, and to develop guidelines for presentations.

Common Defects in Slides and Presentations

The article is based on an analysis of 283 presentations by PG students (Gp I), middle level faculty members (Gp II) and by professors / invited guest speakers (Gp III).

The most prevalent defect in slides in all Gps was use of all bold capital letters in the slides. Other common defects were inconsistent font, font size and colour, unfamiliar abbreviations, use of wrong symbols and units for quantities, too much information on slides, use of distracting transitions in power point presentation, colour combinations with poor contrast and spelling and grammatical mistakes. Some speakers had irrelevant material on the slides, a sign of cannibalisation from past presentations.

Commonest defect in presentation was exceeding allotted time because there were too many slides. Other defects included reading verbatim from the slides, rapid-fire delivery, poor eye contact with the audience, distracting

gestures, jerky pointer, improperly arranged slides and impulsive response to audience queries and comments. One of the speakers in his anxiety to field the questions, contradicted the comments and literature cited by the audience in his favour. Some of the speakers felt shy in giving credit to co-workers. Speakers reporting just in time for their presentation were liable to reintroduce the topic repeating what previous speakers had told.

So, What do we do?

A noted speaker was once asked his secret of success. "First," he said, "you write an exciting opening that will draw the attention of everyone in the room. Then you compose a dramatic summary and closing words that will leave the audience spellbound. Then," he advised, "you put them as close together as possible"^[2].

A presentation involves the preparation and delivery of critical subject matter in a logical and condensed form leading to effective communication. Successful presentation requires a systematic approach^[3]. First determine the objective (Why you need to present?). Analyse the audience, their level of knowledge, size of the venue, and available audiovisual set-up (For whom?). Then plan introduction (purpose, existing knowledge and source of information), main body (ideas & sub-ideas), conclusion and recommendations. A well-planned introduction will set an objective framework in which the audience will accept the information as accurate and significant^[4]. Tell audience something simple from the past which most of them already know. It should not take more than 2 min in a 10-min talk. Methods should be discussed very briefly including a reference to the sources of the techniques, justification for using it, its limitation, accuracy, reproducibility and the principles involved. The results should be presented in concise clear manner, one message at a time and deliberately. The discussion should include the hypothesis tested, deductions, comparisons and a bit of speculation. The background, protocol and results of the study should be set out so that it is comprehensible to a trained monkey or to someone not working in the same field. Conclusion should be stated loud & clear to stimulate (wake-up) the audience, reinforced with the same information on slides as a carry home message.^[5]

After the subject matter is decided the next step is to define emphasis, organise the material for effectiveness, and prepare audiovisual aids (slides). It is safer to prepare a duplicate slide than asking projectionist to back track. Reading verbatim from slides or manuscript gives head-down-dry-as-dust delivery. Cue cards containing organised and compressed cues are helpful. Voice needs to be



calibrated to acoustics and amplification. Everybody should rehearse with all fellow speakers irrespective of rank and experience, in presence of peers (if possible), and in time to alter slides (if needed). Objectives are to get the timings right, to improve delivery, to work out likely questions, and to acquire confidence. For rehearsal, colleague treatment is better than taping or video recording. Colleagues who share background knowledge of the audience are preferable.

The Slides

About one third of the speakers used upper case (all capital) letters. Equally prevalent was use of bold letters. The malady improved only partially with experience. Inconsistent use of colour, fonts and font size was observed more with senior speakers (Table 1). Guidelines on the subject are clear [2, 5, 8]. Do not use upper case. Do not use all bold letters. No more than two messages in one slide. No more than eight lines per slide. Horizontal slides are better than vertical. No more than one slide per minute. Be consistent in use of font, font-size (24 to 30 size 'Arial' or 'Verdana' will usually do), colour and pattern of slides. Define a scheme for heading, sub-heading and sub-sub-heading. Write only outline, key-points and terms. Title for each slide helps in framing response to audience queries and in arranging slides in outline view in Power Point presentation or on slide-viewer.

Aim of communication being to get the message across, any thing that helps should be done and any thing that interferes be avoided. Many speakers believe that writing in upper case (all capitals) will add to clarity and readability. This might be true for hand written slides from speakers having very poor handwriting but in printed or well written slides it delays assimilation because our eyes and brain are used to reading sentence case since the time we learnt how to read. Bold letters crowd the slide and lack sharpness. Another common error was writing sentences rather than key points on the slides. Full text on the slide precludes spot revision that may be needed if previous speaker presented overlapping material. Also, the audience concentrates more on slides than on speaker and communication through body language and voice modulation is lost. Only place for full sentences is when a quote or concluding remark is presented highlighting the central idea. Different fonts or font-sizes should be used to differentiate between titles, subtitles and sub-subtitles while different colours may be used for different ideas on the same slide. In general, slides should not have multiple colours and fonts. Use colour, graphics & animation to enhance meaning and not as an adornment. Decorations on the slide dilute the importance of the information presented. Middle level speakers (Gp II) were more prone to use slow animations in Power Point presentations. Animations such as jumping and flying letters, are more of a distracter than help in communication. Gimmick slides containing jokes & cartoons are difficult to justify.

Another frequent aberration was use of inappropriate colour combinations (12.3%). If notes-taking is not contem-

plated and there will be no background illumination, use light coloured letters on dark back ground to reduce glare and make information 'jump off the screen'[6]. Complementary colours such as white over black, orange over blue, green over red, white over dark blue, orange over black, yellow over dark green etc give better contrast than combinations of red over indigo, green, purple, blue or black; and of purple or gold over blue. If background illumination is desired or unavoidable, use dark letters on light background (black on white). Line drawings and graphs are better interpreted in dark colours over light background rather than reverse. Be consistent; avoid mixing different patterns.[5].

Graphs or charts should be used for comparing data. Graphs are synthesised information for economic communication. Graph lines should be bolder than ordinates and should be broken at data entry points. Spacing of values on x & y axes should be as even as possible. Statistical analysis should be reflected on the graph.

Even experienced speakers tend to crowd the tables with details. Information in the table should be centered around a clear margin. Boxing the information crowds the slide and reduces resolution. Heading if required should be short & centered. Use dash for nil entry. Statistical tests to be given as footnote. When sample size is small actual figures appear more honest than percentage. When figures are written one below the other the position of decimal should be aligned. Check tables for mathematical errors. More tables having individual set of observations are preferable to a single table having multiple sets of observations. Present observations and data relevant to the central idea supporting the conclusion. Rest of the information is better kept for the printed version.

In general a table, diagram or graph designed for print is too densely packed for verbal communication. It is desirable to prune and simplify these keeping only the information being referred to. Avoid slides that mimic what is being said. Use figures/ symbols rather than text. A good photograph speaks more than a thousand words. However it should not disclose identity of the patient(s).

Unfamiliar abbreviations, wrong units of measurement and spelling mistakes were a common problem with young speakers (26.4%, 16.4% and 7.1% respectively). Before giving slides for print, it is advisable to recheck units of quantities and remove all abbreviations except those for units of measure. Abbreviations and symbols for units of measure are g (gram), m (meter), L (litre), ml (millilitre), K (Kelvin), C (degree Celsius), S (second), min (minute), h (hour), wk (week), mo (month), yr (year), mol (mole) and M (mol per litre). Prefixes for SI units are E (exa 10^{18}), P (peta $=10^{15}$), T (tera $=10^{12}$), d (deci $=10^{-1}$), c (centi $=10^{-2}$), m (milli $=10^{-3}$), (micro $=10^{-6}$), n (nano $=10^{-9}$), p (pico $=10^{-12}$), f (femto $=10^{-15}$) and a (atto $=10^{-18}$). [7]. Beware of computerised spell check. It will accept 'National Institute of Arts' as 'National Institute of Rats'.



For those still using photo-transparencies, it is advisable to use rigid plastic or plastic coated slide mounts. Confirm left/right & up/down orientation before mounting. A dot in the left lower corner on the side to be viewed and numbering on the right corner is the standard convention. Arrange and number carefully- Keep first slide as blank or a photograph to set focus & lighting. Catalogue and store, Update as and when required.

The Presentation

As many as 15 out of 35 senior speakers (Gp III) had too many slides and 11 exceeded the allotted time (Table 2). Obvious reason was trying to fit in a 40-min talk to 20 or 30 min. Maladies with the young speakers were poor eye contact with the audience (24.3%), fast delivery (23.6%) and reading verbatim (20.7%). Jerky pointers, distracting gestures, improper magnification and poor coordination were other problems.

Some practical advice will not be out of place. Rehearse and update cue cards before presentation. Go early to the venue with a friend and ensure that visuals are visible to the most myopic and you are audible free from, uh, vocal faults from the rear of the room. Carry slides in slide folder. Supervise loading on the carousel. Coordinate change of slide with projectionist; safest is to have it on demand. Use preview room for confirming correct arrangement of slides. If using OHP, keep the screen slightly higher to avoid head of projector interfering audience view.

What follows is a recipe for good delivery [3,5]. Dress immaculately, approach the podium in an unhurried manner, pause and let the audience focus on you, relax, be confident and smile. Engage the audience by eye contact, i.e., acquire point fixation skill and look into the eyes of the audience making 'N', 'V' or 'W' pattern. Stand naturally resting your hands on the lectern, avoid distracting gestures and manners, no turning the back to the audience (Do not use a lectern placed directly under the screen). Captive and fixed audience does not appreciate too many moving targets. Jerky pointer and jerky speakers are intolerable. Basic principles of delivery include clear diction; familiar and simple language with intelligible simple sentences; not more than 150 words a minute (slower for important passage); even and clear flow of logic; some repetition of difficult concepts; avoidance of purple prose; and communicability with the audience. Varied tone, pitch and volume, voice inflection, restatement and controlled gestures in multiple combinations may be used for emphasis. Use pause to provide emphasis or to give time to audience to grasp a difficult point. Alter the voice & rate of delivery when asking projectionist to change the slide. If using OHP, cover the part of transparency not being referred to and switch off OHP when not in use [8].

Take questions at the end but before summing up. Respond honestly. Do not be evasive or aggressive. Cooper said, "Science begins only when the worker has recorded

his results and conclusions in terms intelligible to at least one other person qualified to dispute them" [9]. If the comment has added to your information base thank the person. If question is adding depth to the central idea of presentation do reply. If you do not know the answer but the question is relevant, invite the audience- some one may have the answer. If question is irrelevant ask for some time to catch up on your reading. Include salient audience comments & questions in the conclusion [3,5].

To conclude, for a successful presentation introduce the subject well posing the problem you are to address, stating clearly the scope and the objective. Give minimal information on materials and methods, unless the talk is methodological [5]. State the implications and applications of the study clearly. Bring talk and each of the sentinel ideas, to closure. Do not exceed one slide per min. Remove unnecessary detail or excessive content. Be accurate, brief and clear. Say it quick and quit. Ensure that visuals are visible and you are audible to the last man. Be enthused by your topic. Address questions with understanding and authority without evading the core issue. Expose the weak points of the study and encourage constructive criticism during or following a talk. And have mercy, do not exceed the allotted time!

Thou shall not utter [10]:

" Can you hear me "

" I apologise for this busy slide, but "

" Please disregard this typographical error "

" Just give me a second to get the carousel in order "

" Uh uh uh uh "

References

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Notice

ACBI Awards

(A) ORATION AWARDS

- 1. Awadhesh Saran Memorial Oration Award** : This oration award was instituted in the year 1977 to commemorate Prof. Awadhesh Saran, Founder President of the Association, who died a premature death in 1976. Through this oration the Association honours distinguished scientists to deliver lecture on subjects of interest to clinical biochemists.
- 2. Seth G.S. Medical College & K.E.M. Hospital Oration Award** : The Organizers of the 16th Annual Conference of the Association held at Seth G.S. Medical College & K.E.M. Hospital, Bombay established this oration in 1992. The awardee will deliver lecture on subjects of interest to clinical biochemists.
- 3. K. L. Gupta Memorial Oration Award** : This oration was instituted by K.L.Gupta Memorial Trust in the year 1993 by a handsome donation to the Association by K. L. Gupta Trust for commemorating the memory of Late K.L. Gupta, a great philanthropist, and father of Dr. T. Malati, ex-President of ACBI. The oration is given in the field of cancer.
- 4. Prof. T. N. Pattabhiraman Oration Award** : To be awarded to a person of eminence who has contributed significantly to the growth and practice of clinical biochemistry in the areas of research, diagnostics and teaching.
- 5. Mrs. & Dr. G. P. Talwar Oration** : To an eminent Scientist having most innovative and significant professional contributions in the field of Clinical Biochemistry, Immunology, Molecular Biology or allied sciences. The contributions of the person to be taken into account should have been made in India during the past 5 years.

PROCEDURE FOR SENDING NOMINATIONS FOR THE ORATION AWARDS

Members are requested to send nomination / recommendations of eminent persons, members of ACBI or others, a national or a foreigner, to deliver any one of the orations cited above. The person who nominates the speaker should enclose the bio-data of the nominee(s) may or may not know about the proposal being sent for the purpose of oration.

Nominations should reach on or before Oct. 30th, 2007 to **Dr. M.V.R. Reddy**, Prof. & Head, Dept. of Biochemistry, M.G.I.M.S, Sewagram-442 102 (Maharashtra).

E-mail: reddymvr@gmail.com.

The secretariat of ACBI will constitute the **Orations Award Committee** and the necessary steps to select the Oration speaker. The selection will be done in consultation with other members of Award Committee, specially constituted for the purpose, which in turn would be communicated to the Organizing Secretary of the annual conference, who shall include the oration in the scientific program of the conference and provide free registration and local hospitality to the speaker.

(B) K.P. SINHA - P.S. KRISHNAN AWARD

The Award was instituted in the year 1990 jointly by Organising Committees of 13th and 15th. Annual Conferences held at Patna and Jammu with a view to encourage biochemists to publish their work in Indian Journal of Clinical Biochemistry (IJCB). The papers published each year in IJCB are adjudged by a set of 3 Judges appointed by the President in consultation with the Editor of the Journal. The author/authors of the best paper are awarded a certificate and a cheque of Rs. 2000/- to be shared equally among the authors.

(C) BEST ORAL PRESENTATION AWARD

- 1. Pitabus-Jamuna Burma Memorial Award**: The award was instituted by **Dr. D.P. Burma**, past President of the Association in memory of his parents. The contestants for this award have to be a Life member of the Association or a membership of at least 3 years duration. The age of the contestants should be below 35 years on 31st of December of the year. The applicants have to submit a write up (not more than 2000 words) on an original research work in medicine based on approaches in Biochemistry or Molecular Biology, published by any author (excluding own or own group authors) in any prestigious journal of the world in the preceding one year.

Application along with (1) five typed copies of the write up, (2) five photocopies of the original paper and (3) documentary evidence of age should reach the Organizing Secretary by registered post by 30th October of the year. The selected candidates shall be invited by the secretary to present their paper orally before the judges at the Annual Conference in special award session to defend the findings and conclusion. The



candidate whose presentation is considered best shall be awarded cash of Rs. 500/- and a certificate at the valedictory function of the conference.

2. Sita Devi Award : The award was created by a donation from Dr. C. Sita Devi, the President of ACBI (1980) for presentation of scientific work related to Clinical Biochemistry.

3. P.S. Murthy Award for Best Paper in the field of (a) Infectious diseases & (b) Development of drugs from plant sources.: These awards were created by a donation from **Prof. P.S. Murthy**, Professor of Biochemistry, UCMS, New Delhi and President of ACBI in 1993. Papers for this award are invited under 2 categories., i.e.

- (1) Infectious Diseases, and
- (2) Development of Drugs.

One best paper in each category is awarded certificate and cash. If no paper under one category is available or considered worth, then both awards shall go to two top papers of the other category. In case no paper in either category is considered worth, then similar papers in Poster Sessions should be considered for the award.

4. MGIMS Award for Best Paper in the field of Tropical Diseases : This award was created in the year 1994 by a donation by **Dr. B.C. Harinath**, Professor of Biochemistry, MGIMS, Sevagram and president of ACBI (1994). The award is open for original work in biochemical / immunological / molecular aspects of Tropical Diseases. In case no paper is considered worth, then similar papers in Poster Sessions shall be considered for the award.

5. NIMS Award for the Best Poster : The award was instituted in 1994 by a donation from **Dr. T. Malati**, Professor of Biochemistry, NIMS, Hyderabad and President of ACBI (1993). There are 2 awards. One award is for the best poster in the field of Cancer and another in non-Cancer field.

How to apply for Award Papers

The applicant should send full paper to the Organizing Secretary so as to reach him before the date of submission mentioned in conference brochure for paper submission. He/She shall submit (1) 4 typed/photo copies of the paper along with abstract of the paper in the manner as mentioned earlier (2) documentary evidence of age (3) proof of membership of ACBI or membership number (4) no objection certificate from co-authors, if any, to the Organizing Secretary before the dead line for submission.

The award papers shall be evaluated by Scientific Committee of the conference. On the basis of evaluation, the organizing secretary shall select 2 best papers of each award and inform their authors to present them at a special session for award papers before 3 judges selected for this purpose. Each presentation shall not be of more than 7 minutes duration. After presentation of each paper, 3 minutes shall be devoted on discussion by the judges and the audience.

Who can Apply : Any member including Sessional Members, whose age on 31st December of the year is below 35 years, is eligible to take part in the contest.

Certificate and Prizes : The winner of the award shall be given a cash award and a certificate at the Valedictory function of the same conference.

Note: In case none of the submitted full papers are considered worth for Dr. P.S.Murthy & MGIMS Awards, then the papers of the respective subject areas presented, as posters will be considered for these awards.

Application for ACBI Best Paper/Poster Award

To,
Prof. Krishnajyoti Goswami
Organizing Secretary, 35th ACBICON2008
Department of Biochemistry,
Ramakrishna Mission Seva Pratishthan
Vivekananda Institute of Medical Sciences
99 Sarat Bose Road, Kolkata - 700 026, India
Email: acbicon2008@gmail.com & gkrishnajyoti@gmail.com
http:// www.acbicon2008.com

Sir,
I am submitting a paper entitled,
by et al., for the best paper award during the 35th Annual Conference of ACBI. I am aware of the terms and conditions of competing for the said award and shall abide by the rules. Preference of the award to be considered is indicated as below (Only one choice). Sita Devi Award / P.S. Murthy Award / MGIMSAward / NIMSAward. (Tick the preference).

Enclosures:

- i. Two sets of full text of the paper, along with the abstract, in a format as required for Indian Journ. Clin. Biochem
- ii. Documentary evidence of age
- iii. No objection certificate from co-authors, if any.

Kindly acknowledge the receipt of the same and inform the date of presentation, if considered for the award.

Date

Yours sincerely

Name, signature and address

.....
.....



Notice

ACBI Fellowship

Association of Clinical Biochemists of India Awards Fellowships to distinguished members of the association on the basis of their achievements.

The nominations of Fellowships are invited annually and an Award Committee will review the nominations received on or before 31st of October and those found suitable are admitted as fellows during convocation held at the time of the Annual Conference of ACBI. Nominations are to be made on the prescribed format given below.

ELIGIBILITY

Nominee: The candidate should be either a Life Member or Honorary Member of the ACBI of at least 10 years standing. He/She should have at least 15 years of teaching / analytical / research experience in the areas of clinical biochemistry / management and promotion of clinical biochemistry or has done distinguished services to ACBI.

Who can propose? A fellow or a senior member of the ACBI can nominate (not more than two) candidate(s). The nomination letter, duly signed by the proposer, along with six copies of the (a) Bio-data of the nominee, (b) List of publications with 6 reprints of which at least 3 are recent ones, (c) Statement about various contributions by the nominee for developments of Clinical Biochemistry and /or distinguished services rendered to ACBI or to the community should reach the ACBI Secretary **Dr. M.V.R. Reddy**, Professor & Head, Department of Biochemistry, MGIMS, Sevagram-442 102 (Maharashtra) latest by 31st October, 2008.

Format for Nomination of Fellow of ACBI

Secretary,
Dr. M.V.R. Reddy
Prof & Head Dept. of Biochemistry,
MGIMS, Sevagram - 442 102
(Maharashtra)

Sir,

I,.....(name),
have the pleasure of nominating
(name, address and the ACBI membership number of the nominee) for the award of Fellowship of ACBI. I also enclose six copies of the nominee's (a) bio-data, (b) list of publications with 6 reprints of which at least 3 are recent, (c) statement about various contributions by the nominee for developments of Clinical Biochemistry and/or distinguished services rendered to ACBI or to the community. Biodata on the prescribed format is enclosed.

.....

Place

.....

Date

Enclosures: As above

.....

Name and signature and address of the proposer

.....

ACBI membership number of the proposer



BIO-DATA OF THE NOMINEE

1. Name
2. Address (Residential, Official including telephone. Fax and E-mail)
3. Date of birth
4. Sex
5. Marital status
6. Official designation
7. Details of all posts held or holding with dates
8. Details of all positions held or holding in National or International Professional Societies
9. Date since doing clinical biochemistry practice (for private practitioners only)
10. Publications in (1) I.J.C.B. or Journals listed in Cumulative Index or Indexus medicus, (2) or any other important Journal (attach a list)
11. Authorship of books published, give list
12. Authorship of monographs or chapters in book, give list
13. Any programs (workshop, symposia, conference etc.) organised as convenor or faculty to improve knowledge and practice of clinical biochemistry either at state or national or international level
14. Any community service rendered (give evidence)
15. National or International awards received for excellence in teaching or research or analytical work
16. Award received from ACBI
17. Any other award received
18. Membership of technical expert group or consultancy (national or international)
19. Acting as expert in central or provincial P.S.C. or University or in any selection board
20. How many years of continuous membership of ACBI (give membership number)
21. Any other relevant information for consideration



Notices

IDENTITY CARDS FOR MEMBERS

ACBI has decided to provide Identity Card to all its Life, Associate, Annual and Corporate Members free of any charge. Therefore, I request you to kindly send the following information to the undersigned at your earliest by registered or Speed Post.

1. Stamp size color photograph front view
2. Name, Qualifications
3. Membership number as 2004/LM
4. Work Place
5. State
6. Date of joining ACBI

Dr. Rajiv R. Sinha

Treasurer

Association of Clinical Biochemists of India
Biochem-Lab, East Boring Canal Road
Patna-800001 (Bihar)
Tel: 0612-2531212

1st Annual Conference of the U.P. Chapter of ACBI

The first annual conference of the U. P. Chapter of Association of Clinical Biochemist of India (UPACBICON 2008) will be held at Aligarh on 15th-16th Nov.2008.

The theme is "National Symposium on Advances in Clinical Biochemistry, Biomarkers, Molecular Diagnosis and Quality Control". 1st annual meeting of the U.P. Chapter of ACBI will also be held during the conference.

For further information, please contact Organizing Secretary

Dr. Najmul Islam

Reader, Dept. of Biochemistry, JNMC
Aligarh Muslim University, Aligarh (Uttar Pradesh)
Mob. 09412876384
E-mail: nxi7@hotmail.com / upacbicon2008@gmail.com.

XXXVth Annual National Conference of Association of Clinical Biochemists of India

BUSINESS MEETING PROGRAMME

- Editorial Board of IJCB Meeting & other Sub-committees Meetings : December 18, 2008 (5.00 to 6.00 pm)
- Pre GBM EC Meeting : December 18, 2008 (6.00 to 7.00 pm)
- EC-Corporate Members joint Meeting : December 18, 2008 (7.00 to 8.00 pm)
- General Body Meeting : December 19, 2008 (5.00 to 6.45 pm)
- Post GBM EC meeting : December 20, 2008 (2.00 to 3.00 pm)

Organised by Ramkrishna Mission Seva Pratisthan, Vivekananda Institute of Medical Sciences

ACBI ELECTION NOTICE

Call for Nominations to fill up vacancies in Executive Council of ACBI 2009.

Position		Number of Vacancies
1. Vice President	:	One
2. Joint Secretary (Secretariat)	:	One
3. EC Members	:	Six
4. State Representatives	:	All the States

Duly filled nominations for the above posts are invited by the eligible members duly seconded by the Members of the Association. Nominations may please be submitted to **Dr. Arun Raizada**, President, ACBI, Consultant & Head, Dept of Clinical Biochemistry, Escorts Heart Institute & Research Centre, Okhla Road, New Delhi - 110 025, latest by October 31st 2008; 5.00 pm.



clinical case History

From the Desk of the Data Preservation Cell

CASE 1

BRIEF CLINICAL HISTORY

The patient is a female child, 5 years old. Admitted with the complaint of fever, headache and confusion to the Neuroscience Centre, Peerless Hospital. After 24 hours the patient was reported to be stable and her response was normal. She had a previous history of mild, frequent muscle cramps.

LABORATORY INVESTIGATIONS

The laboratory investigations requested are:

- Cell count, glucose protein and adenosine deaminase analysis of CSF.
- Serum calcium and bicarbonate.
- Cell count was reported to be 100/cmm, 80% of which are lymphocytes and protein 72mg/dl suggesting inflammatory nature of the disease.
- Adenosine deaminase was 6.9u/l which was below the cut off for tuberculous infection. Upto 10u/l is the normal biological reference interval for ADA (CSF). Bicarbonate was also normal -25mmol/l.
- Serum calcium was found out to be 2.3 mg/dl (ref.interval:8.0-11.5mg/dl).
- Repeat test from fresh sample was performed to eliminate sample collection error. Data was found out to be correct. Interlab reports from two NABL accredited laboratory confirmed the validity of the reports. Parathyroid hormone (PTH) was 1.9 pg/ml (ref.interval:10-60pg/ml).
- As supportive evidence serum phosphorus, alkaline phosphatase and 24 hours urine phosphorus excretion was measured.

- Alkaline phosphatase - 237U/L (ref. Interval:210-810U/L, below 15 years), serum phosphorus 12mg/dl (3.7-5.6mg/dl, ref. interval for 4-11 years), urine phosphorus-117.7mg / 24hrs (ref. interval 900-1300 mg / 24hrs).

CORRELATIONS

Correlation of PTH and calcium are sufficient to prove hypoparathyroidism. The expected laboratory findings should be :

Parameter	Expected finding	Observed finding
Serum Calcium	decreased	decreased
Serum Phosphorus	increased	increased
Serum ALP	normal/slightly decreased	low normal
Serum PTH	decreased	decreased
Urine phosphorus	decreased	decreased

CONCLUSION

The family of the patient took discharge for financial reasons. The laboratory findings are suggestive of hypoparathyroidism. The important observation is the calcium report. It was difficult to believe that one can survive with such a low calcium level and apparently no history of seizure but impossible seems to be possible.

Referring Physician: Dr. Arijit Chatterjee, National Neurosciences Centre / Dr. Amit Roy, Peerless Hospital.

Cell Count & Morphology - Dr. S. Sanyal, Peerless Hospital.

Biochemistry, Data Validation & Compilation of data:
Dr. Shyamali Pal, Peerless Hospital & B.K.Roy Research Centre, Kolkata



A REQUEST

Colleagues, young and senior scientists:

Please send your comments regarding the cases presented. Also send your data to the Data Preservation Cell to enrich our data bank at the following address:

Dr. Shyamali Pal

Co-ordinator, Data Preservation Cell, ACBI News Bulletin / Shy23_pal@yahoo.co.in



CLINICAL CASES 1, 2, 3, POSTED IN NEWS BULLETIN OF MARCH 2008 AND COMMENTS FROM THE AUTHOR

Case 1 (2008)

A 70 year old female was admitted to hospital feeling generally unwell. She was noted to be febrile and after examination diagnosed to have UTI and mild sepsis. The following results were abnormal.

FBC: Comments mild lymphopenia

UREA: Urea slightly raised at 16.9 mmol/L (RR: 2.7 - 7.8)

CRP: 83 mg/L (<8)

TSH: 5.26 mU/L (0.4 - 4)

FT3: <1.6 pmol/L (2.3 - 6.3)

FT4: 11.1 pmol/L (10 - 24)

1. Comment on the above results.
2. What are likely causes of above thyroid function results in light of the clinical picture.
3. What further test can be done to delineate thyroid status.

Comments on Case 1 (2008)

This patient has suppressed T3 and low normal T4 levels. There is lack of conversion of T4 to T3 and despite these abnormal levels, the TSH is not showing a compensatory rise.

In sick euthyroid or non thyroidal illness (NTI) TSH is turned off. This is to decrease metabolism in order to conserve energy. Hence the T3 and low T4.

Once the primary metabolic abnormality resolves itself, the thyroid results return to normal. In this situation, be aware that TSH might show a rise before normal levels are attained.

↑rT3 levels are often seen in sick euthyroid and can be used as a confirmatory test in the diagnosis of sick euthyroid or NTI.

Case 2 (2008)

A 65 year old female complains of tiredness, loss of energy. No symptoms of hypothyroidism evident and physical examination fail to reveal any goitre. There was also no family history of thyroid disease.

The following thyroid results were obtained

fT4 14 pmol/L (10 - 25)

TSH 8.5 mIU/L (0.4 - 4)

Cholesterol 5.5 mmol/L (<5.5)

1. Comment on the results.
2. What is the diagnosis?
3. What further testing / and frequency is required?

Comments on Case 2 (2008)

Without any positive clinical findings at this time to

support a hypothyroid picture, sub clinical hypothyroidism should be the preliminary diagnosis and managed as so.

Also fT3 and a-TPO should be checked to assess any risk of progression to frank hypothyroidism. For this, it is suggested that TFT be repeated in 3/12 to monitor progress. In this case, the 3/12 check showed: T3 = 3.5, aTPO = N. Hence further f/up testing may be done annually if required

Clinical Case 3 (2008)

Part A: 49 yr old female was Rx for 1° hypothyroidism (300ug T4) and for 1° hypercholesterolemia (cholestyramine). Despite the high dose of T4, patient still remained mildly hypothyroid slow reflexes.

Date 2/9 results

fT4: 12 pmol/L (10 - 24)

T3: 2.9 pmol/L (2.5 - 6.5)

TSH: 12 mU/L (0.4 - 4)

TFT's was repeated again with same results and a review in two months was arranged.

Please read Part B.

Part B: 2/52 later, the same patient returned to clinic for further assessment. This time she was found to be very anxious, hyperkinetic suggestive of hyperthyroidism. Her dose of T4 remained unchanged. TFT's were done with following results

Date 14/9 results

T4: 35 pmol/L (10 - 24)

T3: 6.1 pmol/L (2.5 - 6.5)

TSH: 0.09 mU/L (0.4 - 4)

1. Explain the above results
2. Is there any comments regarding methodology or laboratory artefacts.
3. Are there any other cause for the above results

Comments on Case 3 (2008)

Close questioning revealed that previously the patient had taken the thyroid and anti cholesterol medication together @ breakfast.

2nd time, her routine changed; T4 @ breakfast and anti cholesterol @ lunch.

1st time T4 was absorbed by the cholesterol medication resulting in low circulating T4. Taking the drugs separately allowed the full therapeutic effect of 300ug of T4. Hence the raised T4.

Laboratory artefacts were obviously not considered.



NEW CASES No. 4 & 5 (2008) FOR YOUR COMMENTS

Please send your comment directly to Dr. Parameswaran (Venkat.Parameswaran@dhhs.tas.gov.au) Or to Head Office (kpsacbi@yahoo.com). Comment from author will be published in next issue of News Bulletin.

Case 4 (2008)

A 49 year ♀ with a past history of hypercalcaemia and nephrocalcinosis had parathyroid surgery in 2005. In 2007, the patient was seen to have anxiety, tiredness, and tachycardia and feeling generally unwell.

She subsequently presented to the endocrine clinic for management of her thyroid condition. The results of thyroid function tests done during these visits are shown in the table below.

TABLE 1

		23/04/2007	04/10/2007	31/10/2007
TSH	0.4–4 mU/L	2.3	3.0	2.3
FT3	2.3–6.3 pmol/L	5.6	8.8	6.6
FT4	10–24 pmol/L	24.3	38.4	28.8
A-TPO	<35 units/ml	ND	ND	<10
TRAB		ND	ND	<1.5

Other pituitary hormones checked showed quite elevated LH, FSH levels.

QUESTIONS

1. Comment on the above results.
2. What would be the provisional diagnosis?

The following tests were also done along with thyroid function testing:

TABLE 2

		23/04/2007	04/10/2007	31/10/2007
IGF-1	10–42 nmol/L	37	43	37
α-subunit glycoprotein	0.05–0.55 IU/L	1.6	1.5	1.2
SHBG	18–114 nmol/L	150	145	>180

Case 5 (2008)

20 year old female investigated for irregular periods, obesity and increased tiredness

The following endocrine investigations were done:

Serum Insulin	: 22 mU/l	(fasting: 0–29)
Serum C-Pept.	: 1.46 nmol/L	(fasting: 0.2–1.28)
Serum Testo	: 2.50 nmol/L	(0–3.5)
Serum SHBG	: 11.0 nmol/L	(20–120)
FAI	: 22.7	(0–2.9)
Serum LH	: 8 IU/L	(1–16)
Serum FSH	: 4 IU/L	(2–12)
Serum E2	: 64 pmol/L	(100–1400)
Serum PRL	: 181 mU/L	(64–395)
Serum TSH	: 2.2 mU/L	(0.4–4.8)
Serum FT4	: 11.3 pmol/L	(10–28)
Serum BSL	: 4.6 mmol/L	(3.5–5.5)

QUESTIONS

1. Comment on the results.
2. What could be the provisional diagnosis based on the above results?



A Graphic Plot

In a Biochemistry lab, on another day, yet another young female graduate student was working on a poster for presentation at an upcoming meeting. She had been using fluorescence to study the binding of a protein to its ligand and had spent quite a bit of time getting just the right distribution of data points for her graph.

After several days in front of the fluorimeter and hours in front of the computer, plotting her data, she sat back in satisfaction at her accomplishments. Seeing one of the guys from her lab passing in the hallway, she called out to him in a loud voice, "Hey come look at my figure. Are these outstanding curves or what?"

They were nice curves and she had a really nice figure.

1. Increase in ACBI Membership Fee

All ACBI members are informed that as per the G.B. resolution passed at 35th ACBI Conference at New Delhi, the membership fees of all categories of members has been increased as follows:

1. Life Membership: Rs. 3500/- or Rs. 1200 in 3 annual instalments
2. Associate Life Membership: Rs. 3500/-
3. Annual membership: Rs. 350/-
4. Corporate Membership: Rs. 25000/-

2. Invitation to Corporate Members for Contemporary Articles

All corporate members are invited to submit articles in current advances in instrumentation and testing techniques in laboratory medicine. They can send their articles to the Executive Editor, ACBI News Bulletin at: k_ranjan@msn.com.

3. Invitation to Members for Case History

Did you come across an interesting case with an unusual Biochemical finding? Please share it with all of us in the News Bulletin. Send in your write up to Dr Shyamli Pal at: shy23_pal@yahoo.co.in.

4. Your Correct Address

We want all of you to get all informations of ACBI activities. But for that we require your correct address and email i.d. Please check your details on the ACBI website at www.acbindia.org. If there is any correction needed, please email to kpsacbi@yahoo.co.in or pat_drkps@dataone.in.

Branch News

ACBI - BIHAR BRANCH

A Continuing Medical Education program was organized by the Bihar State branch of the Association on 18th May 2008. The topic of the CME was **“Diagnostic workup for Hepatitis B infection with special emphasis on newer markers.”** The talk was delivered by Dr. V. M. Dayal, Additional Professor, Dept. of Gastroenterology, Indira Gandhi Institute of Medical Sciences, Patna, who talked in details about the markers and their relevance to Laboratory diagnosis. The meeting was well attended. Vote of thanks was proposed by Dr B. N. Tiwary, Professor of Biochemistry, Nalanda Medical College, Patna, and a Past President of the Association



OBITUARY

We are sorry to announce the sad demise of one of our very old Life member, **Dr. C. R. Parija**, who passed away this year. He had been a Life member of the association since 1988 and was actively involved in all the association activities. Prior to his retirement, Dr Parija was a Professor of Biochemistry & Nuclear Medicine at S.C.B. Medical College, Cuttack, Orissa.



MINUTES OF WORKSHOP AND CME OF WEST BENGAL CHAPTER, 2008 ASSOCIATION OF CLINICAL BIOCHEMISTS OF INDIA

Workshop on Pre Analytical Procedure and Hands on Training on the Pre-Analytical Procedure was arranged on 30th of May, 2008 at Peerless Hospital & City Diagnostic Centre. Dr. Shyamali Pal has organized the Workshop on behalf of West Bengal Chapter, ACBI. BD was organizer of Peerless Hospital & B.K. Roy Research Centre of which Dr. Shyamali Pal is In Charge, Department of Biochemistry.

In the Workshop Mr. Avik Roy, zonal sales representative, BD, discussed about the procedural errors during blood sample collection and transport.

He discussed the essentiality of use of vacutainers also. It was a nice speech and laboratory technologists of different laboratories of Kolkata participated in the Workshop. Dr. P.K. Nayak, Medical Superintendent (Academic cell, Peerless Hospital) chaired the session. The interactive session of the participants, chairperson and the speaker was excellent.

The laboratory technologists and female attendants were given hands on training on blood collection and use of different vacutainers.

Dr. Shyamali Pal discussed errors in laboratory reports due to faulty-analytical procedures, its detection and solution. The students participated in the discussion and the session was a lively one.

On 31st of May, 2008 one CME was arranged on **Quality Management in Laboratory System**. Before starting the session one minute's silence was observed in the memory of late Professor Taranath Shetty. The speakers were Editor in Chief, IJCB Prof. Praveen Sharma, Dr. Adarsh Pal Singh, BD and Dr. Shyamali Pal.

The programme was inaugurated by Prof. C.R. Maity, Ex-Director of Medical Education, Government of West Bengal and Fellow of ACBI.

Prof. Sharma spoke on laboratory quality management. He highlighted the necessity of autopipettes and glassware calibrations, day to day quality data maintenance and the most important aspect—errors due to preanalytical, analytical and post analytical procedures. Dr. Abhijit Banerjee, Director, Ashok Laboratory chaired the session.

Dr. Adarsh Pal Singh explained the role of vacutainers on these particular aspect and the upcoming vacutainer systems. Prof. Sandip Bandyopadhyay, KPC Hospital, chaired the session. Dr. Shyamali Pal discussed on the day to day maintenance of the autoanalysers. What are the steps should be taken to maintain high precision. Choice of site before installation and flexibility of an open automated system.

Prof. Subimal Choudhury, HOD, Lab. Medicine, AMRI Hospital, chaired the session. Finally, vote of thanks on behalf of ACBI (WEST Bengal chapter) was given by Dr. S. Mishra, Biochemist, N.R.S. Medical College Hospital, Kolkata.

Dr. Shyamali Pal remains thankful to Dr. M.V.R. Reddy and Dr. S. Majumdar, Prof. University College of Science and Secretary, West Bengal Chapter, ACBI respectively, for giving their kind permission to arrange the programme on behalf of West Bengal Chapter, ACBI.

She acknowledges the kind cooperation received from Mr. D. Banerjee, General Manager, Commercial and Mr. D. Bhattacharya, Administrator, Peerless Hospital & B.K. Roy Research Centre Kolkata.

Dr. Shyamali Pal remained thankful to the sponsors of the programme, BD, Ashok Laboratory, Accurex Biomedicals Pvt. Ltd, HD-Consortium Pvt. Ltd. also.





ASSOCIATION OF CLINICAL BIOCHEMISTS OF INDIA

MEMBERSHIP APPLICATION FORM

(PLEASE WRITE IN CAPITAL OR TYPE)

- 1. Category of Membership Applied (tick the choice) : Life / Associate Life / Annual / Corporate
 - 2. Name Dr/Mr./Mrs./Ms. :

FAMILY NAME	FIRST NAME
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 - 3. Sex : 4. Date of Birth : 5. Nationality :
 - 6. Academic Qualifications with Year : **(Also Attach Photocopies please)**
 - 7. Designation :
 - 8. OFFICIAL ADDRESS
 - 1. Department :
 - 2. Institution :
 - 3. Address :
 - 4. City : 5. Pin Code :
 - 6. State
 - 7. Tel. (with area code): Mob.:
 - 8. Fax (with area code) :
 - 9. E-mail :
 - 9. RESIDENTIAL ADDRESS
 - 1. Address :
 - 2. City : 3. Pin Code :
 - 4. State
 - 5. Telephone (with code): Mob.:
 - 6. Fax (with area code) :
 - 7. E-mail :
 - 10. Address for Communication : Official **OR** Residential (please tick the choice)
 - 11. Professional Experience (briefly) on separate page : Teaching / Research / Diagnostic : Years
 - 12. Field of expertise/Areas of Interest: (1) (2)
 - 13. Publications, if any : **Please attach a list giving details of publications.**
 - 14. Membership of other professional bodies, if any :
 - 15. Any other relevant information (brief) : **(on separate page)**
 - 16. D.D. No.: Date : Bank :
 Branch : Amount : Rs.:
- (Enclose the crossed D.D. for an appropriate amount drawn in favour of 'Association of Clinical Biochemists of India' payable at **Patna**)



UNDERTAKING BY THE APPLICANT

I have gone through the bylaws of the Association of Clinical Biochemists of India. If admitted as a member, I shall abide by the rules and regulations of the association.

Signature of the Applicant _____ Date _____ Place

Recommendation by a Member of ACBI (This is essential)

I have verified the information given in this application that are true to the best of my knowledge. He/She fulfils eligibility requirement for becoming a member of ACBI. I recommend that be accorded the membership of the ACBI.

Name & Signature of the Member Date :

ACBI Membership No.: Place :

DISCLAIMER

I have no objection / I object* if my address and full details are put on the ACBI website at www.acbindia.org.

Name & Signature of the Member Date :
* strike out whichever is not applicable

OFFICE PURPOSE ONLY

Membership of approved by the Executive council meeting held on
..... at and the assigned membership No, is Membership
subscription of Rs. (D.D. No. dated
..... of Bank debited to ACBI A/c **No.0100006833** at State Bank of India, Patna
main Br. on

Signature of Treasurer Date :

ADMISSIBILITY RULES

ELIGIBILITY CRITERIA : Membership of the Association is open to teachers & research scientists in the discipline of Biochemistry, Clinical Biochemistry, Immunology, Pathology, Endocrinology, Nutrition, Medicine and other allied subjects in a medical institution and also to persons holding M.B.B.S., M.Sc.(Biochemistry or Clinical Biochemistry) and are engaged in research or practice of clinical Biochemistry in a hospital or in private laboratory.

ASSOCIATE MEMBERSHIP : Those graduates who do not fit in the above criteria, but have an interest in Clinical Biochemistry are eligible to become Associate Members.

CORPORATE MEMBERSHIP : A company dealing in biochemicals and instruments for biochemistry laboratories can become corporate members.

MEMBERSHIP FEE : (a) Annual Member Rs. 350/- annually , (b) Life Member Rs.3500/- once + Rs.30/- for L.M.certificate posting [Total: Rs.3530/-] (or Rs. 1200/- annually for 3 consecutive years.) (c) For persons residing in other countries US \$200/- (d) ASSOCIATE LIFE MEMBERS - Rs.3500/- once + Rs.30/- for A..M. certificate posting [Total: Rs.3530/-] , (e) Corporate Member : Rs. 25,000/- one time payment. (f) IFCC subscription (optional) - Rs. 1500/- once. (g) LIFE MEMBERS pls. note : For Hard copy of Journal- Rs. 200/- per year for postage (or Rs.1000/- for 6 yrs) money to be sent to Editor, IJCB.

For Web viewing, please send your email id to editor. For more information log on at www.ijcb.co.in

Prescribed fee should be paid by **BANK DRAFT** only payable to "ASSOCIATION OF CLINICAL BIOCHEMISTS OF INDIA" at **PATNA. NO CHEQUE PLEASE.** The completed application (along with enclosures) & draft should be sent to **Dr. Rajiv R. Sinha, Treasurer, ACBI, Biochem-Lab, East Boring Canal Road, Patna 800 001**, preferably by registered post.

Please attach 2 recent passport size photograph of yours along with this Application Form.



ACBI Travel Fellowship

The ACBI Travel Fellowship has been constituted by a donation of Rs. Twenty five Thousand by **Dr. A.S. Kanagsabapathy**, Organising Secretary, ACBI Conference, Vellore; donation of Rs. Twenty Five thousand by **Dr. Vijay Singh Thakur**, Organising Secretary of 'Workshop in Quality Control' held at AIIMS, New Delhi & a donation of Rs. Fifty Two Thousand by **Mr. S.K. Manhar**, Director, Priman Instruments Pvt. Ltd, New Delhi.

Applications are invited by the Organising Secretary of the Annual Conference, for availing this fellowship through the conference brochure. This award shall be awarded to young members of ACBI below the age of 35 whose paper has been accepted for presentation and who has not availed any other assistance through any other source. The award will be decided by a Committee consisting of the Organising Secretary, President and General Secretary of ACBI.

The awardee will be given To-and-Fro 3 tier sleeper class rail fare to the maximum of Rs. 1000/-. The awardee's name will be announced during the valedictory function of the conference and the cheque will be presented.

Applications are invited from young delegates whose age is below 35 years and whose paper has been accepted for presentation. The application should reach the Secretary Dr. M.V.R. Reddy by 30th November 2008 on the following address:

Dr. M.V.R. Reddy

Professor & Head, Department of Biochemistry
Mahatma Gandhi Institute of Medical Sciences
Sewagram-442 102 (Maharashtra)

Applications should be accompanied with proof of age and a copy of acceptance of paper by the Organizing Secretary of Annual Conference.



ACBI-AFMC Quiz Award

Col. Parduman Singh, Organizing Secretary of 33rd ACBI Conference, Pune has instituted an award for Quiz contest for post graduate students during forthcoming Annual Conferences and has donated Rs. 2 lacs from the savings of the 33rd ACBI Conference.

Post graduate students are encouraged to take part in the Quiz contest. They should give their names for participation to the Organizing Secretary of the 35th Annual Conference, Kolkata latest by 19th December 2008.



Down Memory Lane



VII Annual Conference of Association of Clinical Biochemists of India, December 1980 at Manipal



General Chemistry Immunodiagnosics Centrifugation Molecular Diagnostics Hematology Hemostasis
Disease Management Information Systems Lab Automation Flow Cytometry Primary Care

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