THE PREMIER MAGAZINE

IFÁ

The Oracle of Modern Medicine

THE IBRT STORY:
THE UNIVERSITY'S PRIDE

PHILOSOPHY
THE ILLUSIONAL REALITY

POST ANTIBIOTIC ERA
THE EVOLVEMENT OF BACTERIOPHAGE

FICTION AND POEMS
MEMOIR OF A MEDIC

A PUBLICATION OF THE NIGERIAN MEDICAL LABORATORY SCIENCE STUDENTS' ASSOCIATION IBADAN CHAPTER

DECEMBER 2021

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THE PRESIDENT'S CORNER

Oyebamiji Toba
President
2020/2021

Having been elected as President in a post-covid era that the world was just acclimatizing with, myself and other executives had our work cut out for us. There was a need to not only be innovative, but also creative with the plans we had for NIMELSSA UI. Despite the obvious odds, my vision as President was to do everything that had been done in the past, several times better, and to also bring new things that were previously thought impossible, to the table. It is then not surprising that the Executives decided to adopt the name "The Next Level Team" in a bid to take the association to heights never reached.

With the university adopting a virtual first semester, the absence of students physically on Campus was a major obstacle, as all programs we had in mind required students to be present on site. Myself and my team showed a lot of ingenuity to successfully pull off the first program of the tenure, the Freshers' welcome, virtually, for the 100level class and clinical freshers. With a virtual orientation and e-lab rounds, we broke the barrier of physical limitations. To also ensure that students could have inputs in the running of the association, we launched an e-suggestion box, where students could lay complaints or pitch in suggestions on how to run the association, with a choice to maintain anonymity.

Still within a virtual semester, we were able to design programs such as the Medpreneurs Hub, an innovation by my team that brought all entrepreneurs within the department together, giving them the spotlight in a bid to boost their businesses. This also led to the release of the Medpreneurs Publication Directory, containing the business directories

of all the medpreneurs. We also set up an academic committee that spanned across all classes to assist students' learning with tutorials and materials for study. Even with the limitations of non-physical interactions, we were still able to celebrate World Health days such as World Blood Donor Day, World Hepatitis day and Breast Cancer Month, with infographics to enlighten and inform people on our social media handles.
With the toll, the 'strange' format of learning was taking on students, we decided to collaborate with the College of Medicine Wellness and Counselling Unit to organize a virtual Stress Management and Mental Health Workshop.

With the resumption of physical activities in the second semester, we decided organize a picnic to ease off the stress of the just concluded first semester exams. The picnic took place at one of the leading resorts in Southwest Nigeria, Ilaji Resorts. In a bid to bridge the gap between executives and students, we organized a first-of-its-kind Press Conference where students could engage the excos directly as regards matters and running of the association.

For a tenure that was as career oriented as much as was social, we decided to host a career webinar, titled JAPA; Career Prospects of Medical Laboratory Science Abroad, to open the eyes of students to the practice of laboratory medicine outside the shores of the country. With over 20 universities represented from across different departments, and two facilitators from Canada and Germany, the webinar was indeed a success.

We also had the third edition of the Secondary school outreach, but this time, just like the tenure team name suggests, we took it to the next level, going to five schools, as opposed to the usual single school, to preach the gospel of medical laboratory science to secondary school students. This was done in partnership with MedLabConvo. As part of the career plans my team had, we set up a Finalists forum; with a webinar titled 'Life After School; What next'. This was to prepare final year students for post-school life. The facilitators featured several alumni that were interning and working in the fields of laboratory medicine to share their experiences in the labor market. We also set up an Alumni Forum that was non-existent before, to bring all our alumni together.

A tenure with many firsts, we launched our website, which was the first of its kind in any NIMELSSA Chapter in the country. We also launched the first NIMELSSA UI Magazine, IFA; The Oracle of Modern Medicine. All these put together constantly put the association in the spotlight, amongst other associations in the country and beyond. In this tenure, there were also notable achievements across sports, with the association winning its first ever trophy in both male and female football at the Faculty Cup. The department's male football team also added another trophy to its cabinet, winning the UCH Students Association trophy, to end the year with an unbeaten record.

It is also worthy to note that the department boasts of a team of researchers, the Ibadan Bacteriophage Research Team (IBRT), with recognitions both locally and internationally, the first undergraduate phage research team, of such in the country. These set of students have not only made the department and university proud, but also the country, in a largely untreaded research space in Africa.

We also organized the second edition of the Veronica Ogunleye Essay competition, with cash rewards to the winners. To wrap up the tenure, we organized arguably the grandest Health Week in the history of the association. Against all odds, we surmounted hordes of challenges to pull off activities such as the first Quiz Competition in the history of the association, a Symposium in honor of our Patron, Prof O.G Ademowo, that had facilitators from all across the world in a physico-virtual style. We also had the second edition of Nimelympics, our usual Community Health Awareness Programme, where we conducted free tests to members of the Bodija community. We then wrapped up the week and

THE PRESIDENT'S CORNER

tenure with the Dinner and Awards night.

The tenure wasn't bereft of challenges, as we had a good measure of them. From COVID-19 to a virtual semester to financial constraints, things seemed impossible, but with God and the tenacity and doggedness of the executives and Senate members, and with the support of our Patron, Matron, HOD, Staff Adviser, scientists, sponsors, alumni, committee heads, members of the academic and non-academic staff, friends and family, we pulled through.

My time as President has taught me several lessons, both good and bad, but they are things that I will hold on to for years to come. Myself and my team have indeed taken the association to heights never reached, and my dream is that this will just be the beginning of greater things to come. I congratulate the Editorial Team for making the premier edition of IFA possible. I hope you enjoy this as it reflects the hardwork and dedication of staff, students amongst many others combined.

God bless NIMELSSA UI!

WORD FROM THE EDITOR-IN-CHIEF

When the team decided to work on NIMELSSA UI's first magazine, we were faced with many challenges as to how to create a publication worthy of NIMELSSA UI'S reputation. Working on this project took its toll on the team members as we were required to work under immense pressure while still fulfilling our academic duties.

Nevertheless, it has been a wholesome experience watching this project come to life against all odds.

Finally, we are beyond ecstatic to present to you The Premier Magazine's first issue, "IFÁ: The Oracle of Modern Medicine."

The theme "IFÁ: The Oracle of Modern Medicine" perfectly depicts what our prestigious profession represents in the healthcare sector. Both individually and collectively, we remain vital to the success of the healthcare sector and are rightly regarded as the Bedrock of Modern Medicine.
Holding the key to proper diagnosis and treatment, much is expected from us as professionals, and we have taken up the challenge to deliver to the best of our abilities.

This issue is a collection of entries spanning across different interests and subject studies, promising to be a wholesome reading experience for you. Ranging from medical-themed pieces to philosophy and even poetry, get ready for an experience of a lifetime.

Once again, we welcome you to IFÁ. We hope that journeying through the pages provides the necessary inspiration needed as you venture into the next stage of your life.

Oyinkansolami Alabi
Editor-in-Chief
2020/2021

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THE IBRT STORY: THE UNIVERSITY'S PRIDE

Through phage, breaking new grounds

From wide-eyed 11 team members with a flair for gaining more knowledge about bacteriophage to a full blown professional research group, the Ibadan Bacteriophage Research Team(IBRT) formerly known as The Ibadan Phage Hunters Team, has become a popular name in the bacteriophage community both locally and internationally and they would not have it any other way. The research team began in 2018 when the University of Ibadan became the second university after the University of Lagos to register as a 13th cohort member of the Howard Hughes Medical Institute (HHMI) for a project named Science Education Alliance Phage Hunters Advancing Genomics and Evolutionary Sciences (SEA PHAGES).

The team, led by a 500-level student of the department of Biomedical Laboratory Science(BMLS), Mr Oduselu Tolulope John, has successfully completed the annotation of 6 bacteriophage genome sequences which can be accessed on the NCBI database. One might ask, “what is bacteriophage and why is it important?” Bacteriophage literally means “bacteria eater”. It is a type of virus that infects or attacks bacteria. The history of bacteriophage shows that it has been used as an antibacterial agent. Meanwhile, bacteriophage researchers have been developing engineered viruses to overcome antibiotic resistance. In essence, bacteriophages have provided a breakthrough in the use of viruses to treat bacterial infections and also combat the common antimicrobial resistance.

Our very own team of bacteriophage researchers, the IBRT, has more than 20 publications to their prestigious name. This is a clear evidence of their relentless efforts since 2018 to unravel all the benefits of bacteriophage and maximize its use in health sciences. These publications span a wide area of bacteriophage research. From the genomic characterization of bacteriophage- which involves learning about all the genes in a specific cell type and how these genes interact which each other and the environment, to bacteriophage interaction with eukaryotic cells and of course bacteriophage-based alternative antimicrobial therapy.

The IBRT is a perfect model of hardwork and dedication. From scouring the grounds of the city for samples in order to isolate phages to publishing their journal “PHAMILIA” which details the IBRT journey so far, these guys seem to do it all. Although, the lack of a wet lab to further broaden the programme has proven to be a major set-back, the team is hopeful that this problem will be a thing of the past in no time.

With 11 leaders and 14 members, alongside with core members of the faculty including Professor O.G Ademowo, popularly called the father of BMLS, Professor S.B. Olaleye; the Dean of the faculty of Basic Medical Sciences, University of Ibadan, Dr Mabel Charles-David; the Head of Department of Biomedical Laboratory Science and other members of the staff, the IBRT has made a great impact in the University and also internationally. These achievements were personally recognized by the Vice-Chancellor of the University during the convocation ceremony on the 15th of November, 2021, the same day “PHAMILIA” was published. Professor O. G. Ademowo , the Faculty team lead said in his interview for the journal “IBRT has done the faculty proud, the University proud and in fact, also Nigeria” and I think we can all agree with him on this.
fessionals, and we have taken up the challenge to deliver to the best of our abilities.

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IMMUNOSCENCE IN THE ELDERLY:

A Defect or a Norm?

BY SAMUEL OLATINWO, NIMELSSA UI 500L

What is Immunosenescence?
Pangrazzi and his colleagues defined Immunosenescence as the gradual deterioration of the immune system, caused by aging. Senescence in the term immunosenescence describes the condition when the limits of cell divisions have been exceeded, and such cells commit apoptosis or eventually degenerate in their functional properties.

In this condition, the adaptive immune system is affected more than the innate immune system and it also affects both the host's capacity to respond to infections and the ability to develop long-term immune memory.

This pops up the question: What is the cause of immunosenescence?

Research by Shanley and colleagues in July 2009 titled "An evolutionary perspective on the mechanisms of immunosenescence" found out that alongside aging, Thymus involution is probably the most relevant factor responsible for immunosenescence. The thymus is the organ essential for T-cell maturation after the migration of the precursor cells from the bone marrow. The involution of the thymus is noted as a common phenomenon in humans, as it begins after puberty.

As the thymus is involuting with advanced age, the number of T cells (especially CD8+) decreases, thus the available T cells overproliferate as compensation for the low T cell count. This situation leaves the body practically devoid of new T cells, which makes the body more prone to a variety of diseases.

Moreover, T cells are not the only immune cells affected by aging: Hematopoietic stem cells (HSC), which serve as progenitor cells that can differentiate into a diversity of specialized immune cells (including lymphocytes, antigen-presenting dendritic cells, and phagocytes) diminish in their self-renewal capacity. This is caused by the accumulation of oxidative damage to DNA due to aging, cellular metabolic activity, and the shortening of telomeric terminals of chromosomes.

The cytotoxicity of natural killer (NK) cells and the antigen-presenting function of dendritic cells is also known to diminish with old age and this translates into a deficiency in cell-mediated immunity and thus, the inability for effector T-lymphocytes to modulate a sufficient adaptive immune response.

In addition, this condition of immunosenescence can also be attributed to being the cause of the reduced efficacy of vaccination in the elderly as only a few populations of immune cells can be produced by the immune system of the elderly to counter the infection. This gives a justification as to why many older adults take vaccines yet still come down with the disease.

Way Forward?
Kim and colleagues in the research "Young, proliferative thymic epithelial cells engraft and function in aging thymuses" suggested that transplantation of proliferative thymic epithelial cells from young mice to aged or defective thymus can help to restore thymus growth and reduce immunosenescence in the elderly.

Finally, to answer my question, is immunosenescence a defect or a norm? I say even though it is a defect, it is also a norm.

IMPURE DIAMONDS:

Applications of Their Quantum Properties in Biomedical Science

BY ROQEEB ADEDEJI, NIMELSSA UI 400L

Diamonds are both delicate and tough, allowing them to dazzle in jewellery and survive severe industrial use. However, it's their unique quantum properties that have recently opened up a slew of new possibilities. A pure diamond is composed of a repeating crystal of carbon atoms. Impure diamonds, on the other hand, sparkle because they have imperfections in them.

One impurity is of special interest to physicists, and medical laboratory scientists should be as well. This impurity is the result of the replacement of a carbon atom in a diamond crystal by a nitrogen atom and the absence of a neighbouring carbon. The nitrogen and the carbon vacancy behaves like a single entity known as an NV centre. "Spin" is a physical feature of this centre. The spin of the NV resembles two small compass needles. They can either both point up, producing a spin of 1, both down, giving a spin of minus 1, or be up and down, giving a spin of zero. And it's because of this twist that physicists find NV centres so useful.

A green laser shined on an NV centre re-emits light at a lower – red – frequency. However, when an NV centre is in the zero spin condition, it emits more light than when its needles are both pointing up or down. Researchers may use this to see how the spin is changing. An NV centre may be flipped from a zero spin to up or down by using a microwave at the proper frequency. The red light dims as a result of the shift.Scientists can employ this for several applications, including illness diagnosis. Antibodies and antigens can be bound by tiny diamonds. Microwaves may be used to brighten and decrease the light that diamonds emit, allowing them to be identified. Finding a diamond might indicate the presence of a virus or the detection of a disease-specific antigen or antibody.

Diamonds may also be turned into very sensitive magnetic field detectors at NV centres. When the NV's spin is aligned with the magnetic field rather than against it, its energy changes. This implies the NV centre will require one frequency microwave to change its spin from zero to up and another to change its spin from zero to down. The intensity of the magnetic field may be determined by measuring the difference between microwaves.

Physicists require the right diamonds, which are incredibly rare in nature, to pull off all of these feats. Engineers are improving their ability to create diamonds. These are created from a carbon-based plasma with Nitrogen atoms added to the mix. Carbon atoms can be ejected with an electron beam to create vacancies. These unique diamonds, with their strong NV cores, might potentially aid scientists in the development of future quantum computers. These computers would make a variety of complicated computations, including simulations of complex biological systems, much easier. The future of the applications of diamond flaws in biomedical science is thus bright.

POST-ANTIBIOTIC ERA:
The Evolvement of Bacteriophage

BY OLATOYE MARVELLOUS, NIMELSSA UI 300L

Antibiotics are medicines used to prevent and treat bacteria infections. Antibiotics resistance occurs when bacteria change in response to the use of these medicines. Infections caused by antibiotic-resistant germs are difficult, and sometimes impossible to treat and this can lead to damaging effects, longer hospital stay, higher medical costs and increased mortality.

Each year in the U.S., at least 2.8 million people are infected with antibiotic-resistant bacteria or fungi, and more than 35,000 die as a result. We are at the peak of the post-antibiotic era where there are fewer treatment options for these antibiotics-resistant strains. Given estimates that antibiotic resistance will cause 10 million deaths a year by 2050, finding new methods for treating harmful infection is essential.

As the years went by, scientists were able to detect certain viruses that can infect and kill bacteria and these viruses are called bacteriophages. Frederick W. Twort discovered them in Great Britain in 1915, and Canadian Felix d'Herelle discovered them in France in 1917. Scientists also discovered the possibility of phage Therapy, the use of phage to treat bacterial infections. Bacteriophages attach to bacteria using their tail or tail fibres. Then, they inject their nucleic acid into the bacterial cell's replication mechanism and start producing more phages. This process is known as a lytic infection.

Some bacteria, called superbugs, are resistant to antibiotics but for any bacterial species, you can find a phage in nature that can kill it. Moreover microorganisms are changing or evolving very quickly, that means bacteria are capable of evolving to protect themselves from antibiotics and phage attacks. However, viruses are also evolving. That means they can potentially produce more varieties of phages.

They can potentially evolve to produce phages that can even kill superbugs. Also Anti-CRISPR(Anti-clustered Regularly Inter-

spaced Short Palindromic Repeats or Acr) is a group of proteins found in phages that inhibit the normal activity of CRISPR-Cas, the immune system of certain bacteria. CRISPR consists of genomic sequences that can be found in prokaryotic organisms that come from bacteriophages that infected the bacteria beforehand, and are used to defend the cell from further viral attacks. Anti-CRISPR results from an evolutionary process occurring in phages in order to avoid having their genomes destroyed by the prokaryotic cells that they will infect.

Phages are the most abundant organisms on Earth, with more than 10^31 bacteriophages on the planet. They can survive in many environments, including deep sea trenches and the human gut. While phages are efficient killers of bacteria, they don't infect human cells and are harmless to humans.

Bacteriophages have a very narrow spectrum of activity, which avoids the most important problem strictly related to antibiotic administration i.e the influence on the entire microbiome with elimination of potentially beneficial bacteria, the overgrowth of secondary pathogens and the emergence of resistance bacteria. Bacteriophages are significantly safer and better tolerated, as they replicate only in the target bacterium but cannot infect mammalian cells. Finally, the use of bacteriophage is less expensive than that of antibiotics whose target are multi-drug-resistant pathogens.

As we approach the post-antibiotic era, the use of bacteriophage cannot be overemphasized and neglected.

TACKLING INFECTIOUS DISEASES IN LOW RESOURCE SETTINGS:

Impact Of Effective And Efficient Diagnosis

BY SIMEON GILBERT, NIMELSSA UI 300L

Developing countries are often characterized by several challenges and devastating indices. Prime among these indices is the high prevalence of infectious diseases. Each year, nearly 15 million people, most of whom reside in developing countries, die from infectious diseases. Hence, it is not far fetched that almost all developing economies of the world also double as low resource areas – which are regions where healthcare provisions do not meet World Health Organization (WHO) standards.

Infectious diseases refer to a group of disorders caused by pathogenic entities (bacteria, viruses, fungi, protozoa, nematodes etc.) passed directly or indirectly, from one person to another. These diseases, in a process known as zoonotic spillover, can also be transmitted from animals to humans. As hinted earlier, infectious diseases are a leading cause of death worldwide, particularly in low income countries.

It is estimated that more than 6 million people in Sub-Saharan Africa die annually owing to uninvestigated reasons, many of which are attributed to infectious diseases. In Kenya, for example, studies have shown that about 26% of deaths among children is caused by bacterial blood stream infections. This indicates that bacterial bloodstream infections, and other underappreciated infectious diseases could be a leading cause of infant mortality in this region.

This therefore brings to fore the importance of effective and efficient laboratory procedures in detecting and combating infectious diseases specifically in low income regions. Proper diagnosis of infectious illnesses, which relies on tests that directly identify an infectious agent in samples of blood, urine, stool and some other body fluids, is obviously essential for the appropriate treatment of patients.

Beyond this, it also plays important roles in the prevention and control of these diseases as efficient and accurate diagnosis of infectious diseases helps in preventing undiagnosed patients from transmitting the diseases and as well as prevent possible outbreak. However, the impact of the diagnostic depends on the actions taken after the diagnostic or prognostic test result. Crucially, the combination and timing of the processes can affect the onward transmission of infectious diseases and hence have an impact on the control of epidemics or progress towards elimination of endemic diseases.

This, in turn, presents several prospects in improving the effectiveness of treatments and avoiding long term complications in infected patients. For instance, widespread overuse and misuse of antibiotics contribute to antibiotic resistance. Proper diagnostic tests can determine when antibiotics are an appropriate treatment and when they are not.

Conclusively, Proper and effective diagnosis of infectious diseases has led to greater understanding of epidemiology of these diseases and will go a long way in combating them, especially in low resource areas where diagnostic services are deficient.

MISDIAGNOSIS: A CLOAKED DISASTER

BY OLUWABI OPEYEMI, NIMELSSA ACHIEVERS UNIVERSITY 500L

In simple terms, misdiagnosis is an incorrect diagnosis of a disease or any other health state or condition that may or may not have any harmful implication on the patient. At some point in our lives, we would be misdiagnosed or would see or hear of someone being misdiagnosed.

A common one of such occurrences in this part of the world being individuals giving their personal accounts of receiving different Haemoglobin genotype results at different health facilities. As health practitioners, it is incumbent on us to ensure that errors are completely avoided. But health practitioners are humans and as humans, it is a fact that mistakes are bound to happen.

A mistake such as misdiagnosis could be costly and result in devastating effects on patients

Misdiagnosis could be any of the following types:
Missed Diagnosis - The patient's condition is missed altogether, meaning that the patient receives no treatment.

Delayed Diagnosis - Delay in diagnosis causing delay in treatment thereby, affecting the prospects of recovery.

Incorrect Diagnosis - Another illness or condition is diagnosed other than the one actually affecting the patient resulting in administration of unnecessary treatments and a delay or lack of appropriate treatment.

There are no precise statistics of the percentage of the world population that have been misdiagnosed by the World Health Organisation (WHO). Globally, the most commonly misdiagnosed conditions are missed vascular events (such as heart attack, stroke etc.) cancers and infections.

Personally, I have encountered people who have been misdiagnosed of azoospermia, haemoglobin genotype, ovarian cyst, typhoid fever among others and these medical errors calls for the following measures to be put in place for accurate and guaranteed health care practice:

- Healthcare practitioners must be observant, meticulous and organized.
- Healthcare workers must be well trained and armed with adequate knowledge and skills.
- Quality management systems must be strictly adhered to.
- Equipment used must be up to date and working efficiently.
- Stress and anxiety must be minimised in the working place.

It should be noted that patients also have their roles to play in the overall healthcare delivery. The failure of patients to follow instructions given by healthcare practitioners also affect the quality of health care they receive. The healthcare system needs to be strengthened and every member of the team needs to be on their A- game in order to avoid misdiagnosis.

Mental Health Talk

Coping With Stress And Anxiety As College Students

BY PRECIOUS AYENI & JELILAT AKEEM-OMOSANYA
NIMELSSA UI 400L

As students, we generally understand the concept of stress. Whether it has to do with our general life or with schoolwork like having to meet up with deadlines despite having other activities in which one is involved.

Stressors come in various forms, which could be family matters, work, relationships amongst others. Coping strategies are generally ways we try to reduce stress. In reality, you can't eliminate stress because a certain amount of stress is healthy.

Most times having to undergo a change which is a constant part of human life contributes a lot to stress; some being acute occurring within a short period making us perceive the situation as though we have no control over it.

These perceptions may contribute to one's self-esteem reducing which may lead to depression and anxiety. Coping mechanisms may be solution-based; trying to eliminate the source of stress like maybe completing a particular task or emotion-based, such as trying to get good emotional support from trusted people. Coping generally shouldn't be thought of as a one-day event; it's a process that involves Self-reflection.

Do you know that feeling of your heart racing in the face of stress? Palms and feet being sweaty especially when you're about to enter for an examination for which you're not well prepared for? That feeling is what's referred to as **ANXIETY**.
Highlighted below are some coping strategies for stress and anxiety:

- The most important step in coping with stress and anxiety is identifying your triggers. This process might require extra help from close friends or relatives or even require the help of a mental health expert.

- Staying in the present by acknowledging that the past is gone and learning from the mistakes that happened then is a brave choice. The present is what you can change to impact your future positively.

- Taking care of yourself by;
-Getting at least seven hours of sleep
-Exercising for at least 20 minutes at the start of each day which might be as little as jogging (even on a spot, nice right?). This produces hormones like Dopamine that functions as mood boosters.
-Being able to say NO without feeling bad in some situations.
-Eating three meals a day (sapa dey abi? You could eat fruits as your dinner and that's killing two birds with one stone, healthy plus cheaper. Yayy!!!)

- Deep breaths and meditation
- Practicing the 4-7-8 breathing technique according to researchers can improve our response to stress and anxiety. Here is how it's done:
1. Find somewhere comfortable to sit(if you

can, close your eyes).
2. Breathe in through your nose to the count of four in your head.
3. Hold the breath to the count of seven in your head.
4. Exhale through your mouth to the count of eight.

▪ Journaling
Writing down your thoughts and drawing up to-do lists help to relieve stress making you less overwhelmed. As you get the tasks done, you could tick them off making you feel more accomplished.

▪ Changing your diet for a healthier one
Consuming healthy meals and those helping to improve your moods sounds nice but it could take up to three months to notice changes. Some options include foods rich in omega-3-fatty acids such as fish, Walnuts (popularly known as Asala), Soybean oil, Dark chocolate (nice but in moderation) such as Toblerone, Cadbury Royal Dark, Green teas like Lipton green tea.

▪ Allocate time for unwinding
Set aside a day for unwinding on which you do fun activities preferably with your friends like going to the beach, art galleries, clubbing.

▪ Talking and connecting with others
It's not easy doing hard guy all the time right? so opening up to trusted people can be good for your mental health, rubbing minds with people is another avenue for you to broaden your knowledge scope abs understanding that you're not the only one feeling a particular way. Always remember that how you feel is valid regardless.

▪ Recognizing when you need more help;
In this case, it refers to professional help. It's okay and nothing to be ashamed about. It's a bold step to identify that you need the help and taking the big leap of getting it.

▪ Avoid the consumption of drugs and excessive consumption of alcohol.

So in times when you feel stressed or anxious try putting some of these measures in practice, generally try doing about three nice things for yourself on days that you feel stressed, you'll be grateful you did. Don't dismiss how you feel because it's perceived as the norm, I'll remind you again the way you feel is valid regardless of people's opinions.

Dismissing your feelings only causes these things to accumulate, sometimes leading to anxiety attacks that start as anxiety which seems manageable but then spiral out of control for a few hours. This shouldn't be confused with panic attacks which start and subsides out of the blue.

Some symptoms of anxiety attacks include;
- Feeling of panic
- Sweating
- Nervousness

While symptoms of panic attacks include;
- Fear of dying
- Nausea
- Dizziness
- Shortness of breath.

Best wishes from us to everyone. Remember you're awesome and Own it!

Existence of Chair

AN ILLUSIONAL REALITY

ABDULMUJEEB OPATOLA & ROQEEB ADEDEJI, NIMELSSA UI

On the surface, to a chair-lover, it would seem as though chairs exist. Ontology is the study of existence. The ontological problem in itself is curiously simple, summarized by three monosyllabic words "what is there?" Unsurprisingly, this would be simply answered as "everything". Mind you, this is basically saying "there is what there is" creating room for disagreements and questions on the existence of ordinary objects like chairs.

The existence of ordinary objects like chairs seems as obvious as possible but the more we try to define what they are, the harder it becomes. Science may say they are made of atoms but is it really possible to be made of something? Suppose you find a paper boat, it would be right to say it is made of paper. This type of "being made of" is a one-to-one relationship called constitution. The other type is a many-to-one relationship, called composition. It can be inferred from our paper which is made up of a gazillion of things: subatomic particles, string, or quantum fields.

Simples is the name philosophers call whatever matter is ultimately composed of. Let's agree on what it means to exist. Say, for a thing to exist is simply to have more than zero of it. For example Dragons exist as fictional beings but Dragons do not exist when we speak of animals that evolved on Earth through natural selection. So do Islands exist? Yes a quick look around suggests they do. What about "incars"? An incar is a garage with a car in it. An incar diminishes as a car exits from the garage and into nonexistence. Incars must exist as there are more than zero of it.

You could say, that is just a relationship a car has with a garage not a real thing. Islands would also suffer the same fate as they are simply a relationship between land and water. Islands may be a more useful concept than incars but that does not make their existence objectively more real. Now, what about "trogs"? A trog is a thing made of a tree and whatever tree is nearest. You could argue that cannot be, they are not even connected. Let me remind you that the two things that is a bikini is also not connected. This shows how biased towards ourselves what we think should exist.

Ontological realists believe there is a mind-independent answer to the question: "what is there?" i.e. what is there or not can be determined based on a commonly accepted

objective view. However, ontological antirealists disagree. They say that would just be a way to cut up reality. Suppose we have a tower made of five wooden bricks. Suppose we knock it down, what do they compose then? It is something, we just have no name for it. When do two things compose something else?

Peter Van Inwagen calls this the special composition question. Maybe it is when two things are in contact but two books stacked upon the other are just two books. Maybe it is when the things are fused but conjoined twins are regarded as two individuals, surely fixation is not it. The philosophy of such conundrum posed by parts and wholes is called Mereology.

Mereological universalism supposes that there is an answer to the special composition question and it is this: any assortment of stuff, no matter how strange or far apart across space-time is, composes a thing. A car, a toothbrush and Isaac Newton compose a thing. To universalists, eliminating some composites is just too arbitrary. Eliminativism accepts some composites and rejects others. Mereological nihilism believes that there are no ordinary objects. For example, there are no chairs, only a composition of simples arranged chair-wise. But this is all crazy, Chairs exist, don't they?

Suppose you take a knife and scrape off a small piece of a chair off, you would still have a chair. However, if one is to continue to do this, there will come a time when the chair will be no more. This series of small removals that have no effect when considered alone is called a sorites sequence. It is the same as removing zero chairs from a chair and after a while, you say there is no chair. Sorites sequences are not the only problem with chairs. If we were to define all the things that make up any particular chair, it would be impossible.

At quantum (very small) scales, the particles at the boundaries of the chair and the environment would be impossible to discern; which water molecule is locked with the bonded to the wood or just to the environment, we would not be able to say. Since there are gazillions of atoms at the boundary of the chair, if we accept the Universalist position, there would be gazillions of chairs in place of a single one. This is called the problem of the many.

The account of all the properties of the simples that make up a chair leaves nothing for the chair to do. It would also be shady for one to gift out a pen and a jotter and say one has given out three things (the pen, the jotter and the gift that they compose).

If the gift does not count then the chair also does not. Chairs also face the ship of Theseus paradox. Suppose you have a Chair-A and replace some of its parts gradually until you have replaced more than half, is the chair still your old chair or a new one? Suppose you completely replace all the parts (Chair-B) and someone secretly picks them up to make a Chair-C. Which chair is yours?

Accepting that chairs do not exist in themselves but only as a noun to describe the collection of simples that are arranged chair-wise, solves all these problems. The sorites sequence removes the simples until the last simple is removed and there would be no more.

There would also be no more problem of the many. The paradox would also be averted as you would only be moving around a collection of simples. If all this is making you question your own existence, I would like to ask, is it possible to question if one exists without existing in the first place? You are also not an ordinary object.

MEMOIR OF A MEDIC

BY TOBA OYEBAMIJI, NIMELSSA UI 500L

My friends and I bumbled along as we discussed the intense laboratory posting we just finished at the Hematology Department. Still in our white laboratory coats, we said our goodbyes and I continued outside the College gates, towards the supermarket across the road. I was lost in thought, trying to recall the day's lectures, unaware of my immediate environment, when I was accosted and bundled by two hefty men, their biceps the size of bloated yams.

As I tried to free myself from their vice-like grip, I noticed the chaos everywhere and the shouts of "Doctor, help!" filled the air. As I approached the scene, I saw the cause of the hullabaloo, an accident had just happened; two men lay unconscious on the floor, with the tires of a crumpled motorcycle still spinning a few centimeters away. That was when I understood what was happening. Apparently, they must have thought I was a doctor seeing my white coat and thinking I would save the situation.

I was going to start explaining that I was only a Medical Laboratory student, but none would have even heard me amidst the wails and cries. I tried to take in the scene and see how I could help. But, the blood everywhere just kept reminding me of the Hematology Lab again.

Well, I remembered the first rule in the Laboratory; treat all specimens as pathologic, even yours, except that these specimens were the size of two full grown human beings. So I brought out a pair of latex gloves from my coat pocket and quickly put it on. What would you have done in my shoes anyway? I bent down and checked the carotid of the first man, probably the motorcycle rider, from his stained jacket, it was easy to know. I felt no pulse and concluded he was dead, yes, very dead. At this moment, tachycardia had set in. I could hear my own heartbeat above all the chaos, this was not my specialty, I was no paramedic.

I was going to scream for someone to call 911 like they do in the movies, but then I realized two things were wrong in this movie. Firstly, the only free service lines that work in this part of the world were network providers' Customer Care. Secondly, and most importantly, this movie was real. I moved to the other guy. Apparently, the passenger and I felt a weak pulse. I looked down and saw blood gushing from his left side. From the little anatomy I did in Premed, I knew the spleen must have been ruptured, since blood kept gushing out of his upper left abdomen.

I concluded he was in shock, and all I could think of was to at least stop the profuse bleeding. Without looking up, I called out for anyone to give me a clean cloth, but since none answered, I guessed they were too busy trying to see the miracle I would perform. I quickly stripped off my white coat and stuffed it in the wide gash. There was no point caring about infecting an already dying man. If we did not get him to a hospital quickly, the intraperitoneal hemorrhage or the shock or whatever killed accident victims would kill him.

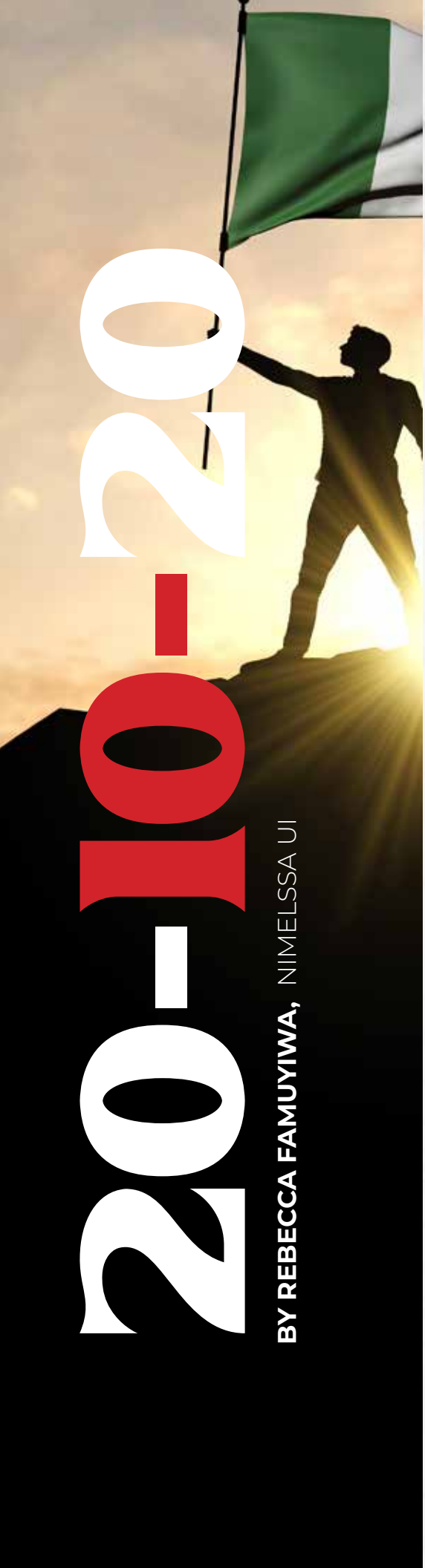
At this point, my bravery mode had been turned on. I decided we'll look for the next available vehicle and load both the dead and the dying, and see if we could outrun death. As I looked up to seek assistance, what I saw shocked me. The man I had presumed dead

a few seconds earlier was on his feet, with glazed eyes looking directly at me. I knew my mind must have been playing tricks on me, which was not impossible after eight straight hours of lectures and posting, and ending up being an ad-hoc paramedic. With jaws dropped,

I tried to scream, but my dead voice did not resurrect like the motorcycle rider. I noticed he was in a white coat just like the one that was stuffed into the intestine of the passenger. His expression seemed to be questioning, like “Why didn’t you save me”. At that moment, I had had enough.

As I looked up to see if everyone was seeing what I was seeing. If what I saw earlier shocked me, this was nothing compared to that. Everyone around me was in a blood-stained white coat identical to mine, with glazed eyes.

It seemed they were all moving towards me. It was like the Walking Dead playing in front of my eyes. I tried to scream and bolt at the same time, but I felt a cold hand on my shoulder. As I turned to look who or what it was, that was when I jumped up. I looked round my room to see if there was any zombie lurking around, but as I scanned, my eyes fell on the clock hung on the wall, it was 7.55am. It was a dream after all, and I was late for my morning class. Again.



20-10-20

BY REBECCA FAMUYIWA, NIMELSSA UI

"Gosh! I'm starving." exclaims Ayomide, my little brother just as his stomach makes a rumbling sound. Okay maybe not so little, he did turn 18 a few weeks ago.

"FFO, why do you have to like food so much?" I reply playfully, jabbing his arm.

"Well you can't blame me, we have been here for some hours nah. Besides, I am a man now." He says flexing his biceps. "And that means more food."

I can't help but laugh. "You do know that if you were in school, you could still be in a class right now." I frown as I remember that ASUU had been on strike for over 6 months. The coronavirus outbreak is also partially responsible, but at least, the dangerous times are over.

"Why is our government so inconsiderate?" Ayo replies. "They should consider we students nah!"

"They are useless jare." A young man to my right contributes. "Just think about it, we have been here for 2 weeks now, still no response from them."

I can't help but agree with him. The ENDSARS protest has been going on for several weeks now. We are presently gathered at the Lekki Toll gate preventing the use of the major highway. We have been doing so for the past 2 weeks and so far, our peaceful protests have received little positive results.

"We have to persevere. It is high time things turned around for good in this country." Another lady comments.

"Did you hear the latest news?" My brother asks.

I roll my eyes at that. "Amebo.com. Sometimes I wonder why you came as a boy." I laugh.

"Trust me, this one is juicy. CBN gave an order that if anyone is having transactions based on the ENDSARS protest, their account would be frozen!"

Slight gasps are heard from several people. I can't believe my ears. "You mean they really did that?"

"Yes o!" Another man replies. "My uncle's Access bank account got frozen when he tried transferring money to me this morning." He laments.

"That is so cruel of them. Have they no human feelings" I feel so disgusted by the actions of our so-called leaders.

" Nah wah for this government o. Where we still dey complain say no money, them dey freeze accounts." Another man comments, shaking his head.

"All they care about is stuffing their own pockets with money. And it is said that the world's richest thieves are found in this country!"

"Really? And who are those thieves o?"

"Our politicians of course!" Ayo says, like it is the most ob-

vious thing in the world. “Who else could it be?”

“But isn’t this amazing!” a man exclaims.
“What is amazing?” I ask out of curiosity.

“This…” He makes a sweeping motion all around him with his hands. “It’s amazing. The fact that all our youths could put aside their differences, tribes, religion and political parties and come together for a just cause!”

I can’t help but agree with him. “You are right. It is pretty amazing and I hope it yields the positive results we want.”

“Sista mi, isn’t it time for you to call mama. You know that ever since the death of broda Kunle, she has become quite paranoid.”

I feel myself tear up at the mention of my big brother. He was a hardworking and ambitious young man but his life was cut short when he was shot dead by a SARS official all because of his IPhone! He worked very hard to get that phone, he always loved to get one.

That is what prompted me to join the protest in the first place. We have to put an end to police brutality in this country.

“I’m sorry I reminded you of big bro, I miss him very much.” He says tearing up a bit.

“I know, Ayo. I miss him too, very much. Although we can’t change the past, we can make preparations for a safer future.” I comfort him. “Let me call mama.” I take out my phone to put a call through to her.

“That’s weird.” I mutter.

“What is weird?” He asks.

“I can’t seem to reach her. I am not getting any signal!”

“Here, let’s try using mine.” He takes out his phone and tries reaching her but we get the same result.

“ Maybe it’s the network sha, we will tr……” I am cut short when we are suddenly plunged into darkness.

“Kilosele bayi!” “Nah wah o!” “O ga o!” Several complaints can be heard from the protesters.

“What do you think could have happened?” Ayo asks beside me.

“I have absolutely no idea. Maybe it’s a power outage or something.” We both sit in comforting silence. Several minutes later, my attention is drawn to a couple of vehicles coming towards us. I try using my hands to shield my eyes as their lights are blinding.

“They are not stopping, who do you think they are?”
I watch as the vehicles come to a stop and some men alight from the vehicles.

“I think it is the army!” Someone in the crowd shouts.

“The army?” I think, “What could they want with us? We are causing no trouble.” That is when I notice everyone beginning to hold hands and singing the national anthem.

“Why are you singing the national anthem?” I ask turning to a man on my left.

“That’s because it was revealed that the army won’t attack anyone singing the national anthem.” He replies.

“Oh!” I turn to Ayo, “Give me your hands.” Joining hands with mine, we sing the national anthem along with the others.

“….To serve our father land with love and strength and faith the labour of our heroes past
shall nev…..”

Suddenly, we hear a gunshot! That is when all hell let loose. They have opened gunfire directly at us!

“Oh my God! Ayo, don’t let go of my hands.” I shout. It is quite dark and we can hardly see. There is chaos everywhere and the gunshots can still be heard. I can’t see where we are going and I trip on something or is it ……

“Oh my God! Someone’s been hit!” Ayo shouts. I can hardly hear him over the noise.

“Let’s just ke….” Ayo’s hand is suddenly snatched away from mine. The problem has escalated quickly and we are separated amidst the chaos.

“Ayo! Ayo!!” I try looking for him but it is too dark, everyone is running for their lives.

“Ayo! Aargh!” I fall to my knees as I feel an excruciating pain in my abdomen. I try crawling but the pain is unbearable, I am losing blood at an alarming rate. As I slip into unconsciousness, my last thoughts are about my little brother.

#EndSARS Memorial
#Lekkimassacre
#Beca


ENQUIRIES
ASK ME

OVERWHELMED IN THE WILD

BY OLUWASANMI AJAYI NIMELSSA UI 400L

I was, once upon a time, dormant.
Afraid to move, lost in the world's wild.
Tiring it became, all was stagnant
My heart felt so dead.

Then, upon another time, I got lucky.
I met a gem, not like the common others.
Abundant in value like a site of quarry,
My heart started to get merry.

Staring into the eyes of this gem,
I was overwhelmed.
Then I realized for this gem, I yearned
And with it, I could be helmed.

Turns out I am living in the wild,
Overwhelmed by the rare gem.
Knitting up my pride,
With the gem's hem.

Everything about the gem is rare,
From me spotting her eyes, to my luck.
Yea! My experience with the gem can't be outshined,
And I have a feeling it will be forever!
In Her Wild!

IGNO–RANCE

BY VIVIAN JULIUS, NIMELSSA IMSU

"Mr. Bassey! Mr. Bassey!! Evelyn has collapsed again oo... Where are you?"There was pandemonium in the compound in no time.

On hearing muffled sounds from beyond his walls, Mr. Bassey woke up from his deep soothing slumber, and jumped to his feet at the mention of the name "Evelyn," his only daughter. He ran to the backyard and found her on the ground shaking like one who had been electrocuted. Whitish substances poured out of her mouth as she shook profusely.

"Help me! Let us take her to sister Nurse!", Mr. Bassey pleaded.

Evelyn was taken to the Medicine woman popularly known as Sister Nurse.

Immediately they got there, Sister Nurse took out her box of syringes as multiple streams of thoughts crossed her mind in a bid to fathom the drug with which to arrest the situation.

She made Mr. Bassey carry Evelyn on his lap and she injected her intravenously on her left hand.

Evelyn became calm after a few minutes as it seemed.

She wasn't calm because the situation had been arrested, but the fact was that she had lost her life.

"Sister Nurse! What is happening? What have you done to my daughter?", Mr? Bassey yelled. He was losing his mind.

"Let's take her to the hospital quickly!", someone suggested.

And the body was confirmed dead on their arrival at the infirmary.

"An Epileptic patient is not supposed to be given an injection through the veins, ma'm. They are injected through the muscles. Intravenous injections spell death for them. This is because it would lead to hypotension within a few minutes of the administration", the doctor spoke extensively.

Sister Nurse put her hands on the head muttering words that sounded like,
"Yeee! I am finished!".

She didn't study medicine up to this point. She wished she had done nothing instead.

The body of Evelyn was covered up with white linen and the doctor shook his head bitterly.

Sister Nurse knew that her Nursing Practice ends as the corpse is being lowered into the earth's belly. She took one side-look at Mr. Bassey as he punched the digits of his phone; and instantly she could hear with her the receptacles of her mind the blasting of sirens and the dangling of handcuffs.

Indeed!
My people perish for lack of knowledge!

Ignorance has pushed me into trouble!
"Who would save me now?"

FICKLE FOOD ON A SHIFTING PLATE

BY JANET IDIEGE, NIMELSSA UCC

Ever imagined being served a well garnished delicacy on a yacht whilst on a pleasure cruise ride and upon you beginning to eat, the plate slides away into the abyss? Or ever prepared your favorite meal and upon returning to it you find out it has gone sour?

The scenarios above will give you a mental picture of what a fake vainglorious life is Faking a lifestyle, a prevalent trend amongst youth in the present day is one thing that is becoming an accepted norm by a majority school of thought.

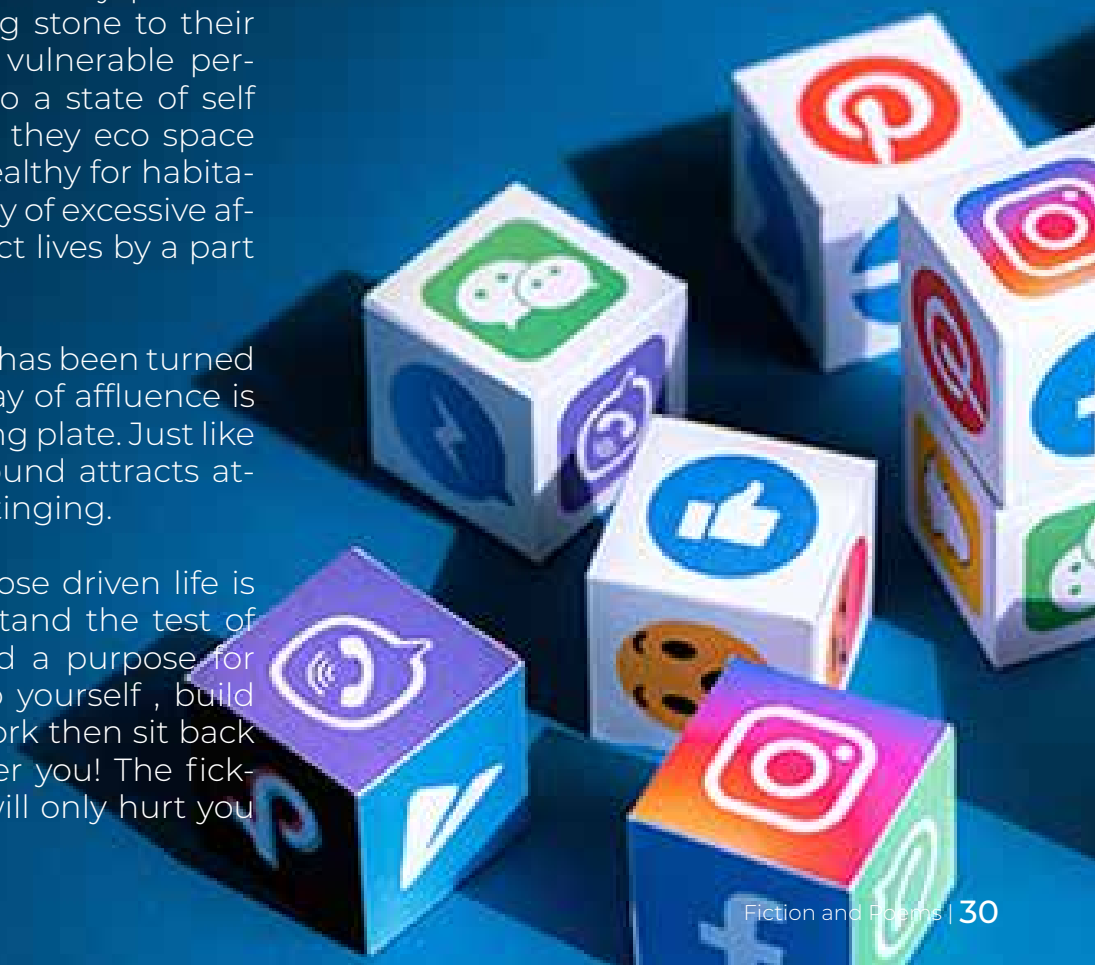
The social media space being the major propeller of this trend has done a really good job in its promotion. Whilst many persons use this trend as a stepping stone to their dream career, many other vulnerable persons have been thrown into a state of self pity and mental trauma as they eco space now appears mentally unhealthy for habitation judging from the display of excessive affluence and assumed perfect lives by a part of the populace.

Sad as it may be, a blind eye has been turned to the reality that this display of affluence is only a Fickle food on a shifting plate. Just like the bees whose buzzing sound attracts attention but they die upon stinging.

Dear young person, a purpose driven life is the real trend and would stand the test of time! Discover yourself, find a purpose for your life, build and develop yourself , build a meaningful life and network then sit back and watch a game run after you! The fickle food being served now will only hurt you psychologically in the long run!

Get a meaningful life worth living and emulating, do things at the right time, become the best version of yourself, explore beyond borders and just be you.

Protect your mental health and do not let the media pressure you to a breaking point. You will become a CEO one-day, you will own your mansions and fleet of cars. Your desired designer wear will still be yours! Invest in yourself now and reap in the future rather than trading your future for now!!



ONE DAY AND OTHER POEMS

BY BALOGUN ABDULMUEED

ONE DAY

The clouds of grief will fade, like the face
of the departed from the sky of memories.

I believe, you should too, in the prophesy of
promising days, yet to arrive at the shore of
dawn.

Can you perceive its flavour of milk and aura
of heavens, of breaking the manacles across
our ankles?

One day, you will be glad, and I will too, when
withered smiles blossom again on

Our grief-stricken faces, when we stare
in the mirror of our past, and shed a river of
joy

NIGHT COMES WITH KNIVES

Night here comes like thunder, with knives
in its hand, we always like a ritual awake to
picking and piecing on the bloodstained
tiles--

The scattered names of our neighbors, your
friends, and my brothers who couldn't make
it to the shore of dawn.

I always find it, like you, as a bone in my
throat, at the fall of night, to let my eyelids
slightly fall across my slumber-seeking eyes.

The last name we washed from our minds
this morning, the news had it, she only for a
second, closed the doors of her eyes.

SONG OF A WAIF

Thinking on jetting out
of my shell. Call me a snail
seeking a residence
beyond its shell.

You say home is bliss,
and family-- father of bliss.
I say, home is the girl I craved in
highschool but never had,

girl like family
a dream I coveted but
never popped up
on the screen of my sleep.

You, tell me what it feels like,
to have your father's hand
stroking your bare head,
and your mother's balmy

voice dissolving like a pinch of salt
in the river of your mind, when you dread
the turbulence lurking in sleep's throat,
metaphor for nightmares.

FUN CORNER

BY AGBOOLA RIDWAN, NIMELSSA UI 200L

P	I	V	E	P	D	I	S	T	B	L	O	O	D	B	A	N	K
A	B	I	Q	Q	M	A	L	N	I	W	C	A	L	C	I	U	M
I	X	R	T	T	Y	V	S	Y	R	I	N	G	E	I	S	I	N
H	W	O	H	S	C	Z	L	C	A	R	D	I	A	C	P	M	S
U	G	L	Y	C	O	S	I	D	E	S	B	E	Q	M	Q	O	A
M	W	O	N	B	L	N	S	E	R	O	U	S	A	O	C	A	L
I	E	G	T	I	O	Z	Q	H	U	I	Z	S	P	U	T	U	M
C	R	Y	Y	B	G	B	U	R	P	E	T	R	I	D	I	S	H
R	B	G	I	A	Y	Z	A	L	A	B	O	R	A	T	O	R	Y
O	M	I	P	W	O	R	M	C	R	O	S	S	M	A	T	C	H
S	P	L	A	S	M	A	I	W	T	P	B	L	O	O	D	L	A
C	Z	O	W	X	L	F	L	O	G	B	O	O	K	E	C	R	N
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E	D	T	A	Y	E	D	P	A	R	P	Y	E	E	L	A	U	M
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P	H	O	S	P	H	A	T	E	T	N	I	M	E	L	S	S	A
F	D	W	Q	C	T	I	S	S	U	E	L	F	E	E	L	A	T
S	C	H	E	M	I	C	A	L	P	A	T	H	O	L	O	G	Y

KEYS

Phosphate
Petri Dish
Tissue
Worm
Log Book
Plasma
Microscope

Culture
Phage
Swab
Glycosides
Nimelssa
Gene
Virolgy

Mycology
Anatomy
Laboratory
Blood Bank
Sample
Sputum
Blood

Fluid
Calcium
Crossmatch
Cardiac
Spectrometer
Serous
Lancet

Serum
Bacteria
EDTA
Syringe
Parasite
Serous
Lancet

GALLERY

FINALIST'S CORNER

OBISESAN ABOLADE
christianahabolade@gmail.com

Experience as a BMLS UI student:
It was really challenging and eventful

Aspiration as a Medical Laboratory Scientist:
I want to be a scientist exploring the entrepreneurship aspect of the profession.

JOSE LYDIA
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Experience as a BMLS UI student:
Challenging and impactful

Aspiration as a Medical Laboratory Scientist:
Well established, making impacts

TAIWO ANJOLAOLUWA
iretemide99@gmail.com

Experience as a BMLS UI student:
It has been one hell of a challenging ride but through it all I have picked up very useful skills, especially leadership

Aspiration as a Medical Laboratory Scientist:
I'm going to further my education and become a research scientist, providing significant solutions to Antimicrobial resistance to improve the quality of life in both humans and animals.

FINALIST'S CORNER

IBIYINKA JOSHUA
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Experience as a BMLS UI student:
A complete journey of self-discovery.

Aspiration as a Medical Laboratory Scientist:
To Create, Innovate and Express.

FOLARIN RACHAEL
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Experience as a BMLS UI student:
It has been an enlightening journey

Aspiration as a Medical Laboratory Scientist:
To be as versatile as can be

OTESANYA TEMITOPE
temitopedeborah95@yahoo.com

Experience as a BMLS UI student:
A great experience

Aspiration as a Medical Laboratory Scientist:
Research

FINALIST'S CORNER

LAWAL MARIAM
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Experience as a BMLS UI student:
Challenging but interesting

Aspiration as a Medical Laboratory Scientist:
All on God

FALAJU PEACE
falajupeace07@gmail.com

Experience as a BMLS UI student:
No matter how long, tough times don't last, only tough people do. I'm six times stronger mentally compared to when I got admitted into BMLS UI.

Aspiration as a Medical Laboratory Scientist:
Honestly, I just want to do well and be paid accordingly till I stop practising.

HAROUN ZAINAB
harounzainab51@gmail.com

Experience as a BMLS UI student:
It was a bumpy ride with lessons and I always picked the lessons and moved on(lol).

Aspiration as a Medical Laboratory Scientist:
Looking forward to achieving Sustainable Development Goal 3 - Good maternal health and well being while picking a niche in infertility bi'idhniLlah

FINALIST'S CORNER

JIMOH KAUSARAT
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Experience as a BMLS UI student:
BMLS UI is not for the faint hearted students

Aspiration as a Medical Laboratory Scientist:
To be the teacher- scientist I never had to the students under training

ASOH ERIC
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Experience as a BMLS UI student:
A cocktail of experiences.

Aspiration as a Medical Laboratory Scientist:
Obtain several degrees as my skill and experience progress, become successful and ridiculously wealthy

ADESANYA OREOLUWA
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Experience as a BMLS UI student:
It was filled with a lot of lessons and character development

Aspiration as a Medical Laboratory Scientist:
To be one of the top scientist in the world

FINALIST'S CORNER

OWOEYE AYOBAMI
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Experience as a BMLS UI student:
The race is actually not for the swift

Aspiration as a Medical Laboratory Scientist:
Bridge Tech and Laboratory Medicine furthermore

OMOLOLA COMFORT
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Experience as a BMLS UI student:
My experience as a BMLS UI student has been a journey filled with learning, exposure and making long-lasting memories.

Aspiration as a Medical Laboratory Scientist:
My aspiration as a Medical Laboratory Scientist post-graduation is to make a great difference in the profession as a whole.

OLORUNTOBI ADESEWA
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Experience as a BMLS UI student:
Challenging and eye opening

Aspiration as a Medical Laboratory Scientist:
I will be the First lady of Nigeria

FINALIST'S CORNER

OYEBAMIJI TOBA
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Experience as a BMLS UI student:
6 years full of amazing experiences

Aspiration as a Medical Laboratory Scientist:
To be a person of value to the field of medicine and beyond

OJO TOLANI
ojotolasturf@gmail.com

Experience as a BMLS UI student:
Omooooooooooo..... you gerrit, if you don't gerrit forget about it.

Aspiration as a Medical Laboratory Scientist:
To japa from Nigeria and live a better life

AYODELE IFEOLUWA
ife757@gmail.com

Experience as a BMLS UI student:
It was a remarkable experience

Aspiration as a Medical Laboratory Scientist:
To become an outstanding scientist in my field of study

FINALIST'S CORNER

AKINWUNMI ENIOLA
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Experience as a BMLS UI student:
It wasn't a smooth journey as I expected but God saw me through the ups and downs.

Aspiration as a Medical Laboratory Scientist:
To be a renowned virology consultant that has travelled far and wide.

ADEGBENLE TOBILOBA
tobilobaadegbenle@gmail.com

Experience as a BMLS UI student:
Ko easy mehn..... Buh we thank God

Aspiration as a Medical Laboratory Scientist:
To setup my own laboratory

ARIYIBI OLUMIDE
ariyibiolumide@gmail.com

Experience as a BMLS UI student:
To God be All the glory

Aspiration as a Medical Laboratory Scientist:
To be the best being a medical laboratory scientist can make me become.

FINALIST'S CORNER

ONWUEGBUCHI OGADINMA
buchizaram@gmail.com

Experience as a BMLS UI student:
It was a sprinkle of roller coasters here and a sprinkle of mountains there

Aspiration as a Medical Laboratory Scientist:
To be a scientist of value in the field of medical laboratory science and beyond

ATOYEBI VICTOR
atoyebiv@gmail.com

Experience as a BMLS UI student:
Challenging with lots of good memories

Aspiration as a Medical Laboratory Scientist:
Renowned Scientist with interest in research

JOHN OLAMIDE
princessjohn904@gmail.com

Experience as a BMLS UI student:
It has been a rollercoaster

Aspiration as a Medical Laboratory Scientist:
To help lives

FINALIST'S CORNER

AKINLOLU ELIJAH
elijahakinlolu419@stu.ui.edu.ng

Experience as a BMLS UI student:
It was nice especially the part of knowing some selected few individuals that are special to me

Aspiration as a Medical Laboratory Scientist: I have no aspiration or whatsoever regarding this course of study

LAZARUS FAVOUR
lazarusfavour7@gmail.com

Experience as a BMLS UI student:
Stress filled but worth it

Aspiration as a Medical Laboratory Scientist:
I know I can, be what I want to be, if I work hard in it, I will be what I want to be.

OLORUNFEMI OLUWATOBI
olorunfemioluwatobi3@gmail.com

Experience as a BMLS UI student:
It was an hectic one

Aspiration as a Medical Laboratory Scientist: Partaking in researches on the ways to beat cancer

FINALIST'S CORNER

ATOYEBI ABIGAIL
atoyebi_damilola@yahoo.com

Experience as a BMLS UI student:
Omoo E CHOKE

Aspiration as a Medical Laboratory Scientist:
Honestly to be a tech lab scientist

OLATINWO SAMUEL
solatinwo425@gmail.com

Experience as a BMLS UI student:
My Preclinical days was fun but getting into the Clinicals turned things around

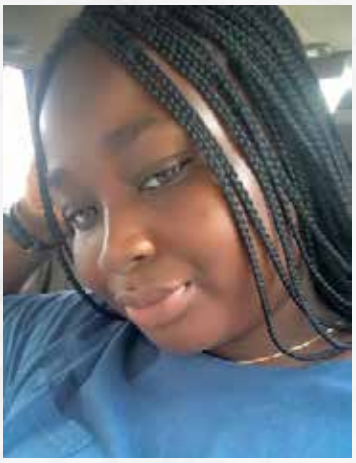
Aspiration as a Medical Laboratory Scientist:
Rapid diagnostics Research and Development Scientist, Parasitologist

AJAYI MERCY
mercyajayi83@gmail.com

Experience as a BMLS UI student:
An absolute roller coaster of emotions

Aspiration as a Medical Laboratory Scientist:
Well, to make as much money as there is in the biotechnology world.

FINALIST'S CORNER



BAMIDELE MOFIYINFOLUWA
mofiyinfoluwabamidele@gmail.com

Experience as a BMLS UI student:
Exhausting

Aspiration as a Medical Laboratory Scientist: If you don't gerrit forget about it

AKINLEYE SOGO
sogoakinleye1@gmail.com

Experience as a BMLS UI student:
A breathtaking experience

Aspiration as a Medical Laboratory Scientist:
To acquire and disperse knowledge

RAJI ABIDAT
temitayoraji59@gmail.com

Experience as a BMLS UI student:
Very tough and rough

Aspiration as a Medical Laboratory Scientist:
Best experience

FINALIST'S CORNER

OMOFAYE FAITHFUL
faithfultolu@gmail.com

Experience as a BMLS UI student:
It's been awesome actually

Aspiration as a Medical Laboratory Scientist:
Honestly to be a tech lab scientist

FAFURE ADELEKE
fafureleke@gmail.com

Experience as a BMLS UI student:
It's been a movie

Aspiration as a Medical Laboratory Scientist:
One word, forensics

EKPEMOGU CLARA
cekpemogu@yahoo.com

Experience as a BMLS UI student:
An absolute emotional roller coaster.

Aspiration as a Medical Laboratory Scientist:
Self development in every sense of the word.

FINALIST'S CORNER

ODUSELU TOLULOPE
johntolu98@gmail.com

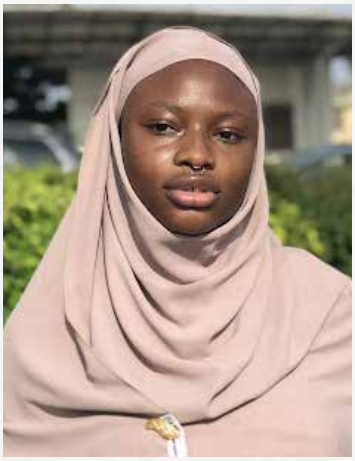
Experience as a BMLS UI student:
It has been adventurous and all I can say is that grace kept me.

Aspiration as a Medical Laboratory Scientist:
I will love to delve into Computational biology and Genomics research full time.

IGELEKE OLUWATOYIN
toyinigeleke@gmail.com

Experience as a BMLS UI student:
Gegenpressing

Aspiration as a Medical Laboratory Scientist:



ARIRELESE HADIYATULLAH
wumihad690@gmail.com

Experience as a BMLS UI student:
Amazingly choking

Aspiration as a Medical Laboratory Scientist:
To become an efficient medical laboratory scientist in medical diagnosis and treatment to help save lives

FINALIST'S CORNER

FOLARIN MARVELLOUS
folarinmarvellous17@gmail.com

Experience as a BMLS UI student:
My experience was full of ups and downs, more of downs sha, but my consolation is that I met beautiful people

Aspiration as a Medical Laboratory Scientist:
To develop myself in any path I choose

ALABI OLUWAPELUMI
alabioyinkansola@gmail.com

Experience as a BMLS UI student:
Unnecessarily overstretched, but lessons learned

Aspiration as a Medical Laboratory Scientist:
To explore the field of health economics and how I can lend my role as a healthcare professional to effect sustainable change

OLUYEMI ABRAHAM
samuelabraham2060@gmail.com

Experience as a BMLS UI student:
Highly educative

Aspiration as a Medical Laboratory Scientist:
To be a medical researcher

OLADEJI DAVID
davidoladeji98@gmail.com

Experience as a BMLS UI student:
It's been beautiful but unnecessarily long and complicated.

Aspiration as a Medical Laboratory Scientist:
To be different, and reveal the attractiveness of Medical Laboratory Science on a global scale.

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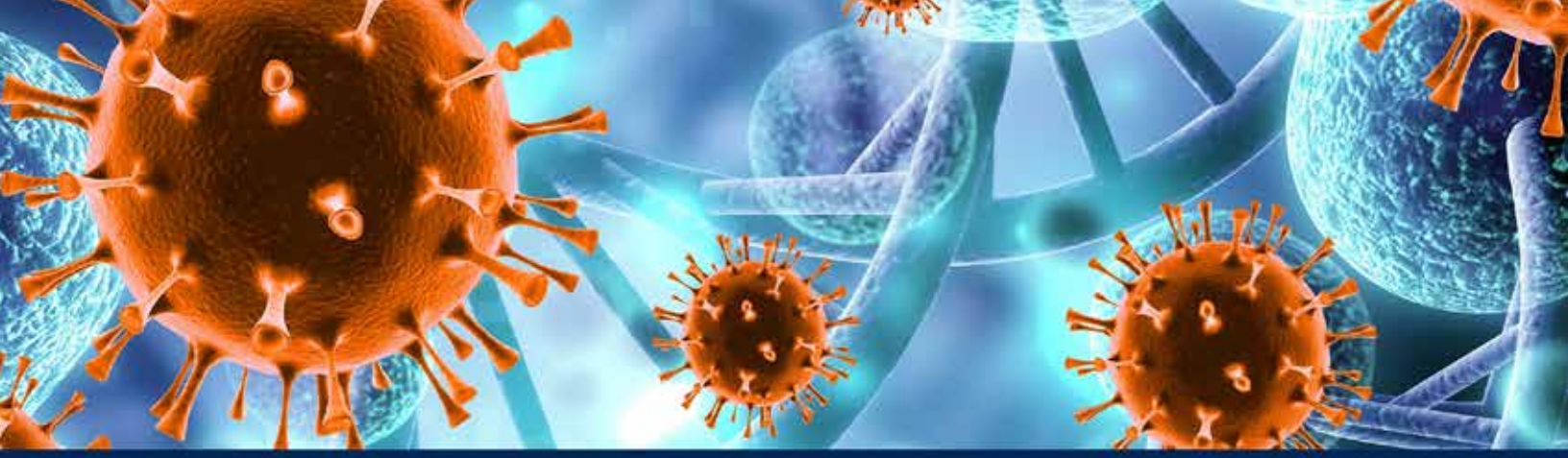
DIAGNOSTICS

PLAY™



NIMELSSA, UI
2020/2021 SESSION |THE NEXT LEVEL TEAM|