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**On Our Cover**

George Garratty was my boss, my mentor, and, later, my friend. He instilled in each of his staff the requirement to associate clinical findings with laboratory and serologic findings and that these aspects contributed to optimal care of patients with immune hemolytic anemias. In his preface to *Immunobiology of Transfusion Medicine*, published in 1994, he said, “Avoiding the immune destruction of circulating cells such as erythrocytes, leukocytes, and platelets is one of the major goals of transfusion medicine. The in vivo and in vitro reactions involved in these immune reactions provide easily studied human models for complement- and macrophage-mediated cell destruction, autoimmunity, and drug-induced immune destruction of cells. Although complement-mediated cell destruction is understood quite well, many aspects of the more common extravascular destruction of blood cells are still not understood. Over the last four decades, we have learned that important factors such as immunoglobulin class and subclass, complement-activating ability of the antibody, quantity of cell-bound antibody and complement components, affinity of the antibody, and activity of the mononuclear phagocyte system all play a role, but there are still many anomalies between the observed in vivo destruction and our in vitro results. We need to reconcile these differences before in vitro assays can be improved and to forecast accurately the survival of transfused cellular components.” We miss his presence among us.

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