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# *The Spectrum*

## *Newsletter*

**Pakistan Society of Chemical Pathologists**  
[www.pscp.org.pk](http://www.pscp.org.pk)

Volume No 1; Issue No 1; December 2012 Editor: Surg Commadore (Brig) Aamir Ijaz

### Message from the Patron



I want to congratulate the PSCP office bearers on the launch of this first newsletter "*The Spectrum*". The selection of this name is quite interesting as Chemical Pathology traditionally deals with the visible and invisible spectrum of light. It also indicates the wide variety of disorders dealt by a Chemical Pathologist in its clinical practice. In addition, in day to day working, a Chemical Pathologist is usually approached by various specialists like Physicians, Surgeons, Gynaecologists and Paediatricians regarding interpretation and further investigations of their patients. The Chemical Pathology Laboratory usually has lion-share of work load in any Clinical Laboratory and a properly trained Chemical Pathologist is vital for imparting service to the ailing humanity. PSCP is a professional body that plays a pivotal role in the advancement of the specialty by organizing various activities like conferences, courses, workshops and seminars. Newsletters and other publications like this provide an opportunity to the professionals to express themselves on their favourite topics in a relatively informal manner. It can also act as an archiving document for recording various activities and for acknowledging the efforts of the members of any professional body.

Launching of this newsletter on the eve of 1st Joint Conference of PAP and Societies of Pathologists is very significant milestone in the history of PSCP and I take this opportunity to convey my best wishes for the success of the newsletter. I hope to see regular issues of "*The Spectrum*" in future and also want to pray that soon a local journal of Chemical Pathology will also become an essential publication of PSCP.

**Maj Gen Farooq Ahmad Khan HI(M)**  
**Commandant Armed Forces Institute of Pathology/ Adviser in Pathology**



## Message from President PSCP

Indeed, today is a landmark day in the history of PSCP, when I am writing this message for the first issue of our newsletter “The Spectrum”. For any professional organization publications are essential nowadays, and an electronic or printed newsletter is almost mandatory. It provides a rendezvous for the members to express themselves and to communicate with the other professional colleagues about their activities and about the thought process they are going through. I will request all the members to own this newsletter and send their valuable contributions to the editor to make it a versatile publication.

The tenure of present council is near its completion. I am deeply indebted to all the office bearers and council members who put all their efforts to make it a memorable tenure. In spite of worsening law and order situation of the country in general, and Karachi in particular, we did manage a handful of academic activities under the banner of PSCP. 4th Biennial course at AFIP Rawalpindi was a total success. Several small group activities were also organized during the previous year e.g. Workshops on “Good Professional Skills” at PNS SHIFA and AFIP Rawalpindi, “Method Evaluation” workshop arranged at PNS SHIFA and “Inborn Errors of Metabolism” organized by Dr Ayesha Habib during CPSP Golden Jubilee Conference. Our international collaboration also continued. Me and Dr Adnan Zubairi attended IFCC annual meeting in Malaysia to represent PSCP and our country. We are looking forward to 1st Joint Conference of Pathologists and 5th National Conference of PSCP in which three Chemical Pathology workshops and four scientific sessions have been planned in addition to several National and International invited speakers. I wish a great success to this conference.

At the end I want to congratulate editor and all other council members who worked tirelessly to make the dream of our own newsletter a reality and commend their hard work and dedication.

**Dr Imran Siddiqui**

Associate Prof of Chemical Pathology  
AKU Karachi  
President PSCP

‘The Spectrum’ and PSCP welcome participants of 1<sup>st</sup> Joint Conference of Pathologists

On PSCP sessions:

- Two Pre-Conference Workshops
- Four Scientific Sessions
- One Post-Conference workshop



Dr. Asim Mumtaz  
The Man Behind

## PSCP: How it started?

“Aamir I think this is the right time we should have a Society for Chemical Pathology” Asim said to me on that summer evening of May 2003 in his house at Fane Road Lahore. “Stop day dreaming. It’s a very difficult job and don’t expect any help from me, I am too busy....” I replied in a very cold tone while enjoying my samosa and tea. “I have prepared some preliminary documents and have met some lawyers regarding legal aspects of formation of a professional body” I could see a brightness in Asim’s eyes when talking of this dream. That day I realized that nobody can stop Asim in this task. I just gave him one suggestion that he should come to Rawalpindi some day and see Brig (then) Farooq Ahmad Khan. So after several meetings at AFIP and in Lahore, PSCP became a reality!!

The first meeting of the PSCP council was held on 22<sup>nd</sup> March 2003 at Children’s Hospital, Lahore. Twenty Chemical Pathologists from different cities attended the meeting which was presided by Brig (then) Farooq Ahmad Khan. (Narrative : Surg Cdre Aamir Ijaz)



Glimpses of First Council Meeting of PSCP March 2003)

## PSCP: Past and Present Office Bearers

Since Jan 2004 PSCP is functioning as per its constitution (memorandum). It elections are held every two years. Here is an archive of the office bearers:

<u>Year</u>	<u>President</u>	<u>Vice President</u>	<u>Secretary /Treasure</u>
2004-2006	Maj Gen Farooq Ahmad Khan 	Brig Rizwan Hashim 	Dr. Asim Mumtaz 
2007-2008	Prof Ejaz Hassan Khan 	Brig Dilshad Ahmed Khan 	Brig Aamir Ijaz 
2008-2010	Brig Abdus Sattar 	Col Muhammad Dilawar 	Dr Asim Mumtaz 
2010-2012	Dr Imran Siddiqui 	Brig Aamir Ijaz 	Dr Adnan Zubairi 

## PSCP: Academics

PSCP holds CPD activities at least once a year. Postgraduate courses and Biennial conferences were held on alternate years

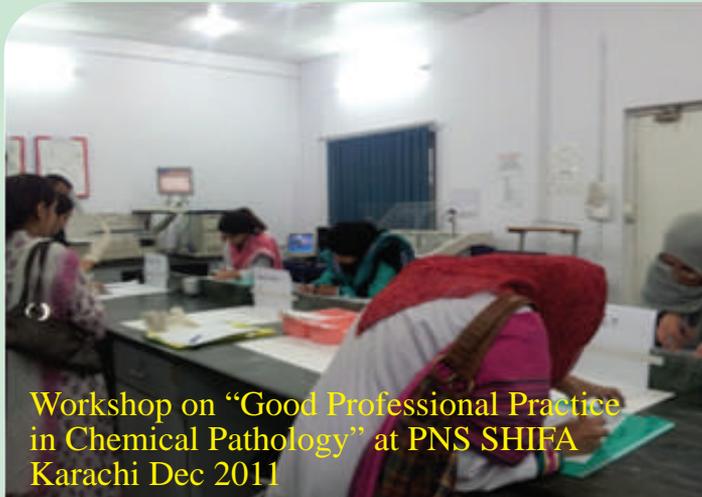
<u>Year</u>	<u>Activity</u>	<u>Venue</u>
Feb 2005	1 <sup>st</sup> Biennial Conference	King Edward Medical College, Lahore
Aug 2006	1 <sup>st</sup> Postgraduate Course	AFIP Rawalpindi
Mar 2007	2 <sup>nd</sup> Biennial Conference	Aga Khan University Karachi
Feb 2008	2 <sup>nd</sup> Postgraduate Course	Army Medical College, Rawalpindi
Mar 2009	3 <sup>rd</sup> Biennial Conference	Quaid-e-Azam Medical College Bahawalpur
Apr 2010	3 <sup>rd</sup> Postgraduate Course	AFIP Rawalpindi
Feb 2011	4 <sup>th</sup> Biennial Conference	Allama Iqbal Medical College Lahore
Mar 2012	4 <sup>th</sup> Postgraduate Course	AFIP Rawalpindi
Dec 2012	1 <sup>st</sup> Joint Conference	AFIP Rawalpindi / Convention Centre Islamabad

## PSCP: Office Bearers 2012-12



From Right: Surg Cdre Aamir Ijaz (Vice President); Dr Imran Siddiqui (President)  
Dr Ayesha Habib (Provincial Coordinator Sindh); Dr Adnan Zubairi (Secretary /Treasurer)

## PSPC: Activities during Last One Year



Workshop on "Good Professional Practice in Chemical Pathology" at PNS SHIFA Karachi Dec 2011



Group of Chemical Pathologists at 35<sup>th</sup> PAP Conference at CPSP Karachi Dec 2011



Workshop on "Method Evaluation" at PNS SHIFA Karachi 06 Nov 2012



Workshop on "Inborn Errors of Metabolism" at CPSP Karachi 07 Nov 2012



Participants of 4<sup>th</sup> Biennial Course in Chemical Pathology at AFIP, Rawalpindi, on 16<sup>th</sup> -17<sup>th</sup> March 2012.

# International Affiliation of PSCP



## Asia and Pacific Federation of Clinical Biochemistry (APFCB)

Forum of societies of 16 Asian and Pacific countries i.e. **Australia, China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Pakistan and Singapore.**

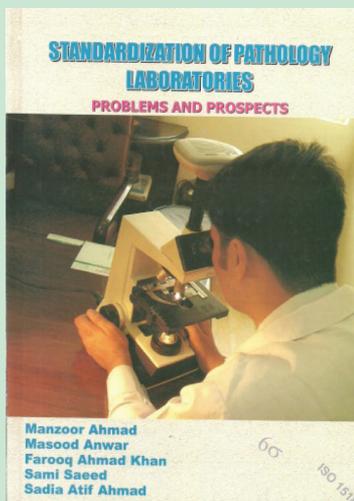
PSCP has full voting membership and has membership of scientific, education and lab management committees

## Membership of International Federation of Clinical Chemistry (IFCC)

PSCP is a member of IFCC which is an international body of Clinical Chemistry (Chemical Pathology).

Regular participation by PSCP in international meeting as country representatives.

# First Publication of PSCP



Book on “*STANDARDIZATION OF PATHOLOGY LABORATORIES-PROBLEMS AND PROPECTS*”

First edition Published in 2008 in collaboration with College of Pathologists Pakistan.

# A Day with Chemical Pathologist

*“.....chemical pathology (also known as Clinical Biochemistry) can no longer be described as a specialty where doctors spend all their time somewhere in the dark recesses of a hospital...”* Stephen Bloom.

Chemical Pathology covers the **clinical, laboratory, research, teaching and hospital administration** aspects. So a Chemical Pathologist spends his or her day with an overlap of all these spheres, the ratio of each aspect varies according to the nature of post at which he /she is working. Let us go with a Chemical Pathologist during a typical day:

## **8 AM to 9 AM: Laboratory Work**

A Chemical Pathologist starts his or her day with authorizing the reports generated overnight. Chemical Pathologists are mainly responsible for providing the clinical direction of the laboratory and dealing with Laboratory Management and Quality Assurance issues. Chemical Pathologists spend only a rare hour inside the lab and actual pipetting is becoming virtually non-existing.

## **9 AM to 10 AM: Undergraduate Teaching**

Clinical batch of 4th Year MBBS comes to the lab and Chemical Pathologist conducts a session on sample collection in the lab. He /she employs student-centred and interactive approach and looks an expert Medical Educationist. He /she is also a member of the several committees of the Medical College for smooth running of undergraduate education.

## **10 AM to 1030 AM: Patient Consultation**

Patients usually walk in Chemical Pathologist office for interpretation of reports, seeking advice for further tests and most importantly requesting financial concessions. Regular outpatient clinics (e.g. endocrinology, diabetes, lipids, cardiac risk assessment, and bone metabolism), working in nutritional support teams, and performing dynamic function testing are other clinic tasks requiring Chemical Pathologist input. These unscheduled consultations are continuously requested all the day not only from patients but also from other doctors usually on telephones.

## **1030 AM to 1100 AM: Meeting with other Pathologist over a cup of tea**

Essentially, without any pre-determined agenda, day to day problems e.g. staff distribution, SOP in the lab reception and liaison with hospital administration are common topics.

## **11 AM to 12 Noon: Attend a Negotiating Meeting with Diagnostic Firms**

With increasing prices of Laboratory consumables and shrinking resources Chemical Pathologist has to be a very good financial manager.

## **12 Noon to 1:30 PM : Visit Accident & Emergency Department as a Head of the Hospital Patient Safety Team**

Chemical Pathologist is always ready to share his/her hospital responsibilities. By default they are good administrators. This is especially true in Armed Forces where this role makes him /her one of the most influential and respected specialists.

### **1:30 PM 2 PM: Prayer and Lunch Break**

### **2 PM to 3 PM: Report Authorization**

Verification of results from raw equipment data and discussion with Post-Graduate Students regarding interpretation of some cases are almost daily events.

### **3 PM to 4 PM : Presentation of Research Project by a Post Graduate Student**

Chemical Pathologists are usually at the front of research activities in any institute. They not only keep themselves involved in research but also provide motivation to their clinical colleagues. This involvement in medical research is usually attributed to a better grasp on Medical Statistics, Research Methodology and Computer Skills in addition to basic and clinical subjects.

### **4 PM to 11 PM: Work-life balance**

The potential for family friendly hours is greater than in other specialties—for example, on-call work is not residential—so more opportunities exist to develop family life and other interests. Compared with other specialties, it is more suitable for female doctors.

**What is obvious:** Chemical Pathology is a fulfilling specialty and Chemical Pathologist spends his / her day in varied combination of laboratory and clinical work, research, teaching and hospital administration.

(Host: Surgeon Commodore Aamir Ijaz)

## **World's Easiest Quiz!**

Answer the questions below

1. How long did the Hundred Years' War last?
2. Which country makes Panama hats?
3. From which animal do we get cat gut?
4. In which month do Russians celebrate the October Revolution?
5. What is a camel's hair brush made of?
6. What was King George VI's first name?
7. What is the color of the black box in a commercial airplane?

Check your answers at next page.

## Some Important Tips about Chemical Pathology Tests

Here are some tips about rational use of laboratory investigations which may be helpful not only for young doctors but also for the patients:

- a. Plasma Glucose should be advised in fasting condition except in emergencies.
- A Borderline result should be further investigated by Oral Glucose Tolerance Test (OGTT). Random glucose should not be advised in an otherwise normal person.
- b. Fasting for lab test means no food or drink for the last 10-12 hours but plain water is allowed. In fact patient should be encouraged to take water according to the weather.
- c. For estimation of Cholesterol and its fractions (Direct HDL-Cholesterol, Direct LDL-Cholesterol and Non-HDL-Cholesterol) fasting condition is not mandatory. Fasting for 10-12 hours is mandatory, however, for triglycerides estimation.
- d. Serum ALT is a very sensitive marker of hepatocellular disease. So in a person without jaundice, only ALT may be advised instead of whole Liver Function Tests (LFT).
- e. Only urea may be carried out for screening of renal dysfunction because there is no kidney disease with normal urea. In a patient with normal urea no further renal tests are required.
- f. The list of Cardiac enzymes (or markers) has been changed in recent years. AST and LDH has been excluded and now replaced by CK-MB and Troponins.
- g. 'TSH only' is a well-known regimen for the screening of thyroid abnormalities. T<sub>3</sub> and T<sub>4</sub> should be reserved for patients with abnormal TSH.

Some of these tests may be very trivial in cost but considering large number of patients who are advised, a significant amount may be saved or diverted to more useful investigations.

### Answers of quiz at previous page

1. How long did the Hundred Years War last?  
116 years; The Hundred Years' War continued from 1337 to 1453 in France
2. Which country makes Panama hats?  
Ecuador; A Panama hat is a traditional brimmed hat of Ecuadorian origin.
3. From which animal do we get cat gut?  
Sheep and Horsesintestines.
4. In which month do Russians celebrate the October Revolution?  
November; The Soviet Revolution traditionally dated to 25 October 1917, which corresponds with 7 November 1917 according to old style Gregorian calendar.
5. What is a camel's hair brush made of?  
Squirrel fur; the term "camel hair" brush is used to describe animal fibers with a softness.
6. What was King George VI's first name?  
Albert; George VI (Albert Frederick Arthur George; King of the UK.)
7. What is the color of the black box in a commercial airplane?  
Orange; although they are called 'black boxes,' aviation recorders are actually painted bright orange.

# Interesting origin of some words



**Calculation:** This word has its origin from Greek word *calculus* i.e. a stone (well-known to the medical community). In ancient Roman civilization chariots (horse carts) were used as cabs (taxis). In place of modern day meters a device was used to measure the distance travelled which comprised a container of pebbles (*calculi*) that would throw a stone into a box after a certain distance. At the end of journey the stones were counted to charge the fare or in other words *Calculation* was done.



**Salary:** This word is from *salt*. In olden days salt was an expensive commodity and after a day's work one would get wages in the form of salt. "You would pay a small rock of *salt* to a labourer at the end of day and not Rs.150 as *Salary* in those days".



**Boy-cott:** The dictionary meaning of this word is "to abstain from or act together in abstaining from using, buying, or dealing, as an expression of protest or disfavour or as a means of coercion". The word is after *Charles C. Boycott* (1832-1897). A former British soldier, *Boycott* was agent of an absentee landowner in Ireland. He refused to follow the instruction of a local politician to charge lower rents from the farmers. As a result *Boycott* and his family found themselves isolated and *Boycott's* name was quickly adopted as the term for this treatment, not just in English but also in other languages such as French, Dutch, German, and Russian.

**OK:** It is essentially an American term that has spread from English to many other languages. *OK* was first recorded in 1839 as a humoristic expression. In those days Boston newspapers used to reduce a phrase to initials and supply an explanation in parentheses. Sometimes the abbreviations were misspelled to add to the humour. *OK* was used as an abbreviation for *all correct*, the joke being that neither the *O* nor the *K* was correct.

**Good-bye:** *Goodbye* is derived from the phrase "God be with you." The earlier forms of the expression, was *God be wy you* or *god buy' ye*. The first word of the expression is now *good* and not *God*, for *good* replaced *God* by analogy with such expressions as *good day*, perhaps after people no longer had a clear idea of the original sense of the expression.

## Express yourself !!!!!

Contribute to "The Spectrum"

- Professional Matters
- Life of a Chemical Pathologist
- Anecdote etc.

For Comments / Correspondence: Prof Aamir Ijaz; [ijaz\\_aamir@hotmail.com](mailto:ijaz_aamir@hotmail.com)



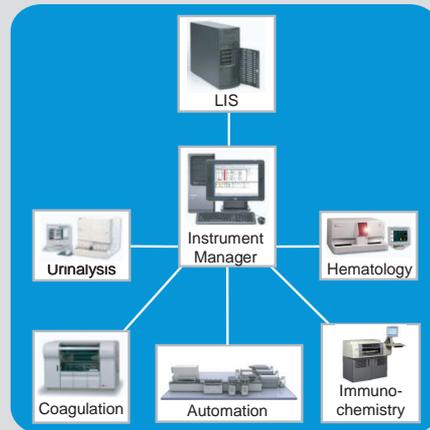
# Drive to Excellence

## Instrument Manager

### Virtually Limitless, Open Connectivity

Choose multiple laboratory disciplines from over 700 ready-to-use drivers

- Connect to a wide range of analyzer interface drivers
- Interface with automation lines, including pre-/post-analytics
- Communicate via HL7, ASTM or proprietary protocols
- Connect to any HIS, LIS or other middleware
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### Operational Efficiency

Your lab is facing increased workloads with decreasing resources. You need to streamline, standardize and automate while maintaining quality. **It's full speed ahead with Instrument Manager.**

#### Stream line and simplify using automation

Improve consistency with decreased sample handling and automatic alerts

#### Save time with consolidation and standardization

Reduce training time with one easy-to-learn system. Consolidate information—then quickly access for analysis and accreditation needs

#### Optimize operations via a flexible system from a dedicated partner

Customize with functionality designed to meet your specific goals. Maximize uptime through excellent service and support

### Satisfaction

There are many people you need to satisfy and each perspective is important. Instrument Manager helps you **consider them all so you can hit the road running.**

#### Patients

Quick, accurate passage of results provide confidence in care and may decrease length of stay

#### Physicians

Improved service levels and access to information (e.g., automatic processing of individual requests) enhance ability to diagnose and treat

#### Laboratorians

Automation of manual tasks and an easy-to-use system increase confidence and offer time to focus on samples that need expert attention

### Clinical Outcomes

Instrument Manager gives you confidence in the patient care you provide. It puts you in the driver's seat when **it comes to improving clinical outcomes.**

#### Decrease human errors

Standardize and automate routine tasks while visualizing information quickly

#### Improve accuracy

Use intelligent verification to ensure compliance with SOPs

#### Enable quicker diagnosis

Immediately release non-exception results, quickly locate specimens or automatically react to QC failures to accelerate turn-around times