COMMUNICATIONS

LETTERS FROM THE EDITOR

What would you do if you had to find rare blood for a rare patient and there were no donors available? Most of us would call the rare donor program that serves us. For 20 years, the Rare Donor Registry of the American Red Cross has been answering these calls and finding rare blood for rare patients.

The Rare Donor Registry is a computerized listing of rare donor names received from the 56 Red Cross Blood Services regions. The regions screen for rare donors when there is a shortage of a specific rare type and in response to the needs of a specific patient. In addition to maintaining the list of rare donors, the Rare Donor Registry receives the requests for blood, calls the regions to see if frozen or fresh blood is available, and arranges for the shipments.

What happens if the blood is not available among the 12,000 donors listed in the Rare Donor Registry? The staff members begin to contact the other rare donor programs in the United States; if this is not successful, staff contact programs around the world.

It is a very rare occurrence, but it has happened that blood could not be found in the world. Before giving up, staff members have been known to search the literature to see if anyone has reported a case that has a patient with this particular rare type, and then to call the author to see if the patient can donate, or if there are any donors known to the author.

Two hundred and fifty-five requests for high-incidence antigen-negative, multiple common antigen-negative, and IgA-deficient blood products resulted in the shipment of 1,201 units of products. Ten percent of the shipments were made to patients in areas of the United States not served by the Red Cross, and one percent of the blood was shipped outside of the United States.

On this, the 20th anniversary of the Rare Donor Registry, we pay special tribute to Dr. Tibor Greenwalt, Dr. Edwin Steane, and Mr. John Case, who saw the need for a registry of donors with rare blood types and put thought into action. Above all, the registry is nothing without the very special donors, many having been on the list for the whole 20 years!

Delores Mallory
Editor-in-Chief

This is the last issue of IMMUNOHEMATOLOGY that will be sent at no charge to the reader. Beginning with Volume 5, No. 1, a charge of $15.00 will be instituted to cover some of the costs of publication and mailing. Issues 3 and 4 of Volume 4 contain a tear-out card that should be either mailed with the subscription or to indicate that you wish to be billed. Students will receive a one-year free subscription if the card is accompanied by a letter from the program coordinator. The coordinator can list several names on one letter, and the letter should be accompanied by a card (or copy of the card) for each student listed. Beginning with the first issue of Volume 5, the contributors to IMMUNOHEMATOLOGY will receive a free subscription for the next year.

The editors invite you to send meeting and employment announcements for publication at no charge. The editors reserve the right to refuse inappropriate announcements.

Your continued support of IMMUNOHEMATOLOGY will ensure continued publication.

Delores Mallory
Editor-in-Chief

To the Editor:

I had a long list of priorities when I arrived at national headquarters on January 1, 1967. Somewhere down the line was the need to have a Rare Donor Registry, and we finally got under way in 1968.

One of the first problems was designation. I had been the founder of the AABB Rare Donor File, and we at Red Cross sought a name that was not identical.

At that time we did not feel that we could move rapidly forward if we attempted to develop a list of rare
To the Editor:

Under "Tech Hints" in Volume 3, No. 3 of IMMUNOHEMATOLOGY, my description of a microfilter for capillary tube use contains a bad error, created when I converted to the metric system! Line 13 should read: "1–2 mm of Seitz fibers should be tamped down!"

Because hand-drawn illustrations are hard to reproduce for publication, mine were redone with some loss of accuracy. It will be easier for someone to make a microfilter if the original drawings can be photographed for publication. Thank you!

Mary N. Crawford, MD
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NOTE: The editors are happy to comply with Dr. Crawford's request. Below find the original drawing submitted with the Tech Hint entitled "Microfiltration for Capillary Tube Use," published in Volume 3, No. 3, page 41.

![Improved Microfilter for Classification of Sera for Capillary Tube Testing](image)

With this apparatus, it is possible to filter 2-3 drops of serum. For almost total recovery of serum, 1-2 drops of saline should be blown through first and then removed.

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