

**IFCC COMMITTEE ON CLINICAL LABORATORY MANAGEMENT (C-CLM)**

**QUESTIONNAIRE FOR NOMINEES FOR MEMBERSHIP**

*Your National Society/Company has nominated you for the membership in this Committee.*

*To provide the Education and Management Division with a clearer picture of the contribution you can make to the Committee, you are kindly requested to complete the following questionnaire and return it to the IFCC Office (silvia.cattaneo@ifcc.org).*

* **Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **National Society/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position inside the committee: ❑ Full Member ❑ Corresponding Member**

1. Please explain why you wish to become a member of this Committee.

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1. What do you think you can contribute to the work of the Committee?

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1. What has been your main work in the past related to clinical laboratory management?

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1. How much time do you think you can spend on your work with the Committee?

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1. Please give examples of your experience on local, national and international Committees

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For any questions regarding this questionnaire, please contact the EMD Chairs:   
Prof. Maurizio Ferrari: emdchair@ifcc.org