

## Advocacy Committee Member Form

*“The Advocacy Committee proactively identifies regulatory, reimbursement and practice challenges affecting the International Clinical Cytometry community’s ability to deliver patient care in all geographies. The Advocacy Committee alerts ICCS and its associated clinical flow cytometry societies to these issues, and invites them in turn to alert The Advocacy Committee similarly. When possible and appropriate, the Advocacy Committee and ICCS membership will engage with stakeholder groups and agencies in order to provide expert guidance in the area of clinical flow cytometry to thereby ensure patient access to this crucial diagnostic modality.”*

**Expectations:** Members of this committee are expected to participate in a monthly conference calls and additional subcommittee conference calls and other interim work.

Name \_\_\_\_\_

Institution: \_\_\_\_\_

Current Position: \_\_\_\_\_

- MD
- PhD
- Technologist
- Research scientist
- Flow qualification /certification

Year of experience in Flow Cytometry: \_\_\_\_\_

Type of flow cytometric experience: \_\_\_\_\_

\_\_\_\_\_

Other relevant experience: \_\_\_\_\_

\_\_\_\_\_

Recommended by 2 ICCS members \_\_\_\_\_

I am interested in contributing:

- as an advisor
- writing assignments
- Other \_\_\_\_\_