
Masters of Science (MSc) in Transfusion and Transplantation Sciences at the University of Bristol, England

Applications are invited from medical or science graduates for the Master of Science (MSc) degree in Transfusion and Transplantation Sciences at the University of Bristol. The course starts in October 2019 and will last for 1 year. A part-time option lasting 2 or 3 years is also available. There may also be opportunities to continue studies for PhD or MD following the MSc. The syllabus is organized jointly by the Bristol Institute for Transfusion Sciences and the University of Bristol, Department of Pathology and Microbiology. It includes:

- Scientific principles of transfusion and transplantation
- Clinical applications of these principles
- Practical techniques in transfusion and transplantation
- Principles of study design and biostatistics
- An original research project

Application can also be made for a Diploma in Transfusion and Transplantation Sciences or a Certificate in Transfusion and Transplantation Sciences.

The course is accredited by the Institute of Biomedical Sciences.

Further information can be obtained from the Web site:

<http://ibgrl.blood.co.uk/MSc/MscHome.htm>

For further details and application forms, please **contact:**

Dr. Patricia Denning-Kendall

University of Bristol

Paul O'Gorman Lifeline Centre

Department of Pathology and Microbiology

Southmead Hospital

Westbury-on-Trym, Bristol BS10 5NB, England

Fax +44 1179 595 342, Telephone +44 1779 595 455, e-mail: p.a.denning-kendall@bristol.ac.uk



THE GRIFOLS ACADEMY IMMUNOHEMATOLOGY

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ACADEMY
IMMUNOHEMATOLOGY

2019 Educational Courses

DATES	PROGRAMS	LOCATIONS
February 13	Webinar	Online
March 7-8	TSEC	Atlanta, GA
April 10-12	Hands-On (Molecular)	San Marcos, TX
May 8	Webinar	Online
June 6-7	TSEC	Seattle, WA
July 17-19	Hands-On (Molecular)	San Marcos, TX
August 7	Webinar	Online
September 12-13	TSEC	Boston, MA
October 9	Webinar	Online
November 6-8	Hands-On (Serology)	San Marcos, TX
December 5-6	TSEC	Dallas, TX

The Grifols Academy of Immunohematology is approved by the American Society for Clinical Laboratory Science (ASCLS) as a P.A.C.E. provider, and the Florida Board of Clinical Laboratory Personnel.

All our programs offer C.E credit.

For more information, please contact the Grifols Academy of Immunohematology at:

Email: TSEC@grifols.com; Phone: 1-833-835-3439

All dates and locations are subject to change.

DL/TMP/0917/0063



THE GRIFOLS
ACADEMY
TRANSFUSION
MEDICINE

Educational Programs 2019

SAVE THE DATE

Dear Colleague,

The Grifols Academy of Transfusion Medicine is pleased to announce its 2019 educational schedule. This extensive educational offering exemplifies Grifols' commitment to support continuing education in the field of transfusion medicine, and addresses comments and suggestions provided during past sessions. The Grifols Academy of Transfusion Medicine is approved as a provider of continuing education programs by the American Society for Clinical Laboratory Science (ASCLS) P.A.C.E.® program and the Florida Board of Clinical Laboratory Personnel. All programs offer C.E. credit.

Transfusion Science Educational Course (TSEC)

This course reviews the pathophysiology of alloimmunization, with an emphasis on the integration of serological and molecular methods for blood group antibody identification and compatibility testing. In addition, factors influencing transfusion decisions for the alloimmunized patient are discussed. Interactive case studies provide the opportunity to enhance practical case resolution skills.

Faculty: Recognized experts in the field of immunohematology, blood group genomics, and transfusion medicine

Level: Advanced

Continuing Education Credits: 10 - 13 hours P.A.C.E.® credits

2019 TSEC Schedule*	
March 7-8	Atlanta, GA
June 6-7	Seattle, WA
September 12-13	Boston, MA
December 5-6	Dallas, TX

Immunohematology Workshop (Hands-On)

This course presents the molecular basis and serological characteristics of blood group antigens and applies various molecular techniques to interrogate red cell antigen polymorphisms. During three days, participants will divide their time between classroom lectures and hands-on practice in our training laboratory located in San Marcos, TX. Participants will utilize advanced serological and molecular techniques to resolve complex cases.

Level: Advanced

Continuing Education Credits: 14 - 17 hours P.A.C.E.® credits

2019 Hands-On Schedule*	
April 10-12	Molecular
July 17-19	Molecular
November 6-8	Serology

Webinars

This one hour online course targets current trends and innovative practices relevant to blood bank laboratory technology and transfusion medicine.

Level: Beginner, intermediate, and advanced

Continuing Education Credits: 1 hour P.A.C.E.® credit

2019 Webinar Schedule*	
February 13	
May 8	
August 7	
October 9	

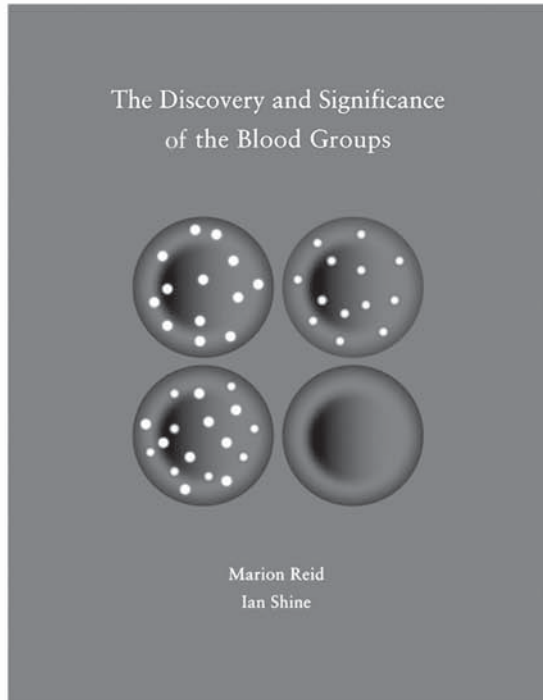
Cost

These programs are offered FREE of charge. Each participant is responsible for the cost of their own travel and accommodations when required for attendance.

For registration and other information, please email: TSEC@grifols.com

*All dates subject to change

DL/BTS1/1118/0162



*A must for the bookshelf of every blood bank.
A superb and beautiful book.*

John Gorman MD,
Lasker Award 1980

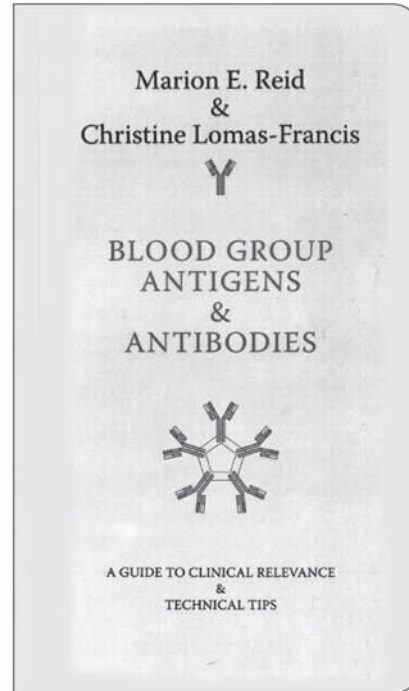
*The authors convey the excitement of scientific
discovery so effectively on every page.*

S. Gerald Sandler, MD
Professor of Medicine and Pathology,
Georgetown University Hospital

*It's more like reading an eye-witness account
than a scientific textbook. Wonderfully readable,
and a great addition to the books on blood groups.*

Phyllis Walker, MT(ASCP)SBB,
San Francisco

The Discovery and Significance of the Blood Groups
by Marion Reid & Ian Shine
Illus. /Hardcover/Full color/7.5"x10"/214 pp./\$36.00
ISBN 978-1-59572-422-9



*A landmark book . . . Every MD and clinical
transfusion service should have their own
personal copy.*

Sandra J. Nance

*The most valued and useful resource in my
blood banking and immunohematology library
. . . it is highly readable and an enjoyable,
painless way to update your information about
blood group antigens.*

Immunohematology

Blood Group Antigens & Antibodies
by Marion Reid & Christine Lomas-Francis
Paperback/5.4" x 8.4"/214 pp./\$25.00
ISBN 978-1-59572-103-7

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or visit
www.bloodgroups.info
www.sbbpocketbook.com

SBB
BOOKS

Becoming a Specialist in Blood Banking (SBB)

What is a certified Specialist in Blood Banking (SBB)?

- Someone with educational and work experience qualifications who successfully passes the American Society for Clinical Pathology (ASCP) board of registry (BOR) examination for the Specialist in Blood Banking.
- This person will have advanced knowledge, skills, and abilities in the field of transfusion medicine and blood banking.

Individuals who have an SBB certification serve in many areas of transfusion medicine:

- Serve as regulatory, technical, procedural, and research advisors
- Perform and direct administrative functions
- Develop, validate, implement, and perform laboratory procedures
- Analyze quality issues preparing and implementing corrective actions to prevent and document issues
- Design and present educational programs
- Provide technical and scientific training in transfusion medicine
- Conduct research in transfusion medicine

Who are SBBs?

Supervisors of Transfusion Services	Managers of Blood Centers	LIS Coordinators	Educators
Supervisors of Reference Laboratories	Research Scientists	Consumer Safety Officers	
Quality Assurance Officers	Technical Representatives	Reference Lab Specialists	

Why become an SBB?

Professional growth Job placement Job satisfaction Career advancement

How does one become an SBB?

- Attend a CAAHEP-accredited SBB Technology program **OR**
- Sit for the examination based on criteria established by ASCP for education and experience.

However: In recent years, a greater percentage of individuals who graduate from CAAHEP-accredited programs pass the SBB exam.

Conclusion: The **BEST** route for obtaining an SBB certification is . . . to attend a CAAHEP-accredited Specialist in Blood Bank Technology Program.

Facilities with CAAHEP-accredited programs, onsite or online, are listed below.

Additional information can be found by visiting the following Web sites: www.ascp.org, www.caahep.org, and www.aabb.org.

California	American Red Cross Blood Services	Pomona, CA
Florida	Academic Center at OneBlood	St. Petersburg, FL
Illinois	Rush University	Chicago, IL
Indiana	Indiana Blood Center	Indianapolis, IN
Louisiana	LifeShare Blood Center	Shreveport, LA
	University Medical Center New Orleans	New Orleans, LA
Maryland	National Institutes of Health Clinical Center	Bethesda, MD
	The Johns Hopkins Hospital	Baltimore, MD
	Walter Reed National Military Medical Center	Bethesda, MD
Texas	University Health System and Affiliates School of Blood Bank Technology	San Antonio, TX
	University of Texas Medical Branch	Galveston, TX
Wisconsin	Versiti Wisconsin, Inc.	Milwaukee, WI

National Reference Laboratory for Specialized Testing

Diagnostic testing for:

- Neonatal alloimmune thrombocytopenia (NAIT)
- Post-transfusion purpura (PTP)
- Refractoriness to platelet transfusion
- Heparin-induced thrombocytopenia (HIT)
- Alloimmune idiopathic thrombocytopenia purpura (AITP)

Medical consultation available

Test methods:

- GTI systems tests
 - detection of glycoprotein-specific platelet antibodies
 - detection of heparin-induced antibodies (PF4 ELISA)
- Platelet suspension immunofluorescence test (PSIFT)
- Solid-phase red cell adherence (SPRCA) assay
- Molecular analysis for HPA-1a/1b

FOR FURTHER INFORMATION, CONTACT:

Platelet Serology Laboratory (215) 451-4205

Dexter Facey (215) 451-2545
Dexter.Facey@redcross.org



American
Red Cross

American Red Cross Biomedical Services
Musser Blood Center
700 Spring Garden Street
Philadelphia, PA 19123-3594

CLIA licensed

National Neutrophil Serology Reference Laboratory

Our laboratory specializes in granulocyte antibody detection and granulocyte antigen typing.

Indications for granulocyte serology testing include:

- Alloimmune neonatal neutropenia (ANN)
- Autoimmune neutropenia (AIN)
- Transfusion-related acute lung injury (TRALI)

Methodologies employed:

- Granulocyte agglutination (GA)
- Granulocyte immunofluorescence by flow cytometry (GIF)
- Monoclonal antibody immobilization of neutrophil antigens (MAINA)

TRALI investigations also include:

- HLA (PRA) Class I and Class II antibody detection

FOR FURTHER INFORMATION, CONTACT:

Neutrophil Serology Laboratory (651) 291-6797

Randy Schuller (651) 291-6758
Randy.Schuller@redcross.org



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American Red Cross Biomedical Services
Neutrophil Serology Laboratory
100 South Robert Street
St. Paul, MN 55107

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Molecular Immunohematology Testing

Internationally recognized, CLIA-licensed and AABB accredited molecular immunohematology lab offering:

- Tailored testing solutions with low, medium, and high resolution to best suit your patient-specific needs
- Skilled lab professionals at the forefront of molecular research and testing ready to provide expert consultation
- Convenient, single point ordering for service requests and electronic reporting
- FDA-approved tests coupled with lab-developed assays to increase the accuracy and sensitivity of the services
- Tests include
 - RBC phenotype prediction using Human Erythrocyte Antigen (HEA) panel
 - *RHD* genotyping for detection of RhD variants (including weak, partial, and D_{el})
 - *RHCE* genotyping to predict C, c, E, e, V, VS, hr^B, and hr^S antigen expression
 - ABO genotyping
 - Variant detection in other blood group systems and related genes (FY, MNS, LU, JK, YT, XK, KLF1)
 - HPA genotyping (HPA-1, 2, 3, 4, 5, 6, 9, 15) for neonatal alloimmune thrombocytopenia

American Red Cross Biomedical Services
National Molecular Laboratory
700 Spring Garden Street
Philadelphia, PA 19123-3594

(215) 451-4917

nationalmolecular@redcross.org



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Reference and Consultation Services

Antibody identification and problem resolution

HLA-A, B, C, and DR typing

HLA-disease association typing

Paternity testing/DNA

FOR INFORMATION, CONTACT:

Zahra Mehdizadehkashi

at (503) 280-0210

or write to:

Tissue Typing Laboratory

American Red Cross Biomedical Services

Pacific Northwest Region

3131 North Vancouver

Portland, OR 97227



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IgA Testing

IgA testing is available to do the following:

- Identify IgA-deficient patients
- Investigate anaphylactic reactions
- Confirm IgA-deficient donors

Our ELISA for IgA detects protein to 0.05 mg/dL.

FOR ADDITIONAL INFORMATION CONTACT:

Dexter Facey (215) 451-2545

or e-mail:

Dexter.Facey@redcross.org

or write to:

American Red Cross Biomedical Services

Musser Blood Center

700 Spring Garden Street

Philadelphia, PA 19123-3594

ATTN: Dexter Facey



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National Reference Laboratory for Blood Group Serology

Immunohematology Reference Laboratory

AABB, ARC, New York State, and CLIA licensed

24-HOUR PHONE NUMBER:

(215) 451-4901

FAX: (215) 451-2538

American Rare Donor Program

24-HOUR PHONE NUMBER:

(215) 451-4900

FAX: (215) 451-2538

ardp@redcross.org

Immunohematology

PHONE, BUSINESS HOURS:

(215) 451-4902

FAX: (215) 451-2538

immuno@redcross.org



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Donor IgA Screening

- Effective tool for screening large volumes of donors
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FOR ADDITIONAL INFORMATION:

Lauren Smith
at (860) 519-4017

e-mail:

Lauren.Smith@redcross.org

or write to:

Reference Laboratory

American Red Cross Biomedical Services

Connecticut Region

209 Farmington Avenue

Farmington, CT 06032



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Immunohematology

Instructions for Authors | New Blood Group Allele Reports

A. For describing an allele that has not been described in a peer-reviewed publication and for which an allele name or provisional allele name has been assigned by the ISBT Working Party on Blood Group Allele Terminology (<http://www.isbtweb.org/working-parties/red-cell-immunogenetics-and-blood-group-terminology/blood-group-terminology/blood-group-allele-terminology/>)

B. Preparation

1. Title: Allele Name (Allele Detail)
ex. *RHCE*01.01 (RHCE*ce48C)*
2. Author Names (initials and last name of each [no degrees, ALL CAPS])

C. Text

1. Case Report
 - i. Clinical and immunohematologic data
 - ii. Race/ethnicity and country of origin of proband, if known
2. Materials and Methods
Description of appropriate controls, procedures, methods, equipment, reagents, etc. Equipment and reagents should be identified in parentheses by model or lot and manufacturer's name, city, and state. Do not use patient names or hospital numbers.

3. Results

Complete the Table Below:

Phenotype	Allele Name	Nucleotide(s)	Exon(s)	Amino Acid(s)	Allele Detail	References
e weak	<i>RHCE*01.01</i>	48G>C	1	Trp16Cys	<i>RHCE*ce48C</i>	1

Column 1: Describe the immunohematologic phenotype (ex. weak or negative for an antigen).

Column 2: List the allele name or provisional allele name.

Column 3: List the nucleotide number and the change, using the reference sequence (see ISBT Blood Group Allele Terminology Pages for reference sequence ID).

Column 4: List the exons where changes in nucleotide sequence were detected.

Column 5: List the amino acids that are predicted to be changed, using the three-letter amino acid code.

Column 6: List the non-consensus nucleotides after the gene name and asterisk.

Column 7: If this allele was described in a meeting abstract, please assign a reference number and list in the References section.

4. Additional Information

- i. Indicate whether the variant is listed in the dbSNP database (<http://www.ncbi.nlm.nih.gov/snp/>); if so, provide rs number and any population frequency information, if available.
- ii. Indicate whether the authors performed any population screening and, if so, what the allele and genotype frequencies were.
- iii. Indicate whether the authors developed a genotyping assay to screen for this variant and, if so, describe in detail here.
- iv. Indicate whether this variant was found associated with other variants already reported (ex. *RHCE*ce48C,1025T* is often linked to *RHD*DI/a-2*).

D. Acknowledgments

E. References

F. Author Information

List first name, middle initial, last name, highest degree, position held, institution and department, and complete address (including ZIP code) for all authors. List country when applicable.

Immunohematology

Instructions for Authors

I. GENERAL INSTRUCTIONS

Before submitting a manuscript, consult current issues of *Immunohematology* for style.

Number the pages consecutively, beginning with the title page.

II. SCIENTIFIC ARTICLE, REVIEW, OR CASE REPORT WITH LITERATURE REVIEW

A. Each component of the manuscript must start on a new page in the following order:

1. Title page
2. Abstract
3. Text
4. Acknowledgments
5. References
6. Author information
7. Tables
8. Figures

B. Preparation of manuscript

1. Title page
 - a. Full title of manuscript with only first letter of first word capitalized (bold title)
 - b. Initials and last name of each author (no degrees; ALL CAPS), e.g., M.T. JONES, J.H. BROWN, AND S.R. SMITH
 - c. Running title of ≤40 characters, including spaces
 - d. Three to ten key words
2. Abstract
 - a. One paragraph, no longer than 300 words
 - b. Purpose, methods, findings, and conclusion of study
3. Key words
 - a. List under abstract
4. Text (serial pages): Most manuscripts can usually, but not necessarily, be divided into sections (as described below). Survey results and review papers may need individualized sections
 - a. Introduction — Purpose and rationale for study, including pertinent background references
 - b. Case Report (if indicated by study) — Clinical and/or hematologic data and background serology/molecular
 - c. Materials and Methods — Selection and number of subjects, samples, items, etc., studied and description of appropriate controls, procedures, methods, equipment, reagents, etc. Equipment and reagents should be identified in parentheses by model or lot and manufacturer's name, city, and state. Do not use patients' names or hospital numbers.
 - d. Results — Presentation of concise and sequential results, referring to pertinent tables and/or figures, if applicable
 - e. Discussion — Implication and limitations of the study, links to other studies; if appropriate, link conclusions to purpose of study as stated in introduction
5. Acknowledgments: Acknowledge those who have made substantial contributions to the study, including secretarial assistance; list any grants.
6. References
 - a. In text, use superscript, Arabic numbers.
 - b. Number references consecutively in the order they occur in the text.
7. Tables
 - a. Head each with a brief title; capitalize the first letter of first word (e.g., Table 1. Results of. . .) and use no punctuation at the end of the title.

- b. Use short headings for each column needed and capitalize first letter of first word. Omit vertical lines.
 - c. Place explanation in footnotes (sequence: *, †, ‡, §, ¶, **, ††).
8. Figures
 - a. Figures can be submitted either by e-mail or as photographs (5 ×7" glossy).
 - b. Place caption for a figure on a separate page (e.g., Fig. 1 Results of. . .), ending with a period. If figure is submitted as a glossy, place first author's name and figure number on back of each glossy submitted.
 - c. When plotting points on a figure, use the following symbols if possible:
○ ● △ ▲ □ ■.
 9. Author information
 - a. List first name, middle initial, last name, highest degree, position held, institution and department, and complete address (including ZIP code) for all authors. List country when applicable. Provide e-mail addresses of all authors.

III. EDUCATIONAL FORUM

A. All submitted manuscripts should be approximately 2000 to 2500 words with pertinent references. Submissions may include:

1. An immunohematologic case that illustrates a sound investigative approach with clinical correlation, reflecting appropriate collaboration to sharpen problem-solving skills
2. Annotated conference proceedings

B. Preparation of manuscript

1. Title page
 - a. Capitalize first word of title.
 - b. Initials and last name of each author (no degrees; ALL CAPS)
2. Text
 - a. Case should be written as progressive disclosure and may include the following headings, as appropriate:
 - i. Clinical Case Presentation: Clinical information and differential diagnosis
 - ii. Immunohematologic Evaluation and Results: Serology and molecular testing
 - iii. Interpretation: Include interpretation of laboratory results, correlating with clinical findings
 - iv. Recommended Therapy: Include both transfusion and nontransfusion-based therapies
 - v. Discussion: Brief review of literature with unique features of this case
 - vi. Reference: Limited to those directly pertinent
 - vii. Author information (see II.B.9.)
 - viii. Tables (see II.B.7.)

IV. LETTER TO THE EDITOR

A. Preparation

1. Heading (To the Editor)
2. Title (first word capitalized)
3. Text (written in letter [paragraph] format)
4. Author(s) (type flush right; for first author: name, degree, institution, address [including city, state, ZIP code, and country]; for other authors: name, degree, institution, city and state)
5. References (limited to ten)
6. Table or figure (limited to one)

Send all manuscripts by e-mail to immuno@redcross.org

Immunoematology

Journal of Blood Group Serology and Molecular Genetics

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