In a Different Vein

A NEWSLETTER OF THE
MICHIGAN ASSOCIATION OF BLOOD BANKS

Vol. XXV, No. 2
Spring, 2005

President's Message

by Peggy Stoe, MT(ASCP)SBB
MABB President

Peggy Stoe, MT(ASCP)SBB

Welcome Spring!

The days are truly getting warmer and longer and that is always a great feeling. Spring is the time of year that our energies are heightened and the MABB committees are no exception. To participate in the many educational opportunities presented by the MABB, don't forget to renew your membership.

On May 12, 2005, MSU will again be hosting the MABB Spring Wet Workshop and Lecture Series, "A T.R.A.L.I. Down Titration Street". We are very proud to be one of the few state organizations that still has wet workshops. Space is limited, so please register early! The Vi Williams and Emanuel Hackel scholarships are awarded at this meeting. To nominate yourself or a colleague, simply submit a letter indicating how the recipient would benefit from attending the Spring Workshop. Letters should be sent to the MABB Administrative Office either by US mail or via e-mail to janet@hfcc.net by May 1st. The MABB has initiated an E-Network tab on the web site to promote a forum for discussion on topics of interest to blood bankers. Submit your blood bank questions and read what your colleagues in Michigan think. This will also get you in the habit of checking the website for recent updates.

Plans for the fall MABB lecture series and the fall MABB Annual Meeting are underway (it pains me to say September since we have the whole summer ahead of us).

With your help and support, the MABB will enjoy many more years as a premier state organization.

The MABB Executive Board of Directors meetings are: April 19, July 19, and September 13. If you have any questions, suggestions, concerns, etc. that you would like the board to consider, please do not hesitate contacting me at mstoe@umich.edu.

CORRECTION:

Norm Felker of MCBC brought it to my attention that we made an error in our HISTORY article in The Fall/Winter 2005 Issue of "In A Different Vein". We listed an incorrect date of 1967 for the "birth" of Michigan Community Blood Centers. Michigan Community Blood Centers was actually "born" in 1955 with the merger of Detroit Blood Service and Southern Michigan Blood Center. At the helm were blood banking pioneers Dr. Rosser Mainwaring, Dr. Wayne Zulzer, Kay Beattie and Grace Neitzer.

Janet Silvestri
MABB Executive Administrator

MICHIGAN COMMUNITY BLOOD CENTERS

The MABB congratulates MCBC on their 50th Anniversary!

MICHIGAN ASSOCIATION OF BLOOD BANKS
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In a Different Vein is a quarterly publication of the Michigan Association of Blood Banks. Current and archived issues of this publication are available at the MABB web site: www.mabb.org.

Please feel free to submit any articles, announcements, advertisements, or case studies to ***In a Different Vein***. Items of a personal note regarding colleagues are also welcome.

Send articles to editors:
Mary DePouw • **Crittenton Hospital**
(248) 652-5275 ~ e-mail: mdepouw@crittenton.com

Bruce Newman MD • **American Red Cross**
313-833-2651 ~ e-mail: newmanb@usa.redcross.org

Ann Steiner • Ortho-Clinical Diagnostics
1 (800) 373-3008, Ext. 8303
e-mail: asteine2@ocdus.jnj.com

Submission deadline for next issue is June 1, 2005

2005 MABB Officers

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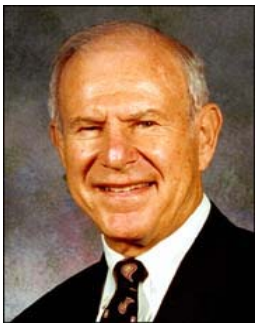
In Memoriam


Dr. Harold Oberman

In a masterful display of the grace, balance and precision for which he was so well known throughout his life, Harold Austen Oberman, a long-time member of the University of Michigan Medical School faculty, died peacefully early Thursday morning, October 21, 2004 after a long struggle with cancer, on his 72nd birthday. Dr. Oberman was known internationally for his contributions to the fields of both anatomic and clinical pathology a rare achievement in the highly specialized field of Pathology. He took equal pride and honor in counseling individual patients and their families as they faced difficult decisions regarding diagnosis and treatment.

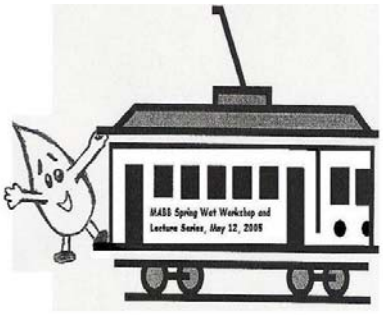
Dr. Oberman was nationally and internationally recognized as one of the country's preeminent experts in the area of blood banking and blood transfusion, serving as a member of the Medical Advisory Committee for the American National Red Cross; the Advisory Committee to the Division of Blood Diseases and Resources for the National Heart and Lung Institute; Transfusion Reactions Practice Guidelines Task Force for the College of American Pathologists and on the Panel on Universal Leukoreduction of Blood Components for the University Health System Consortium. He also achieved recognition as one of the leading authorities in the diagnosis of breast pathology. For many years, he served as the final arbiter for the diagnosis of the most difficult cases that were submitted to him from around the country for his opinion. His expertise in both anatomic pathology and clinical pathology was viewed as quite remarkable, even among his peers, and represents a gold standard that will never be repeated in academic pathology.

Dr. Oberman was recognized for his achievements with receipt of numerous awards, including the John Elliott Memorial Award from the American Association of Blood Banks, Founders Award from the Michigan Association of Blood Banks, Distinguished Alumnus Award, University of Nebraska College of Medicine and was named as one of the 2000 Best Doctors in America in 1992, 1995 and 1997. He served as an editor for several journals including Transfusion, the American Journal of Surgical Pathology, Modern Pathology and the American Journal of Clinical Pathology, was an invited speaker at numerous national and international meetings, and served as author of approximately 200 publications including articles and abstracts in scientific journals, and book chapters.

A man with a generous and warm heart, Dr. Oberman found great pleasure in the day-to-day joys of life in Ann Arbor. He had a passion for poetry, music, learning, and chocolate. He loved the fall, both for its poignant reminder of the fleeting beauty and also for the vibrancy of Michigan football games (for which he insisted on arriving in time to hear "band take the field"). He will be remembered with gratitude and blessing.

by Suzanne Butch, MA, MT(ASCP)SBB

Michigan Association of Blood Banks



A T.R.A.L.I. Down Titration Street

May 12, 2005

Michigan State University

Kedzie Hall ~ East Lansing, Michigan

Spring Workshop Registration Form
Lunch included with full-day registration

Name: _____

Professional Title: _____

Institution: _____

Mailing Address: _____

_____

Fax: _____

E-mail: _____

Membership Type:
Indiv Non-Phys Physician Institution

FEE ENCLOSED	*Institutional Member**	*Individual Member*	*Non-Member***
Full Day	*$75*	*$75*	*$105*
Half-Day-Morning	*$50*	*$50*	*$80*
Half-Day-Afternoon	*$50*	*$50*	*$80*

** only one per institution*
*** If you are not currently an MABB member and wish to join at this time, you may register at the member rate and pay your membership dues with this registration*

Check if you are applying for ***NEW*** *or* ***RENEWAL*** *membership with your registration*
Member Type: Individual $30 Physician $60 Institution $75

Mail registration and check payable to MABB to:
Michigan Association of Blood Banks
P.O. Box 3605
Center Line, MI 48015-0605

Emanuel Hackel Scholarship:

The Michigan Association of Blood Banks sponsors the Emanuel Hackel Scholarship to defray the cost of attending the Spring Workshop. Applicants are eligible for a $250 scholarship. Dr. Hackel is professor emeritus at Michigan State University. He has been involved in the Spring Workshop for many years and he will once again be the moderator for the lecture session of the Spring Workshop in May. He has been a long time supporter of the MABB.

Vi Williams Scholarship:

Ortho Clinical Diagnostics sponsors the Vi Williams Scholarship to assist with the cost of attending the Spring Workshop. Applicants are eligible for a $125 scholarship. The Vi Williams Scholarship is in memory of Vi Williams, who died in 1983. She was the Chief Technologist at William Beaumont Hospital in Troy and was a very active member of MABB, especially the Education Committee. She is most remembered for her commitment to quality in education and medical technology.

These scholarships are available to any medical technologist in the field of immunohematology, blood banking, or histocompatibility. An MABB member must nominate the recipient or an MABB member may nominate him/her self. To apply, the nominee must explain how they would benefit from attending the Spring Workshop. The MABB Board of Directors will select the recipient and the award will be presented at the lecture session of the Spring Workshop.

Nominations may be submitted via e-mail to janet@hfcc.net or by U.S. Mail to:

MABB Administrative Office
P.O. Box 3605
Center Line, MI 48015-0605

Nomination deadline is **May 1, 2005.**

CONTINUING EDUCATION TELECONFERENCES

WM. BEAUMONT HOSPITAL 2005 SPRING/SUMMER CONTINUING EDUCATION

PLEASE CALL AHEAD TO CONFIRM SCHEDULING: (248) 898-9010

April 26 (Tue) • 2:00 pm • ASCP ~~
Growth Hormone Deficiency:
Rational Use of the Clinical Laboratory

April 28 (Thu) • 2:00 pm • ASCP *
Succeeding in Patient Safety Interactions

May 10 (Tue) • 1:00 pm • ASCP (AP) ++
Optimize Your Professional Life:
The Power of Strategic Planning

May 11 (Wed) • 1:00 pm • ASM *
Rapid Diagnosis of Respiratory Viruses —
Outcomes Research and Raving Fans

May 11 (Wed) • 2:00 pm • ASCP ~~
The Use of LightCycler® PCR for Detection of Viral Agents

May 17 (Tue) • 2:00 pm • ASCP ~~
Benefits of Standardization: One Approach

May 18 (Wed) • 2:00 pm • ASCP *
The Evaluation of Hemoglobinopathies in the Routine Clinical Laboratory

May 18 (Wed) • 1:00 pm • CAP *
Inspecting the Microbiology Lab

May 18 (Wed) • 2:00 pm • AABB ~~
Leadership and Self-Deception

May 18 (Wed) • 1:00 pm • NSH (AP) ++
Mastering the Trichrome Stain — From Troubleshooting to Diagnosis

May 24 (Tue) • 2:00 pm • ASCP ~~
Drug-Induced Immune Thrombocytopenia (DITP):
Pathogenesis and Diagnosis

May 25 (Wed) • 2:00 pm • ASCP ~~
Impact of the Genetic Revolution on the Clinical Laboratory

May 26 (Thu) • 2:00 pm • ASCP *
Safety Overview and Risk Reduction for Phlebotomist

Jun 07 (Tue) • 2:00 pm • ASCP ~~
Consolidation of Clinical Microbiology Laboratory Service Impact on Clinical Care, Cost, and Education

Jun 08 (Wed) • 2:00 pm • ASCP ~~
Lupus Anticoagulant Testing:
The Quest for the Perfect Test

Jun 14 (Tue) • 1:00 pm • ASCP(AP) ++
Marketing for Pathologists — Your Action Plan for Success

Jun 14 (Tue) • 2:00 pm • ASCP *
Update: Prostate Specific Antigen Testing in Early Diagnosis of Prostatic Cancer

Jun 14 (Tue) • 2:00 pm • SCACM ~~
What is a Wound Specimen and What Rules Do We Have for Microbiology Work-up?

Jun 15 (Wed) • 1:00 pm • NSH (AP) ++
Tissue Microarrays

Jun 15 (Wed) • 1:00 pm • CAP ~~
Best Inspector Practices

Jun 22 (Wed) • 2:00 pm • ASCP ~~
Learning to Lead as Well as Manage:
Developing Effective Leadership Skills

Jun 29 (Wed) • 2:00 pm • ASCP ~~
Current Standards in Antimicrobial Susceptibility Testing

Jun 30 (Thu) • 2:00 pm • ASCP
Contributions of Nurses to Transfusion Safety

Jul 13 (Wed) • 1:00 pm • CAP
Inspecting the Transfusion Medicine Lab

Jul 20 (Wed) • 2:00 pm • AABB +
Therapeutic Apheresis in Practice: What's New?

Jul 20 (Wed) • 1:00 pm • NSH(AP) ++
Immunohistochemical Panels in Dermatopathology

Jul 27 (Wed) • 2:00 pm • AABB +
My Ideal Donor Center

+ Blood Bank Conference Room (2nd floor, Main Hosp)
++ Anatomic Pathology Classroom (Lwr Lev, Main Hosp)
*** Gerd's Library (3rd Floor, Research Building)**
~~Clinical Pathology Classroom, 3rd floor Research Bldg)

UNIVERSITY OF MICHIGAN CONTINUING EDUCATION SCHEDULE 2005 - AABB TELECONFERENCES

For Information Call: 734/936-6888

June 1 • 2:00 pm
Facility Requirements for a Cell Therapy Laboratory

August 10 • 2:00 pm
Creative Training Techniques —
Stepping Out of the Training Box

What Is It? ...Anti-D + Anti-C or Anti-G... and Why Do We Care?

by Debra Masel, MT(ASCP)SBB • University of Rochester • Strong Memorial Hospital
Reprinted with permission from the Blood Banks Assoc. of NY State, Inc. Quarterly • Vol. 39, No. 1 Winter 2005

A 16-year-old female was admitted to the Emergency Room after a motor vehicle accident. Blood bank serologic testing showed her to be group AB Rh negative with no detectable antibodies present in her serum using a LISS AHG technique. She had no history of previous pregnancies or transfusion. Treatment of her injuries included transfusion with 5 units of AB-negative leukoreduced red blood cells. She eventually recovered from her injuries and was sent home.

Six months later the patient was readmitted to the hospital for additional surgery for treatment of injuries incurred at the time of her motor vehicle accident. Testing of her serum at that time demonstrated an antibody, which reacted 2+ with both screening cells in the IAT phase using LISS AHG. The DAT was negative. A LISS panel was performed and a pattern consistent with the presence of anti-D and anti-C was observed. This was puzzling, since the patient had not received Rh-positive blood. A titer using D+/C- and D-/C+ cells was performed to determine reaction strengths of the two suspected antibodies. The result of the anti-D titer was 8 and the anti-C titer was 16 in the IAT phase of testing. The technologist was suspicious that anti-G could be present in addition to anti-D and anti-C or that the antibody in the patient's serum could be anti-G alone.

Red cells containing either D and/or C antigens almost invariably contain G antigen as well. Since D and C antigens are carried on different proteins, G antigen must result from a structure common to the surface of D and C polypeptides. In fact, the polypeptides that carry C (encoded by exon 2 of *RHC*) and D (encoded by exon 2 of *RHD*) share the same amino acid sequence from residue 50 to residue 103. In both cases, serine is present at position 103. When *RHc* encodes a sequence, proline is present at position 103. In some individuals with a partial D, a substitution of serine with proline has occurred at position 103. The red cells of these individuals will appear to be the rare type of D+ but G-, which demonstrates the importance of serine in position 103 for demonstration of G antigen and its close relationship to the presence of C and/or D antigens. Anti-C reacts with the serine-based structure. Anti-G reacts with the serine-based structure on both the C and D polypeptides. [1,2]

While the transfusion needs of this patient would be handled with AB Rh-negative blood, it was important to determine whether anti-D, anti-C, and/or anti-G were present, because their presence could adversely affect future pregnancies. Hemolytic disease of the newborn due to anti-G alone or in combination with anti-C is traditionally less severe than HDN due to anti-D. If anti-D is not present, this patient would be a candidate for Rh immune globulin (RHIG) administration at both 28 weeks gestation and again after delivery.

To identify the specificities of the antibodies present in the patient's serum, absorption and elution studies were required. The patient's serum was first absorbed against an r'r cell. An eluate, using EDTA-Glycine, post absorption was prepared. A portion of the r'r absorbed eluate was then absorbed against an R_or cell. A second elution was prepared from the R_or cells. The original serum, the r'r absorbed serum, the eluate prepared from the rr cells, and the eluate prepared from the R_or cells were tested against red cells of known Rh phenotypes. All testing was performed using standard tube techniques. (Red cells and eluate incubated at 37°C for 30 minutes then read after washing and addition of AHG; red cells and serum tested using a LISS/AHG technique.) A sample of the last wash prior to preparation of eluates was tested in conjunction with the prepared eluate as a control and was found to have negative reactivity. The results are in the table below:

	Rh phenotype					Unabsorbed serum		r'r absorbed serum		Eluate post r'r absorption	r'r eluate R_or absorbed	Eluate post R_or absorption
	D	C	E	c	e	37°	IAT	37°	IAT			
Cell 1	+	N	N	+	+	N	3+	N	N	2+	N	W+
Cell 4	+	N	N	+	+	N	4+	N	N	2+	N	1+
Cell 7	+	N	N	+	+	N	3+	N	N	2+	N	1+
Cell 2	N	+	N	+	+	N	4+	N	1+	3+	3+	2+
Cell 5	N	+	N	+	+	N	4+	N	1+	3+	3+	2+
Cell 9	N	+	N	+	+	N	4+	N	1+	3+	3+	2+
Cell 3	N	N	N	+	+	N	N	N	N	N	N	N
Cell 6	N	N	N	+	+	N	N	N	N	N	N	N
Cell 8	N	N	N	+	+	N	N	N	N	N	N	N

In unabsorbed serum it is not possible to separate the possible presence of anti-D, anti-C, and/or anti-G. After absorption of the serum by r'r cells, not all anti-C reactivity is removed from the serum. An eluate prepared from the r'r cells demonstrates anti-C and possibly anti-G. After additional absorption of the r'r eluate onto R_or cells, anti-C remains in the supernatant eluate. After eluting the absorbed R_or cells, anti-G may be detected in the eluate.

In conclusion, this patient demonstrated anti-C in conjunction with anti-G, but no demonstrable anti-D. Therefore, if this patient were to become pregnant, RhIG should be administered at 28 weeks gestation and again postpartum to prevent immunization against the D antigen. Since anti-C and anti-G may cause hemolytic disease of the newborn (although usually less severe than that resulting from anti-D immunization), the neonatologist should be made aware of the possible implications that these antibodies may present to the newborn.

1. Issitt PD. Applied blood group serology, 4th ed. Durham, NC: Montgomery Scientific Publications, 1998:350-3.

2. Shirey RS, Lumadue JA, Ness PM. Differentiation of anti-D, -C and -G: clinical relevance in allo-immunized pregnancies. Transfusion 1997:37;493-5.

MABB Education Committee

The Education Committee is hard at work planning the SBB Lecture Series to run from September 2005 through April 2006. Fliers will be coming out in May. The site for the lectures is again split between the Detroit Red Cross, St. Joseph Mercy Oakland in Pontiac, and St. Joseph Mercy in Ann Arbor. It will include lectures on topics relevant to the SBB exam, a Management seminar, and a two day review session. The management and review sessions will also be open to non-students for a fee.

Job Posting

Job Title: Medical Technologist - Blood Bank
Location: Las Vegas, NV
Job ID: 04-1501

Calling all blood bank experienced Med Techs! Medical Technologists with this laboratory leader perform basic to complex screening/testing in blood bank; review, sign off, and release test results; and ensure all testing is performed in accordance with QA/QC requirements. Qualified candidates will have a BS degree in a life science discipline, 2+ years of Medical Technologist laboratory experience (blood banking), professional certification (e.g., ASCP, AMT, NCA) and NV Medical Technologist license (or eligible). Several unique career paths and multiple career development opportunities are offered in addition to competitive pay/benefits (generous paid time off, performance bonus, tuition reimbursement, medical/dental/life insurance, generous company match on 401 (k), and much more). Live and work where others come to vacation. Relocation assistance available.

For immediate consideration, please contact:

Sue Corralz, M.S.
Principal
Catalyst Management Consulting
P.O. Box 73283 • San Clemente, CA 92673
(949) 230-6230 Phone
(801) 838-0257 Fax
E-Mail: scorralz@Catalyst-Mgmt.com
HOT JOBS: www.catalyst-mgmt.com

Reimbursement Seminar

On March 8th the American Red Cross Southeastern Michigan Blood Services Region hosted a reimbursement update seminar at the Kresge Eye Institute of the Detroit Medical Center. The guest speaker was Jane Brueckner, a reimbursement and coding specialist from Covance. Among the topics covered were:

- Medicare hospital inpatient reimbursement
- Medicare hospital outpatient reimbursement
- Coding overview
  - HCPCS codes
  - CPT codes
  - Additional revenue code guidance
  - Advanced reimbursement topics
  - OPPS claims issues
  - Red Cross reimbursement resources and services

The Red Cross would like to thank Sue Adams at Harper Hospital for her assistance in organizing the event. Copies of the presentation material are available for interested individuals. Please contact Mike Cortez or Angelo D'Anna at the American Red Cross at 313/833-4440 or visit www.redcross.org/services/biomed/profess/reimbursement.html. Specific questions can be sent to: reimburse@usa.redcross.org

Newsletter & Web Update

The MABB Board of Directors continually strives to use your membership dollars wisely. Our goal is to devote the funds from dues to continuing education opportunities for our membership. Beginning with the January, 2006 issue of "In a Different Vein", we will be publishing the newsletter only on the website and will discontinue mailing it in printed form. The board feels that we can make better use of the money spent on printing services and devote these dollars to education. Currently all newsletters are posted and archived on the website. We also post registration fliers for all events, including Spring Workshop, RAP Sessions, and the fall Annual Meeting. We will continue to provide quality educational opportunities and keep our members informed. If you have not had an opportunity to view the MABB website, please visit us at: www.mabb.org.

Increasing Blood Donor Retention by Decreasing Blood Donor Reactions

by: Bruce Newman, MD, Medical Director
American Red Cross, SE Michigan Region

In a recent study at our blood center, 7.0% of 1,000 randomly-selected interviewed whole-blood donors had a donor reaction. The rate was 2.5% based on observation at the collection site, but an additional 4.5% were found upon interviewing the donors three weeks later. More than 95% of the donors had mild reactions, meaning the donors had symptoms and signs such as dizziness, diaphoresis (sweating), pallor, and sudden weakness, but did not faint (no syncope). We also found based on a one-year follow-up that donors who had a reaction were 34% less likely than asymptomatic donors to return and donate again within a year. Data from the literature show that the blood donation return rate is even lower when donors also had syncope. Therefore, it is clear that a nonsyncopal donor reaction decreases a donor's blood donation return rate, and syncope further decreases the return rate.

Three key factors associated with the probability of a donor reaction are weight, age, and first-time donor status. Weight and age are the most important factors, and first-time donor status is only of marginal importance. High weight and age, and repeat status all protect against donor reactions. Adding a pound or a year is equally protective, but since we can add a lot more pounds than years, weight provides the most protection against a reaction. To illustrate the benefit, in the worst case scenario, a 110-lb, 17-year-old, first-time donor has a 28.6% chance of having a donor reaction (95% confidence interval 18.9–40.7%); but if the same donor weighs 250 lb, the probability of a donor reaction decreases to just 4.0% (1.0–10.4%). In a study of first-time, Caucasian, high-school students, who are at very high risk for donor reactions, we found that when donors of similar weight were compared, the female donor reaction rate was approximately 70% higher than the male donor reaction rate. We also found from a comparison of 4,011 Caucasian and 4,473 first-time African-American donors in 2003 that the Caucasian donor reaction rate was 2.4 times higher than the African-American donor reaction rate (8.3% vs. 3.4%). Therefore, gender and ethnicity also play a role in donor reaction rates.

The key question is, "How can we protect donors from having a donor reaction?" Since all of our data were obtained using a fixed collection volume (525 mL), the finding that donor weight is the most important risk factor for a reaction suggests that the ratio of collection volume to donor weight is directly related to the reaction rate. A model that we devised from first-time, Caucasian high-school students suggested that decreasing the collection volume from 500 mL to 400 mL could decrease the donor reaction rate by 25% in females (from 17.6% to 13.2%) and by 34% in males (from 7.9% to 5.2%). In addition, we recently completed a study whereby 4,340 high-school students were randomized to either receive or not receive 16 oz of water after acceptance for whole-blood donation. There were issues with the randomization because 38% of the donors were in the water group and 62% in the non-water group. The preliminary data suggest that water can decrease the reaction rate by approximately 20% in high-school students and by 26% in first-time, high-school students. It should be noted that much of the data listed above is being prepared for publication and should only be considered as preliminary in nature until a peer-reviewed publication occurs.

Therefore, one option is to give all high-school students 16 oz of water after acceptance. We do this after acceptance because we found that in 70% of 25 subjects, water decreased the hemoglobin concentration slightly; and we don't want to cause low-hemoglobin deferrals. Another option is to decrease the collection volume by 100 mL, perhaps only for donors at high risk for a donor reaction. It is possible that water and a smaller collection volume would be additive in terms of protection.

There are many other options for donors as well. Maximizing phlebotomist attention to the donor and keeping the donor's mind occupied during collection definitely help but are hard to quantify. Muscle tension, replacement of collected blood by an equal volume of infused fluid, and medication (beta blockers) would also decrease donor reactions but do not appear to be either practical or feasible. Changing donor suitability criteria is also possible (e.g., collect from donors over the age of 30 years, donors who weigh 130 lb or more, or both), but these changes would cause catastrophic blood shortages.

MICHIGAN ASSOCIATION OF BLOOD BANKS
P.O. Box 3605 • Center Line, MI 48015-0605

Don't miss the TRALI train!
2005 MABB Spring Workshop
May 12, 2005
Michigan State University

Continuing Education

Our state has a wealth of educational opportunities available for blood bankers! On page four of this issue, there is a complete listing of educational teleconferences offered by the William Beaumont Hospital and the University of Michigan Hospitals and Health Centers. If you are interested in registering for one of these conferences, please call ahead to confirm the schedule and availability.

Wm. Beaumont Hospital: (248) 898-9010
University of Michigan: (734) 936-6888

A very wide variety of topics will be covered between now and the end of July. A big **"THANK YOU"** goes out to Beaumont Hospital and the University of Michigan for making these teleconferences available to the public.

In addition to the teleconferences, as a service to the members of the MABB, the University of Michigan Medical School includes all current members in the mailing of their registration information for the annual Current Topics in Blood Banking workshop. This year the workshops will be held June 8, 9 and 10th at the Towsley Center in Ann Arbor. Many of our members participate in this conference as members of the Planning Committee or as presenters.

All current paid members of the MABB should have already received a registration flier for Towsley. If you have not and are interested in attending, please contact Medea at the CME Office at (734) 761-1400. The registration deadline is May 25th.