ABSTRACT SUBMISSION GUDELINES

DEADLINE FOR SUBMISSION

- The deadline for abstract submission will be **01 October 2025.**

RULES FOR SUBMISSION

- An author from each abstract must register and pay the fees, attend the conference and present the work **if accepted for presentation**.
- Previously presented abstracts will be reviewed; however, they **will not be accepted** for presentation **if they have been published as full papers** before the date of the conference.
- Only abstracts related to the **field of clinical chemistry (basic and applied)** will be considered for review.
- All abstracts must be submitted and presented in **clear English with accurate grammar** and spelling of a quality suitable for publication.
- Six (6) **Abstracts of young investigators** (under 35 years of age) will be selected for **a 10 minutes oral presentation by the young investigator** and will be considered for the **young investigator competition award**. Therefore, **willingness to present the abstract as oral presentation, if accepted and selected for oral presentation**, **should be mentioned** **at the time of abstract submission**. All other accepted abstracts will be considered for the **poster competition award**.
- Instructions for preparation of poster/oral presentations will be sent together with acceptance notifications.
- Only abstracts sent to the **official e-mail** **(SSCC.abstracts@gmail.com)** will be considered for review.
- You will receive confirmation that your abstract has been received, indicating the abstract number which it has been allocated. Please refer to this abstract number in all correspondence regarding the abstract.
- All submitted abstracts will be forwarded to the Committee for review. Notifications regarding status will be sent once the review process is complete. The Scientific Committee will make every effort to provide **notifications within two weeks of the abstract submission deadline.**

GUIDELINES FOR SUBMISSION

The following information should be provided separately:

1- **Submission *MUST Be* typed as *WORD file*.**
2- **Presenting author's contact details:**
   - ***Email address* & *Mobile phone number***
3- **Abstract:** ***(SEE EXAMPLE BELOW)***
   should include the following:
   - ***Abstract title*** - limited to 25 words in **UPPER CASE**
   - ***Author and co-authors' details***:
     - Full first and family name(s)
     - Affiliation details: **department, institution / hospital, city, country.**

- ***Abstract text:***
  - Should be limited to **500 words**.
    (Please Note: Word count is affected when graphs/tables/images are added,
    *and abstracts with > 500 words will be **automatically rejected**)*
  - Should be written in a **scientific format,** which includes
    Background,
    Methods,
    Results,
    Conclusion.
    *(Please Note: **Only** abstracts with the above format will be considered for review, others will be **automatically rejected**)*

- ***Example:***

Establishment of Reference Interval for Immunoglobulins and Free light Chains in Healthy Adults Saudi Population

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Background: Testing serum free kappa (FK), free lambda (FL) and K/L ratio is considered as part of the International Myeloma Working Group guidelines for the diagnosis and management of monoclonal gammopathies. Therefore, reliable diagnosis and management are based on reliable reference intervals (RIs) in each population. This study was dedicated to study the RIs for free kappa (FK), free Lambda (FL), K/L ratio in addition to immunoglobulins (IgG, IgM, IgA) for the Saudi population using the Freelite reagents from Binding Site.

Methods: A total of 180 apparently healthy individuals aged ≥18 years were recruited from western, central and eastern regions of Saudi Arabia using the IFCC reference interval committee and decision limits protocol specified for the global study. All serum specimens were measured using Freelite reagents from Binding Site. Multiple regression analysis (MRA) was performed to explore sources of variation of each analyte. The variation in reference values attributable to sex, age, BMI and region was calculated by ANOVA as a standard deviation ratio (SDR). RIs were derived by the parametric method.

Results: MRA revealed that region, BMI, smoking and exercise were not relevant sources of variation for any analyte. Based on SDR cutoff value (>0.4), between-sex partition RIs was not required for all analytes except IgM. Both FK and FL were highly associated with IgA (r= 0.73, r= 0.41; p<0.001) respectively.

Conclusion: RIs for free light chains (FK, FL, K/L ratio) and immunoglobulins analytes specific for Saudi Arabians were established in careful consideration of various factors. The ranges were different from those provided by the manufacturer and from other countries.