|  |  |
| --- | --- |
|  | **International Federation of Biomedical Laboratory ScienceScientific Network of Experts** |
| PERSONAL INFORMATION | Replace with First name(s) SURNAMES (s) |
|  | [All blue text should be replaced. All CV headings are optional. Remove any empty headings. Limit to 5 pages] |
| Replace with photo[[1]](#footnote-1)  | Replace with house/apt. number, street name, city, postcode, country  |
| Replace with telephone number  Replace with mobile phone number  |
| Replace with e-mail address |
| Replace with personal website(s)/blog (if any)   |
|  |
| Gender: F / M | Date of birth1 dd/mm/YYYY | Nationality: Add Country  |

|  |  |
| --- | --- |
| motivation to register in IFBLS Scientific network of experts | Replace with personal statement  |

|  |  |
| --- | --- |
| PROFESSIONAL EXPERIENCE |   |

[Add separate entries for a maximum of the five most recent experiences. Most recent first.]

|  |  |
| --- | --- |
| Replace with dates (from - to) | Replace with occupation or position held |
| Replace with employer’s name and locality (if relevant, full address and website) |
| * Replace with main activities and responsibilities
 |

|  |  |
| --- | --- |
| EDUCATION AND TRAINING |   |

[Add separate entries for relevant programs/degrees/courses. Start from the most recent.]

|  |  |  |
| --- | --- | --- |
| Replace with dates (from - to)  | Replace with qualification awarded |  |
| Replace with education or training organisation’s name and locality (if relevant, country)  |
| * Replace with a list of principal subjects covered or skills acquired
 |

|  |  |
| --- | --- |
| FIELDS OF EXPERTISE |   |
| [Keep only your relevant areas of expertise, please limit the number to 1 - 5] |
|  | Blood transfusion sciencesClinical biochemistryClinical cytologyClinical haematologyClinical histopathologyClinical microbiologyClinical pharmacologyClinical physiologyEducationHistocompatibility and Immunogenetics ImmunologyLaboratory Information Management Systems | Laboratory managementLaboratory quality assuranceLaboratory safetyMedical geneticsMolecular biologyPatient safetyPoint of Care TestingPre-analysisProfessional ethicsResearchSerologyOthers, specify |

|  |  |
| --- | --- |
| ADDITIONAL INFORMATION |   |
|  | [Limit to last five – 5 – years if necessary] |
| PublicationsHonours and awardsReferencesCertificationsVolunteer work in relevant societies | Replace with relevant publications, presentations, projects, conferences, seminars, honours and awards, memberships, references. Remove headings not relevant in the left column.**Example of publication:*** Edwards, S. T., Dorr, D. A. & Landon, B. E. (2017). Can Personalized Care Planning Improve Primary Care? *JAMA*, 318(1), 25–26.

**Example of project:*** Devon new public library. Principal architect in charge of design, production, bidding and construction supervision (2008-2012).
 |

|  |  |
| --- | --- |
| VALIDATION  |   |

|  |  |
| --- | --- |
| Membership in IFBLS member association | * Replace with name of association
 |
| Supported and validated | * Will be added by IFBLS Office
 |

|  |  |
| --- | --- |
| TERMS AND CONDITIONS  |   |

|  |  |
| --- | --- |
|  | Members accepted into the Scientific Network represent only themselves in any task connected to the IFBLS Scientific Network at any given time.By submitting this CV to the IFBLS Office, IFBLS has the right to: * Contact your member association to validate your membership
* Publish your name, affiliation and field(s) of expertise on the IFBLS Webpage for the Scientific Network of Experts
* IFBLS may at any point ask you to provide copies of credentials, for instance but not limited to:
	+ copies of degrees and qualifications;
	+ testimonial of employment or work placement;
	+ publications or research.
 |

To be submitted to communications@ifbls.org

Please indicate in subject line “IFBLS Scientific Network of Experts”.

1. Optional [↑](#footnote-ref-1)