An outcome-based review of an accredited Specialist in Blood Banking (SBB) program: 25 years and counting

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Specialist in Blood Banking (SBB) programs play an important role in preparing technologists to become leaders and contributors to the field of transfusion medicine through dedicated education and training. The SBB program at the National Institutes of Health (NIH) Clinical Center has graduated 55 students since 1994 with an overall pass rate of 96 percent for the American Society for Clinical Pathology (ASCP) SBB examination. Graduates hold positions in a variety of transfusion medicine-related fields, with hospitals, blood centers, and Immunohematology Reference Laboratories being the most common categories of employer. Projects completed as part of the program added to transfusion medicine knowledge as evidenced by publications and awards. Almost half of all projects completed led to publications (49%), and greater than 50 percent of submissions have been selected for the AABB Future Leaders Scholarship (previously known as AABB Fenwal Scholarship Award). The students have completed over 40 program value-added opportunities. This information was available for retrieval and review. In this review, we analyzed data for the last 25 years from the SBB program at the NIH Clinical Center on program statistics, student accomplishments (such as publications in peer-reviewed journals), program value-added opportunities (such as other publications and audits performed with our Quality Assurance office), and job procurement. The collected, reviewed, and organized data provided a useful internal self-assessment to review the history of our program and head into the future. Immunohematology 2020;36:7-13.

Key Words: SBB program, blood banking, outcome-based, specialist, AABB

Introduction

Specialist in Blood Banking (SBB) programs provide comprehensive training in all phases of blood banking and are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). After successful completion of an accredited SBB program, graduates are eligible to take the SBB examination sponsored by the American Society for Clinical Pathology (ASCP) Board of Certification to receive SBB certification.¹

Accredited SBB programs must adhere to the Standards and Guidelines adopted by the AABB and CAAHEP.² To ensure meeting these rules, inspectors representing AABB and CAAHEP assess SBB programs on a routine basis. The curriculum must adhere to the Standards and Guidelines, and each SBB program then develops teaching methods that address the three domains of learning and provides evidence of competency by students.²

On an annual basis, each program is required to complete and submit a report to the accrediting body.¹ This report is outcome-based, identifying five outcomes: (1) graduation rate, (2) SBB certification rate, (3) career advancement, (4) employer survey return rate and satisfaction, and (5) graduate survey return rate and satisfaction. Each program must document evidence for conducting regular internal reviews. Internal review results may indicate a need for improvement to the program. Thresholds have been determined for each outcome, and program managers must develop a correction plan when a program does not meet a threshold. AABB's Committee on Accreditation reviews these reports and correction plans and provides feedback allowing for ongoing process improvement.

With continuous advancements in transfusion medicine, educational programs such as SBB programs and Transfusion Medicine fellowship programs may benefit from a periodic internal review of their program's performance. This type of review provides data to analyze and determine distinct characteristics and attributes of their program. When data are available for review, managers can acknowledge successful team members, identify strengths and weaknesses, and recognize areas for improvement. This retrospective review from 1994 to the present analyzes outcomes of the SBB program at the National Institutes of Health (NIH).

Materials and Methods

Data were collected from paper documents, electronic records, and PubMed searches, and results were organized into three categories: program statistics, student accomplishments, and program value-added opportunities. Program statistics included enrollment and attrition of students and passing rates of the SBB certification examination offered by ASCP Board of Certification. Student accomplishments included positive professional placement, submission and receipt of scholarships, and publications in peer-reviewed journals as a direct result of a student project. To obtain a broad view of the variety of student projects performed, we sorted projects into one of nine topics, which were modeled after the table of content categories used by the journal Transfusion, and we added a few subtopics for clarity. We tabulated program valueadded opportunities, such as group and quality assurance projects, completed during the 1-year program that promoted team building, auditing, writing, and presentation skills. We retrieved publications in peer-reviewed journals authored by graduates to determine contributions made to the transfusion medicine body of knowledge post-graduation.

We collated data for this review until October 2019. Tracking graduates over time was difficult, and we could not collect or confirm some information regarding career choices or current employment status. Because our evaluation includes students who graduated in 2019, reporting of publications may also be incomplete because of the length of the publication process.

Results

Program Statistics

Student enrollment and graduation rates for the last 25 years were consistent, with an average of two graduates per year. The overall ASCP examination pass rate was 96 percent (Table 1).

Table 1. Enrollment, attrition, and pass rates for students in theSBB program at the NIH Clinical Center, 1994–2019

Parameter	SBB students (N)
Enrolled*	59
Graduated	55
SBB examination ⁺	
Passed first attempt	46
Passed ≥ two attempts	6
Did not pass	2
Did not attempt	1

*24 graduating classes; no classes enrolled in 2003 and 2008.

⁺Overall pass rate was 96% of those who attempted.

SBB = Specialist in Blood Banking; NIH = National Institutes of Health.

Career Advancement, Scholarships, and Satisfaction Surveys

NIH graduates were able to find positions, most being employed at hospitals, blood centers, or Immunohematology References Laboratories (IRLs) (Table 2). Submission for the AABB Future Leaders Scholarship (previously known as AABB Fenwal Scholarship Award) is above 80 percent, with more than half of our submissions resulting in receipt of an award (Table 3). We initially had few submissions for the Suzanne Ledin Travel Award, inaugurated in 2006 (Table 3). In the last 5 years, however, four submissions resulted in three awards. Return and satisfaction rates of both employer and graduate surveys exceeded the 50 percent threshold, expected by the AABB's Committee of Accreditation, and had acceptable ratings (data not shown).

Table 2. Career positions in 2019 for SBB graduates from the NIHprogram, 1994–2019

Area of employment	SBB graduates (N)
Hospitals, blood centers, or IRLs	27
Regulatory/quality assurance	10
Transplantation and cellular engineering	3
Industry	3
Education	3
Unrelated to blood banking	2
Not currently employed	0
Unable to confirm	5
Retired	2
Total	55

SBB = Specialist in Blood Banking; NIH = National Institutes of Health; IRLs = Immunohematology Reference Laboratories.

Table 3. Scholarship awards for SBB graduates from the NIH
program, 1994–2019

	AABB Future Leaders Scholarship		Suzanne Ledin Travel Award	
Graduates (N)	Submissions, № (%)	Awardees, N (%)	Submissions, N (%)	Awardees, N (%)
55	46 (84)	24 (52)	8 of 28 (29)	3 of 8 (38

*Initiated in 2006.

SBB = Specialist in Blood Banking; NIH = National Institutes of Health.

Student Research Projects and Other Opportunities

Close to 50 percent of student projects are published (Table 4).^{3–29} Transfusion practices and immunohematology were most common topics for SBB projects (Table 5). More than half of the student projects (Table 6) were sponsored by one of the five departmental sections. Over 40 program

value-added opportunities have been completed in 25 years (Table 7). $^{30-49}$ The variety of topics covered most areas in transfusion medicine.

Table 4. Publication record for SBB graduates from the NIH program, 1994–2019*

SBB projects	N	%	References
All SBB projects	55	100	NA
With publications ⁺	27	49	3–28
As first authors	21	78	3,5-11,13-17,19,20,23-29

*Based on graduation date.

⁺SBB student projects resulting in a publication.

SBB = Specialist in Blood Banking; NIH = National Institutes of Health; NA = not applicable.

Table 5. SBB projects and topics for SBB graduates from the NIH	
program, 1994–2019*	

Project topic	SBB projects (N)
Laboratory practices	14
Immunohematology	11
Blood group genomics	8
Transplantation and cellular engineering	6
Education	5
Blood donors and blood collection	3
Donor infectious disease testing	3
Quality assurance	3
Blood components	2
Total	55

*Based on graduation date.

SBB = Specialist in Blood Banking; NIH = National Institutes of Health.

Table 6. Sponsoring section for projects from SBB graduatesfrom the NIH program, 1994–2019

Sponsoring section*	SBB projects (N)
Laboratory Services Section	
Transfusion Services Laboratory	29
HLA Laboratory	8
Cell Processing Section	8
Infectious Disease and Immunogenetics Section	4
Blood Services Section	3
Office of the Chief	3
Total	55

*Section within the Department of Transfusion Medicine.

$$\label{eq:SBB} \begin{split} & \text{SBB} = \text{Specialist in Blood Banking; NIH} = \text{National Institutes of Health;} \\ & \text{HLA} = \text{human leukocyte antigen.} \end{split}$$

Table 7. Program value-added opportunities for SBB graduatesfrom the NIH program, 1994–2019

Feature	Topics	ltems (N)	Reference
Publications	ABO discrepancy	1	30
	Antibody detection	1	40
	Book review	1	39
	Competency	1	37
	Disseminated intravascular coagulation	1	43
	ISBT 128	1	31
	Massive transfusion	1	32
	Paroxysmal nocturnal hemoglobinuria	1	38
	Platelet contamination	1	34
	Platelets	1	35
	Quality	1	36
	Regulatory issues	2	44, 49
	Serologic methods	1	45
	Transfusion reaction investigation	1	33
Social media activities	Transfusion Medicine Question of the Day	4	42, 46-48
	Webcast (resolving serologic cases)	1	41
Laboratory	Audits	19	NA
management and education	cGMP module	1	NA
	Educational posters	2	NA

SBB = Specialist in Blood Banking; NIH = National Institutes of Health; ISBT = International Society of Blood Transfusion; NA = not applicable; cGMP = current Good Manufacturing Practice.

Publications After Graduation

Unrelated to projects during the SBB program, 11 former SBB graduates (20%) authored 20 publications,^{20,21,24,29,32,50–65} including two SBB graduates who contributed to current SBB student publications.^{20,24} Two SBB graduates were co-authors on 12 of the 20 publications,^{20,21,24,51–54,56,57,60–62} and three SBB graduates were co-authors of one publication.⁵⁹

Discussion

An in-depth SBB program review including its graduate outcomes illuminated our accomplishments over 25 years and facilitated planning for the future with implementation of changes. As advancements were made in transfusion medicine, the SBB program adapted to produce graduates poised to become leaders in this field.

NIH has offered a wide variety of project topics to SBB students. From 1994 to 2019, projects in laboratory practices

and immunohematology were the most common topics, with blood group genomics and transplantation and cellular engineering increasing each year. This change reflects the adoption of genotyping and its relevance to transfusion medicine, indicating that the selection of student projects has followed the change of current topics in the field.⁶⁶ Emerging topics in transfusion medicine—such as the evaluation of transfusion triggers, the effect of age of red blood cells at time of transfusion, blood product management, and pathogen reduction—may influence future SBB projects.^{67–70} The steady presence of laboratory practice—based projects indicates that student projects have been and continue to be practical in nature.

The group activities performed in our program afforded students opportunities to apply new knowledge and skills in a safe and encouraging setting. The activities were broad and included writing, presenting, and auditing—all valuable skills toward successfully meeting the 1-year program's requirements and graduating well-rounded professionals.

Many but not all SBB student projects have led to publication. Projects that did not lead to publication may have been part of a larger study, and the results of the student's portion of the study, although valuable, were not enough to stand alone as a publication. Also, student projects involving verification of a process may have provided results valuable to the laboratory but not novel or substantial enough for publication. Other factors that may have prohibited submission for publication included writing ability, time constraints, and individual motivations of students and project mentors.

The overall SBB certification pass rate in the last 25 years was 96 percent. SBB certification or its equivalent is a qualification for some job descriptions, such as supervisor of an AABB-accredited IRL or as education coordinator of a CAAHEP-accredited SBB program.^{2,71} For the few graduates who either did not pass or did not attempt the examination, jobs that did not require SBB certification were pursued.

A major program modification that occurred within the last 25 years was the switch of the program start month from January to July. This change allowed us to hold the Department of Transfusion Medicine's two training programs, the Transfusion Medicine fellowship and the SBB program,¹ concurrently to share the didactic program. Before 2005, when students graduated in January, they could fine-tune their project manuscripts and time their submissions to coincide with the AABB Future Leaders Scholarship Award deadline in late summer, approximately 6 months after graduation. Since 2006, students complete the program in July, and 1 year may pass before submission, if not submitted immediately after graduation. The increased time from graduation and new career obligations may be reasons why there is not 100 percent submission to the AABB Future Leaders Scholarship.

The number of authored papers in peer-reviewed journals written by our graduates totaled 20. Two of the SBB graduates accounted for over half of these papers. Place of employment post-graduation seems to influence rate of publications. Working in an academic research setting may influence SBB graduates to work on research projects and eventually submit publications. We limited our data collection to articles in PubMed post-graduation to address contributions to the field. There are many other worthwhile areas that we did not systematically capture, such as publications that are not listed in PubMed, participation in national and local meetings, volunteering as an assessor, and acting as a mentor—all activities that are equally important to the advancement and training in the field of transfusion medicine.

The SBB program has consistently graduated students with a high ASCP certification examination success rate over the past 25 years. Students conduct research projects that contribute to the transfusion medicine body of knowledge either through publication or through recognition from awards. Graduates find positions that allow them to use their SBB skills. The continued surveillance and awareness of new topics will continue into the coming years.

Dedication

We would like to dedicate this article to Harvey G. Klein, MD, and Sherry L. Sheldon, MT(ASCP)SBB. Dr. Klein's contributions to the field of transfusion medicine over 46 years of government service at NIH are many, yet it is his involvement in the Department of Transfusion Medicine's training programs that are missed after his retirement on 30 September 2019. His gift was the ability to ask just the right question while gently teaching at the same time. Sherry Sheldon worked for almost 30 years in government service at NIH until her early retirement on 30 April 2017. Under Sherry's direction and encouragement as SBB program director, the program produced many leaders in the field. Sherry helped these individuals realize their leadership potential.

References

 Byrne KM, Sheldon SL, Flegel WA. Organization and management of an accredited Specialist in Blood Banking (SBB) technology program. Transfusion 2010;50:1612–7.

- 2. Commission on Accreditation of Allied Health Education Programs. Standards and Guidelines. Available from https:// www.caahep.org/Program-Directors/Standards.aspx. Accessed 8 October 2019.
- Bowman CA, Yu M, Cottler-Fox M. Evaluation of methods for preparing and thawing cryopreserved CD34+ and CD34- cell lines for use as reagents in flow cytometry of hematopoietic progenitor cells. Transfusion 1996;36:985–8.
- 4. Marincola FM, Rivoltini L, Salgaller ML, Player M, Rosenberg SA. Differential anti-MART-1/MelanA CTL activity in peripheral blood of HLA-A2 melanoma patients in comparison to healthy donors: evidence of in vivo priming by tumor cells. J Immunother Emphasis Tumor Immunol 1996;19:266–77.
- 5. Player MA, Barracchini KC, Simonis TB, et al. Differences in frequency distribution of HLA-A2 subtypes between North American and Italian white melanoma patients: relevance for epitope specific vaccination protocols. J Immunother Emphasis Tumor Immunol 1996;19:357–63.
- 6. Chun H, Cipolone K, Procter J, Stroncek DF. Granulocyte storage and antigen stability. Transfusion 1999;39:983–90.
- Cowley H, Wojda U, Cipolone KM, Procter JL, Stroncek DF, Miller JL. Biotinylation modifies red cell antigens. Transfusion 1999;39:163–8.
- Langston MM, Procter JL, Cipolone KM, Stroncek DF. Evaluation of the gel system for ABO grouping and D typing. Transfusion 1999;39:300–5.
- 9. Kiekhaefer KM, Cipolone KM, Procter JL, Matsuo K, Stroncek DF. Detection of granulocyte antibodies by flow cytometry without the use of pure granulocyte isolates. Immunohematology 2001;17:70–5.
- Moses LA, Stroncek DF, Cipolone KM, Marincola FM. Detection of HLA antibodies by using flow cytometry and latex beads coated with HLA antigens. Transfusion 2000;40:861–6.
- 11. Smith JD, Leitman SF. Filtration of RBC units: effect of storage time and temperature on filter performance. Transfusion 2000;40:521–6.
- 12. Stroncek DF, Carter LB, Procter JL, Dale JK, Straus SE. RBC autoantibodies in autoimmune lymphoproliferative syndrome. Transfusion 2001;41:18–23.
- Caruccio L, Byrne K, Procter J, Stroncek D. A novel method using formamide for the elution of antibodies from erythrocytes. Vox Sang 2002;83:63–9.
- 14. Chambers DR, Procter J, Muratova O, et al. In vitro RBC exposure to Plasmodium falciparum has no effect on RBC antigen expression. Transfus Med 2002;12:213–9.
- 15. Patel HD, Byrne KM, Horne M, Leitman SF, Stroncek DF. Factors affecting the formation of white particulate matter in red blood cell components. Transfusion 2005;45:1127–32.
- 16. Tudisco C, Jett BW, Byrne K, Oblitas J, Leitman SF, Stroncek DF. The value of pH as a quality control indicator for apheresis platelets. Transfusion 2005;45:773–8.
- Greco VA, Byrne KM, Procter JL, Stroncek DF. Detection of antibodies in acid eluates with the gel microcolumn assay. Transfusion 2002;42:698–701.
- Stroncek DF, Rainer T, Sharon V, et al. Sickle Hb polymerization in RBC components from donors with sickle cell trait prevents effective WBC reduction by filtration. Transfusion 2002;42:1466–72.

- 19. Fisher V, Khuu H, David-Ocampo V, et al. Analysis of the recovery of cryopreserved and thawed CD34+ and CD3+ cells collected for hematopoietic transplantation. Transfusion 2014;54:1088–92.
- Renoud KJ, Barracchini K, Byrne KM, et al. KEL6 and KEL7 genotyping with sequence-specific primers. Transfusion 2006;46:1510-4.
- 21. Schmid P, Huvard MJ, Lee-Stroka AH, Lee JY, Byrne KM, Flegel WA. Red blood cell preservation by droplet freezing with polyvinylpyrrolidone or sucrose-dextrose and by bulk freezing with glycerol. Transfusion 2011;51: 2703–8.
- 22. Schmid P, Ravenell KR, Sheldon SL, Flegel WA. DARC alleles and Duffy phenotypes in African Americans. Transfusion 2012;52:1260–7.
- 23. Woods I, Tawab-Amiri A, Byrne K, Sabatino M, Stroncek DF. Pilot analysis of cytokines levels in stored granulocytecolony-stimulating factor-mobilized peripheral blood stem cell concentrates. Transfusion 2010;50: 2011–5.
- Ackley RJ, Lee-Stroka AH, Bryant BJ, Stroncek DF, Byrne KM. Cryopreserving and deglycerolizing sickle cell trait red blood cell components using an automated cell-processing system. Immunohematology 2008;24:107–12.
- 25. Grose HL, Byrne KM, Salata JM, Rentas FJ, Stroncek DF. In vitro variables of red blood cell components collected by apheresis and frozen 6 and 14 days after collection. Transfusion 2006;46:1178–83.
- Lodermeier MA, Byrne KM, Flegel WA. Red blood cell sedimentation of apheresis granulocytes. Transfusion 2017;57:2551–2.
- 27. Reese EM, Nelson RC, Flegel WA, Byrne KM, Booth GS. Critical value reporting in transfusion medicine: a survey of communication practices in U.S. facilities. Am J Clin Pathol 2017;147:492–9.
- Tynuv M, Flegel WA. Quality improvement with platelet additive solution for safer out-of-group platelet transfusions. Immunohematology 2019;35:108–15.
- 29. Flegel WA, Byrne KM, Klein HG. Flashback 1997: collection of hematopoietic progenitor cells by peripheral blood apheresis after stimulation with granulocyte-colony-stimulating factor. Transfusion 2017;57:3067–8.
- 30. Ackley RJ, Byrne KM, Weddington PE. Anti-P1: don't miss the obvious. Immunohematology 2007;23:130–2.
- Ackley RJ, Byrne KM, Weddington PE. ISBT 128: the future generation. Advance for Medical Laboratory Professionals. 15 January 2007;20–3.
- Ackley RJ, Byrne KM. Massive transfusion: when good patients go bad. Advance for Medical Laboratory Professionals. 7 April 2008;28–31.
- Byrne K, Hughes VC, Procter JL, Rainer TB. Transfusion reaction investigation in a patient with multiple myeloma who has undergone a hematopoietic stem cell transplant. ASCP Tech Sample 2002;I–2.
- Byrne KM, Grose HL, Renoud KJ. Detecting platelet contamination: it's in the bag. Advance for Medical Laboratory Professionals. 26 July 2004;18–21.
- Byrne KM, McGann HL, Weddington PE. Platelets: key player in hemostasis. Advance for Medical Laboratory Professionals. 27 March 2006;18–21.

- Byrne KM, Pary PP, Smith CS, Zuehlke JA. Blood: it's all about quality. Advance for Medical Laboratory Professionals. 10 October 2005;25–30.
- 37. Byrne KM, Shah SS, Woods IHG. Blood banking competency: staffing proficiency saves the day. Advance for Medical Laboratory Professionals. 6 October 2009;1–6. Online exclusive at www.advanceweb.com/MLP.
- Byrne KM, Tudisco CT, Patel HD. Transfusion reaction workup unmasks paroxysmal nocturnal hemoglobinuria in a young girl with acquired aplastic anemia. ASCP Tech Sample 2005; I–1.
- Patel H, Tudisco C, Byrne KM. Book review: Technical manual, 14th edition. Immunohematology 2003;19:135–7.
- 40. Byrne KM, Booth GS, Lee JY, Ravenell KR. The importance of antibody detection and identification in the chronically transfused patient. Lab Med 2010;41:261–3.
- Byrne KM, Bakker G, Nieves S, Pope M. Hidden treasures in our tool kit: "Aha" moments while resolving serological cases. ASCP Webcast 2010. Available from https://www.ascp.org/ content/learning.
- 42. Byrne KM, Bueno MU, Pelton PB. Transfusion News Question of the Day 2012. Available from https://transfusionnews.com/ path-questions. Accessed 8 October 2019.
- 43. Fisher VR SM, Trenblay CA, Beaulieu GP, Ward DC. Disseminated intravascular coagulation: laboratory support for management and treatment. Lab Med 2013;44:18–22.
- 44. Byrne KM, Frank EG, Gedman LA, Ivey JR. They're here! How to prepare your blood bank for inspection. Lab Med 2015;46:e2-6.
- Byrne KM, Mercado CMC, Nnabue TN, Paige TD, Flegel WA. Inhibition of blood group antibodies by soluble substances. Immunohematology 2019;35:19–22.
- Byrne KM, Gedman L, Ivey JR. Transfusion News Question of the Day 2015. Available from https://transfusionnews.com/ path-questions. Accessed 8 October 2019.
- Byrne KM, Simone AR, Biggs ML. Transfusion News Question of the Day 2019. Available from https://transfusionnews.com/ path-questions. Accessed 8 October 2019.
- ByrneKM, TynuvM, LodermeierM. Transfusion News Question of the Day 2017. Available from https://transfusionnews.com/ path-questions. Accessed 8 October 2019.
- 49. Byrne KM, Levy KY, Reese EM. Following the rules set by accreditation agencies and governing bodies to maintain in-compliance status: applying critical thinking skills when evaluating the need for change in the clinical laboratory. Lab Med 2016;47:e21–6.
- 50. Carter LB, Procter JL, Dale JK, Straus SE, Cantilena CC. Description of serologic features in autoimmune lymphoproliferative syndrome. Transfusion 2000;40:943–8.
- 51. Caruccio L, Bettinotti M, Director-Myska AE, Arthur DC, Stroncek D. The gene overexpressed in polycythemia rubra vera, PRV-1, and the gene encoding a neutrophil alloantigen, NB1, are alleles of a single gene, CD177, in chromosome band 19q13.31. Transfusion 2006;46:441–7.
- 52. Caruccio L, Bettinotti M, Matsuo K, Sharon V, Stroncek D. Expression of human neutrophil antigen-2a (NB1) is increased in pregnancy. Transfusion 2003;43:357–63.

- Caruccio L, Walkovich K, Bettinotti M, Schuller R, Stroncek D. CD177 polymorphisms: correlation between high-frequency single nucleotide polymorphisms and neutrophil surface protein expression. Transfusion 2004;44:77–82.
- 54. Fasano RM, Monaco A, Meier ER, et al. RH genotyping in a sickle cell disease patient contributing to hematopoietic stem cell transplantation donor selection and management. Blood 2010;116:2836–8.
- 55. Griffith LM, McCoy JP Jr, Bolan CD, et al. Persistence of recipient plasma cells and anti-donor isohaemagglutinins in patients with delayed donor erythropoiesis after major ABO incompatible non-myeloablative haematopoietic cell transplantation. Br J Haematol 2005;128:668–75.
- 56. Lee-Stroka H, Slezak SL, Adams S, et al. Another example of a KEL1 variant red cell phenotype due to a threonine to serine change at position 193 of Kell glycoprotein. Transfusion 2008;48:925–9.
- Lim JB, Provenzano M, Kwon OH, et al. Identification of HLA-A33-restricted CMV pp65 epitopes as common targets for CD8(+) CMV-specific cytotoxic T lymphocytes. Exp Hematol 2006;34:296–307.
- McGann H, Wenk RE. Alloimmunization to the D antigen by a patient with weak D type 21. Immunohematology 2010;26:27– 9.
- 59. Montemayor-Garcia C, Karagianni P, Stiles DA, et al. Genomic coordinates and continental distribution of 120 blood group variants reported by the 1000 Genomes Project. Transfusion 2018;58:2693–704.
- Quillen K, Sheldon SL, Daniel-Johnson JA, Lee-Stroka AH, Flegel WA. A practical strategy to reduce the risk of passive hemolysis by screening plateletpheresis donors for high-titer ABO antibodies. Transfusion 2011;51:92–6.
- 61. Slezak S, Jin P, Caruccio L, et al. Gene and microRNA analysis of neutrophils from patients with polycythemia vera and essential thrombocytosis: down-regulation of micro RNA-1 and -133a. J Transl Med 2009;7:39.
- 62. Stroncek DF, Caruccio L, Bettinotti M. CD177: a member of the Ly-6 gene superfamily involved with neutrophil proliferation and polycythemia vera. J Transl Med 2004;2:8.
- 63. Stroncek DF, Procter JL, Moses L, et al. Intravenous Rh immune globulin prevents alloimmunization in D–granulocyte recipients but obscures the detection of an allo-anti-K. Immunohematology 2001;17:37–41.
- 64. Wenk RE, McGann H, Gibble J. Haemoglobin A1c in donor erythrocytes. Transfus Med 2011;21:349–50.
- 65. Chen LN, Collins-Johnson N, Sapp N, et al. How do I structure logistic processes in preparation for outsourcing of cellular therapy manufacturing? Transfusion 2019;59:2506–18.
- Flegel WA, Castilho L, Delaney M, et al. Molecular immunohaematology round table discussions at the AABB Annual Meeting, Denver 2013. Blood Transfus 2015;13:514– 20.
- 67. Flegel WA, Natanson C, Klein HG. Does prolonged storage of red blood cells cause harm? Br J Haematol 2014;165:3–16.
- 68. McWilliams B, Triulzi DJ, Waters JH, Alarcon LH, Reddy V, Yazer MH. Trends in RBC ordering and use after implementing adaptive alerts in the electronic computerized physician order entry system. Am J Clin Pathol 2014;141:534–41.

- 69. Salpeter SR, Buckley JS, Chatterjee S. Impact of more restrictive blood transfusion strategies on clinical outcomes: a metaanalysis and systematic review. Am J Med 2014;127:124–31, e3.
- McCullough J, Goldfinger D, Gorlin J, et al. Cost implications of implementation of pathogen-inactivated platelets. Transfusion 2015;55:2312–20.
- 71. Kaherl K. Standards for immunohematology reference laboratories. Bethesda, MD: AABB, 2017.

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