

	International Federation of Biomedical Laboratory Science Scientific Network of Experts	
PERSONAL INFORMATION	Replace with First name(s) SURN	AMES (s) potional. Remove any empty headings. Limit to 5 pages]
	Replace with house/apt. number, street name, city, postcode, country	
	Replace with telephone number	
	 <u>Replace with e-mail address</u> Replace with personal website(s)/blog (if any) 	
	Replace with personal website(s)/ blog (in	
Replace with photo ¹	Gender: F / M Date of birth ¹ dd/mm/YYYY Nationality: Add Country	
MOTIVATION TO REGISTER IN IFBLS SCIENTIFIC NETWORK OF EXPERTS	Replace with personal statement	
PROFESSIONAL EXPERIENCE		
Replace with dates (from - to)	[Add separate entries for a maximum of the five most recent experiences. Most recent first.] ce 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	25
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 ^{t0} Peplace with education or training erganization's name and locality (if relevant, country)	
	Replace with education or training organisation's name and locality (if relevant, country) Replace with a list of principal subjects covered or skills acquired 	
	- Replace with a list of principal subjects covere	
FIELDS OF EXPERTISE		
	[Keep only your relevant areas of expertise, please Blood transfusion sciences	e limit the number to 1 - 5] Laboratory management
	Clinical biochemistry	Laboratory quality assurance
	Clinical cytology	Laboratory safety
	Clinical haematology	Medical genetics
	Clinical histopathology Clinical microbiology	Molecular biology Patient safety
	Clinical pharmacology	Point of Care Testing
	Clinical physiology	Pre-analysis
	Education	Professional ethics
	Histocompatibility and Immunogenetics	Research
	Immunology Laboratory Information Management Systems	Serology Others, specify

¹ Optional



ADDITIONAL INFORMATION		
	[Limit to last five - 5 - years if necessary]	
Publications	Replace with relevant publications, presentations, projects, conferences, seminars, honours and	
Honours and awards	awards, memberships, references.	
References	Remove headings not relevant in the left column.	
	Example of publication:	
Certifications	 Edwards, S. T., Dorr, D. A. & Landon, B. E. (2017). Can Personalized Care Planning Improve Primary 	
Volunteer work in relevant societies	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 <u>communications@ifbls.org</u> Please indicate in subject line "IFBLS Scientific Network of Experts".