Clinical Biochemistry News

ACBI

Association for Laboratory Medicine

LabMed

July 2026

Newsletter of the Association of Clinical Biochemists in Ireland

and the Association for Laboratory Medicine (Republic of Ireland Region)

Eric Jones : Creative Commons

Gibson Hotel, Point Village Dublin. Venue for the 48th ACBI Annual Conference Friday 6th-Saturday 7th November, 2026

Contents

Editors: Dr. Martin Healy; Dr. Peadar McGing

Message from the President of the Association of Clinical Biochemists in Ireland
Kelly Foley

Welcome to the July edition of Clinical Biochemistry News and my first message as President of the Association of Clinical Biochemists in Ireland.

I am grateful for the opportunity to serve as President and to represent our members over the coming years. ACBI has a proud history of advancing clinical biochemistry in Ireland through education, scientific collaboration, professional advocacy, and the sharing of expertise. I would like to thank Dr Paula O'Shea for her leadership and commitment to the Association during her presidency, as well as the members of Council whose dedication continues to support the work of the Association.

Clinical biochemistry and laboratory medicine are evolving rapidly. Advances in diagnostics, digital health, artificial intelligence, automation, and precision medicine are transforming the way we deliver laboratory services and support patient care. At the same time, laboratories are navigating service reform, workforce challenges, increasing demand, and growing expectations from the healthcare system. While change can be challenging, it also gives us an opportunity to shape the future of our profession and demonstrate the value we bring to patient care.

As President, one of my priorities will be to ensure that ACBI continues to be a strong and effective voice for our profession. This includes supporting scientific excellence, fostering research and innovation, promoting education and professional development, and advocating for the important contribution that clinical biochemists make to patient care and healthcare delivery.

I am particularly keen to encourage engagement from members at all stages of their careers. Your perspectives and contributions are essential to the future direction of our Association. I encourage members to participate in our meetings, educational activities, working groups, and conferences, and to share their achievements through this newsletter.

The second half of the year promises to be a busy and exciting one for ACBI. I look forward to meeting many of you at our Annual Conference, which returns to Dublin this year and remains one of the highlights of the professional calendar. It provides a valuable opportunity to learn from one another, collaborate with colleagues, and strengthen our professional network.

Thank you for your continued support of ACBI and for the work you do every day to advance laboratory medicine and improve patient outcomes across Ireland.

With best wishes,
Kelly Foley
President Association of Clinical Biochemists in Ireland

Upcoming Meetings

48th Annual ACBI Conference 6-7 November 2026, The Gibson Hotel, Dublin.

IEQAS Annual Conference October 1st 2026, Radisson Blu Hotel, Dublin.

50th Annual Meeting of the Irish Endocrine Society 13-14 November 2026, Aula Maxima, University College Cork.

IFCC WorldLab 25-29 October 2026, New Delhi, India.

Lab Innovations 4-5 November 2026, NEC Birmingham, UK.

Society for Endocrinology Osteoporosis Conference 9-10 September 2026, Manchester Metropolitan University Business School, UK

ISQua (International Society for Quality in Healthcare) International Conference 27-30 September 2026, Dublin Convention Centre.

29th Annual Irish Society of Human Genetics (ISHG) Conference September 4th 2026, Royal College of Surgeons, St. Stephen's Green Dublin.

OUR TRIP TO GALWAY

UCD MSc in Clinical & Diagnostic Biochemistry students visit to Clinical Biochemistry, UHG

L-R: Dr Verena Gounden, Consultant Chemical Pathologist UHG, Stephanie Ghiba, Paraskevi Papantoniou, Bree O'Sullivan, Russel Flores, Jessie Li, Dr Janice Reeve, Principal Clinical Biochemist UHG

After a bright and early start, we arrived at the University Hospital Galway's (UHG) Clinical Biochemistry Department. We were greeted with great hospitality by the friendly staff, who were happy to answer questions as they arose. Dr Janice Reeve (Principal Clinical Biochemist at UHG) organised multiple comprehensive sessions on 'Quality Assurance in the Lab' which covered such topics as IQC use, EQA, the quality management system (QPULSE), method verification and clinical authorisation of clinical biochemistry results - all of which were very helpful for our studies. We attended the UHG Medical Grand Round, with lunch thrown in! UHG Consultant Nephrologists presented and gave us a greater insight into acute kidney injury, kidney transplant, polycystic kidney disease and cardio-renal syndrome through carefully selected cases. This was a fantastic start to our day trip to UHG and we are extremely grateful for the warm welcome and overall experience. *Jessie Li*

Getting a tour of the Clinical Biochemistry laboratory at UHG was a privilege that provided valuable insight into their specific operational workflow and issues. There was a notable contrast regarding pre-analytical workflow compared to the Mater Misericordiae University Hospital, where I am currently on placement. Specifically, UHG employs a more manual process within their laboratory information system, APEX, for GP requests whereas MMUH adopts a more electronic approach through OCM scanning for in-house patients and Healthlink integration for GP referrals. UHG Pathology has recently rolled out GP electronic ordering and it is slowly gaining ground. Currently, and despite the more manual nature of their booking-in workflow, the Galway clerical staff maintain an efficient, organised, and smooth operation. It was very helpful to see how biochemistry labs run differently yet want to achieve a unified goal of producing accurate, reliable patient results. *Russel Flores*

Our visit to UHG further emphasised the importance of quality in the laboratory, which we learned all about in our MSc lectures. Dr Reeve gave us a deep dive into quality within the lab, through real-life examples. It was undeniably helpful and fascinating to see theory put into practice. She emphasised how vital both IQC and EQA are for delivering reliable results, supporting safe clinical decision making and patient care. Each laboratory follows its own analytical performance specifications and 'rules' for quality assessment and when combined with EQA and IQC, these frameworks help ensure result accuracy and reliability. Automation is another advancing component, further reducing errors and contributing to high-quality results. On our trip to Galway we got a comprehensive overview of how laboratories maintain and continually improve quality. *Paraskevi Papantoniou*

We gained valuable, first-hand experience on the total testing pathway, from receipt of the request

in the laboratory all the way through to result reporting. One particularly interesting aspect of the visit was seeing how results are clinically authorised in this lab. This process mirrors the workflow used in the St Vincent's University Hospital (SVUH) Clinical Biochemistry laboratory where I am currently completing my placement. It happens that both UHG and SVUH are Roche laboratories that utilise APEX as their Laboratory Information System. Observing the same authorisation steps in separate clinical diagnostic settings highlights how standardised procedures across hospital laboratories could work nationally. It reinforced how laboratory information systems play a critical role in maintaining result integrity, traceability, and patient safety. Dr Reeve was more than happy to answer any questions we had about this process, and was completely open to chatting to us on our observations throughout the day. It was greatly appreciated by all to have been able to query anything and to ask any questions to staff members about lab-related issues. In particular, I was fascinated by the 'MyGreenLab' initiative which this lab has recently signed up for - this will hopefully enable subtle and sustainable shifts to more environmentally friendly laboratory practices. This visit to UHG was an indispensable opportunity to see Clinical Biochemistry in practice from a different point of view. *Bree O'Sullivan*

In the afternoon, our visit provided valuable insight into the laboratory's Quality Management System and quality management software QPULSE. We explored several aspects of this Clinical Biochemistry laboratory's operations, including how audits and corrective and preventive actions (CAPAs) are managed through QPULSE to better improve the clinical laboratory service. One particularly interesting change discussed was UHG's participation in Green Initiatives, *e.g.* GreenED and MyGreenLab, which aim to reduce the environmental impact of healthcare. As part of the UHG GreenED initiative, the lab were approached to include bicarbonate to the ED testing profile in an effort to reduce the number of blood gas analyses being performed and the number of blood gas syringes used in ED. Overall, the visit highlighted how Clinical Biochemistry laboratories also manage broader environmental and service improvement aspects.

Fortunately, we had the opportunity to visit the Clinical Biochemistry laboratory while they were verifying a new line of Roche analysers for implementation. We received a fantastic presentation and overview of method validation and verification from Dr Verena Gounden (Consultant Chemical Pathologist) during which we learned the importance of ensuring that a new laboratory method is accurate, precise and fit for its intended clinical purpose. It offered a practical insight into how new methods are introduced into the lab and the work involved in monitoring their performance. *Stephanie Ghiba*

Galway County Crest (Creative Commons)

A Selection of Members' Recent Publications

Martin Healy

The role of male foetal sex on maternal and neonatal outcomes in pregnancies complicated by gestational diabetes-secondary analysis of a randomised placebo controlled clinical trial of metformin in gestational diabetes (EMERGE).
Newman C, Alvarez-Iglesias A, Eyers K, McEvoy RP, **O'Shea PM**, Gillespie P, Devane D, Egan AM, Simpkin AJ, Zhu Y, O'Donnell M, Smyth A, Dunne F. BMC Med. 2026 Mar 12. doi: 10.1186/s12916-026-04778-z. Free access

Prediction of time to insulin initiation in gestational diabetes mellitus: a secondary analysis of the EMERGE trial.
Zhu Y, Alvarez-Iglesias A, Egan AM, Smyth A, Newman C, Macias DA, Devane D, Dunne F, O'Donnell M, **O'Shea P**, Gillespie P, Simpkin AJ. Diabetes Res Clin Pract. 2026 Jan;231:113070. doi: 10.1016/j.diabres.2025.113070. Free access

People living with HIV on modern antiretrovirals do not display a pro-atherogenic lipid profile and have similar body composition compared to healthy controls.
Savinelli S, Heeney A, Tinago W, Garcia Leon AA, McGettrick P, Cotter AG, Walsh I, **Fitzgibbon M**, Sabin CA, Mallon PWG, Feeney ER; HIV UPBEAT study group. HIV Med. 2026 Jan;27(1):86-95. doi: 10.1111/hiv.70118. Free access

Congenital tuberculosis following disseminated TB in pregnancy: a case report.
Allen J, Abdelrahman M, Muresan BA, Sugrue R, Dolan L, **Fitzgibbon M**, Keane J, McLaughlin AM. QJM. 2026 Jan 1;119(1):64-65. doi: 10.1093/qjmed/hcaf213.

A method comparison of the Roche intact PTH method versus the Roche whole PTH (1-84) method: Examining the differences based on eGFR.
Byrne E, Twomey PJ, Crowley RK, McKenna MJ, **Kilbane M** . Ann Clin Biochem. 2026 Mar;63(2):98-104. doi: 10.1177/00045632251356826.

Bacterial taxa associated with lung cancer cases in Southeast Asians: a pilot case-control study.
Low A, Juang YR, Ivan FX, Ang L, Ooi LHS, Chan SWJ, **Mac Aogain M**, Jaggi TK, Chotirmall SH, Boucher YF, Yii ACA, Koh MS, Lim DWT, Lee JWJ, Seow WJ. Cell Oncol (Dordr). 2026 Apr 10;49(2):69. doi: 10.1007/s13402-026-01193-7. Free access

Targeting Inflammation in Bronchiectasis.
Mac Aogáin M, Gilmour A, Chalmers JD, Chotirmall SH. Drugs. 2026 Jun;86(6):797-812. doi: 10.1007/s40265-026-02314-0.

Addressing the silent epidemic of recreational nitrous oxide use: a position, call to action and recommendations by the European Federation of Clinical Chemistry and Laboratory Medicine Committee on Biological Markers of Nitrous Oxide Abuse.
Grzych G, **Lee GR**, Alpdemir M, Gernez E, Anseeuw K, Bjorke-Monsen AL, Croes K, El-Khoury JM, Hamzic J, Noyce AJ, Stankovic S, Rolland B, Bramness J, Vermeersch P, Cavalier E. Clin Chem Lab Med. 2025 Nov 20;64(4):813-820. doi: 10.1515/cclm-2025-1060. Free access

Sitosterolemia Presenting as Lipid Keratopathy and Xanthomas.
Burke E, **O'Meara M**, McGrath N, Griffin D. Pediatrics. 2026 Feb 1;157(2):e2025072657. doi: 10.1542/peds.2025-072657.

Transient elastography can stratify patients with Child Pugh A cirrhosis according to long-term risk of decompensation: a longitudinal cohort study.
Armstrong P, Moriarty A, Dillon A, Galvin Z, **Russell J**, Stewart S. Eur J Gastroenterol Hepatol. 2026 Jan 1;38(1):54-62. doi: 10.1097/MEG.0000000000003045.

Image quality in ultra-low-dose chest CT versus chest x-rays guiding paediatric cystic fibrosis care.
Moore N, O'Regan P, Young R, Curran G, **Waldron M**, O'Mahony A, Suleiman ME, Murphy MJ, Maher M, England A, McEntee MF. Eur Radiol. 2026 Jan;36(1):586-596. doi: 10.1007/s00330-025-11835-3.

Reviews / Articles of Interest

Martin Healy

Dyslipidaemia Guidelines

New guidelines for the management of dyslipidaemia were published earlier this year in the US by a multi-society group fronted by the American College of Cardiology and the American Heart Association. They focus on risk assessment and an aggressive approach to treatment of patients with atherosclerotic cardiovascular disease (ASCVD). Key recommendations include a new risk score, lower LDL-cholesterol targets and analysis of LP(a) at least once in the general population to identify those at increased risk of ASCVD. The full guideline can be accessed here (133 pages).

The paper below briefly summarises the key findings.

Wiggins BS, Barac A, Benziger CP, Blumenthal RS, Cibotti-Sun M, Moore MM, Morris PB. 2026 Dyslipidemia Guideline-at-a-Glance. J Am Coll Cardiol. 2026 May 19;87(19):2617-2623. doi: 10.1016/j.jacc.2026.02.4872.

US Nutrition Guidelines

After 2 years of deliberation the latest report of the Dietary Guidelines for Americans was released in December 2025. Compiled by an independent nutrition expert group the report ran to 421 pages. The guidelines are updated every 5 years and are usually adopted in the main by the governing US administration. This time, however, the current administration rejected the report almost in its entirety. They produced an alternative 90 page report entitled The Scientific Foundation for the Dietary Guidelines for Americans and released a 10 page summary for the public. The new guidelines pivot towards more consumption of red meat, full fat dairy, animal based fats (particularly butter and beef tallow) and increased intake of protein. While some academic and professional bodies agreed with the report's recommendations on excess sugar and ultraprocessed foods none have endorsed the document as a whole. Some concerns are outlined in the papers below.

Headrick G, Taillie LS, Wolfson JA. The 2025-30 US dietary guidelines for Americans reject scientific evidence, transparency, and planetary health. Lancet Planet Health. 2026 Apr 22:101460. doi: 10.1016 j.lanplh.2026.101460.

Papandreou D, Alsuwaidi A, Taha Z, Giaginis C, Vasios GK, Andreou EP. A Critical Narrative Review Appraisal of the 2025-2030 Dietary Guidelines: Scientific Strengths, Conceptual Gaps, and Overlooked Dimensions of Sustainability and Health Equity. Nutrients. 2026 Mar 25;18(7):1040. doi: 10.3390/nu18071040.

Avesani CM, Cuppari L. Nutritional paradoxes of the new Dietary Guidelines for Americans (2025-2030): a critical analysis. J Bras Nefrol. 2026 Mar 23;48 (2):2026PO01. doi: 10.1590/2175-8239-JBN-2026-PO01en.

Federation / Journal Links

EuroLab News: The current edition of the EFLM Newsletter, May/June 2026.

CCLM: Issue 67 (7) 2026 of Clinical Chemistry and Laboratory Medicine, available free to EFLM Academy members, contains an interesting article on professional collaboration between clinicians and laboratory medicine professionals.

IFCC eNews: May 2026.

eJIFCC: Latest IFCC journal issue, 37(2) April 2026.

In May 2026 the Royal College of Pathologists published best practice recommendation titled *'The communication of critical and unexpected pathology results'.* A link to the document can be found here.

EFLM Strategic Conference 24-25 April 2026. Includes some slide shows on the future of laboratory medicine and one on automation of mass spectrometry. Available to EFLM Academy members. Link here.

ANTI-DOPING IN IRISH SPORT

Dr Peadar McGing
Retired Clinical Biochemist, active masters athlete

Recently I was started on the angiotensin II receptor antagonist Valsartan to help my blood pressure control. When I called to our local pharmacy to collect my prescription, I was greeted by a cheery 'welcome to the club'. Antihypertensive medication for a 70-year-old is not unusual. My actions at home, before I put the medicine away, probably were quite unusual. I opened the Medcheck Sport Ireland app to check if the new medication was allowed for competition. You see, I participate in masters' athletics and, even though I compete in over 70s events (as an M70, age 70 to 74), I need to watch what goes into my body.

Many people associate anti-doping testing with Olympic level athletes. But it applies across all competitive sports which come under the auspices of WADA (the World Anti-Doping Agency), and across all age groups. Unfortunately, the urge to cheat is not confined to the young, and doping is one form of cheating that needs watching by the sporting authorities. In 2025, a 69-year-old American Masters athlete received a multi-year ban after testing positive for synthetic anabolic steroids at the US Masters Outdoor Track and Field championships. He's just one example.

In this country Sport Ireland administer anti-doping procedures for all sports. Ireland has ratified the UNESCO Convention Against Doping in Sport which effectively binds the government to implementing a National Anti-Doping Programme compliant with all relevant articles of the World Anti-Doping Code. Sport Ireland follows strict international anti-doping protocols, including making it harder to obtain and use banned substances such as anabolic steroids; assisting the funding of anti-doping tests; establishing a link between the strict application of anti-doping rules and awarding subsidies to sports organisations or individual sportsmen and sportswomen; and regular doping control procedures during and outside competitions, including in other countries.

In 2025 Sport Ireland carried out anti-doping tests across 31 different sports. 1,827 samples were collected - 26% in-competition samples and 74% out-of-competition samples. The cost of the anti-doping programme was 2.8 million euro, of which testing cost 1.5 million euro. There were nine whereabouts failures registered, relating to elite sportsmen and sportswomen. Four Anti-Doping Rule Violations were announced in 2025, together with three pending cases. These included both In-Competition and Out-of-Competition Alleged Rule Violations. The rules broken were mostly
Article 2.1 - The presence of a Prohibited Substance or its Metabolites or Markers in an Athlete's Sample.
Article 2.2 - Use or Attempted Use by an Athlete of a Prohibited Substance or a Prohibited Method.

Know Your Medications

Of course the main focus of anti-doping testing is on elite sportsmen and sportswomen. These are the athletes you will see over the summer on the TV - in the European Athletics Championships, the Tour de France cycling races, the soccer World Cup for men and the World Cup Qualification for women, and GAA football and hurling.

I'll come back to those athletes later, but ordinary competitors like myself may also be subject to anti-doping tests. Such testing can apply to any competition under the auspices of a WADA affiliated national sporting body. As such, individuals who partake in such competitions need to be in the know as to what is legal and what is not. And it's not always obvious!

Where keeping up to date is concerned, I and my club mates are very lucky in that my coach and training partner Dr. Lucy Moore-Fox is also the Anti-Doping Officer for Weightlifting Ireland. She has given talks via Zoom to club members, followed by Q&A sessions. Such communication is very important, and Sport Ireland lays a strong emphasis on education.

Why the need for broad education of sportspeople and their associates? Well, it's not that difficult to inadvertently take a banned drug. Let's say I have some cold symptoms, but I have an Irish Championship in a few days that I'm really set on competing in. Someone suggests I rest and take some 'Lemsip'. Fine advice, but first I'll need to check my medication or over the counter product on the Medcheck Sport Ireland app. Entering 'Lemsip' brings up a list of different formulations – 'Lemsip Original' gets a green flag and comment 'Permitted'; 'Lemsip Cold & Flu Max Strength' also gets the green flag for a 'Permitted' medication. However 'Lemsip Max Sinus & Flu Hot Lemon' gets a red flag and the warning that it is 'Prohibited in Competition'. That's because the latter contains pseudoephedrine, prohibited in competition at urinary concentrations over 150 mg/L. That's why it's so important to check the specific medication you're taking.

I also occasionally need an asthma inhaler. I am currently prescribed Ventolin Evohaler (salbutamol). What's the story for that? When I pop that name into the Medcheck app, I get an orange flag for Restricted Use. For that medication I can use my inhaler provided I keep the dose below 600 µg over 8 hours or1600 µg over 24 hours (typically 6 and 16 puffs respectively). But, again, I do need to check the specific inhaler information.

In 2025 there were 19,065 searches registered on the Sport Ireland Medcheck website; that's an average of 52 a day. The top five non-prescription medicines searched for were 'Lemsip Max Sinus & Flu Hot Lemon' (gives a red flag), 'Nurofen Cold and Flu Tablets' (red), 'Lemsip Cold & Flu Max Strength' (green), Sudafed (red), and 'Lemsip Max Cough & Cold, Powder for Oral Solution' (green). The top search concerning a prescription medicine was for Ventolin Evohaler, which gave an orange flag, as discussed above.

Any readers competing in events run by WADA affiliated national sporting bodies should be checking all their medications, but other readers may also find it interesting to do so. Medcheck is a free online service provided by Sport Ireland 'which allows athletes, athlete support personnel, and any other interested parties to check the status in sport of medicinal products purchased in the Republic of Ireland, against the WADA (World Anti-Doping Agency) prohibited list. Newly marketed and discontinued medicines are updated regularly.'

This article is on anti-doping, and the use of OTC and prescription medicines to enhance performance is a key focus of Sports Ireland and similar bodies worldwide. But athletes (in the broad sense of the word) need to be careful of illegal compounds contaminating sports drinks and supplements. I changed my hydration drinks to ones bearing the Informed Sport logo (see photo). Informed Sport is a certification program for brands producing sports and nutritional supplements. It is designed to protect athletes from inadvertent doping caused by

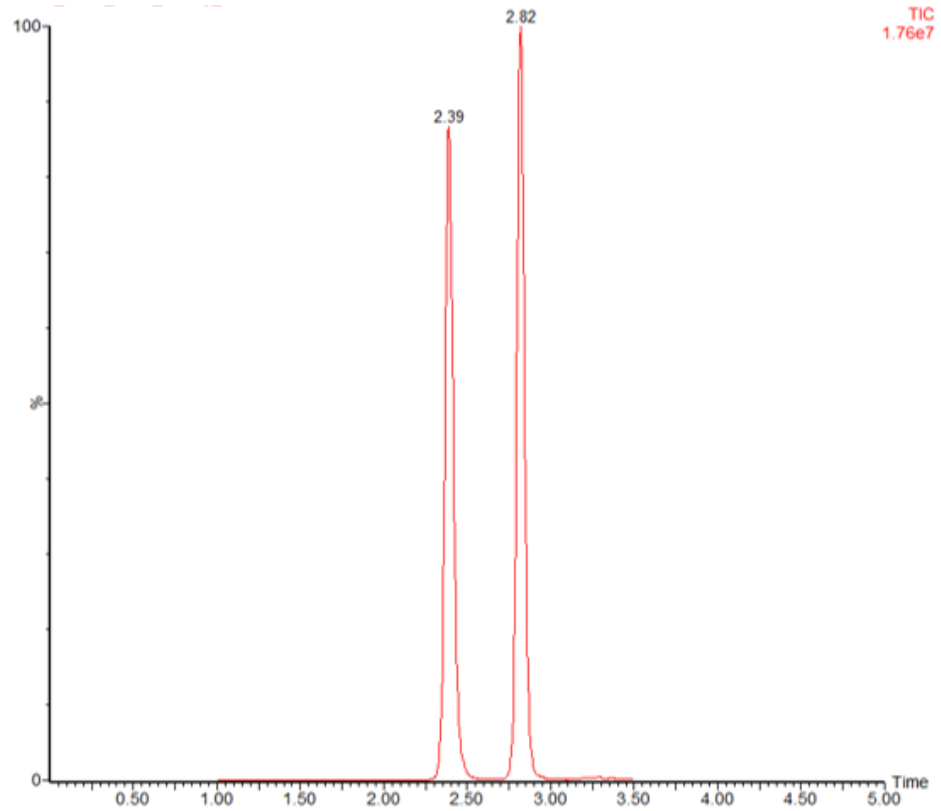
supplements contaminated with banned substances. According to a study carried out by the Anti-Doping Knowledge Centre, product contamination was responsible for 8% of all anti-doping violations between 2005-2022. As supplements do not go through the same rigorous certification process as medicines, users need to take extra care. Sometimes ingredients are not listed on the container. Sometimes supplements have been contaminated. Be very careful – you and only you are responsible for what goes into your body.

Athlete Biological Passport (ABP)

Many readers will have heard of the biological passport. The ABP tracks specific biological markers in urine and blood samples over time, which can indirectly indicate the effects of doping on the body. The ABP programme gathers individual, long-term data to create a profile for each athlete in the scheme; this facilitates the detection of any irregularities that may suggest the use of performance-enhancing substances or methods. This data also supports targeted, conventional anti-doping testing for athletes exhibiting abnormal patterns, while providing valuable evidence in cases of anti-doping violations.

Sport Ireland currently collects samples for the Haematological Module, the Urine Steroid Module, and the Blood Steroid Module of the ABP. 331 Athlete Biological Passport (ABP) samples were collected by Sport Ireland last year.

The Blood Steroid Module of ABP was only added to the Sport Ireland programme in 2025. This module aims to generate data to complement that of the longitudinal data from urine samples. The Steroidal Module in blood consists of one primary marker, the Testosterone/Androstenedione (T/A4) ratio. Studies have demonstrated that T/A4 provides a sensitive test for detection of transdermal testosterone administration, especially in athletes with low levels of steroids present in urine.



Mass spectrometry scan of Androstenedione (first peak) and Testosterone [anonymised patient scan, for illustration]

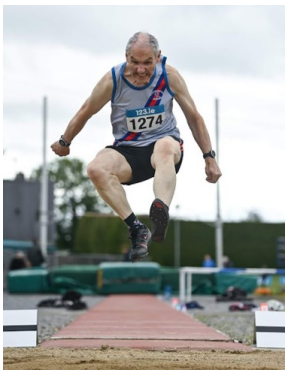
Governance of the athlete's Biological Passport is the responsibility of the Athlete Passport Management Unit (APMU). An APMU is a dedicated unit responsible for the timely review and management of all athletes' biological samples and passports. An APMU must be hosted independently by a WADA accredited laboratory. Currently Sport Ireland uses the Nordic APMU, hosted by the Oslo Laboratory, for the management of blood passports, and the Cologne Laboratory for the management of steroidal passports.

Therapeutic Use Exemptions (TUEs)

In June 2023 I underwent trans-sphenoidal surgery to remove a craniopharyngioma from adjacent to my pituitary gland. After a few days in Intensive Care, and a week of fluid restriction to treat SIADH, I started to feel better. With the Irish Masters Track and Field Championships only six weeks after my surgery I had not planned to compete, partly because the operation had involved taking some of the fascia lata from my thigh to plug the hole the surgeon had made in my brain [The fascia lata is a thick fibrous sheath that encases the muscles of the thigh, acting like a strong, supportive elastic stocking]. The surgeon had kindly agreed to my pre-op request to use my right leg for the facia lata as my left leg was my jumping leg. By week four I felt a good bit better and so entered three jumping events in the championships. The big problem then was an anti-doping issue. As with any patient post the same surgery I was taking daily hydrocortisone tablets, an absolute no-no for competition. I quickly began the process of applying to Sport Ireland for a Therapeutic Use Exemption (TUE). Because of how quickly post-op I was looking to compete there were a few operational difficulties in getting all the medical forms signed. In the end I stopped my medication a few days before the event and monitored my cortisol levels to ensure my adrenals had kicked in and were replacing the prescribed steroid (not an option available to many athletes). I'm happy to report my body survived the event (photo of long jump shown). Sport Ireland contacted me on the day after the competition saying my form had arrived and was being processed in case it was needed. I also learned that in that particular medical circumstance, if I had been tested in Ireland, I could have applied for a retroactive TUE.

In line with WADA's International Standard for Therapeutic Use Exemptions (ISTUE), Sport Ireland has a TUE Committee which considers TUE applications for Irish athletes. That committee currently includes an endocrinologist and a haematologist. A TUE allows an athlete to use a prohibited substance or method, one that is included on the WADA Prohibited List, for therapeutic/medical reasons, subject to certain defined conditions. Athletes can apply to either Sport Ireland or, in the case of an international level athlete, the International Federation, for a TUE. For TUE approval to be granted, the athlete must have a well-documented medical condition supported by relevant and reliable medical data.

Nine TUEs were approved by Sport Ireland in 2025 on receipt of valid medical files - four pre-test TUEs and five retroactive TUEs.



Final Thoughts

Anti-doping is a topic that mainly comes into the news when a high-profile sportsman or sportswoman is in trouble for failing a drug test or failing to be available for such a test, or when a country comes under the spotlight for failure to test or for covering up test results. Sometimes the anti-doping process brings more positive news - June saw Serena Williams return to professional tennis, playing doubles at the Queen's Club tournament in Britain. The first indication of her possible return was back in October when she re-entered the International Tennis Integrity Agency's Registered anti-doping testing pool. Per WADA regulations, retired athletes are required to undergo rigorous out-of-competition testing for six months prior to returning to play.

Anti-doping is a process that goes on every day and covers all those competing in events run by WADA affiliated national bodies, from elite Olympians to modestly performing 70-year-olds like this author. It's there all the time for the elite, but even for old folk like me it's a fact that everyone competing needs to be aware of.

Reference

Sport Ireland Anti-Doping Annual Report 2025. https://www.drugsandalcohol.ie/45547/1/Sport-Ireland-Anti-Doping-Annual-Report-2024.pdf

Acknowledgement

Thanks to my coach, Lucy, a.k.a. Dr. Lucy Moore-Fox, Anti-Doping Officer, Weightlifting Ireland.

ACBI COUNCIL 2026

OFFICERS

President: Kelly Foley
Vice-President: Dr. Paula O'Shea
Treasurer: Dr. Lucille Kavanagh-Wright
Secretary: Micheál Ryan

ORDINARY MEMBERS

Wendy Groenendijk
Dr. Micheál Mac Aogáin
Dr. Graham Lee
Dr. Seán Costelloe
Dr. Jennifer Brady
Karen Heverin
Bríd Holohan

DON'T MISS ACBI 48 - THE 48TH ANNUAL CONFERENCE OF THE ASSOCIATION OF CLINICAL BIOCHEMISTS IN IRELAND

The Association of Clinical Biochemists in Ireland (ACBI) is delighted to announce its 48th Annual Conference, taking place on **Friday 6 and Saturday 7 November 2026** at **The Gibson Hotel, Dublin**.

This year's conference programme brings together leading experts from Ireland and abroad to explore important developments shaping Clinical Biochemistry and Laboratory Medicine today. Across two engaging days, delegates will have the opportunity to hear from excellent speakers, share research, connect with colleagues, and discuss the challenges and opportunities facing our profession.

Exploring the Future of Laboratory Medicine

The conference opens (and ends) with a focus on Chronic Disease Management, examining evolving care frameworks, the growing role of point-of-care testing in community settings, and the use of biomarkers in chronic kidney disease. Delegates will also gain valuable insights into the impact of routine diagnostic services and the ongoing efforts to standardise laboratory practices internationally.

As healthcare continues its digital transformation, Friday afternoon will explore Artificial Intelligence in Laboratory Medicine, with expert speakers addressing future integration of AI into everyday laboratory practice and the governance considerations that accompany emerging technologies. The day concludes with discussions on analytical performance challenges, including strategies for managing poor-performing assays and navigating complex decisions around assay replacement.

Beyond the Laboratory

Saturday's programme turns its attention to the changing relationship between laboratories, patients and healthcare systems. Sessions will examine direct-to-consumer testing, patient access to laboratory results, and the opportunities and challenges presented by increasingly digital healthcare environments.

The conference concludes with "The Head and the Heart", discussing professional wellbeing, and the importance of promoting a healthy and sustainable work environment in healthcare settings.

Share Your Research

ACBI warmly encourages scientists, trainees and other laboratory professionals to contribute to the scientific programme through abstract submission. Selected abstracts will be presented as oral communications or posters, providing an excellent opportunity to showcase research, share best practice and engage with colleagues from across Ireland and beyond.

The conference will also feature the annual Medals and Awards Presentation, recognising excellence and innovation within our profession, with medals awarded for the best clinical case, clinical audit and scientific poster presentations.

Connect with Colleagues

In addition to the scientific programme, delegates will have ample opportunity to network during poster sessions and Friday evening's drinks reception and conference dinner. These events remain a valued part of the ACBI conference experience, fostering collaboration and strengthening professional connections across the laboratory community.

Whether you are interested in emerging technologies, clinical applications, research developments or professional networking, the ACBI Annual Conference 2026 promises to offer valuable insights and meaningful discussions for all attendees.

See the ACBI website for early bird registration. Abstract submission details will be available shortly.

We look forward to welcoming you to Dublin this November and to reconnecting with colleagues, sharing ideas, and celebrating our profession together at ACBI 2026.

Lucille Kavanagh

Conference Chair of the 2026 ACBI Conference Committee

MAKE THE MOST OF YOUR ACBI MEMBERSHIP WITH EFLM ACADEMY ACCESS

As an ACBI member, you enjoy access to the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Academy, a valuable hub for learning, professional development, and scientific resources for specialists in clinical chemistry and laboratory medicine.

Through your membership, you can take advantage of a wide range of benefits, including:

- **Comprehensive online learning** through the EFLM Syllabus Course, featuring over 40 modules and hundreds of expert-led lectures covering clinical chemistry, laboratory medicine, research, audit and leadership.
- **Free access to live and on-demand webinars** delivered by internationally recognised experts, helping you stay up to date with the latest developments in the field.
- **Access to leading scientific journals**, including *Clinical Chemistry, CCLM, The Journal of Applied Laboratory Medicine, Clinical Biochemistry*, *The Scandinavian Journal of Clinical & Laboratory Investigation*, and *Critical Reviews in Clinical Laboratory Sciences.*
- **Reduced registration fees** for EFLM Congresses, conferences, and educational events.
- **Eligibility for travel grants and bursaries**, supporting attendance at major European meetings and opportunities for laboratory exchange programme.

As Ireland's national society within the EFLM, the ACBI connects its members to a European network of more than 30,000 professionals working in laboratory medicine. As the national society, the ACBI can arrange block enrolment on the Register of Specialists in Laboratory Medicine in Europe (EuSpLM) for eligible members.
The EFLM has a number of committees made up of members from EFLM member societies. The ACBI has representation on several of these committees and would be delighted to see this increase. Opportunities as they arise are advertised in the EFLM newsletter, which is published every 2 months. Keep up to date with EFLM newsletters via the ACBI website: (acbi.ie/about-us/affiliations).

The EFLM Academy offers a wealth of opportunities to support professional development, enhance knowledge, and foster connections within the wider clinical chemistry and laboratory medicine community. We encourage all ACBI members to take full advantage of the extensive resources, educational opportunities, and member benefits available through affiliation with EFLM and especially with EFLM Academy access. ***Dr. Lucille Kavanagh-Wright***

Save the Date: Thursday, 1st October 2026

Radisson Blu Royal Hotel Dublin | 10:00 AM - 4:00 PM.

The Irish External Quality Assessment Scheme (IEQAS) Annual Conference is a showcase of its commitment to education and improvement in EQA nationally. The format includes multidisciplinary morning plenary sessions and four parallel specialised afternoon workshops in Haematology, Clinical Chemistry, Microbiology and Blood Transfusion.

Sharing some highlights for this year; Professor Tony Badrick will travel from Australia to speak at the plenary session of the conference. Professor Badrick is a prominent Clinical Biochemist, mathematician and an expert in laboratory quality and quality management in healthcare, with a career spanning four decades. He is president of the Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB) and is a member of the board of the Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP). A former consultant and advisor to the World Health Organisation, he has published over 180 peer-reviewed articles and abstracts focused on quality control, quality management and clinical biochemistry.

A second plenary speaker is Dr Valerie Mulholland, a global expert in risk management, risk-based decision making and regulatory compliance in the scientific sector. Dr Mulholland is the Principal Consultant in Quality Management Systems at GMP services, Ireland's dedicated regulatory compliance firm. She is also a prominent researcher with the Pharmaceutical Regulatory Science Team at TU Dublin.

The IEQAS conference will take place at a new venue for 2026 and promises to be another intriguing day of talks and workshops, with an expected attendance of up to 200 participants, speakers and sponsors.

Registration for the conference will commence on the IEQAS website (www.ieqas.ie) beginning in late August 2026.

IEQAS
IRISH EXTERNAL QUALITY ASSESSMENT SCHEME CLG

B06, Bridge Enterprise Centres, Rathfarnham, Dublin, D14 DC83
W: www.ieqas.ie **E**: info@ieqas.ie **P**: 01 4957356

REVIEW OF THE NOVEMBER 2025

ACBI ANNUAL CONFERENCE

Session 1 - Wendy Groenendijk

The 47th ACBI Annual Conference was held at the Hodson Bay Hotel, Athlone, Co Roscommon on the 14th and 15th November 2025. The main theme of the conference was paediatric laboratory medicine, with speakers presenting on the latest updates and developments on laboratory services for our younger population. Dr Paula O'Shea, President of the ACBI and Consultant Clinical Biochemist at MMUH and Our Lady's Hospital, Navan opened the conference with a warm welcome to the delegates.

The first session was jointly chaired by Wendy Groenendijk, Clinical Biochemist at St Vincent's University Hospital and Prof Maria Fitzgibbon, Consultant Clinical Biochemist at the Mater Private Network. The first talk of the session, titled "Ten-year review of Cystic Fibrosis Newborn Screening in Ireland", was presented by Prof Barry Linnane, Consultant Paediatric Respiratory Physician at University Hospital Limerick. The screening programme was first introduced in Ireland in July 2011, with the aim to identify children with cystic fibrosis (CF) before any symptoms such as respiratory symptoms or features of fat malabsorption are developed. The talk provided an overview of how the programme has been working and presented data from its the first ten years, highlighting its excellent performance in comparison with international standards, including the European Cystic Fibrosis Society guidelines. Interestingly, Prof Linnane outlined the Tier 1 and Tier 2 screening process. Tier 1 identifies infants with a positive immunoreactive trypsinogen (IRT) level >99th centile, with these samples then progressing to Tier 2 genotyping using a targeted gene panel. Based on these results infants identified as having an increased risk of having CF are referred for sweat testing, the gold standard test for making a CF diagnosis. Although approximately 2,000 CFTR mutations exist, the current screening gene panel tests for the 38 most common mutations. Prof Linnane went on to discuss the small number of cases that were missed, using these findings to highlight potential ways of improving the CF screening programme in the future. Prof Linnane concluded his presentation touching upon CFTR modulators, and the revolutionary impact they have had on the management and outcomes of patients with CF.

The second speaker of the morning was Dr Emer Fitzpatrick, Consultant Paediatric Gastroenterologist at Children's Health Ireland (CHI) who presented "Abnormal Liver Blood Tests in Children". This presentation was of particular interest to the audience as for many, paediatric biochemistry is an area that many of us do not routinely encounter in our laboratories. Dr Fitzpatrick provided a clear overview of the aetiology of liver disease in both younger and older children, highlighting how causes and presentations can differ between different the age groups. She outlined the appropriate investigations, including biochemical and imaging, for various presentations such as metabolic dysfunction-associated steatotic liver disease (MASLD) and neonatal hyperbilirubinaemia, whilst really emphasising the clinical significance of albumin, ammonia and lactate. Dr Fitzpatrick further discussed how both the duration and the degree of elevated liver blood tests can provide important information and outlined which specific red flags, such as marked elevations of >5 or >10 upper limit of normal, encephalopathy, portal hypertension and jaundice require immediate patient work-up. When interpretating blood test results in children, Dr Fitzpatrick stressed the importance of interpretating these results using appropriate paediatric reference intervals. As establishing these reference intervals is a challenging and difficult task for any laboratory, Dr Fitzpatrick highlighted the benefits of the

Canadian Laboratory Initiative on Paediatric Reference Intervals (CALIPER), a widely used database of age- and sex-specific reference intervals, which is currently used at CHI. The talk concluded with an emphasis on the importance of ongoing research in the field of paediatric liver disease.

L-R: Wendy Groenendijk, Prof. Barry Linnane, Dr. Emer Fitzpatrick, Prof Maria Fitzgibbon

Session 2 – Mark Hogan

Dr Paula O' Shea, Consultant Clinical Biochemist at MMUH, chaired the second session of the day and introduced the crowd to first time conference attendee Dr Ann Bowron, Consultant Clinical Scientist in Blood Sciences, Newcastle upon Tyne Hospitals, who opened the session with an engaging presentation titled "Routine Biochemistry Investigations in the Diagnosis of Inherited Metabolic Disease".

This talk covered the important role that clinical diagnostics plays in uncovering and diagnosing metabolic disorders. Dr Bowron also further highlighted the necessity of age specific reference ranges to aid in early identification of these disorders, as standard references ranges may not be appropriate for diseases in children.

Dr Bowron presented case studies on four common biochemical tests: urate, triglycerides, creatinine and alkaline phosphatase. For each of the case studies we were introduced to the patient and given a brief background on how they presented to the hospital and a look into their medical history. Dr Bowron would then explain the steps and the tests that were carried out in efforts to ascertain the root cause of the symptoms. For many of these patients, genetic screenings were carried out, and these were combined with biochemical testing to fully diagnose the conditions underlying each case.

Many of the case studies demonstrated that some of the reference ranges used to diagnose disease have not been adjusted with younger patients in mind. One such example, with regards to urate, included a patient whose initial test results came back with normal urate levels. When further investigated and compared to other available child patient reference ranges such as CALIPER, a set of much more accurate reference ranges for girls and especially boys under 12 was produced.

Dr Bowron expanded and gave further case

studies on each of the four biochemical tests and summarised that biochemical testing, combined with other tests, is an essential asset in the diagnosis of inherited metabolic diseases in children. The importance of specific reference ranges for children was highlighted throughout her presentation as without these, there is a likelihood that many of these conditions will continue to be underdiagnosed.

Following Dr Bowron's talk, there were three oral presentations selected from the abstracts submitted to the conference. First up was Dr Jack Lee from Cork University Hospital with his presentation "Phaeochromocytoma and Parkinson's Disease: Confounding Effects of Levodopa on Biochemical Monitoring". This was a case study of a patient who presented with an incidental 5cm adrenal mass. Following a biochemical work up and MRI it was decided to carry out an adrenalectomy to remove the mass. 2 months following, 3-MT levels in the patient were raised but no reoccurrence or metastases were detected. Repeat testing under ideal conditions reduced the levels back to normal which indicated the Levodopa had been causing the issue. This case study showed that certain drugs such as Levodopa can lead to false diagnoses and that testing under ideal conditions is important in ruling out these interferences and can avoid unnecessary imaging and costly follow up tests.

Next, Dr Brendan Byrne from MMUH introduced his abstract "When "LDL" is not LDL: Lipoprotein X and combined dyslipidaemia in obstructive jaundice mimicking familial hypercholesterolaemia". This case study investigated a patient with a history of chronic pancreatitis and type 3C diabetes. The LDL presented as 35.5 mmol/L but total cholesterol was 34 mmol/L, which did not make sense. Further testing led to a lipoprotein X diagnosis. Lipoprotein X is an abnormal lipoprotein rich in phospholipids which can be formed due to cholestasis. There is a lack of routine testing for Lipoprotein X and so its presence is often inferred. Dr Byrne summarised by explaining that the TChol:ApoB ratio is vital to avoid the misinterpretation of a high ApoB and to diagnose Lipoprotein X.

The last abstract rounding out session 2 was from Erin Smyth from Children's Health Ireland in Temple Street where her undergraduate thesis involved "Calculation of Adjusted Calcium in a Paediatric Population using the Siemens Atellica". This abstract discussed the age-specific variation in calcium and albumin levels and, similar to the talk Dr Bowron gave, reinforced the need for tailored adjustment formulas in paediatrics. In many hospitals the calculation of adjusted calcium uses the Payne equation. This presentation highlighted that the Payne equation may not be fit for the levels that we see in children and compared to the gold standard iCa and it was found that locally derived formulas demonstrated superior accuracy particularly in neonates and infants. While some issues in reliability were highlighted, this study supported the idea that integration of local formulas in clinical practice can improve diagnostic reliability.

Dr. Paula O'Shea, Dr. Brendan Byrne, Dr. Ann Bowran

Session 3 – Niamh O'Connor

Following a delicious hot lunch, the conference resumed with Session 3, chaired by Dr Brendan Byrne. On returning to the conference room, attendees were greeted with a copy of the newly revised 2025 edition of '*The Biochemistry of Body Fluids'* placed on their seats. The session was formally opened by Dr Peadar McGing, who presented on the launch of the second edition of the booklet and outlined the extensive work undertaken to bring this updated resource to publication.

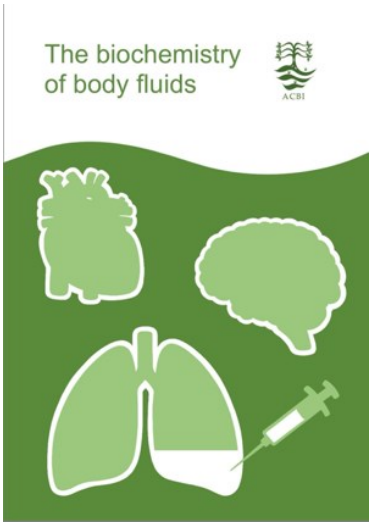
During his talk, Dr McGing highlighted that the revised guidelines represent a significant achievement for the ACBI, reflecting the collective expertise and commitment of its members to delivering high-quality, patient-centred laboratory medicine.

He explained that the 2025 edition places particular emphasis on key pre-analytical considerations, method selection and verification, quality control, measurement uncertainty, and the inclusion of interpretive comments. This focus, he noted, supports laboratories in moving beyond the reporting of raw results towards providing clinically meaningful and actionable information to support patient care.

Dr McGing also described the decision to reformat the booklet to an A4 size, making it a more practical resource for routine use in both laboratory and clinical settings. This change has allowed for clearer presentation of the expanded and updated content. New material introduced in this edition includes information on pancreatic cyst fluid analysis, drain fluid testing, the peritoneal equilibration test, and faecal water analysis. He also highlighted new applications of established assays, with protocol changes clearly signposted throughout the document. These updates are supported by an expanded reference section and a curated list of key resources.

In line with the growing knowledge and technologies for atypical fluid analysis Dr McGing outlined the inclusion of a new section dedicated to test validation in non-standard fluids. He emphasised the importance of critically evaluating test use to ensure reliable, high-quality results that directly inform patient management, reinforcing the professional responsibility of laboratory scientists in this area. The revised A4 format also facilitates the inclusion of practical tables, checklists, and concise summaries to support rapid decision-making in busy laboratory environments.

The new edition is available in print and online via the ACBI website, continuing the legacy of the original edition as a go-to reference for Clinical Biochemists and laboratory colleagues. Attendees left the session equipped not only with the latest guidance but also with a practical, high-quality tool to support everyday laboratory practice.



The second talk of the session shifted focus to a challenge that underpins all modern healthcare: sustainability. Dr Rob Shorten, Consultant Clinical Scientist from Lancashire Teaching Hospitals delivered his compelling presentation 'The use of diagnostic stewardship to reduce the environmental impact of clinical laboratories' via Zoom. Dr Shorten spoke about the crucial role that laboratory medicine can play in tackling climate change. Dr Shorten began by outlining the well-established impacts of climate change on human health, including rising CO_2 levels, increasing global temperatures, extreme weather events and rising sea levels. These environmental changes are already having direct and immediate consequences for patients, public health and the NHS. Against this backdrop, he discussed the NHS's ambitious Net Zero commitment, including its pledge to achieve net zero emissions for those emissions it controls directly by 2040.

A key message of the talk was the importance of measuring carbon emissions. Understanding where emissions arise allows laboratories to identify "hotspots" where relatively small changes can deliver rapid gains, while also enabling progress to be monitored and demonstrated over time. This is particularly important given that laboratories are resource-intensive environments, with high demands for energy, water and chemicals. Dr Shorten highlighted that the NHS accounts for around 5% of the UK's total CO_2 emissions, with NHS England alone performing over one billion tests per year. He referenced reviews examining the environmental sustainability of clinical laboratories and the carbon footprint of pathology testing, reinforcing the scale of the challenge.

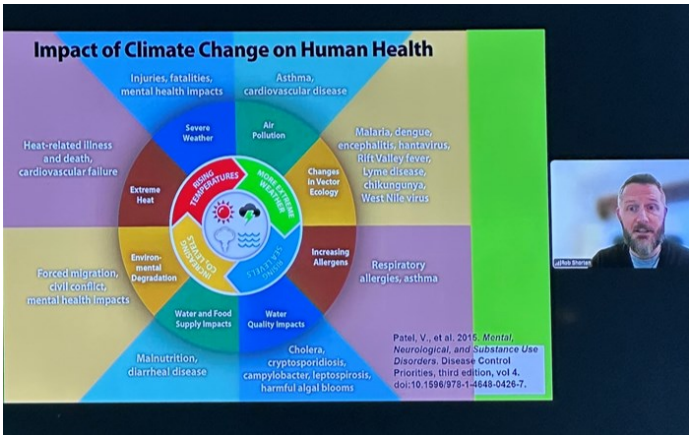
Dr Shorten described the work of the Greener NHS team, which supports the NHS's ambition to become the world's first net zero national health service. In 2020, this included the launch of a greener clinical laboratories pilot, aiming to embed sustainability into organisations and reduce clinically inappropriate or unnecessary testing. Central to this effort are concepts such as GIRFT (Getting It Right First Time), addressing over-testing, and diagnostic stewardship. He emphasised the idea of the "triple bottom line", where sustainable value is achieved by improving patient outcomes and population health while simultaneously reducing environmental, social and financial costs.

One striking example presented was the impact of unnecessary vitamin D testing. In 2020, 4.45 million vitamin D tests were performed in England—approximately one test for every six people. Evidence suggested that 77% of these tests provided no patient benefit, costing £87 million and generating an estimated 28,576–42,012 kg of CO_2, equivalent to driving 160,000–230,000 km in a standard car. The talk also highlighted how sample rejection rates can significantly influence the overall carbon footprint of laboratories, adding further weight to the need for robust pre-analytical processes.

Dr Shorten outlined practical approaches to reducing inappropriate testing across the testing pathway. Pre-analytical strategies included electronic clinical decision support tools, hard stops on test requests and test withdrawal. Analytical measures focused on rejecting poor-quality samples and optimising reflex testing, while post-analytical approaches included result suppression, where appropriate. Successful implementation, he noted, depends on co-design, clear communication, adequate laboratory resources and intervening as early as possible in the testing pathway.

In closing, Dr Shorten discussed diagnostic stewardship at a system level, including consolidation into laboratory networks, high-volume processing and alignment with GIRFT principles. He acknowledged key challenges ahead, such as accurately quantifying environmental impacts, standardising measurement approaches, embedding sustainability within already stretched laboratory services, and engaging all

stakeholders across the testing pathway - including clinicians, laboratory staff and industry partners. Overall, the talk offered a thought-provoking reminder that sustainable laboratory practice is not only an environmental imperative, but also a clinical and financial one.



The session continued with an inspiring look at innovation in healthcare, led by Dr Siobhán Power, National HSCP Innovation Fellow, who presented on the HSE Spark Innovation Programme. Her talk, titled “Innovation on the Frontline: IDEAS to IMPACT”, highlighted how Spark supports healthcare staff in turning everyday challenges into tested, impactful solutions.

Dr Power described Spark as a structured, stepwise programme providing time, mentorship, and practical tools to help staff develop and implement ideas. Central to the programme are problem identification, co-design, and rapid testing, supported by innovation coaching and access to a national network of innovators. Spark is open to all healthcare disciplines, including biochemistry and other laboratory professionals, offering a pathway to improve patient care, enhance services, and translate frontline ideas into meaningful change.

The programme encourages staff to embed innovation into everyday practice. It supports projects that add value, protect patients, and make efficient use of resources—whether through improving processes, adopting new technologies, or developing disruptive solutions that transform care. Spark also connects innovators across the system, providing funding, guidance, and opportunities to scale and learn from their ideas. Design thinking workshops, an online “Innovator Toolkit,” and short instructional videos are available to help staff test and refine their ideas.

Dr Power outlined the different funding opportunities within Spark:

- Spark Seed – Early-stage ideas, up to €5k, with innovation and design support.
- Spark Impact – High-potential projects in primary or secondary care, €50–90k funding.
- Consultant IF – Consultant-led service improvements or translational research, up to €20k annually.
- Spark Ignite – Commercially viable ideas, up to €5k, with access to enterprise and industry partners via HIHI.

Successful Spark projects include: Sim-U-Skin, a high-fidelity dermatology teaching tool that allows learners to study rashes and lesions in three dimensions; and The Wee Catch It, a medical device that safely and comfortably captures clean urine specimens for diagnostics.

Dr Power’s talk was a reminder that frontline staff are uniquely positioned to drive innovation—and that with the right support, even small ideas can create meaningful impact across the health service.

Session 4 –Briedgeen Kerr

Session 4 of the 47th ACBI Conference was chaired by Dr. Caroline Joyce and focused on the investigation of disorders of sex development (DSD) and steroid metabolism, highlighting the vital role of laboratory diagnostics in paediatric endocrinology. Professor Colin Hawkes delivered an engaging and clinically focused presentation on the stepwise assessment of children presenting with ambiguous genitalia. Using a real-life case study, he guided delegates through the complex interplay between chromosomal sex, gonadal development, hormonal pathways and phenotypic sex. He emphasised the importance of a structured diagnostic approach, combining clinical assessment, imaging, biochemical investigations and genetic testing to rapidly identify potentially life-threatening conditions such as congenital adrenal hyperplasia. The talk also highlighted the significant psychosocial challenges faced by affected children and their families, underlining the need for multidisciplinary and family-centred care.

Dr David Taylor followed with an excellent overview of urinary steroid profiling (USP) and its continuing importance in the investigation of steroid metabolism disorders. Drawing on extensive experience from the King's College Hospital service, he demonstrated how gas chromatography–mass spectrometry remains the gold standard for diagnosing many inherited disorders of steroidogenesis. Through a series of illustrative clinical cases, Dr Taylor showed how steroid profiling can distinguish between different forms of congenital adrenal hyperplasia, identify disorders such as 5α-reductase deficiency, and aid the investigation of salt-wasting syndromes, precocious puberty and hypertension. His presentation highlighted both the power and the complexity of steroid profiling, while reinforcing the value of close collaboration between clinicians and laboratory scientists in achieving accurate diagnosis and optimal patient care

L-R: Dr. Paula O'Shea (President, ACBI), Dr. Caroline Joyce, Dr. David Taylor, Dr. Jennifer Brady (Chair, Conference Committee)

After a very engaging day, delegates availed of the opportunities to relax in the hotel and its grounds (though it must be said the weather was quite windy for the latter). Friday evening saw the Annual Dinner of the ACBI, as association members and guests enjoyed good food and good company.

Saturday - Peadar McGing

Saturday morning saw a continuation of the high standard of presentation. The first session of the day was chaired by Dr. Graham Lee and Dr. David Green. Professor Deirdre Murray, a Consultant Paediatrician at Cork University Hospital, got the day off to an excellent start with a very interesting presentation 'Biochemical markers for newborn brain injury and cerebral palsy: state of the art in 2025'. She was followed by Dr Tim Lang, Consultant Clinical Scientist in Blood Sciences, Newcastle Upon Tyne Hospitals NHS Foundation Trust. His presentation on 'Emerging technologies in paediatric laboratory medicine' gave us an insight into cutting edge developments in this area. Readers may be interested in a very handy review Tim has written for the RCPath titled 'Challenges in paediatric laboratory medicine - Laboratory services must support the specific requirements of paediatric laboratory medicine'. This was published in January 2025 and the RCPath blurb states

that Tim's article 'explains the requirements of paediatric patients in laboratory medicine, from diagnosing and identifying risk factors to developing adequate testing and sampling technologies'. https://www.rcpath.org/static/61efe2c3-730f-4d25-b42aec99e4c34e13/7-Challenges-in-paediatric-laboratory-medicine.pdf.

L-R: Dr. Graham Lee, Dr. David Green, Prof. Deirdre Murray, Dr. Tim Lang

Coffee Break - A chance to refresh, network, read posters, and visit sponsors' stands

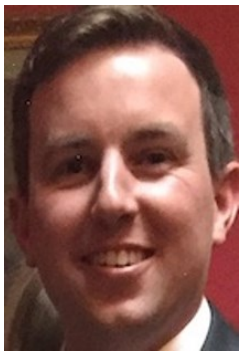
After a break for Tea and Coffee (and pastries), plus a last visit to posters and sponsors, we took our place for the final session. Chaired by Dr. Janice Reeve, this session was worth waiting for. First up was Dr Siobhán Neville, Consultant Paediatrician at University Hospital Limerick, who delivered a very thought-provoking talk on 'Paediatric Inclusion Health: Care at the Margins.' She was followed by Dr Karen Perkins, Principal Clinical Scientist, University Hospitals of Morecambe Bay NHS Foundation Trust. Dr Perkins also gave us a slightly different angle on lab testing in her presentation 'Patient Centric Sampling – experience from a laboratory perspective'. For those of you who missed her talk, or want to hear her speak again, the Scottish Region of the Royal College of Pathologists have a webinar on-line (free) given last year by Dr. Perkins on this topic. https://www.youtube.com/watch?v=bK8gOnZDnvk

L-R: Dr. Siobhán Neville, Dr. Karen Perkins, Dr. Janice Reeve

Oral presentations selected from poster abstract submissions brought the scientific session to a close. Dr Paula O' Shea, ACBI President, then announced the medal / award winners. The winner of the Geraldine Roberts Medal was Erin Smyth from Children's Health Ireland - Temple Street. Dr Brendan Byrne from the Mater Misericordiae University Hospital was awarded the ACBI Medal for Best Clinical Case. The ACBI Medal for Best Audit was won by Carl Talbot, Coombe Hospital.

Erin Smyth

Dr. Brendan Byrne



Carl Talbot

Dr. O'Shea then delivered her closing remarks, thanking speakers and chairpersons, Dr Jennifer Brady and her team on the organising committee, sponsors, all those who presented posters, Karen O'Neill from the Excellent Choice conference event management group, the hotel staff, and of course the delegates.

Then it was time for farewells and driving home.