



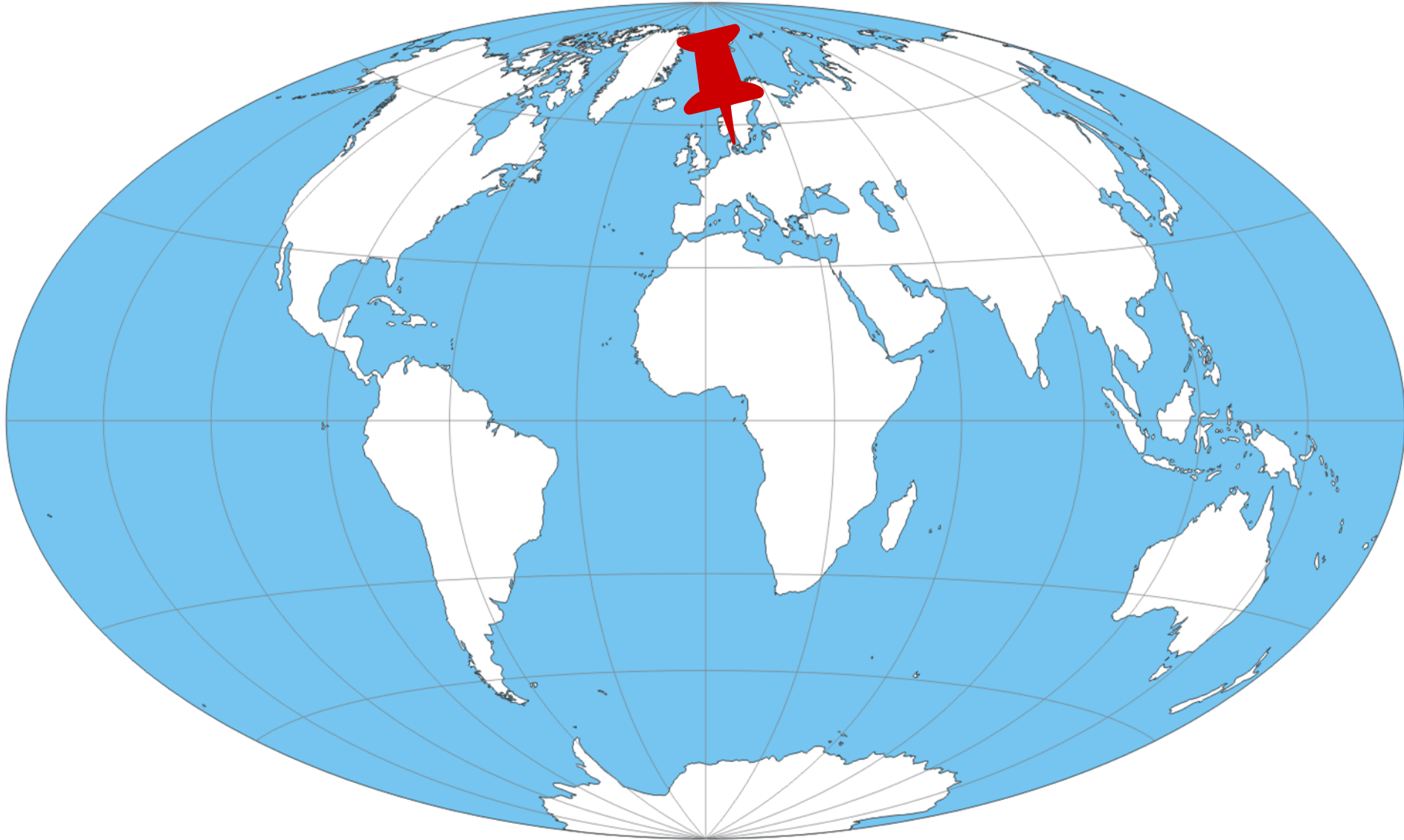
Welcome to Aalborg and the NordiQC 2025 Seminar

Søren Nielsen
Director, NordiQC



Welcome

61 participants from 20 countries



Welcome



2016

THE 10 HAPPIEST CITIES IN EUROPE

The happiest cities in Europe may surprise you. It seems that that old myth about the sun making people happy isn't entirely true.

1 Aalborg, Denmark



It's clear from the final two places of this list which is the **happiest country in Europe**. Despite a lack of warm weather, and, well...people, Denmark seems to be the place to be for happiness.

Aalborg has a strong wind turbine industry, possibly conceived as a result of the strong winds, and attracts many tourists every year, adding to a healthy economy and low unemployment rates.

Congratulations to the people of Aalborg: you are officially the happiest city in Europe!

No 1 😊



The New York Times



Here is the newest list for 2019

1. Puerto Rico
2. Hampi, India
3. Santa Barbara, California
4. Panama
5. Munich, Germany
6. Eilat, Israel
7. Setouchi Islands, Japan
8. Aalborg, Denmark
9. The Azores, Portugal
10. Ontario Ice Caves, Canada
11. Zadar and Nearby Islands, Croatia
12. Williamsburg, Virginia
13. Las Vegas
14. Salvador, Brazil
15. Danang, Vietnam
16. Costalegre, Mexico
17. Paparoa Track, New Zealand
18. Puglia, Italy
19. Tatra Mountains, Slovakia
20. Calgary, Canada
21. Olkhon Island, Lake Baikal, Russia
22. Huntsville, Alabama
23. Falkland Islands
24. Aberdeen, Scotland
25. Golfo Paradiso, Italy
26. Dessau, Germany
27. Tunis
28. Gambia

Welcome

VIDEO

This on-the-rise city is Copenhagen's cool, sunny alternative

Brunches, bars and cool B&Bs make Aalborg the ideal city for a late-summer getaway — where it can still hit 28C in September



Nord*i*QC

2024

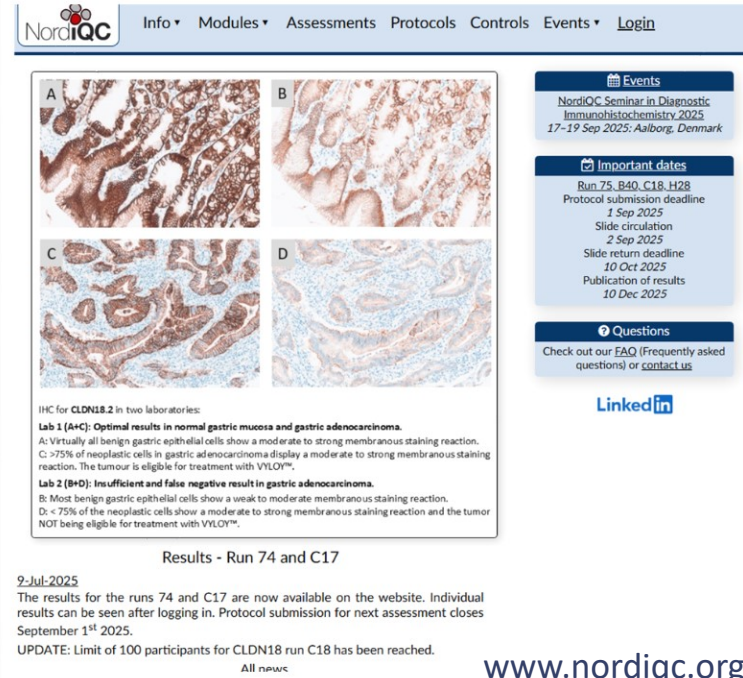
THE  TIMES
THE SUNDAY TIMES

- International IHC proficiency testing program
- Institute of Pathology, Aalborg University Hospital, Denmark
- About 700 participants from more than 60 countries

NordiQC assessment scheme 2025

Module	Winter	Spring	Autumn
General*	Run 73 ALK (lung) ASMA Bcl-2 GATA3 SYP	Run 74 BRAF CD30 CLDN4 ECAD MLA p40	Run 75 AMACR CyD1 Podop SATB2 SOX10
Breast*	Run B39 ER HER2 IHC PR		Run B40 ER HER2 IHC
HER2 ISH	Run H27 HER2 ISH		Run H28 HER2 ISH
Companion*		Run C17 CLDN18.2 PD-L1 (TPS/CPS)	Run C18 PD-L1 (TPS/CPS)
Reassessments	BAP1 CD117 CD20 CK-PAN INSM1 PMS2	CD8 Ki67 MSH6 p16 TRPS1	PR ALK (lung) ASMA Bcl-2 GATA3 SYP

*Accredited by DANAK under registration number 616 to proficiency testing.



Events
NordiQC Seminar in Diagnostic Immunohistochemistry 2025
17-19 Sep 2025, Aalborg, Denmark

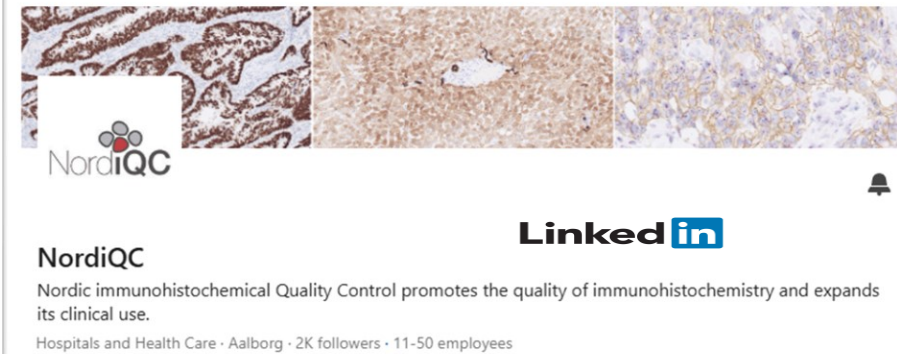
Important dates
Run 75, B40, C18, H28
Protocol submission deadline
1 Sep 2025
Slide circulation
2 Sep 2025
Slide return deadline
10 Oct 2025
Publication of results
10 Dec 2025

Questions
Check out our FAQ (Frequently asked questions) or [contact us](#)

Results - Run 74 and C17

9-Jul-2025
The results for the runs 74 and C17 are now available on the website. Individual results can be seen after logging in. Protocol submission for next assessment closes September 1st 2025.
UPDATE: Limit of 100 participants for CLDN18 run C18 has been reached.
All names

www.nordiqc.org



NordiQC
Nordic immunohistochemical Quality Control promotes the quality of immunohistochemistry and expands its clinical use.
Hospitals and Health Care · Aalborg · 2K followers · 11-50 employees

Poland	60
Italy	55
Belgium	50
UK	46
Netherlands	42
Austria	36
Germany	35
Canada	34
Sweden	33
Spain	30





Aalborg University Hospital

Department of pathology – Management
MD Anja H Brüggmann – BSc Jette Christensen



Laboratory management
BSc Mette Bøgh BSc Jette Møller

Histology

Cytology

IHC laboratory

NordiQC

Mol. Pathol
Flow

Aalborg University Hospital

Department of pathology – Management
MD Anja H Brüggmann – BSc Jette Christensen

NordiQC management
BSc Søren Nielsen – MD Rasmus Røge – BSc Jette Møller

External consultants

9 Pathologists
8 BSc
2 MSc – Biol.

Biomedical scientists

3 BSc full time
3 BSc part time

Pathologists

1 part time
1 full time / PhD

Administration

1 secretary part time
1 logistic part time

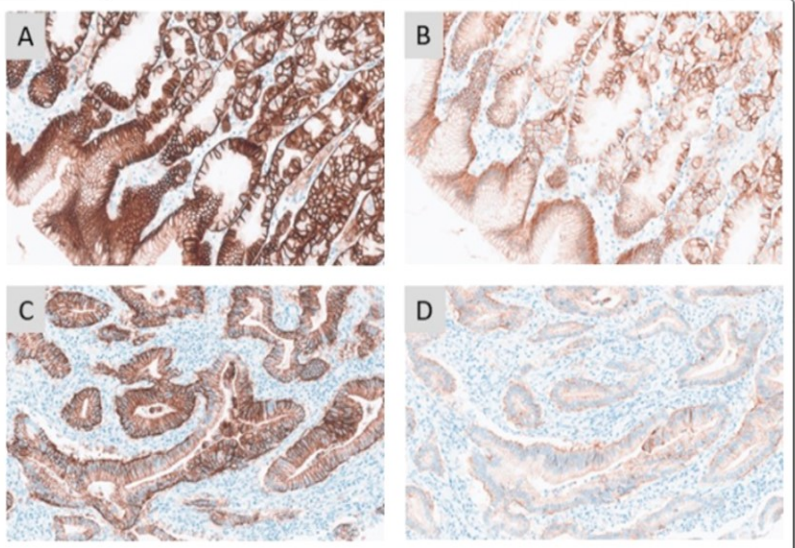
All data is publicly available.

Assessment results include:

- ‘Best practice protocols’
- Discussion on pitfalls, challenges, solutions
- Recommended IHC tissue controls

About 3.000 daily visitors at www.nordiqc.org

[Info](#) ▾ [Modules](#) ▾ [Assessments](#) [Protocols](#) [Controls](#) [Events](#) ▾ [Login](#)



IHC for CLDN18.2 in two laboratories:

Lab 1 (A+C): Optimal results in normal gastric mucosa and gastric adenocarcinoma.
A: Virtually all benign gastric epithelial cells show a moderate to strong membranous staining reaction.
C: >75% of neoplastic cells in gastric adenocarcinoma display a moderate to strong membranous staining reaction. The tumour is eligible for treatment with VYLOY™.

Lab 2 (B+D): Insufficient and false negative result in gastric adenocarcinoma.
B: Most benign gastric epithelial cells show a weak to moderate membranous staining reaction.
D: < 75% of the neoplastic cells show a moderate to strong membranous staining reaction and the tumor NOT being eligible for treatment with VYLOY™.

Results - Run 74 and C17

9-Jul-2025

The results for the runs 74 and C17 are now available on the website. Individual results can be seen after logging in. Protocol submission for next assessment closes September 1st 2025.

UPDATE: Limit of 100 participants for CLDN18 run C18 has been reached.

[All news](#)

Events

[NordiQC Seminar in Diagnostic Immunohistochemistry 2025](#)
17–19 Sep 2025: Aalborg, Denmark

Important dates

[Run 75, B40, C18, H28](#)
Protocol submission deadline
1 Sep 2025
Slide circulation
2 Sep 2025
Slide return deadline
10 Oct 2025
Publication of results
10 Dec 2025

Questions

Check out our [FAQ](#) (Frequently asked questions) or [contact us](#)

[LinkedIn](#)

NordiQC assessment scheme 2025

Menu for 2025

A mixture;

- Old classical markers
 - CD30, Melan A, p40, SYP....
- New markers
 - Claudin 4, Claudin 18.2
- “Trouble maker markers”
 - ALK, ASMA

Module	Winter	Spring	Autumn
General*	Run 73 <u>ALK (lung) ASMA</u> <u>Bcl-2 GATA3 SYP</u>	Run 74 <u>BRAF CD30</u> <u>CLDN4 ECAD MLA</u> <u>p40</u>	Run 75 <u>AMACR CyD1</u> <u>Podop SATB2</u> <u>SOX10</u>
Breast*	Run B39 <u>ER HER2 IHC PR</u>		Run B40 <u>ER HER2 IHC</u>
HER2 ISH	Run H27 <u>HER2 ISH</u>		Run H28 <u>HER2 ISH</u>
Companion*		Run C17 <u>CLDN18.2 PD-L1</u> <u>(TPS/CPS)</u>	Run C18 <u>PD-L1 (TPS/CPS)</u>
Reassessments	<u>BAP1 CD117</u> <u>CD20 CK-PAN</u> <u>INSM1 PMS2</u>	<u>CD8 Ki67 MSH6</u> <u>p16 TRPS1</u>	<u>PR ALK (lung)</u> <u>ASMA Bcl-2</u> <u>GATA3 SYP</u>

*Accredited by DANAK under registration number 616 to proficiency testing.

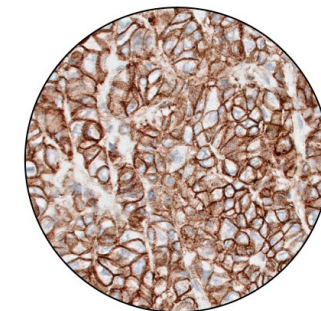
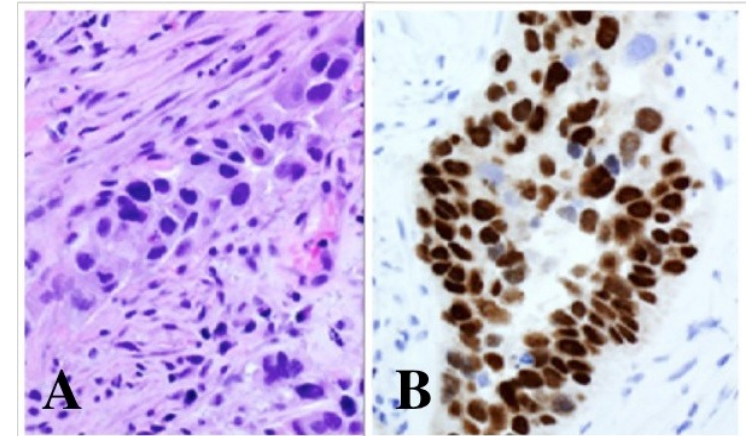
Immunohistochemistry – potential; Lung cancer

Primary or secondary
TTF1, Calretinin, CDX2, TRPS1,

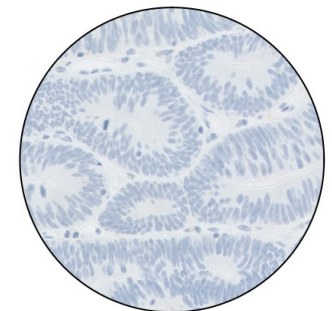
NSCLC or SCLC
CGA, SYP, CD56, INSIM1....

Adenocarcinoma or squamous
TTF1, Napsin A, CK5, p40....

Predictive
ALK, PD-L1, ROS1....



This patient is **more** likely to respond to immunotherapy.



This patient is **less** likely to respond to immunotherapy.

Two main IHC categories

Type I / Class I IHC tests: Interpreted in the context of histo- or cytomorphologic and clinical data. Results interpreted and used by pathologists. E.g. TTF1, SOX10, CDX2, p40, CGA etc

Type II / Class III IHC tests: Stand-alone tests being interpreted (largely) to provide predictive and prognostic information. Results interpreted by pathologists and used by clinicians to give tailored treatment. E.g. ER, HER2, ALK, PD-L1, CLDN18.2 etc .

Appl Immunohistochem Mol Morphol. 2017 Jan;25(1):4-11

Evolution of Quality Assurance for Clinical Immunohistochemistry in the Era of Precision Medicine: Part 1: Fit-for-Purpose Approach to Classification of Clinical Immunohistochemistry Biomarkers

Carol C. Cheung, MD, PhD, JD,*† Corrado D'Arrigo, MB, ChB, PhD, FRCPath,‡§
Manfred Dietel, MD, PhD,¶ Glenn D. Francis, MBBS, FRCPA, MBA, FFSc (RCPA),#**††
C. Blake Gilks, MD,‡‡ Jacqueline A. Hall, PhD,§§|| Jason L. Hornick, MD, PhD,¶¶
Merdol Ibrahim, PhD,## Antonio Marchetti, MD, PhD,*** Keith Miller, FIBMS,##
J. Han van Krieken, MD, PhD,††† Søren Nielsen, BMS,‡‡‡§§§ Paul E. Swanson, MD,||||
Clive R. Taylor, MD,¶¶¶ Mogens Vyberg, MD,‡‡‡§§§ Xiaoge Zhou, MD,####
and Emina E. Torlakovic, MD, PhD,*†††††††
From the International Society for Immunohistochemistry and Molecular Morphology (ISIMM)
and International Quality Network for Pathology (IQN Path)

Abstract: Technical progress in immunohistochemistry (IHC) as well as the increased utility of IHC for biomarker testing in precision medicine avails us of the opportunity to reassess clinical IHC as a laboratory test and its proper characterization as a special type of immunoassay. IHC, as used in current clinical applications, is a descriptive, qualitative, cell-based, usually nonlinear, in situ protein immunoassay, for which the readout of the results is principally performed by pathologists rather than by the instruments on which the immunoassay is performed. This modus operandi is in contrast to other assays

original purpose for which an IHC test is developed and its subsequent clinical uses, as well as the role of pathologists in the analytical and postanalytical phases of IHC testing. This paper is the first of a 4-part series, under the general title of "Evolution of Quality Assurance for Clinical Immunohistochemistry in the Era of Precision Medicine."

Key Words: biomarkers, quality assurance, quality control, validation, immunohistochemistry

(*Appl Immunohistochem Mol Morphol* 2017;25:4-11)

AJCP / SPECIAL ARTICLE

Am J Clin Pathol 2010;133:354-365

Canadian Association of Pathologists–Association canadienne des pathologistes National Standards Committee/Immunohistochemistry

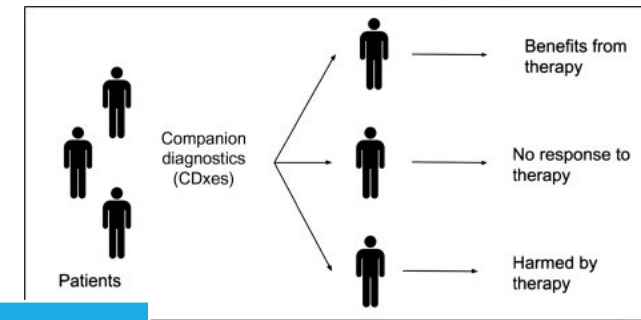
Best Practice Recommendations for Standardization of Immunohistochemistry Tests*

Emina Emilia Torlakovic, MD, PhD,¹ Robert Riddell, MD, FRCPath, FRCPC,²
Diponkar Banerjee, MBChB, FRCPC, PhD,³ Hala El-Zimaity, MD, MS, FRCPC,⁴
Dragana Pilavdzic, MD, FRCPC,⁵ Peter Dawe, MS,⁶ Anthony Magliocco, MD, FRCPC,⁷
Penny Barnes, MD, FRCPC,⁸ Richard Berendt, MD, FRCPC,⁹ Donald Cook, MD, FRCPC,¹⁰
Blake Gilks, MD, FRCPC,¹¹ Gaynor Williams, MD, PhD,¹² Bayardo Perez-Ordóñez, MD, FRCPC,¹³
Bret Wehrli, MD, FRCPC,¹⁴ Paul E. Swanson, MD,¹⁵ Christopher N. Otis, MD,¹⁶
Søren Nielsen, HT, CT,¹⁷ Mogens Vyberg, MD,¹⁷ and Jagdish Butany, MBBS, MS, FRCPC¹³

CME/SAM

Two main IHC categories

Type II / Class III, IHC companion diagnostics (CDx):



IHC target	Area	Demonstration	Drug
ER	Breast	Estrogen receptor	Tamoxifen, ...
HER2	Breast and gastric	HER2 protein overexpression	Herceptin, Enhertu...
CD117	GIST	Protein second to gene mut.	Glivec,...
ALK, ROS1	NSCLC	Fusion protein from gene mut.	Crizotinib,...
PD-L1	NSCLC, TNBC	PD-1 receptor	Pembrolizumab,..
MMR	Solid carcinoma	PD-L1 receptor	Pembrolizumab
Claudin-18	Gastric cancer	Claudin 18.2 protein	Zolbetuximab
FOLR1	Ovarian cancer	Folate receptor alpha	Mirvetuximab
<i>FGFR2b, TROP2..</i>	<i>Gastric, NSCLC...</i>		



1998

2015

2025

2027...

Two main IHC categories

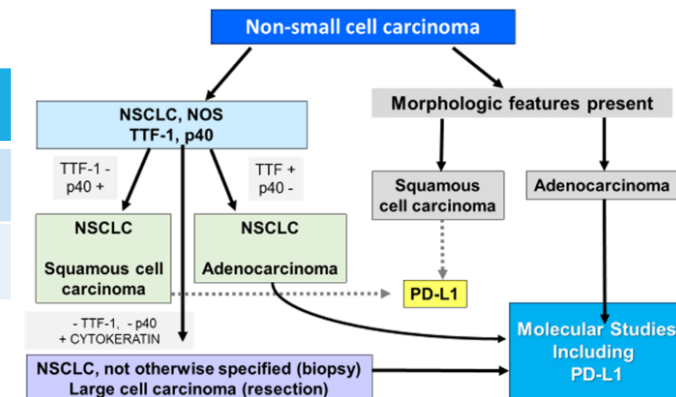
In practice more and more IHC tests become both Type I and Type II tests:
Directly indicated

IHC	Area	Type I	Type II	Drug
ALK	Lymphoma	ALCL	NSCLC	Crizotinib
CD20	Lymphoma	B-Cell lymph.	B-Cell lymph,	Rituximab (effect of drug)
CD30	Lymphoma	HL, ALCL	HL, ALCL	Brentuximab
CD56	Carcinoma	Neuroendo.	SCLC	Lorvotuzumab
MMR	CRC	Lynch	Solid carc.	Pembrolizumab

Indirectly indicated typically due to personalized treatment e.g.

IHC	Area	Type I	Type II	Comment
p40 - lung	Carcinoma	Squamous		
TTF1- lung	Carcinoma	Adeno	Crizotinib,....	ALK, EGFR, ROS1...

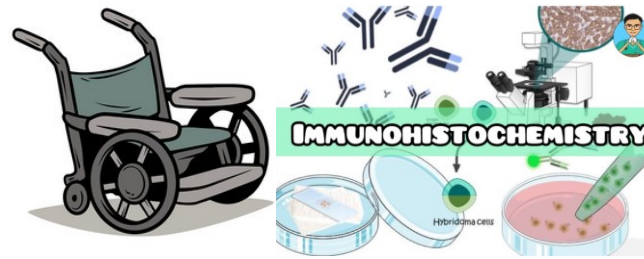
Determining Tumor Type in Small Biopsy Specimens



IHC – to do or not to do....

Does IHC have a future???

Molecular testing is here and can replace IHC!!!

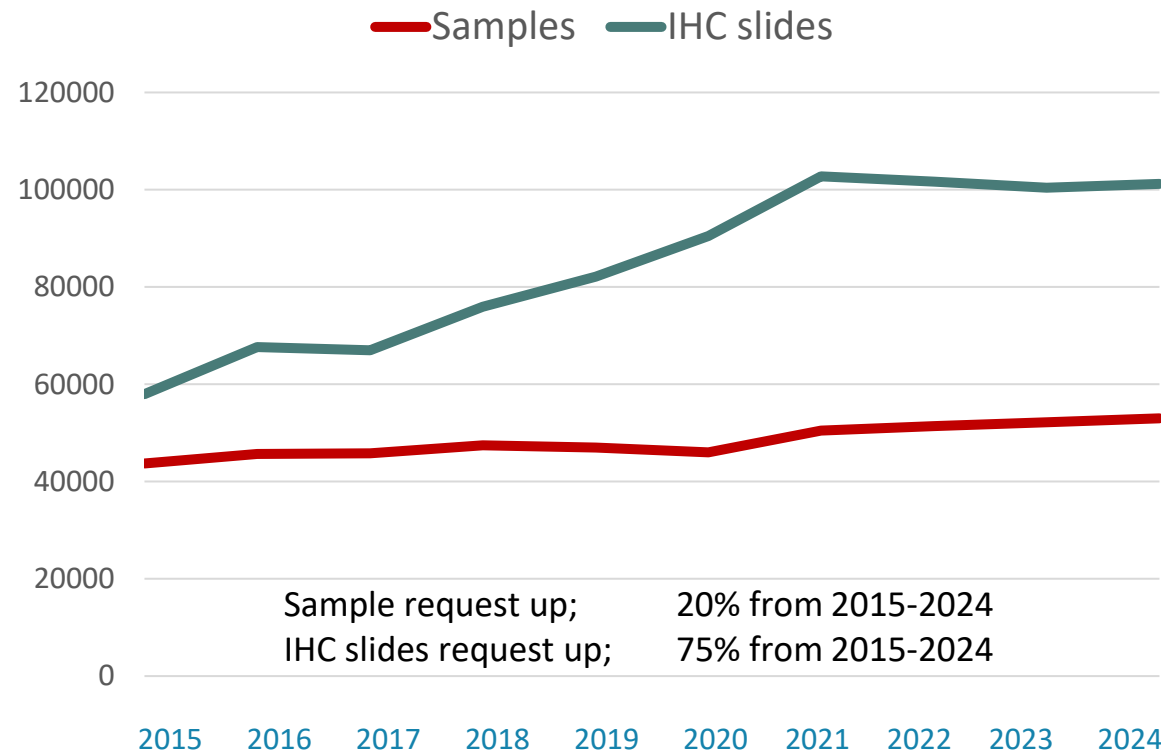


VS



Immunohistochemistry market*

IHC slides - Aalborg University Hospital



IMMUNOHISTOCHEMISTRY MARKET (2025 - 2031)

Market size is estimated to reach
\$6207.5 million by 2031
CAGR of 4.8% during 2025 - 2031



CAGR of
4.8 %

Regional Analysis



BY TYPE

- ❖ Antibody
- ❖ Primary Antibodies
- ❖ Secondary Antibodies
- ❖ Equipment
- ❖ Slide Staining Systems

BY APPLICATION

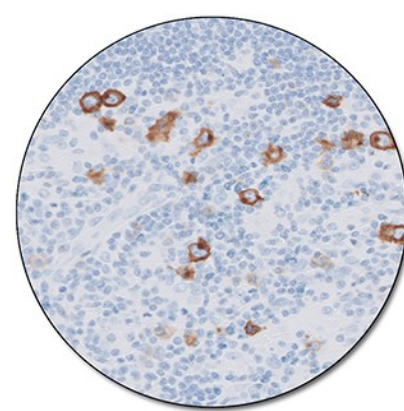
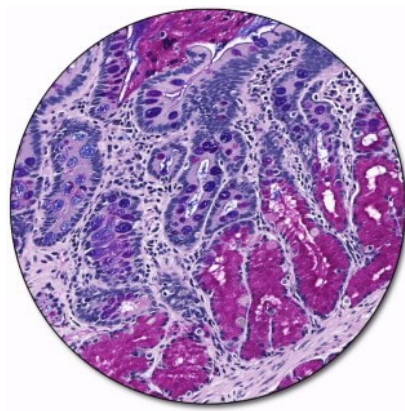
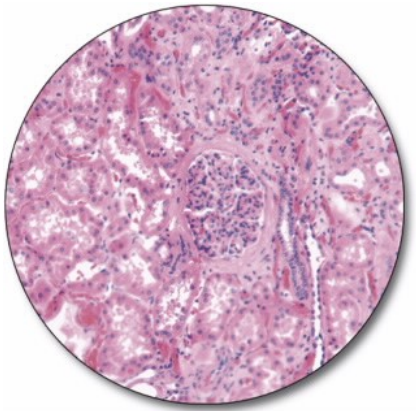
- ❖ Diagnostics
- ❖ Cancer
- ❖ Infectious Diseases
- ❖ Research
- ❖ Autoimmune Diseases

BY END - USER

- ❖ Hospitals & Diagnostic Laboratories
- ❖ Research Institutes
- ❖ Academic Institutes
- ❖ Others

Need to secure IHC testing quality – analytical precision and accuracy

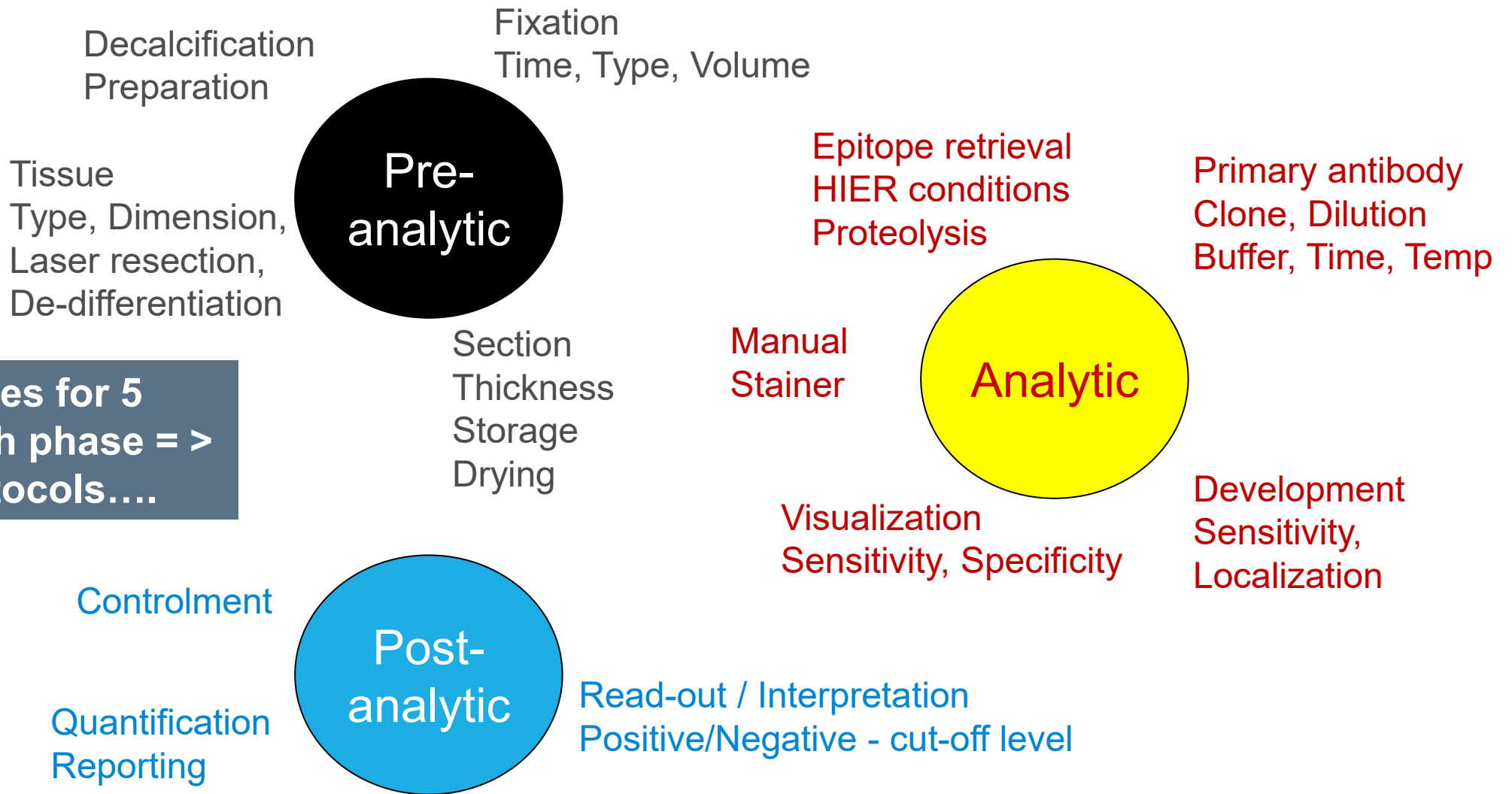
IHC is NOT just a special stain to generate a brown colour



IHC is an assay to monitor in-situ proteomics for diagnostics

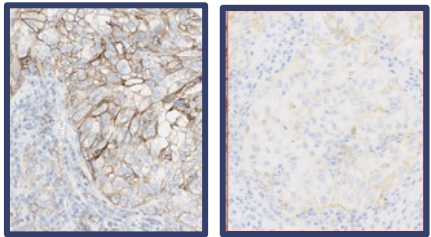
Require focus on validation – quality assurance – interpretation / read-out

... The IHC biomarker protocol trap – navigation with care.....



With 3 choices for 5 variables in each phase => 4 million protocols....

PD-L1 - NSCLC



Protocol 1 Protocol 2
NordiQC run C1

The quality of IHC testing – NordiQC EQA data; 2017-2021

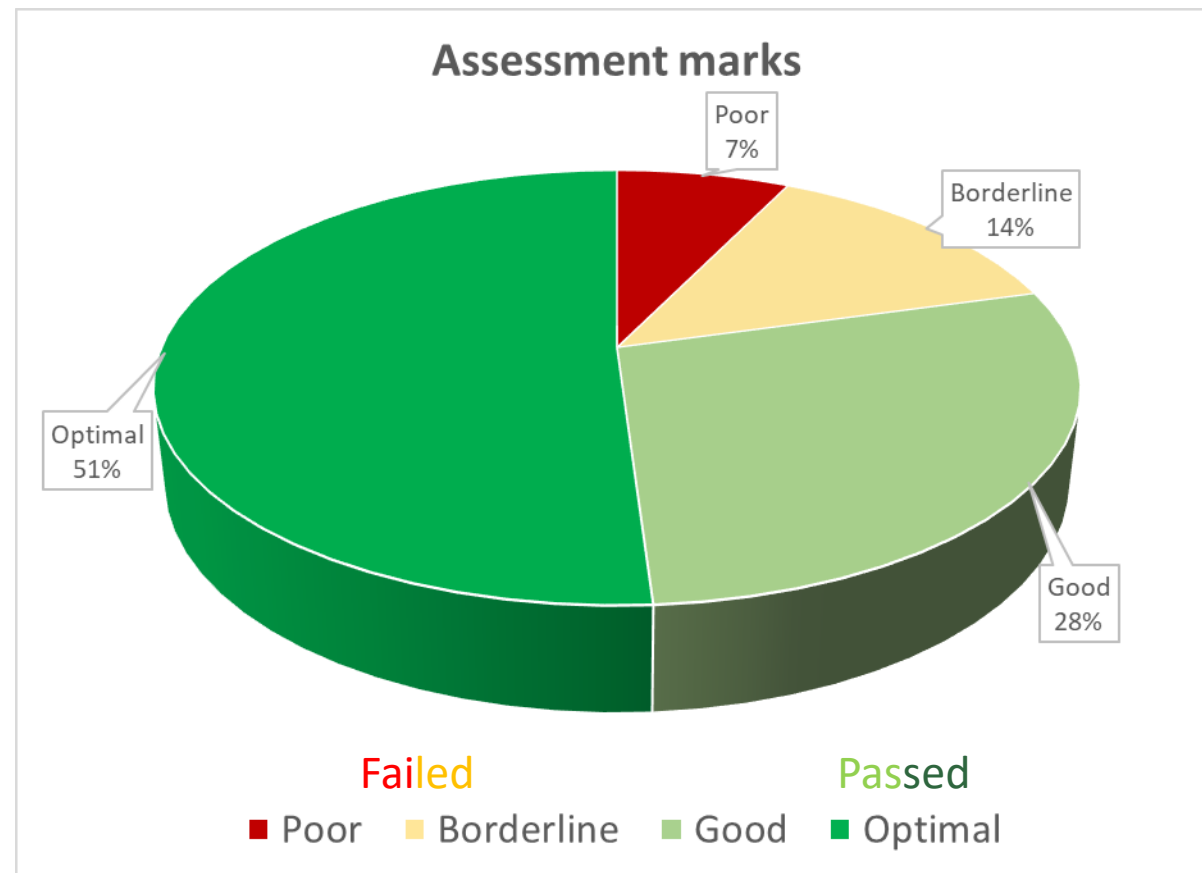
79% of IHC assays passed
21% of IHC assays failed

31.967 IHC assays evaluated
65 different markers in 3 modules

TABLE 2. Biomarkers Assessed in NordiQC 2017-2021

General Module			Breast Module	Companion Module
ALK-LUNG (2)	CEA	OCT3/4	ER (10)	PD-L1 TPS/CPS (10)
AMACR	CGA	p16	HER2 (10)	PD-L1 IC score (5)
ASMA (2)	CK19	p40	PR (5)	—
Bcl2	CK20	p53	—	—
Bcl6	CK5 (2)	p63	—	—
BRAF	CK7	PAX8 (4)	—	—
BSAP	CK-LMW (2)	PMS2 (2)	—	—
CD10	CK-PAN (2)	Podop	—	—
CD117 (2)	CMYC	S100 (2)	—	—
CD15	CR	S100	—	—
CD23	ECAD	SATB2	—	—
CD30	EPCAM	SMAD4	—	—
CD31 (2)	ERG	SMH	—	—
CD45	GATA3 (2)	SOX10 (2)	—	—
CD5	MLA (3)	SYP	—	—
CD56	MLH1 (2)	TdT	—	—
CD68	MSH2 (2)	TTF1	—	—
CD79a	MSH6 (2)	UP	—	—
CD8	MUM1	VIM	—	—
CDX2	NKX3.1 (2)	WT1	—	—

Number in brackets indicate number of repeats.
TPS/CPS indicates tumor proportion score/combines positive score.



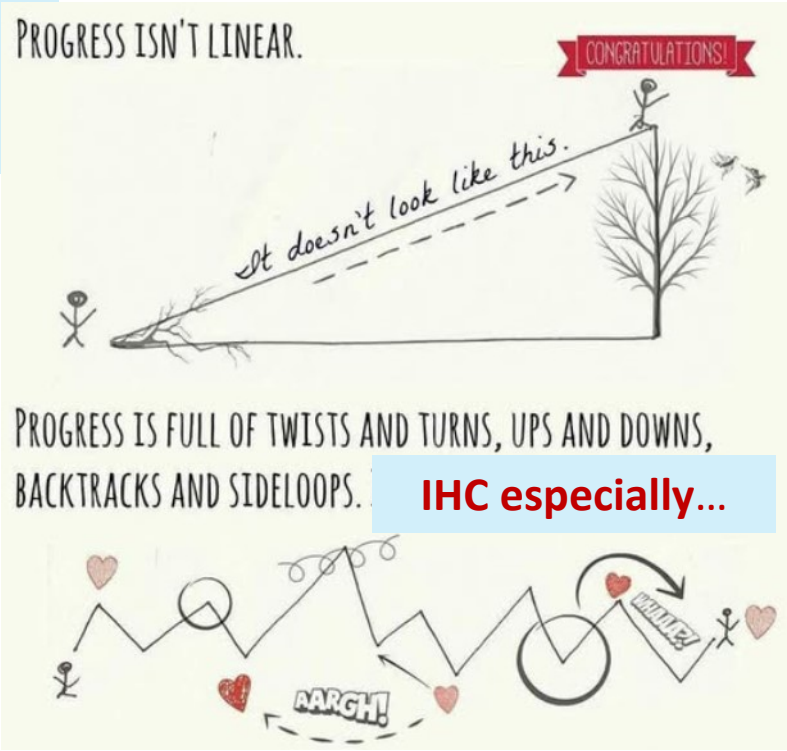
Nielsen Søren, Bzorek Michael, Vyberg, Mogens, Røge Rasmus.
Lessons Learned, Challenges Taken, and Actions Made for “Precision” Immunohistochemistry.
Analysis and Perspectives From the NordiQC Proficiency Testing Program.
Applied Immunohistochemistry & Molecular Morphology ():10.1097/PAI.0000000000001071, October 5, 2022. | DOI: 10.1097

The quality of IHC testing – NordiQC EQA data; 2024

79% of IHC assays passed
21% of IHC assays failed

8.479 IHC assays evaluated
21 different markers in 3 modules

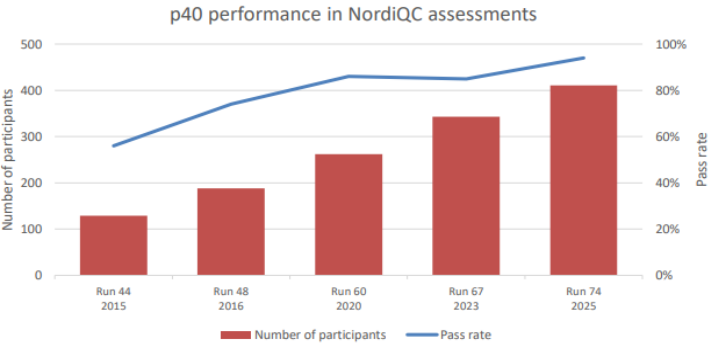
General	Breast	Companion
BAP1	ER	PD-L1 TPS/CPS
BCL6	PR	PD-L1 IC score
CD8	HER2	
CD20		
CD117		
CGA		
CK-PAN		
GATA3		
INSM1		
Ki67		
MSH6		
p16		
p53		
PMS2		
PRAME		
TRPS1		



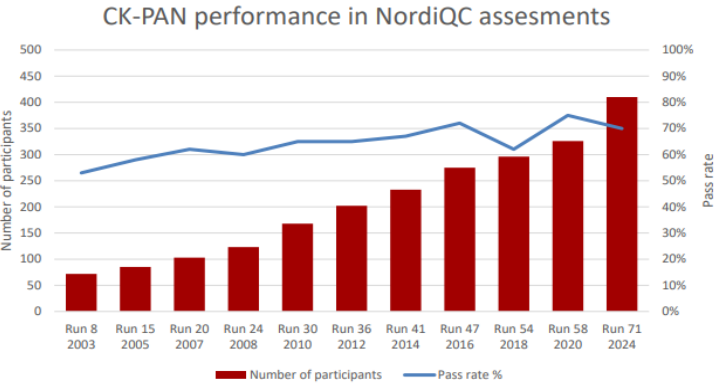
IHC especially...

Performance history
This was the fifth NordiQC assessment of p40. An increased pass rate was observed in this run 74 compared to the previous runs (see Graph 1).

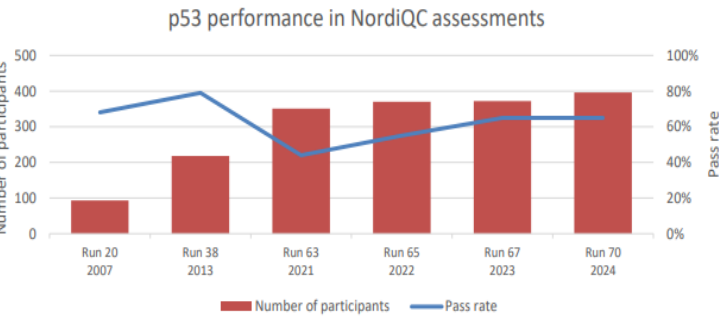
Graph 1. Proportion of sufficient results for p40 in the five NordiQC runs



Graph 1. Proportion of sufficient results for CK-PAN in the eleven NordiQC run performed.



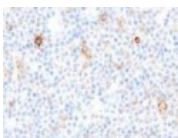
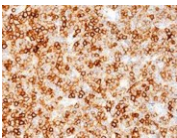
Graph 1. Proportion of sufficient results for p53 in the six NordiQC runs performed



Most common causes and characteristics of insufficient results in NordiQC

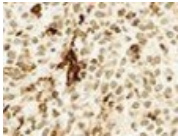
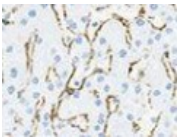
	Less successful primary antibody	Inappropriate titer of primary antibody*	Inappropriate choice of retrieval method	Insufficient heat induced epitope retrieval	Use of an inappropriate detection kit	Other causes
Definition	1. Antibody consistently gives false negative or false positive staining or a poor signal-to-noise ratio in one or more assessment runs. 2. Antibody less robust, frequently giving inferior staining results e.g., on certain IHC platforms or sensitive to standard operations as blocking of endogenous peroxidase.	1. Concentrated format of primary antibody applied too diluted or too concentrated giving false negative, false positive staining results or providing a poor signal-to-noise ratio. 2. Ready-to-use format of primary antibody consistently giving false negative or false positive staining results. * Antibody otherwise shown to provide sufficient results	1. Omission of epitope retrieval for primary antibody requiring retrieval. 2. Use of proteolytic pre-treatment for antibodies requiring HIER. 3. Use of heat induced epitope retrieval for antibodies requiring proteolytic pre-treatment.	1. HIER time too short. 2. Use of inappropriate buffer for HIER, e.g., pH, type of buffer etc.	1. Biotin-based detection kit for cytoplasmic epitopes. 2. Use of detection kits providing a too low sensitivity. 3. Use of detection kits and chromogens giving imprecise localization of the staining signals complicating the interpretation.	1. Technical issue during IHC staining, e.g., drying of sections. 2. Modifications of Ready-to-use systems, e.g., dilution of Ready-to-use primary antibody or application on other unvalidated system. 3. Excessive retrieval causing severe impairment of morphology. 4. Excessive counterstaining.
Frequency	17%	20%	11%	16%	19%	17%

75-90% of insufficient results characterized by too weak or false negative results



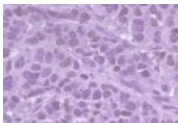
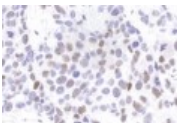
CD20

10-15% of insufficient results characterized by false positive results



ASMA

5-10% of insufficient results characterized by severe technical artefacts as impaired morphology, excessive counterstaining, poor signal-to-noise ratio



ER

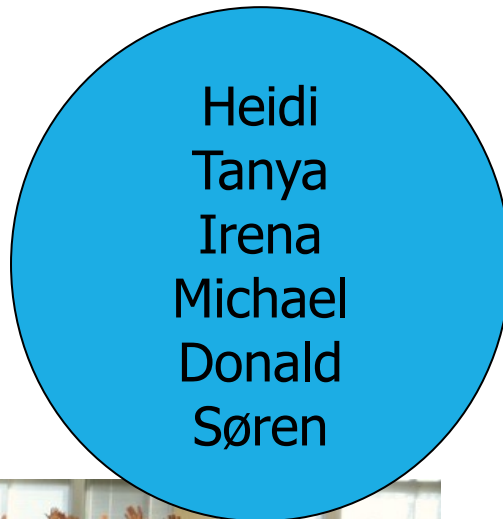
Nielsen S. External quality assessment for immunohistochemistry: experiences from NordiQC. - Biotech Histochem 2015;5:331-40

Ref.

Lab.

Aim for seminar 2025 is to focus on knowledge sharing

Scientific / Technical



Diagnostic / Clinical



PROGRAM			
Wednesday, September 17			
09:00 – 09:45		<i>Arrival and registration, Coffee</i>	
09:45 – 10:00	15	Welcome	SN
10:00 – 11:00	60	IHC principles: The technical test approach – pre-analytical phase	TJ
11:00 – 11:10	10	Discussion and summary of lectures	
11:10 – 11:25	15	Coffee	
11:25 – 12:25	60	IHC principles: The technical test approach - analytical phase I	TJ
12:30 – 12:45	15	Discussion and summary of lectures	
12:45 – 13:30	45	Lunch	
13:30 – 14:30	60	IHC principles: The technical test approach – Tissue tool box for controls	SN
14:30 – 14:45	15	Discussion and summary of lectures	
14:45 – 15:00	15	<i>Coffee</i>	
15.00 – 15:50	45	Lung cancer: IHC for diagnostic use	HH
15:50 – 16:10	20	NordIQ data: Tips and tricks - protocols and controls	HLK
16.20 – 18.00		<i>Social arrangement 'Mingle with your colleagues' (optional)</i>	

Thursday, September 18

08:30 – 09:00	30	The unknown primary tumour: IHC for diagnostic use, part I	RR
09:00 – 09:45	45	The unknown primary tumour: IHC for diagnostic use, part II	RR
09:45 – 10:00	15	Discussion	
10:00 – 10:20	20	<i>Coffee</i>	
10:20 – 10:50	30	NordIQ data: Tips and tricks - protocols and controls	TJ
10:50 – 11:35	45	Breast cancer: IHC for diagnostic use	AVL
11:35 – 11:50	15	Discussion	
11:50 – 12:05	15	NordIQ data: Tips and tricks - protocols and controls	HLK
12:05 – 12:50	45	<i>Lunch</i>	
12:50 – 13:40	50	Validation and verification process for IHC – what, why and how?	DVN
13:40 – 14:00	20	Discussion	
14:00 – 14:20	20	<i>Coffee</i>	
14:20 – 15:05	45	“The antibody graveyard”; Goodbye and Hello markers	SN
15:05 – 15:35	30	Open questions and discussions of IHC topics	
18:00 –		<i>Seminar dinner – Restaurant Fusion (optional)</i>	

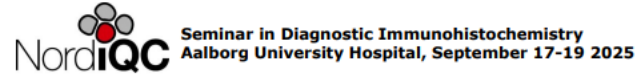
Friday, September 19			
08:30 – 09:15	45	Immunocytochemistry – overview, considerations and applications	ISK
09:20 – 10:00	40	IHC in the time of molecular era – Predictive, diagnostic and prognostic markers	KBA
10:00 – 10:30	30	<i>Coffee</i>	
10:30 – 11:30	60	Multiplex staining – overview, considerations and applications	MB
11:30 – 12:00	30	Old tests – New challenges	KBA
12:00 – 12:30	30	Discussion and evaluation	
12:30 –		<i>Lunch to-go - departure</i>	



That Moment When



**You Finally Finish Your
Work On Friday**



Certificate

Will be e-mailed

This is to certify that

Mr
Tom Hanks

School of Actors
Hollywood, California
USA

has participated in the
NordiQC Seminar in Diagnostic
Immunohistochemistry
Aalborg University Hospital, Denmark

17-19 September 2025 (16 hours)

NordiQC
Søren Nielsen
Scheme Director

Enjoy the workshop and the city

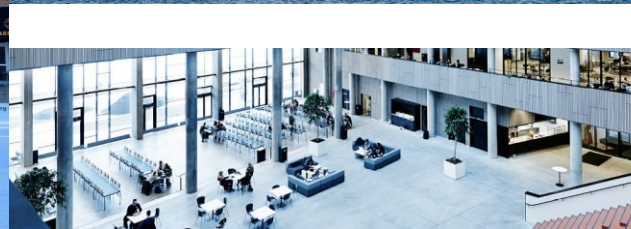
These are the 19 happiest cities in Europe, according to the people who live there

Will Martin

Feb. 6, 2016, 8:05 AM 312,207

BUSINESS
INSIDER

1. Aalborg – 72% very satisfied, 24% satisfied. The industrial city in the north of Denmark isn't exactly world famous, but utilities like a symphony orchestra, a world class university, and a beautiful waterfront, make it not surprising that Aalborg's citizens are the most satisfied in Europe.



The city



Wifi: network; AKKC Guest password; kongres2025

All final presentations will be available on www.nordiqc.org

Coffee / Tea / Water will be available all day long – “base” outside the lecture room.

Lunch served in the restaurant downstairs.

Toilets – just outside.

Ok to take a few photos to promote the workshop and facilities...?

