Molecular Diagnostics Centers Network APPLICATION FORM

## Please complete the following form and send email to the IFCC office ([paola.bramati@ifcc.org](mailto:lisa.ionescu@ifcc.org)) by **February 1st, 2020.**

## For additional details or clarification, email Professor Parviz Ahmad-Nejad

## at the following: [parviz.ahmad-nejad@helios-gesundheit.de](mailto:parviz.ahmad-nejad@helios-gesundheit.de)

1. INVESTIGATORS

|  |  |  |
| --- | --- | --- |
| Principle Applicant | | |
| Title | | Surname, First name |
|  | |  |
| Email address: | |  |
| Telephone number (including country code) | |  |
| MDC Area of Interest  (see page 2 for list) | |  |
| Co-Applicants and 2°(Name of Secondary Contact at Your Organization) | | |
|  | Title | Surname, First name and Email |
| i) |  |  |
| ii) |  |  |
| iii) |  |  |
| 2° |  |  |

2° The secondary contact should be available if the IFCC cannot reach the primary contact

2. INSTITUTION DETAILS

###### (a) Name & full address of Institutions (s)

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| If this is a multi-centre application, please identify all institutions (example, pathology department and genetic department) involved (such as for Co‑Applicants i), ii), and iii)). |

3. Details of the Principle Applicant

Correspondence relating to this application will be sent to the Principle Applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | Given Name | | Surname | |
|  | |  | |  | |
| Current  Appointment: |  | | | | |
| Institution: |  | | | | |
| Department: |  | | | | |
| Postal Address: |  | | | | |
| Courier Address:  (if different to postal address) |  | | | | |
| Telephone: |  | | Facsimile: | |  |
| Email: |  | | | | |
| Alternate Email\*: |  | | | | |

**\*An alternate email is necessary if the principle contact cannot be reached using the first email**

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| **4. MDC Network Area of Interest** | | | |
|  | **Examples** | **Specific Area** | |
| Single-Gene Disorders | Hemochromatosis, Fragile X, Cystic Fibrosis, Factor V Leiden |  | |
| Multi-Gene Disorders | Dyslipidemias |  | |
| Oncology | Solid Organ: Breast, colon, lungs, therapeutic response, prognostic testing |  | |
|  | Hematological: Bcr-Abl quantitative PCR, B and T cell clonality |  | |
|  | Circulating Tumor Cells, Circulating cell free DNA |  | |
| Pharmacogenetics | CYP2D6, TPMT |  | |
| Inherited Errors of metabolism | glycogen storage disease, phenylketonuria, porphyria, Lesch-Nyhan syndrome |  | |
| Infectious Diseases | Sexually transmitted diseases, Respiratory diseases, Meningitis/Encephalitis, Hepatitis, Gastrointestinal diseases, Tropical diseases, Pediatric diseases, Drug resistance genes | |  |

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| **4. MDC Network Area of Interest (continued),** | | |
|  | **Examples** | **Specific Area** |
| Circulating cell free DNA | Circulating cell free DNA, Massively parallel sequencing data analysis for cell free DNA, Noninvasive prenatal testing |  |
| Bioinformatics and Laboratory information systems | Massively parallel sequencing data analysis, patient management algorithms, instrument interface |  |
| External Quality Assessment | Proficiency testing, alternate assessment (specimen exchange) |  |
| Reference Materials | Calibrators, Certified reference materials, Low level materials |  |
| Education | User education i.e. website, health care provider (example, nurse and doctor education), Laboratory and workflow design |  |
| Other |  |  |

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| 5. Levels of Participation  **Participation as an**  ***IFCC MDC Network Member*** |
| **Objective:** to promote dialogue between molecular diagnostics laboratories (for example but not limited to IFCC MDC expert laboratories). To focus on quality improvement and improving access to material, education materials guidelines and training. Being a network member provides access to the IFCC MDC expert laboratories. |

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| **6. Laboratory or Institution Details** | |
| **6.a Accreditation Status** | |  |  | | --- | --- | |  | **Place an “X” against**  **Yes or No** | | Do you have accreditation status for performance of molecular diagnostic tests? | |  |  |  | | --- | --- | --- | | **Yes** | |  | | --- | |  | | | **No** | |  | | --- | |  | | | | Type of accreditation (i.e. ISO 17025, ISO 15195..) | Type of Accreditation: | |
| **6.b Proficiency Testing** | |  |  | | --- | --- | |  | **Place an “X” against**  **Yes or No** | | Do you participate in any external quality assurance or proficiency testing schemes? | |  |  |  | | --- | --- | --- | | **Yes** | |  | | --- | |  | | | **No** | |  | | --- | |  | | | | Name of external quality assurance or proficiency testing schemes: | Scheme(s) name: | |

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| **6.c Select the setting which best describes your group.** | |  |  | | --- | --- | |  | **Place an “X” next to your selection** | |  |  | | Academic |  | | Government/State Hospital Laboratory |  | | Government/State Pathology Laboratory |  | | Private Hospital Laboratory |  | | Private Pathology Laboratory |  | | Life Science company |  | | Reference Material Provider |  | | Other (specify) |  | |

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| **6.d Basic Infrastructure**  **And Sample Analysis** | Sample numbers and sample types.   |  |  | | --- | --- | | Number of samples analysed |  | | Number of samples per month |  | | Sample types analysed |  | | Blood |  | | Other including buccal swab, saliva, tissue (please state the specific sample type) |  | | Liquid based cytology |  | | Microbiological media |  |   b) What technologies are currently being employed for by your laboratory in clinical practice? Rank the top three by placing a number by the method (example, real time quantitative PCR(1), Non PCR based amplifications (2) and gel electrophoresis (3))   |  |  | | --- | --- | |  | **Place an “X” next to your selection** | | DNA sequencing (Sanger) |  | | Restriction enzyme analysis of PCR products |  | | Real-Time PCR (Quantitative) |  | | Real-Time PCR (Qualitative)) |  | | DNA sequencing (massively parallel) |  | | Gel electrophoresis |  | | Non PCR based amplification methods (example, SDA, TMA, etc) |  | | Southern Blotting |  | | Circulating tumor cells |  | | In house Bioinformatics |  | | Circulating cell free DNA |  | | Massively Parallel Sequencing (also known as NGS) |  | | Mass Spectrometry |  | | Linkage analysis using microsatellites or other markers. |  | | DNA chip or microarray |  | | Other Methods |  | |

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| **6.e Participation in national or international studies or societies or relevant projects.** | If applicable, cite areas of national and international collaboration in the area of interest (please limit to this one page highlighting areas of greatest importance and relevance). |
| **6.f Publications** | List if any, publications (max 10) you have in the area of interest, relevant to molecular diagnostics. |