UDK 577.1 : 61 **ISSN 1452-8258**

J Med Biochem 31: 427, 2012

Technical reports
Obaveštenja

PROGRAM NAU^NIH, STRU^NIH SKUPOVA I EDUKATIVNIH SEMINARA U 2012. GODINI

• 10–13. oktobar 2012, Dubrovnik, Hrvatska
2nd European Joint Congress of EFCC and UEMS Laboratory Medicine at the Clinical Interface
www.dubrovnik2012.com

• Oktobar 2012, Dubrovnik, Hrvatska
12. EFCC kurs kontinuirane poslediplomske edukacije iz klini~ke hemije (12th EFCC Continuous Postgraduate Course in Clinical Chemistry at IUC)

• Oktobar 2012, Beograd
37. Medident – Beogradski sajam
Tema: Novine u laboratorijskoj dijagnostici
Vrsta skupa: stručni skup; učešće bez kotizacije

• Decembar 2012, Beograd
Petnaesta nau~na konferencija »Profesor Ivan Berke{«
Vrsta skupa: naučna konferencija; učešće bez kotizacije

• 19–23. May 2013, Milano, Italy
EuroMedLab 2013 – 20th IFCC-EFLM European Congress of Clinical Chemistry and Laboratory Medicine – 45th Congress of the Italian Society of Clinical Biochemistry and Clinical Molecular Biology
For more information please visit:
www.milan2013.org

• 6–9. October 2013, Bali, Indonesia
APCCB 2013 – 13th Congress of the Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine
For more information please visit:
www.apccb2013.org

• 29. October – 1. November 2013, Lima, Perù
COLABIOCLI 2013 – XXI Congreso Latinoamericano de Bioquímica Clinica

• 22–26. June 2014, Istanbul, Turkey
WorldLab 2014 – 21st International Congress of Clinical Chemistry and Laboratory Medicine
For more information please visit:
www.istanbul2014.org

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Tel/Fax: 011/361-56-31, 366-36-56; 366-34-79 (Grace Lazarević, Milanka Petković)
e-mail: dmbj@eunet.rs; www.dmbj.org.rs

EUROMEDLAB MILANO 2013

19-23 MAY

20th International Congress of Clinical Chemistry and Laboratory Medicine

45th Congress of the Italian Society of Clinical Biochemistry and Clinical Molecular Biology (SIBioC)

19-23 May 2013 - Milano, Italy
Milano Convention Centre - MiCo

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info@milano2013.org

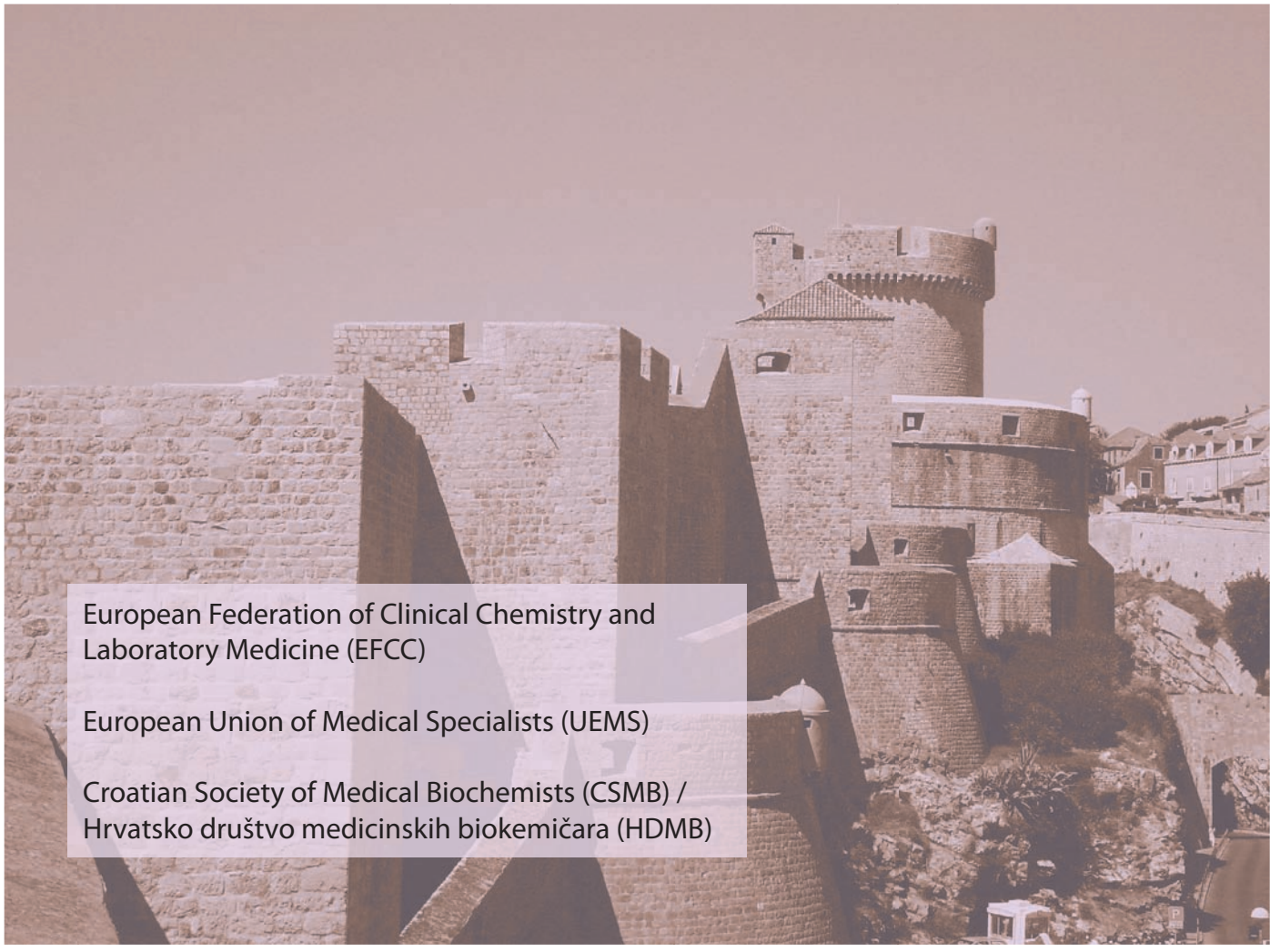
IFCC International Federation of Clinical Chemistry and Laboratory Medicine | EFLM EUROPEAN FEDERATION OF CLINICAL CHEMISTRY AND LABORATORY MEDICINE | SIBioC

2ND EFCC-UEMS CONGRESS
DUBROVNIK 2012, 10-13 OCTOBER
LABORATORY MEDICINE AT THE CLINICAL INTERFACE

2nd European Joint Congress of EFCC and UEMS
"Laboratory Medicine at the Clinical Interface"

7th Congress of the Croatian Society
of Medical Biochemists (CSMB)

10-13 October 2012, Dubrovnik, Croatia



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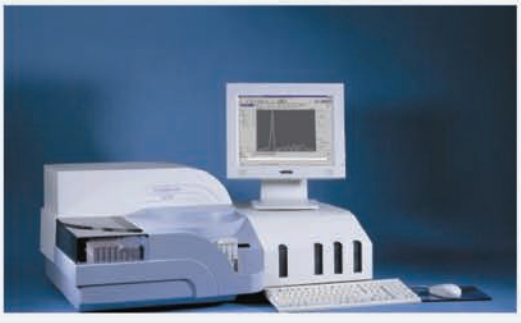

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FT3	30402	60 tests
T3	30403	60 tests
T4	30404	60 tests
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Anti-Tg	30462	30 tests
REPRODUCTION/FERTILITY		
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HCG	30405	60 tests
LH	30406	60 tests
Prolactin	30410	60 tests
Progesteron	30409	60 tests
Testosteron	30418	30 tests
TUMOUR MARKERS		
TPSA	30428	60 tests
FPSA	30440	30 tests
CEA (S)	30453	60 tests
AFP	30413	60 tests
CA 15-3*	30429	30 tests
CA 19-9™	30427	30 tests
CA 125™	30426	30 tests
ALLERGY		
Total IgE	30419	60 tests
Stallertest (Respiratory allergy screening)	30800	30 tests
Stallertroph[2] (Food allergy screening)	30830	10 tests
Stallergy (Reagent strip for Stallergy tests)	30801	60strips
Stallergy range[1] (20 specific IgE available)		10 tests
OTHERS		
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Ferritin	30411	60 tests
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Toxo IgG II	30210	60 tests
Toxo IgG Avidity	30222	30 tests
Toxo IgM	30202	60 tests
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Lyme IgG**	30320	60 tests
Measles IgG	30219	60 tests
Mumps IgG	30218	60 tests
Varicella-Zoster IgG	30217	60 tests
H.pylori IgG	30192	30 tests
EBV VCA IgM	30237	30 tests
EBV VCA/EA IgG	30236	30 tests
EBV EBNA IgG	30235	30 tests

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E. coli O157	30112	30 tests
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Listeria Duo	30225	60 tests
Listeria	30700	60 tests
Listeria monocytogenes	30704	60 tests
Salmonella	30702	60 tests
Staph enterotoxin	30705	30 tests
Salmonella Xpress	30709	60 tests
Listeria monocytogenes Xpress	30123	60 tests
UP Salmonella	30707	60 tests
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Enzyme names should be in accordance with the recommendations of the IUPAC-IUB Commission on Biochemical Nomenclature, 1978, as in *Enzyme Nomenclature*, published by Academic Press, New York, 1992. Genotypes should be given in italics, phenotypes should not be italicised. Nomenclature of bacterial genetics should follow Damerec et al. Genetics 1966; 54: 61–76.

Abbreviations

Journal of Medical Biochemistry accepts standard *Journal of Biological Chemistry* abbreviations. Uncommon abbreviations should be defined, in parentheses, when they first appear in text. Abbreviations in the Title and in the Abstract should be avoided. All non-standard abbreviations should be listed alphabetically on the second page of the manuscript (see above), separated by semicolon. Start with the abbreviation, followed by a comma, and then give the explanation.

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These guidelines are designed to help authors prepare statistical data for publication and are not a substitute for the detailed guidance required to design a study or perform a statistical analysis. Each section of a scientific paper is addressed separately.

Summary

The number and source of data must be stated and conclusions which have a statistical basis must be substantiated by inclusion of pertinent descriptive statistics [mean or median, standard deviation (SD) or interquartile range, percentage coefficient of variation (%CV), 95% confidence limits, regression equations, etc.].

Methods

Experimental design, subject selection and randomization procedures should be described and analytical precision quoted when appropriate. The hypotheses to be tested by a statistical procedure must be stated and where appropriate power calculations for the sample size used should be given (it is recommended that the power is <80%). In case-control studies, clearly define how cases and controls were selected and what matching has taken place.

Statistical tests should be described but need not be referenced unless they are unusual or are applied in a non-standard way. Computer software used should be referenced.

If the paper is reporting the results of a diagnostic trial read the STARD statement (1) and for a clinical trial read the CONSORT statement (2) to improve the quality of your report.

Results

Unnecessary precision, particularly in tables, should be avoided. Rounded figures are easier to compare and extra decimal places are rarely important. Descriptive statistics require an additional digit to those used for the raw data. Percentages should not be expressed to more than one decimal place and not be used at all for small samples.

Normally distributed data should be described using a mean, SD and/or %CV and expressed as »mean (SD)« not »mean ± SD«. When data are not normally distributed, following demonstration by tests such as the Shapiro-Wilk test (3), then medians and interquartile ranges should be used in place of mean and SD. Skewed data can often be normalized by logarithmic transformation or a power transformation. The statistical analysis and calculation of summary statistics should be carried out on the transformed data and the summary statistics transformed back to the original scale for presentation. If a logarithmic scale is used, then graphs should display non-transformed data on a logarithmic scale.

Graphs showing data of comparable magnitude should be of similar size and design. All individual points should be displayed where possible by displacing overlapping points. Error bars showing the standard error of the mean (SEM) or interquartile range, as appropriate, can be used to aid the interpretation of data.

The results of significance tests such as Student's and chi-squared should be presented with descriptive statistics, degrees of freedom (if appropriate) and probability P. The validity of any assumptions should be checked (e.g. conventional t-tests assume a normal distribution and equal variance for each set of data). For 2×2 contingency table analysis by the chi-squared test the continuity correction must be applied, and for small expected frequencies Fisher's Exact Test used.

P values should be reported in full in 1 or 2 significant figures. Describing P values as > 0.05 or NS (not significant) should be avoided. If the results are highly significant and the calculated P value from the computer is e.g. 0.000, then the use of $P < 0.0005$ is acceptable. Confidence intervals should be stated, particularly for non-significant results.

The conventional use of statistical significance is $P \leq 0.005$. If a different significance level needs to be used, then the reasons for this must be clearly stated in the statistical method section.

Discussion

Statistical significance should not be equated to importance and P values should not be compared between different statistical tests. Association should not be interpreted as causation without additional evidence.

Problem Areas

Multiple comparisons can produce spurious and misleading significance values. The primary hypothesis should always be clearly stated, and associations detected by retrospective analysis should be interpreted with caution. Whenever possible a single overall statistical test should be applied first e.g. ANOVA. If this is not significant, then multiple comparisons must not be applied. If it is significant then some form of multiple range test can be applied. If a single overall test is not possible, then multiple comparisons must use a Bonferroni type significance level.

With paired data the differences between individual pairs of data and the variability of the differences are more important than the individual values. Graphical representation should also show the difference between individual pairs, e.g. by plotted lines joining the paired data points.

Standard regression analysis requires data points to be independent (repeated measurements are not independent). The independent variable should be measurements without significant error, e.g. age or time, and the points should be evenly distributed over the range and have no outliers (this can be easily examined with a scat-

ter plot). These r equirements are rarely satisfied with biological data.

Method comparison using regression and cor relation coefficients is inappr opriate and should be per formed using Altman and Bland differ ence plots (4). If a standard scatter plot and r egression line are thought to be useful they can be given along with the Altman – Bland plot. Remember, if two methods ar e supposed to be measuring the same thing, then it is extr emely likely they will be cor related so that a statistical tool cor relation not tell you anything new.

If you are carrying out complicated statistical analyses, e.g. multivariate analysis, ROC analysis etc., then it is recommended that you seek advice from a statistician.

References

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4. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measur ement. Lancet 1986; 1 (8476): 307–10.

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