

Introduction to Vol. 25, No. 3, of *Immunohematology*

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The increased breadth and depth of the field of transfusion medicine is evident in this issue of *Immunohematology*, and I am delighted and honored to have been asked to serve as its guest editor.

Those with accumulations of gray hair, myself included, recall when blood banking meant primarily dealing with RBCs and their antibodies. Platelets presented collection, storage, and logistic problems, but when their transfusion did not have the desired effect, we usually did not have much to offer the patient or the clinician. Indeed, this journal was begun to facilitate knowledge transfer that would be useful to those practicing RBC serology at the bench, as immunohematology was regarded as synonymous with RBC antibody identification. (An early meeting of the editorial board even debated whether to branch out into articles about platelets.) How the times have changed! This issue covers the spectrum of what a clinical laboratory scientist may encounter today in a transfusion service, from tissue banking (now an integral part of some transfusion services) to molecular characterizations of RBC and platelet antigens. Functional competency in transfusion medicine today requires a wide range of knowledge that extends from the genomic to the clinical!

This scope is evident in the articles on platelets, their antigens and antibodies, and their use in hemotherapy assembled for this issue. Refractoriness to platelet transfusion, and, indeed, the thrombocytopenia itself, may have an immunologic cause, and articles in this issue lay out strategies for identifying and coping with antibody specificities directed at HLA, platelet-specific, and drug-induced determinants. Knowledge of the molecular and genomic bases of platelet antigens is no longer of research interest only. Just as genomic typing has entered into practical RBC transfusion practice, these abilities offer the opportunity for us to become more specific in our attempts to match platelet donor and recipient and to understand the basis of the immunogenetic discrepancy in the first place. Although not all of the methods described in these articles are likely to be found in every laboratory in the near future, information gained from their broader application will undoubtedly expand all of our capabilities.

Thus, even if you are not directly involved in testing for platelet or HLA antibodies or defining platelet antigens' molecular or genomic bases, the platelet focus of this issue will provide an exciting window on a world that a few years ago was far more limited in its understanding and capabilities. So whether these articles will call you to rapt attention or offer an interesting insight while you sit back and relax, the authors of the articles and I hope you will enjoy them.

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