donors by having selected centers screen for them. Therefore, we decided that we would ask selected centers, geographically distributed, to start the program by shipping in samples. As you may surmise, this was not a simple matter. We set up a single-channel AutoAnalyzer in the basement. I don't know how we could have done it without the excellent support of Charlie Chase and Ed Steane and the excellent work of Leon Latouche, who ran the machine. I got to call Leon "Green Thumb," because his yield of rare specimens was frequently much better than could be expected statistically.

Well, we were off to a good start with Leon and eventually graduated to a two-channel machine and then finally to the 15-channel AutoAnalyzer with a paper readout and a single-channel apparatus for use in confirmation. By that time, Karen Anderson was on the scene, and she did a superb job.

One problem at this point was to find a reasonable way to file our information in a readily accessible form. We developed a system of some 28 categories at different levels of frequency, as I recall, and eventually had the system computerized.

We were off on a very successful project and nothing succeeds as well as success itself. I don't believe that the Rare Donor Registry would be what it is now without the tender, loving care of Dorothy Malamut. She has been enthusiastic about this program from the very day she arrived and has nourished and nurtured it as if it were her own baby.

I would like to thank Charlie Chase for helping me to refresh my memory. I take this opportunity to thank all of those who did the work. Best wishes on this 20th anniversary of the Rare Donor Registry and for many future years of successful operation.

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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 to 2 mm of Seltz fibers should be tapped 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!

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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.

![Improvised microfilter for classification of sera for capillary tube testing]

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