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AMERICAN ASSOCIATION OF BLOOD BANKS

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AIDS Situation Stimulates Blood Banking Action; Scientific Studies

Volunteer Blood Banking Sector Formulates Joint Agreement on AIDS

The American Association of Blood Banks, the American Red Cross and the Council of Community Blood Centers have formulated joint recommendations to address Acquired Immune Deficiency Syndrome (AIDS) as it relates to blood transfusions. AAB Institutional members were mailed copies of the joint recommendations on January 14. Any individual member who did not receive a copy should write to *News Briefs* at the National Office.

The deliberations which led to the joint recommendations brought unity to the three groups as they addressed a common problem which has been a major concern to blood bankers for the past several months.

Said Edward O. Carr, AAB president, "We hope that the type of cooperation which went into formulating this agreement can be repeated in the future. Reflecting on a past which has seen the emphasis placed on our differences, it was personally very satisfying to me to see the groups putting aside organizational differences and working toward a common goal."

The recommendations include a number of steps which can be taken by blood banks to address AIDS at the local level. These include extending educational campaigns to physicians regarding possible transfusion risks; more frequent consideration of autologous transfusion as an alternative to allogeneic transfusion, especially in elective surgery; preparation for increased requests for cryoprecipitate; expansion of donor screening to include specific questions to detect possible AIDS symptoms or exposure to patients with AIDS; not targeting specific donor recruitment

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NHF/ABRA Respond to AIDS

The National Hemophilia Foundation's (NHF) Medical and Scientific Advisory Council, meeting in New York on January 14, formulated recommendations for manufacturers of factor VIII concentrate and cryoprecipitate with respect to Acquired Immune Deficiency Syndrome (AIDS). The recommendations call for efforts to exclude donors who might transmit AIDS through direct questioning of individuals belonging to high risk AIDS groups and evaluation and implementation, if verified, of surrogate laboratory testing.

Further, the recommendations call for the manufacturers of factor VIII concentrate to cease using plasma obtained from donor centers that draw from population groups in which there is a significant AIDS incidence and, referring to the geographic clustering of AIDS cases, state that "a great deal could be achieved by excluding donors from the 'hot spots.'" Concentrate manufacturers were directed to immediately cease purchase of recovered plasma for factor VIII concentrate from blood centers that do not make serious efforts to exclude donors through direct questioning concerning their belonging to a high risk group, and recommended that these criteria should also apply to the production of cryoprecipitate.

Other recommendations include the use of cryoprecipitate in the treatment of the following categories of patients unless there are overriding medical indications otherwise: 1) newborn infants and children under four; 2) newly identified patients never treated with factor VIII concentrate; 3) patients with clinically mild hemophilia who require infrequent treatment. The potential advantages and disadvantages of cryoprecipitate or factor VIII concentrate

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New England Journal of Medicine Reports AIDS Studies

Two articles published in the January issue of *New England Journal of Medicine* address the possibility of AIDS being transmitted to patients with hemophilia through factor VIII infusion: "Impaired Cell-Mediated Immunity in Patients with Classic Hemophilia," by Michael M. Lederman, MD, Oscar Ratnoff, MD et al, and "T-Lymphocyte Subpopulations in Patients with Classic Hemophilia Treated with Cryoprecipitate and Lyophilized Concentrates," by Jay E. Menitove, MD, Richard H. Aster, MD, et al.

Both groups of researchers performed immunologic studies on healthy patients with hemophilia treated either with cryoprecipitate obtained from volunteer donors or with commercially prepared lyophilized factor VIII concentrates. The studies demonstrated that patients receiving lyophilized commercial factor VIII concentrates appear more likely to have abnormal T4/T8 ratios than those using single donor cryoprecipitate.

Both medical groups recommended caution in interpreting the meaning of their findings, however, since it is not known whether the abnormalities in the laboratory tests will prove to be persistent or transient, and studies of patients receiving larger amounts of cryoprecipitate will be needed to determine whether the AIDS-like picture is associated with commercial factor VIII only.

The Centers for Disease Control has reported similar findings in its studies of hemophilia patients with AIDS.

A related editorial in the *New England Journal of Medicine* by Jane F. Desforbes, MD, examines the differences between concentrate and cryoprecipitate

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AIDS Agreement, from page 1

efforts towards groups at high risk for AIDS: and working with the leadership of high risks groups.

The recommendations state that specific questions about a donor's sexual preference were inappropriate and ineffective in eliminating donors who may carry AIDS. While there is no specific test for AIDS, the recommendations note that there are laboratory and clinical findings that are present in nearly all AIDS patients, and the use of these nonspecific markers, for example, lymphopenia, immune complexes, and anti-HBc, are being evaluated in those areas of the country where AIDS is prevalent. (The major areas seem to be New York, San Francisco, and Los Angeles.)

These recommendations were made on the basis of existing medical and scientific evidence. At the time of their formulation, only one AIDS case possibly related to transfusion had been confirmed by the Centers for Disease Control, and there have been fewer than 10 unconfirmed cases. There are approximately 10 million blood transfusions each year.

The joint recommendations grew out of a meeting of the AABF Committee on Transfusion-Transmitted Diseases, chaired by Joseph Bove, MD, which convened on January 6 to address AIDS. The meeting was expanded to include representatives from the American Red Cross, the Council of Community Blood Centers, the American Blood Commission, the National Gay Task Force, the National Hemophilia Foundation, the American Blood Resources Association, the Centers for Disease Control and the Food and Drug Administration.

NHF/ABRA, from page 1

for severe hemophilia A were seen as unclear and controversial at this time. No specific recommendations were offered concerning the use of cryoprecipitate or concentrate in this group, pending review of the data.

The American Blood Resources Association (ABRA), which represents most of the country's source plasma and plasmapheresis collection facilities, is recommending all donors be required to read informational documents which describe AIDS and that screening

personnel ask those belonging to a high risk group (male homosexuals, recent residents of Haiti or intravenous drug abusers) to exclude themselves. In addition, ABRA recommends that prospective donors be asked directly whether or not they are a member of one of the high risk groups, and to exclude all those answering affirmatively. No large scale testing is being recommended at this time, pending the results of studies on economic impact, efficacy of tests, availability, etc. (These recommendations are pending Board approval.)

ABRA is urging other blood banking groups to expand their questions to include similar screening procedures, stating that the joint recommendations from the voluntary sector don't go far enough.

In December, 1982, one of ABRA's members, Alpha Therapeutics, instituted screening and direct questioning of donors, including the questions "have you ever used illicit drugs intravenously; have you ever resided in Haiti; or, to all male donors, have you ever had sexual contact with a man?" Alpha informed blood banks with whom it has contracts that it would not accept plasma from any center who did not institute such questioning.

AIDS Studies, from page 1

preparation, noting that concentrates are prepared from pooled plasma from 2000 to 5000 donors, while cryoprecipitate is prepared in the blood bank from the plasma of individual donors, with each bag finally containing about 100 units of factor VIII in a relatively small volume. The advantage of cryoprecipitate is that the recipient is exposed to only one donor per bag.

In the hemophiliacs studied, the difference between those receiving cryoprecipitate and those receiving concentrate does not seem to be explained by the fact that there was less treatment in the latter group, says Desforges, but one may wonder whether exposure to fewer donors is crucial.

Summarizing the freedom which concentrates have brought to the hemophiliac and the stress to blood banks providing sufficient quantities of cryoprecipitate, Desforges concludes "The present program has been extremely successful and would be given up by physicians and patients only with great reluctance. Yet it is time to consider

doing so, even though we may not have enough evidence to demand such a radical change....Unfortunately, the data are consistent with a greater potential for AIDS in the population treated with concentrate."

Two Chicago Blood Centers Affiliate

Two major Chicago area blood centers which supply about 25% of blood needs in Chicago area hospitals have affiliated. The Michael Reese Foundation/Blood Center, Chicago, and the North Suburban Blood Center, Glenview, joined forces effective January 1, 1983 to form The Blood Center of Northern Illinois.

J. Daniel Connor, formerly president of the North Suburban Blood Center, will serve as president of The Blood Center of Northern Illinois. Takashi Okuno, MD, will serve as medical director. Administrative offices will be maintained at the former North Suburban Blood Center, 1255 N. Milwaukee Ave., Glenview. Most other blood center operations and staff will continue at both the former Michael Reese Research Foundation/Blood Center and North Suburban Blood Center locations.

Salary Survey Revised

In 1983 all category "A" members of AABF (free-standing blood banks and centers) will again be invited to participate in a survey of salaries for blood bank employees.

Survey forms were mailed to all blood centers in early February. Centers are asked to report the low and high hourly rates for 48 positions, including administrative, donor room and laboratory personnel.

To ensure strict confidentiality, an outside consulting firm will receive the survey forms directly from the blood centers, tabulate the results, and produce a finished report. Confidentiality will be further preserved by exclusion of any category for which only one response is received.

Price of the published survey will be \$25 to participating institutions. Other members may purchase a copy of the report for \$75. Contact the AABF National Office for order forms.

The final survey report will be mailed to purchasers in late March.

AABB Calls for Awards Nominations to be Bestowed at 36th Annual Meeting

Outstanding Donor Recruiter

Given for the first time in 1983, this award was created to honor an individual who has made significant contributions to the profession of donor recruitment. The award provides an honorarium and expenses to attend the Annual Meeting. The criteria for this award is as follows:

1. The award is open to all blood bankers.
2. The nominee must be an individual member of AABB.
3. The nominee must demonstrate significant achievement that contributed substantially to the recruitment of donors for a blood bank or center.
4. The nominee must be primarily involved in recruitment responsibilities.
5. The nominee must demonstrate superlative achievement.
6. The nominee must demonstrate, on repeated occasions, assistance to fellow recruitment personnel.
7. The Award could be based on one significant contribution or an accumulation of years of contributions.

Nomination for this award must be made on a form available from the National Office. Supporting documentation must not exceed five 8½×11" pages, and must be able to be photocopied. Materials submitted cannot be returned. The deadline for submission of entries is **May 15, 1983**. There will be no exception to this deadline.

The Memorial Awards

Individuals who have contributed significantly to blood banking, immunohematology, or other blood-related fields, or have performed outstanding services to the AABB, are honored annually with Memorial Awards. Candidates for the four awards are recommended to the Board of Directors by the AABB Committee on Awards. The Committee is presently receiving suggestions for 1983 Memorial Award candidates for the John Elliott, Morten Grove-Rasmussen and Ivor Dunsford Memorial Awards, and for 1984 candidates for the Karl Landsteiner Memorial Award. The awards and their criteria are as follows:

The Karl Landsteiner Award (for 1984): For an individual who is internationally known for contributions to immunohematology. The recipient need not be an AABB member, but he or she must agree to lecture at the Annual Meeting. In some instances, awards have been shared by two or three scientists who have

collaborated in a specific research area to produce jointly significant scientific conclusions. The award provides for an honorarium and expenses to attend the Annual Meeting.

The 1983 John Elliott Memorial Award:

The recipient must be an AABB individual member and must have made significant contributions to the field of blood banking or transfusion therapy, or given outstanding service to the AABB. The award provides for an honorarium and expenses to attend the Annual Meeting.

The 1983 Morten Grove Rasmussen

Award: To recognize outstanding contributions to the broad field of blood banking, including research, education, and development techniques. Recipients must be individual members of AABB. An honorarium and expenses to attend the Annual Meeting are provided.

The 1983 Ivor Dunsford Memorial Award:

Recipients must be AABB Individual members but need not be United States residents, and must have contributed to research or development of techniques in immunohematology, or have performed exceptional service in the field of blood banking. The award provides for an honorarium and expenses to attend the Annual Meeting.

Nominations may be submitted in writing, special forms are not needed. If possible, please include the curriculum vitae of the nominee. The deadline for receipt of nominations is **February 25, 1983**. There will be no exceptions to this deadline.

Awards of Merit

The Awards of Merit are presented annually by the AABB to media and/or public-spirited groups and individuals who have made significant contributions to blood banking.

The Awards are divided into eight categories:

- Television:** To be judged on most exposure and effort (creative time and air time).
- Radio:** Based on response to blood emergencies, feature stories, exposure and effort.
- Newspaper:** Based on feature articles, response to blood emergencies, coverage, etc.

Other Media: (Magazines, journals, advertising, public relations, etc.) Effort used to promote and further blood banking, advance public understanding, feature articles, etc.

Educational Facilities: (High schools, vocational schools, colleges, universities and any other educational facility.) Outstanding participation in blood drives and general support of blood banking within the region.

Group: (Chambers of Commerce, donor groups, civic groups, etc.) Measure of excellence when contrasted to other area groups. Significant participation and support of blood banking.

Individual: Greatest singular contribution to further enhance the field of blood banking by a non-blood bank employee.

Other: Any outstanding contributions to blood banking that do not properly fit into one of the above categories.

All entries are to be submitted on a form available from the National Office. Supporting documentation is not to exceed five pages, 8½ × 11 inch size only. Tapes and audiovisual materials requiring special viewing equipment should not be sent. All materials must be able to be photocopied and are not returnable. The completed form and supporting documentation must be submitted by **June 1, 1983**. There will be no exceptions to this deadline.

Outstanding Administrator Award

Nominations are also requested for the Outstanding Administrator Award. This award is presented by the AABB to individuals who have made significant contributions to enhance the effective administration of blood banks and/or centers. There is a cash award and reimbursement toward expenses to the Annual Meeting. Criteria for the award are as follows:

1. Open to all blood bankers.
2. The winner must be an individual member of the AABB.

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AABB Organizational Structure

To inform members about the way in which their Association is structured, an organizational chart has been published in this issue of *News Briefs*, along with a list of the current Board of Directors. Members are encouraged to contact their district directors for input into Association activities.

BOARD OF DIRECTORS

Administrative Section

Coordinating Committee
Jack Smythe, Chairman

Scientific Section

Coordinating Committee
Serafeim P. Masouredis, MD, PhD, Chairman

Administrative Council

Grace M. Neitzer, MT(ASCP)SBB, Chairman
Toby Simon, MD
Laurence Sherman, MD
Donald Doddridge

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Association Questionnaire
Blood Bank Workload Recording
Computer Systems and Applications
Donor Recruitment
Membership
Nursing and Donor Room Personnel
ad hoc Committee to Coordinate the Annual Meeting
ad hoc Committee on Elections

Educational Council

Edwin Steane, PhD, Chairman
Paul Schmidt, MD
Robert Albee II
Herbert Perkins, MD

Committees on:

Annual Meeting Seminar
Education
Inspection and Accreditation
Pediatric Hemotherapy
Scientific Program
Technical Manual
Technical Workshops
ad hoc Committee to Develop a Proficiency Survey for Blood Banking Personnel

Organizational Council

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Serafeim Masouredis, MD, PhD
Michael Couch
Mary Myers, MT(ASCP)SBB

Committees on:

Awards
Bylaws
Ethics
Exhibits
External Affairs
Finance
International Relations
ad hoc Committee on AABB/CAP Workgroups

Scientific Council

Jacqueline Miller, MD, Chairman
Herbert Silver, MD
Jack Smythe
Steven Pierce, SBB(ASCP)

Committees on:

Autologous Transfusion
Component Therapy
Cryobiology and Tissue Banking
Hemapheresis
Hospital Transfusion Practices
Organ Transplantation and Tissue Typing
Parentage Testing
Rare Donor File
Reference Laboratories
Transfusion Transmitted Diseases

Officers (Executive Committee)

President

Edward O. Carr, MT(ASCP)SBB
Executive Director
Central Florida Blood Bank, Inc.
PO Box 8613
1300 South Kuhl Ave.
Orlando, FL 32806

GRO-C

Immediate Past President

Jacqueline D. Miller, MD
Pathologist
Sacred Heart Hospital
1200 Alder
Eugene, OR 97440

GRO-C

President Elect

John D. Milam, MD
Department of Pathology
St. Luke's Episcopal Hospital
Texas Medical Center
Houston, TX 77030

GRO-C

Vice President

Grace M. Neitzer, MT(ASCP)SBB
Technical Director
Blood Bank
Baptist Memorial Hospital
899 Madison Ave.
Memphis, TN 38146

GRO-C

Secretary

Eugene M. Berkman, MD
Director, Blood Bank
New England Medical Center Hospital
171 Harrison Ave.
Boston, MA 02111

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Treasurer

Edwin A. Steane, PhD
Department of Pathology
University of Texas Health Science
Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75235

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Directors

District I—Northeast

Includes Connecticut, Delaware, District of Columbia, Maine, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia.

Robert E. Albee II
Keystone Community Blood Bank, Inc.
PO Box 12
529 Court St.
Reading, PA 19603

GRO-C

Herbert Silver, MD
Hartford Hospital
80 Seymour St.
Hartford, CT 06115

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District II—Southeast

Includes Alabama, Florida, Georgia, North Carolina, South Carolina, Tennessee.

Paul J. Schmidt, MD
Southwest Florida Blood Bank, Inc.
PO Box 2125
Tampa, FL 33601

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Donald D. Doddridge
Community Blood Bank, Inc.
445-31st St., North
St. Petersburg, FL 33713

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District III—North Central

Includes Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin.

Steven R. Pierce, SBB(ASCP)
Community Blood Center of Greater
Kansas City
4040 Main St.
Kansas City, MO 64111

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Laurence A. Sherman, MD
Missouri-Illinois Regional Red Cross
Blood Services
4050 Lindell Blvd.
St. Louis, MO 63108

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District IV—South Central

Includes Arkansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas.

Toby L. Simon, MD
United Blood Services
PO Box 25445
Albuquerque, NM 87125

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Michael C. Couch
Louisiana Blood Center
PO Box 37065
Shreveport, LA 71103

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District V—Pacific

Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming.

Mary A. Myers, MT(ASCP)SBB
Technical Director
Blood Bank of the Alameda-Contra
Costa Medical Association
6230 Claremont Ave.
Oakland, CA 94618

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Herbert A. Perkins, MD
Irwin Memorial Blood Bank of the
San Francisco Medical Society
270 Masonic Ave.
San Francisco, CA 94118

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Administrative Section Representative
Jack Smythe
Executive Director
West Tennessee Regional Blood Center,
Inc.
738 West Forest Ave.
Jackson, TN 38301

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Scientific Section Representative
Serafeim P. Masouredis, MD, PhD
University of California at San Diego
School of Medicine
Department of Pathology
T003
La Jolla, CA 92093

GRO-C



Committee Briefs

February 4-5. Committee on Donor Recruitment, Houston, TX. Chairman: Sandi Elliott.

February 11-13. Administrative Section Coordinating Committee, Houston, TX. Chairman: Jack Smythe.

February 18. Committee on Nursing and Donor Room Personnel, Burlingame, CA. Chairman: Evelyn Bizjak, RN.

February 25-26. Committee on Hemapheresis, Los Angeles, CA. Chairman: Asa Barnes, Jr., MD.

March 4-5. Committee on Inspection and Accreditation, Arlington, VA. Chairman: Robert Klein, MD.

March 24-25. Committee on External Affairs, Arlington, VA. Chairman: Bill T. Teague, MT(ASCP)SBB.

April 13-16. Committee on Technical Manual, Tarpon Springs, FL. Chairman: Frances K. Widmann, MD.

April 18-19. Committee on Parentage

People

Exa Lee Miller retired after 36 years of service to the blood banking community in Memphis, TN, as director of the blood bank at Methodist Hospital and an organizer of the Community Blood Plan, now known as Lifeblood/Mid-South Regional Blood Center. The first SBB certified in Tennessee, Miller is a past president of the Tennessee Association of Blood Banks and an active AABB member. She is most well-known for her many innovations in blood banking including the SBB school at Methodist Hospital, which has recently established a scholarship bearing her name.

Retiring after 26 years at Baptist Memorial Hospital in Memphis, TN is **Clifford Argall, PhD**, a former technical director of the blood bank and hemogenetics laboratory. An active AABB committee member, Argall has taught at the University of Tennessee and at Baptist's Medical Technology School. Argall has been an inspector in the Inspection and Accreditation Program for 23 years.

Testing, Arlington, VA. Chairman: Richard Walker, MD.
May 2-3. Committee on Standards, Arlington, VA. Chairman: Paul Schmidt, MD.

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Awards, from page 3

3. Significant achievement and/or initiative that contributed materially to enhance the effective administrations of blood banks and/or centers.

4. All endeavors must clearly be in administrative areas.

5. Any achievement must be truly outstanding. It would be better to not issue the award one year rather than issue it for what could be considered an unwarranted effort.

6. The contribution should clearly be above and beyond the scope of routine responsibility of whatever position a candidate might hold.

7. In case of co-winners, the monetary portion of the award would be divided equally.

8. The award could be based on one particular act of administrative expertise or could be an accumulation of years of contributions.

All AABB members are eligible to make nominations for this award. Entries must be submitted on a form available from the National Office. Supporting documentation must not exceed five 8½×11 inch pages. All material must be able to be photocopied and is not returnable. The completed form and documentation must be submitted by **June 1, 1983**. There will be no exceptions to this deadline.

The Presidential Awards

The purpose of the Presidential Awards is to recognize those organizations and individuals who, in three or more AABB districts, have made outstanding contributions to the promotion and support of voluntary blood donations. Award categories include: business and industry; organized labor; civic, fraternal, and religious organizations; educational and communications organizations; foundations; and individuals. The awards will be bestowed only if those involved show extraordinary accomplishments, and there will not necessarily be an award for each category mentioned.

Nominations must be accompanied by supporting information outlining the specific efforts or activities carried out by the nominee and the results of these activities or efforts. If information from three districts is not available, the nominee should be contacted for assistance. Documentation of activity in three or more AABB districts is necessary.

All nominations should be submitted

on a Presidential Awards nomination form, available from the National Office. Nominations from at least three AABB Districts must be received by **June 15, 1983**. There will be no exceptions to this deadline.

Nominations for all awards must be submitted by the deadline dates to:

Jackie Campbell, Awards Coordinator,
AABB National Office, 1117 N. 19th St.,
Suite 600, Arlington, VA 22209, (703)
528-8200. All award presentations will be
made at the Annual Banquet during the
36th Annual Meeting, Tuesday,
November 1, 1983, in New York City.

Paternity Testing Case #2 (1983)

The following case and discussions were submitted by Jane Souhrada, MT(ASCP)SBB, and Herbert Polesky, MD, from the Minneapolis War Memorial Blood Bank.

In this case the mother insisted that one of the named men was the father of her child. All tests indicating an exclusion were repeated, and in the case of red cell antigens, antisera used in repeat testing was from a second manufacturer.

	AF#1	AF#2	M	C
ABO	A ₁	A ₁ B	O	B
Rh	DcEe	DCe	DCce	DCCe ^w
MNSs	MNs	MNSs	MNSs	MS
Fy	a-b+	a+b+	a+b+	a+b+
Ik	a+b-	a+b-	a+b+	a+b+
Kell	k	k	k	k
Gm	axgfb	fb	axgfb	axgfb
Kml	neg	neg	neg	neg
Gc	1	1	2-1	2-1
Hp	2	2-1	1	2-1
Bf	S	FS	S	FS
AcP	B	AB	A	A
EsD	1	1	1	1
PGM	2-1	1	2-1	1

What is your interpretation of these results? What else could be done?

Interpretation

The initial report from our laboratory excluded both of these alleged fathers (AF). In the case of AF-1 direct exclusions were present in the ABO, Rh, and Bf systems and indirect exclusions in the MNSs and AcP systems. AF-2 was excluded in the Rh system since the child was C^w positive and neither the mother nor the AF reacted with two anti-C^w antisera.

On receipt of our reports, the county attorney dropped the paternity proceedings against both AF-1 and -2. The mother insisted that one of these men was the father of her child. Nevertheless her child support was reduced for failing to cooperate (name the real father). At this point she sought additional legal counsel to prove AF-2 was the father.

Although we were convinced our original exclusion (based on C^w) was valid, we agreed to do additional tests including HLA. When the new samples from the trio (AF-2) were obtained we repeated testing with a third anti-C^w. On this new sample the child typed as C^w negative, thus questioning the validity of our original findings. No other exclusionary evidence was found and the inclusionary estimate (PI-9867.6, likelihood = 99.99%) suggested AF-2 was practically proven to be the father.

This case illustrates several pitfalls in paternity testing. Though the original testing with anti-C^w was confirmed by a second reagent, unknown to us at the time, both our in-house anti-C^w and the commercial material used were from the same donor. At the present time there is no requirement that donor source be indicated for red cell antisera, thus many of the reagents we use, though from different companies, may be from the same donor. An additional possibil-

ity suggested by the findings with the anti-C^W is the presence of a low incidence antigen in the child absent in the mother and both AF 1 & 2. This was ruled out by reviewing results on additional samples that reacted with the anti-C^W. In several cases these results, which were always weak positives, were not repeatable. We have concluded there is an antibody in this reagent not directed to an inherited characteristic. This type reaction emphasizes the importance of knowing the reagents you are using.

As a result of this case, whenever there is a single exclusion based on red cell antigens, absorption-elution tests are used to confirm the exclusion. If there is any reasonable question about our results, we do not hesitate to request additional testing, i.e. HLA, family members.

Top 10 Hospitals All AABB Members

AABB believes its members are first class and a recent *Money Magazine* survey concurred, selecting 10 AABB Institutional members as the top hospitals in the country.

The survey, taken of 50 leading medical figures, names the 10 hospitals professionals felt provided the best care in a broad range of specialties, excluding some prestigious institutions such as the Mayo Clinic because they are specialty centers.

The top ten include: Barnes Hospital, St. Louis, MO; Brigham & Women's Hospital, Boston, MA; Columbia-Presbyterian Medical Center, New York City, NY; Duke University Medical Center, Durham, NC; Johns Hopkins Hospital, Baltimore, MD; Massachusetts General Hospital, Boston, MA; New York Hospital-Cornell Medical Center, New York City, NY; Stanford University Medical Center, Stanford, CA; the University of California at San Francisco Hospital, San Francisco, CA; and Yale-New Haven Hospital, New Haven, CT.

Surveyed were medical school deans, administrators of university-affiliated hospitals, public health experts, and physicians in numerous disciplines. The 10 hospitals are the ones most frequently mentioned among those surveyed.

Thumbnail Sketch of a Blood Donor

A recent issue of the Los Angeles-Orange Counties Red Cross *Observer* reported on a "thumbnail sketch" of the typical blood donor, based on a survey by Needham, Harper & Steers Advertising, Inc.

The donors were found to be between 25 and 55 years old, college-educated, living in households with children and working wives, and having high incomes. They are charitable, community minded, and lead active lives, attending lectures, visiting art galleries, going to movies and

participating in sports. They also enjoy reading and do-it-yourself projects.

Donors have liberal attitudes toward political and social issues and view the role of women in an untraditional manner. They are self-confident and likely to be considered leaders, willing to take risks and adapt to the changing world. The frequent donor is not interested in nutrition or natural foods and is likely to be concerned about his weight and be on a diet. TV programs about social issues are appealing to blood donors. Female donors like TV movies and entertainment specials. They read newspapers rather than watch TV news and listen to popular music on radio.

The study was composed of a sampling of 2000 married males and 2000 unrelated married females. The sample is accurate in portraying the "Middle-American" but does not adequately represent singles, minorities, the very rich or poor.

1982 Meeting Attendance Profile

The 1982 Annual Meeting in Anaheim, California, drew a record-breaking number of attendees, continuing its phenomenal growth despite the present economic situation. AABB attributes this to recognition of its importance to blood bankers' professional and scientific growth, and hopes that the trend will continue in New York City in 1983.

California was first in representation in Anaheim, with 1043 attendees. Taking second place was Texas, drawing 235 representatives followed by 234 New Yorkers who crossed the continent to take part. Canada was represented by 101 attendees, with 142 guests coming from foreign countries other than Canada. Japan led those, with a delegation totalling 22 persons.

The total attendance in all categories was 5,325 persons, a 12.5% increase from the 1981 Annual Meeting in Chicago. Total professional attendance of 3912 represents 700 MDs; 159 PhDs; 256 RNs; 155 administrative personnel; 823 MTs; and 838 SBBs. The rest of the total is made up of other specialties and attendees that did not indicate a specialty. Also attending were 296 guests; 159 spouses; 25 press; 909 exhibitors; and 24 AABB staff members.

If you would like more detailed information, please contact the Meeting Services Department at the National Office, (703) 528-8200.



Questions and Answers

The following questions were answered by Frances Widmann, MD, Chairman of the AABB Committee on *Technical Manual*. The Answers do not necessarily represent AABB policy.

In an effort to reduce waste, our blood center is planning to perform a two liter saline wash using the IBM 2991 on all blood units that are found to have positive antibody screens.

Since the ABO blood group stickers used on product labels at our blood center contain the statement "no unexpected antibodies when tested by multiple techniques," does the preparation of washed red blood cells (human), leukocyte poor, from donor units that have positive antibody screens, require any modification of the antibody statement contained on the ABO sticker?

When you issue red cells prepared with a 2-liter saline wash, you are issuing a product that contains no unexpected antibodies. The pre-printed label is accurate, even though the reason antibodies are absent is not the reason originally implied by the statement. Robert Klein, MD, chairman of the AABB Inspection and Accreditation Committee, reports that this concern has been raised by other blood centers, and he believes that use of the pre-printed label is acceptable.

continue without risk to the patient but are unable to document our position. The Code of Federal Regulations does not address the situation and the only reference in the AABB Standards for Blood Banks and Transfusion Services is that the products should be transfused "within" the appropriate number of hours.

Is there increased likelihood for reaction associated with infusion continued after outdate? Does the patient suffer any adverse effect because of this policy? Would it not be reasonable to allow completion of an infusion if it were started prior to outdate? Can you provide more information on this problem?

It is not necessary to discontinue infusing blood or a component at an exact moment corresponding to the expiration date shown on the unit because the designated expiration date is, in a very real sense, arbitrary. For red cells, the expiration date is that time at which there will be post-transfusion survival of at least 70% of the transfused cells. Studies on appropriately stored cells indicate that this minimum figure is very frequently exceeded; infusing cells that are 35 days and 30 minutes (or one hour or three hours) old will, in the majority of cases, provide well over 70% survival.

Should an individual unit have borderline preservation, the only harm the patient might suffer is an increment of oxygen-carrying capacity slightly less than expected. Such adverse effects of

This is especially important for platelets and cryoprecipitate, which are stored at room temperature. When these products are issued, the transfusionist should be reminded of the 6-hour expiration time. Rather than advocating discontinuing the infusion at that moment, I would urge the transfusing service to begin the infusion promptly and administer the product rapidly.

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Referral Exchange

A free service to AABB Institutional Members

Laboratory Training Program

Supervisor. To develop, plan, organize and conduct staff and non-staff training and evaluation. BS and MT certification required, prefer SBB certification or eligibility, one year laboratory hospital experience. Salary, \$14,726-\$21,480 with full benefits. Send resume to Shannon Rhodes, American Red Cross Connecticut Regional Blood Center, 209 Farmington Ave., Farmington, CT 06032.

Wanted. Medical technologist for HLA laboratory. Must be ASCP registered; experienced in routine serological typing; cell culture experience helpful but not necessary. Send resume or call collect to Mary Roach, Georgetown University Personnel Office, Washington, DC 20057.

GRO-C

GRO-C

Reference Laboratory Technologist.

SBB or FIMLS certification (or eligible) and recent experience (1 year or more) in advanced antibody identification and other problem solving activities. Excellent salary, paid medical-dental insurance and other benefits. Send resume to: Kay Beattie, Dir. Ref. Lab, ARC Blood Services, SE Mich Region, PO Box 351, Detroit, MI 48232 or call (313)

GRO-C

Blood Bank Supervisor. 362-bed acute care teaching hospital requires SBB (ASCP). Minimum of 3 years supervisory experience preferred. Salary commensurate with

experience. Complete benefit package. Submit resume with salary requirements to: Employment Manager, Easton Hospital, 21st & Lehigh Sts., Easton, PA 18042. EOE.

Blood Bank Nursing Director. RN with proven administrative ability to oversee blood collection program for growing, progressive, University affiliated blood center. Directing supervisors of collections and apheresis programs, preparing budgets and statistical reports, and coordinating nursing activities with other departments. Blood bank collects 18,000 units/year with active product apheresis program.

Competitive salary and excellent benefits. California license or eligibility required. Blood bank experience preferred. Send resume to: Roger Svoboda, Administrator, Stanford Medical School Blood Center, 800 Welch Blvd., Palo Alto, CA 94304. **GRO-C**

Deputy Director. Blood Products Services, National BTS, Canadian Red Cross. Assists in the provision of national requirements of therapeutic plasma derivatives; is responsible for departmental planning, research and development of new products; participates in clinical trials and development of systems to assure the quality of blood products. Postgraduate degree in biomedical sciences, preferably PhD, relevant research and development background, several years of scientific and management experience in blood transfusion technology and/or plasma fractionation. Salary: \$36,100-\$44,100 Canadian. Apply no later than March 15, 1983 to: Dr. D.H. Naylor, Director, Blood Products Services, Canadian Red Cross Society, 95 Wellesley St. East, Toronto, Ontario, M4Y 1H6.

SBB Program. The San Diego Blood Bank is accepting applications for its Specialist in Blood Banking Program, January, 1984 class. MT(ASCP) registered with at least one year in blood banking or BS in biological science and at least one year of general laboratory and one of blood banking. Must be California licensed or eligible. Deadline for application is May 30, 1983. Write or call: Dale Karen Kolins, MT(ASCP)SBB, Education Coordinator, San Diego Blood Bank, 440 Unas St., San Diego, CA 92103. **GRO-C**

Medical Technologist. In progressive 650-bed teaching hospital at the University of North Carolina-Chapel Hill. Picturesque university community in sun belt near mountains and beaches. Evening or day shift

available. Contact: Jeane Gresko, Employment Office, North Carolina Memorial Hospital, Chapel Hill, NC 27514. **GRO-C** EOE/AA/M/F.

Technical Director. 50,000 unit community blood center seeking laboratory technical director. SBB with minimum 3 years lab management experience preferred. Salary negotiable, excellent benefits. Send resume to: Mrs. Leslie H. Vogt, Executive Director, Richmond Metropolitan Blood Services, 2201 Westwood Ave., Richmond, VA 23230.

Administrator. Community blood center needs administrator for coordination of technical, financial and recruiting functions for expanding community blood center serving a population of approximately 100,000. Salary and fringe benefits negotiable. Contact: Dr. J. Williams, PO Box 1549, Hattiesburg, MS 39401. **GRO-C**

Reference Laboratory Technologist. SBB(ASCP). Experience in advanced immunohematology problem solving. Day shift in AABB reference lab of large regional blood center. Responsibilities include bench instruction of SBB students, problem solving, assigned projects and workshop participation. Send curriculum vitae to: Jacquelyn Fredrick, MT(ASCP)SBB, Reference Lab Supervisor, The Blood Center of Southeastern Wisconsin, 1701 W. Wisconsin Ave., Milwaukee, WI 53233.

SBB Courses. The Mid-America Red Cross Blood Program/Charles Hymen Blood Center is now accepting applications for blood banking student courses leading to SBB certification. \$7,000 stipend. Contact: Chang Lee, MD, Medical Director, 2746 W. 15th St., Chicago, IL 60608. **GRO-C**

Medical Technologists. University hospital, 45 min. from NYC seeks applicants for immediate and future positions. New tertiary care facility offering advanced blood banking experience in a professional ranking in the NY State University System. Positions include complete NYS health care, pension and educational benefits. BS in Medical Technology (ASCP preferred) and minimum 1 year experience in tertiary care type immunohematology procedures required. Please contact: Robert Borley, MT(ASCP)SBB, Blood Bank, University Hospital, SUNY at Stony Brook, Stony Brook, NY 11794.

Blood Bank Training. Applications now being accepted for SBB School,

January, 1984 class. Course includes work at large blood center, 2 affiliate hospitals, and HLA/Paternity Testing laboratory. Direct inquiries and resume to: Patricia A. Wright, MT(ASCP)SBB, American Red Cross Blood Services, Chesapeake Region, 2701 North Charles St., Baltimore, MD 21218. Application deadline is July 15, 1983.

Calendar of Events

1983

FEBRUARY

February 10-11. **College of American Pathologists** Workload Recording Method Seminar, Dallas, TX. Contact: Meg Evans, CAP Central Office, 7400 N. Skokie Blvd., Skokie, IL 60077. **GRO-C**

February 16-17. **"Incentives for Donor Recruiters:** A Conference on Sales Management Approaches in Blood Banking," New Orleans, LA. Contact: P. Freeman-Lynde, Blood Center for Southeast Louisiana, 7078 Read Blvd., New Orleans, LA 70127. **GRO-C**

February 20-25. **Council of Community Blood Centers** Annual Meeting, Scottsdale, AZ. Contact: CCBC, Old Brickhouse Square, 113 Rowell Court, Falls Church, VA 22046. **GRO-C**

February 23. **Medical-Legal Aspects of Transfusion Reactions**, Rock Island, IL. Sponsored by Mississippi Valley Regional Blood Center. Contact: Patricia K. Harrod, MT(ASCP)SBB, Education Director, MVRBC, (319) **GRO-C**

MARCH

March 4. **Mid-Atlantic Association of Blood Banks** workshop: "Recognition and Management of Transfusion Reactions," Wilmington, DE. Contact: Jan Forey (202) 295-0968 or Pat Wright (301) **GRO-C**

March 4-6. **American Society for Microbiology**, 1983 Annual Meeting Workshops, New Orleans, LA. Contact: Continuing Education Programs, ASM, 1913 I St., NW, Washington, D.C. 20006, (202) **GRO-C**

March 12-19. **Pulmonary Diseases and Critical Care Medicine: A Practical Approach**, Park City, UT. Sponsored by the University of California San Francisco School of Medicine. Contact: **GRO-C**

March 17-19. **Society of Hemopheresis Specialists** Fifth Annual Meeting, Knoxville, TN. Contact: SHS, PO Box 956, Baltimore, MD 21203.

March 18. **"Non-HLA Antigens in Health, Aging and Malignancy,"** Buffalo, NY. Sponsored by the Roswell Park Memorial Institute. Contact: Dr. Elias Cohen, Roswell Park Memorial Institute, 666 Elm St., Buffalo, NY 14263. **GRO-C**

March 18. **"Academic Aspects of Transfusion Medicine,"** symposium sponsored by Southwest Florida Blood Bank, Inc., NHLBI, NIH and the University of South Florida College of Medicine, Tampa, FL. Contact: Dr. P.J. Schmidt, PO Box 2125, Tampa, FL 33601, (813) **GRO-C**

March 19-23. **South Central Association of Blood Banks** 1983 Annual Meeting, Fort Worth, TX. Contact: SCABB, 4300 N. Lamar Blvd., PO Drawer 4679, Austin, TX 78765, (512) **GRO-C**

March 23-26. **Ohio Association of Blood Banks** 1983 Annual Meeting, Cleveland, OH. Contact: Melanie Kennedy, MD, President, OABB, Ohio State University Hospitals, Blood Bank, 410 W. 10th St., Columbus, OH 43210.

March 25-26. **Southeastern Area Blood Bankers Meeting**, Atlanta, GA. Contact: Dwight J. Hamm, MT(ASCP)SBB, American Red Cross Blood Services, Atlanta Region, 1925 Monroe Drive, NE, Atlanta, GA 30324. **GRO-C**

APRIL

April 6-9. **California Blood Bank System** 1983 Annual Meeting, San Diego, CA. Contact: V. Venegelen-Tyler, MT(ASCP)SBB, Los Angeles-Orange Counties Red Cross, 1130 S. Vermont Ave., Los Angeles, CA 90006. **GRO-C**

April 8-9. **West Virginia Association of Blood Banks** Annual Meeting, Clarksburg, WV. Contact: Vera Ann Holt, United Hospital Center, Clarksburg, WV 26301, (304) **GRO-C**

April 9-14. **American Society of Clinical Pathologists/College of American Pathologists** Spring National Meeting, Chicago, IL. Contact: ASCP, 2100 W. Harrison St., Chicago, IL 60612. **GRO-C**