



# In a Different Vein

A NEWSLETTER OF THE  
**MICHIGAN  
ASSOCIATION  
OF  
BLOOD BANKS**

Vol. XVIII, No. 1  
Winter, 2001

## President's Message

The last few years may have been good for the economy, but they have been a real struggle for those of us in the medical field. Every year our administration asks that we cut our budget and minimize staffing. Educational budgets have been slashed or eliminated. Due to slim staffing, few if any can be scheduled away to attend educational events. We have been forced into the "do more with less" era. Yet, during this period have regulations relaxed? Advances slackened? Litigation decreased? No! No! No!

The pressure to keep up with the times is more important than ever. If your Blood Bank is not current with regulations and requirements, certainly the FDA and other auditing institutions will point this out to your administration. If something unfortunate happens, the lawyers will be questioning your policies and procedures. Can you afford not to be current?

We limit our future if we do not expand our body of knowledge. Knowledge is power! Knowledge is survival! Whether we learn new requirements or new techniques, it is so important that we keep learning. You are denying yourself opportunities for the future by not being involved in continuing education.

Lifelong learning is mandatory for continued competence and associations are the best way to keep up on the fast changing technologies and issues. Associations can advance the image of our profession, establish standards for professional conduct, raise the level of excellence for the entire profession and enhance the public trust. Each year when asked to pay our dues we ask ourselves, "What do I get out of this organization?" Even if you are a non-participant, the MABB serves you in many important ways.

The MABB is a non-profit association dedicated towards advancing high standards of administrative and technical performance in transfusion medicine, blood

banking and transplantation. This goal is achieved through our educational programs, committee activities, newsletter, and professional resource sharing.

By joining the MABB, you are showing your support for continuing education in this era when education has had to take a back seat to cost containment and short staffing. So why not get involved in a local blood banking association that can help provide that edge that is essential to quality blood banking.

### **SUPPORT THE MABB!!! How?**

**First - Send in your dues today.** Add your name to the prestigious list of other blood banking professionals and institutions that support our cause.

**Second -** Ask another blood banker to join our organization. If our organization isn't growing, it is dying! We need new members to add their expertise to our talent pool.

**Third -** Attend our activities and urge others to do so. Help us fulfill our purpose by taking advantage of the excellent programs offered.

**Fourth -** Join a committee. The MABB needs just a few hours of your time to make our projects successful. Take a look at what we have to offer. You will not regret getting involved.

If we want Blood Banking to remain a profession — not just a job — we need to support our association, the Michigan Association of Blood Banks. Please consider all the options for participation as outlined above and give of what time and talent you can. You will gain more than you give. I know I have.

Sharon Cisco  
MABB President

It's YOUR Association...  
...play an integral part  
in making things happen!

## MICHIGAN ASSOCIATION OF BLOOD BANKS

Administrative Office

P.O. Box 3605

Center Line, MI 48015-0605

(810) 573-2500 • (810) 573-7058 Fax

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*In a Different Vein* is a quarterly publication of the Michigan Association of Blood Banks.

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 Blood Bank  
1101 W. University Drive • Rochester, MI 48307  
(248) 652-5275

-or-

**Ann Steiner**

Ortho-Clinical Diagnostics  
1 (800) 322-6374 Ext. 4103

## 2000 - 2001 MABB OFFICERS

### PRESIDENT

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Michelle Tuson, BS, MT(ASCP)SBB  
Margaret Wilde, MT(ASCP)SBB

## Pick a Committee . . . Any Committee!



Now is the time to become more active in your professional association! There are spots available on all committees to offer your input and expertise.

**Education Committee:** This committee is responsible for planning the RAP Session, Cyberconference, SBB Lecture Series, SBB Review, Management Seminar and Spring Workshop. Each one of those projects has their own chairmen and sub-committee. For information contact Dr. MaryJo Drew at 313-916-1573, or at [mdrew1@hfh.org](mailto:mdrew1@hfh.org).

**Membership Committee:** This committee is responsible for publishing articles for the newsletter and mailers to members and prospective members to retain current membership and attract additional members to the association. For information contact Melissa Kristofice at (810) 774-8718.

**Publications Committee:** This committee is responsible for publishing the MABB Quarterly Newsletter, "In A Different Vein." The focus of the committee is to present articles of interest in blood banking and news of upcoming events. For information contact Mary DePouw at (248) 652-5275 or at [mdepouw@flash.net](mailto:mdepouw@flash.net).

**Annual Meeting Committee:** This committee is responsible for planning the MABB Annual Meeting each fall. Program planning begins in January of each year, when members gather to present ideas of interest and discuss the speakers and other meeting details. There is a separate committee for site planning, which handles the meeting site arrangements. For information contact Linda Cardine at (313) 916-1572 or at [lcardin1@hfh.org](mailto:lcardin1@hfh.org).

**Spring Workshop Committee:** This committee is a sub-committee of the Education Committee and is responsible for planning the annual Spring Workshop. The committee decides what the topics will be for the lecture and wet workshop and suggests potential speakers. For information contact Kathryn Watkins at (248) 551-9010 or at [KWATKI01@AOL.COM](mailto:KWATKI01@AOL.COM)

**By-Law/Policy Committee:** This committee is responsible for periodically reviewing the By-laws of the Association to ensure that proper procedures are being followed. Changes to by-laws are also reviewed as necessary. This committee is in need of a chairperson. For information contact Sharon Cisco at (313) 465-8516 or at [ciscos@usa.redcross.org](mailto:ciscos@usa.redcross.org).

## It's Never Too Early...

...to start thinking about topics for poster presentation at the MABB Fall Meeting, to be held September 12 & 13, 2001. The MABB Education Committee is promoting the poster session by getting an early start on encouraging poster submissions. Posters may be submitted on any topic — technical, medical, administrative, educational. Any poster that addresses an attempt to solve a vexing blood bank problem is particularly valuable. Among the MANY topics that make excellent poster presentations:

- ❖ Baffling serologic case studies and their resolution
- ❖ Reconfiguring your lab for blood bank automation
- ❖ Methods of coping with the technologist shortage
- ❖ Patient case studies in transfusion and apheresis
- ❖ Designing and implementing a quality assurance program

We all have a wealth of cases and practical experience that will enrich the fall meeting. Put on your thinking cap, and become a part of this exciting learning experience! Please contact Dr. Mary Jo Drew, Education Committee Chair, at (313) 916-1573, or at [mdrew1@hfhs.org](mailto:mdrew1@hfhs.org), for further information.



## Membership Update

At the 2000 MABB Annual Meeting, several participants joined the organization as new members. MABB members receive the following benefits:

- Educational opportunities
- Free subscription to *"In a Different Vein"*
- Discounts on all educational meetings and workshops
- Free selected teleconferences
- Professional resource sharing
- Voting rights at MABB business meetings
- An opportunity to support your profession

**You should have received your membership renewal card for 2001. Please make any necessary changes on the card and return it to the MABB Administrative Office as soon as possible. If you are not a current member and would like to join, please contact Janet Silvestri at the MABB Administrative Office at (810) 573-2500 or at: [janet@hfcc.net](mailto:janet@hfcc.net).**



**Membership Committee: Please seriously consider becoming actively involved on the membership committee of the MABB. The MABB provides its members with continuing education, the opportunity to network and valuable professional friendships. Help us get this message to prospective new members by joining the Membership Committee. Please call Melissa Kristofice at (810) 774-8718 if you are interested.**

# MABB RAP Session —

Rapid Communication on the new  
FDA Final Rule on  
Error and Accident Reporting  
for Transfusion Services

Biological Product Deviation Reporting (BPDR) —  
"It's Your Turn!"

Thursday, February 15, 2001  
6:30pm – 9:00pm  
at Pasquale's on Woodward  
(Between 13 mile and 14 mile)

### Speakers:

**Denise Girschner, BS, MT**  
QA Officer ~ American Red Cross/  
Southeastern Michigan Region

**Suzanne Butch, MA, MT(ASCP)SBB, CQI**  
Chief Technologist  
University of Michigan Blood Bank

Program approved for PACE Credit.

Dinner will begin at 6:30 p.m. Dinner purchase will be "admission" to the RAP session. There will be a banquet menu available. Each attendee will be responsible for their own dinner costs.

### To register:

Please call Colleen Olsen at  
(248) 424-2786  
- or -  
e-mail Jan Keersmaekers at  
KeersmaekJ@usa.redcross.org

by Monday, February 12, 2001 at 4:00 p.m.

For additional information contact:

**Colleen Olsen (248) 424-2786**



## Blazing a New Frontier

### Blood Banking for the 21<sup>st</sup> Century

*Lecture and Wet Workshop*

*May 10<sup>th</sup> and 11<sup>th</sup>, 2001*

*Location: Michigan State University*

*Scholarships Available (see page 5)*



## 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.

The scholarship is available to any non-supervisory medical technologist working in the field of immunohematology. The applicant must be a member of MABB at the time of application. The applicant must explain in writing how they would benefit from attending the Spring Workshop. The award will be presented at the lecture session on May 10, 2001.

### **Deadline April 6, 2001**

Send completed application to:  
Sharon Cisco, MT(ASCP)SBB  
American Red Cross/NTL  
100 Eliot  
Detroit, MI 48201

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Blood Bank Affiliation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How will I benefit from attending the Spring Workshop? (Use additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

The scholarship is 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 on May 10, 2001.

### **Deadline April 6, 2001**

Send completed application to:  
Sharon Cisco, MT(ASCP)SBB  
American Red Cross/NTL  
100 Eliot  
Detroit, MI 48201

### **Nominee Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Blood Bank Affiliation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How will the nominee benefit from attending the Spring Workshop? (Use additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominated by: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

# MABB ~ Q & A

Submitted by Bruce Newman

This is a reprint of an article  
written for the  
July 1999 Q & A section of  
the AABB News.

## Question:

A situation has occurred at our hospital regarding an acutely bleeding patient with a known latex allergy, which in the past caused severe anaphylaxis after inhalation of powder from latex gloves. Our blood supplier states that our blood bags contain latex. Is there any risk to the above patient with a blood transfusion? If so, how do we assure a latex-free environment for this patient? Should we be using a latex-free blood collection and blood administration system?

## Answer:

Latex allergy is not uncommon in healthcare workers (2-19%) or in the general population and relates to exposure to latex-containing products. The most common reaction is a contact dermatitis, which in most cases is mild but in some cases may prevent a healthcare worker from doing his/her job. On the severe end of the spectrum, a patient may develop an anaphylactoid reaction in response to latex. This may result in upper respiratory tract edema and respiratory obstruction or alternatively, a sudden hypotensive shock-like syndrome. Numerous deaths have been reported from latex allergic reactions, and the reactions are more frequent and severe when latex allergens are delivered via an intravenous or mucosal route. In this light, one should be concerned about the induction of a latex allergic reaction from latex-containing material in the blood collection or blood administration kit.

One or two transfusion services express concern each year to our blood center and request information on the risk and how to prevent it. The good news is the risk is exceedingly small, if it exists at all. The author has not received a single case report of latex allergy from 2.5 million components transfused during the last six years in his blood center, nor have medical directors in the surrounding blood centers received a case report in their careers (9 million components transfused). Nationally, the American Red Cross has not received any case reports in the last five years (approximately 40 million components transfused). A 10-year Medline medical literature search for a blood transfusion latex allergic reaction case did not reveal any cases, either in the general population or in those persons known to be highly allergic to latex.

Manufacturers of blood collection systems are working toward latex-free collection systems. The needle sheath and the in-line blood sample collection device are two areas where latex may be still be present. Transfusion services can evaluate blood administration kits and devices with their respective manufacturers, if information on the presence and location of latex in these kits or devices is desired.

Special precautions, such as using 100% latex-free collection equipment, does not seem warranted at the present time because to the author's best knowledge, no latex allergic reactions have been reported from blood transfusion. One cannot discount the possibility that some of the general allergic reactions reported might be due to latex but still, one would expect case reports of allergic reactions from transfused individuals known to be highly allergic to latex and at present none exist. Such case reports are encouraged and if such cases exist, a different recommendation for latex-allergic patients may be warranted.

## Case Study

**Immunoematology Case Review**  
**Jack L. Hoffer, MT(ASCP)SBB**  
**Manager, Immunoematology Laboratory**  
**New York Center, New York, NY**

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Blood Banks Association of New York State, Inc.*

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The patient is an 81-year-old Hispanic female with a history of diabetes and hypertension. She was admitted to the hospital with gastrointestinal pain. There is no order for transfusion at this time. However, because of transfusion during a previous recent hospitalization this year, a type and screen is sent to the transfusion service laboratory. The antibody screening performed at the time of the previous transfusion had been negative.

*continued on page 7*



# Case Study (continued)

Figure 1. Preliminary hospital laboratory data.

Tests	Patient's results
ABO typing	B
Rh typing	D +
Antibody screen (IgG gel card)	RBC I 2 + RBC II 2 + RBC III 2 +
Auto control	0
Panel testing (IgG gel card)	1 + to 2 + with all panel cells except the autocontrol.

Red cell antigen typing showed mixed field agglutination.

A sample was submitted to the reference laboratory for antibody identification.

Questions for consideration:

1. Is this an auto or an alloantibody?
2. What additional testing should be performed?
3. What conclusions can be drawn from the fact that the autocontrol is non-reactive and that mixed field agglutination is observed when red cell typing is performed?

The serum reactivity appears to be that of an alloantibody because the autocontrol is negative. Reactivity with all panel cells tested, but with variability, suggests a mixture of antibodies, or the possibility of an antibody to a high incidence antigen showing variable expression on RBCs.

A red cell panel was tested using antiglobulin techniques that included albumin, and papain pre-modified RBCs. The patient's serum reacted weakly (+<sup>w</sup> to 1+<sup>s</sup>) with all RBCs tested except the autocontrol and cord RBCs, which were non-reactive. Microscopic examination of the agglutinates showed them to be small, tight and refractile in a field of unagglutinated RBCs. Testing by papain pre-modified RBC indirect antiglobulin test showed no enhancement or weakening of the reaction pattern.

The fact that the autocontrol is non-reactive and mixed field agglutination is observed in the red cell typing suggests that no IgG antibody is attaching to the circulating red cells and that at least some of the previously transfused red cells are still present.

Questions for consideration:

1. What antibody specificity is suggested by the refractile mixed field agglutination pattern observed in the indirect antiglobulin test?
2. What might explain the variable seen in the antiglobulin testing?
3. What explains the negative results with cord RBCs?
4. What source of soluble antigen can be used to inhibit the antibody?
5. What controls should be included when doing antibody inhibition studies?

The antibody specificity suggested by the refractile mixed field agglutination is Sd<sup>a</sup>. Anti-Sd<sup>a</sup> is a benign antibody seen in about 50% of Sd (a-) individuals. With about 4 in 100 individuals being Sd (a-) this would mean that the antibody might be seen in the serum of about 2 of 100 patients tested.

There is great variability of expression of the Sd<sup>a</sup> antigen on RBCs. This fact undoubtedly explains the variability seen in the antiglobulin testing performed by standard tube testing and with the IgG Gel Card. approximately 1% of Sd (a+) individuals has such a strong expression of the antigen that their phenotype is written as Sd (++) with 4% of individuals being Sd (a-), the remaining 95% show varying expression of the antigen from weak + to 3 +<sup>s</sup>. Sd<sup>a</sup> is absent from cord RBCs, a fact that should not go unnoticed when testing suggests an antibody to a high incidence antigen.<sup>1</sup>

Sd<sup>a</sup> is widely distributed in secretions, with the largest amounts being found in urine. Guinea pig urine has been shown to have the highest concentration of Sd<sup>a</sup>. Inhibition studies with pooled human or guinea pig urine can be done to confirm the antibody specificity. Detailed instructions in the use of urine to confirm the specificity of anti-Sd<sup>a</sup> along with details of how to prepare the urine for use in serological tests have been outlined by Judd.<sup>2</sup>

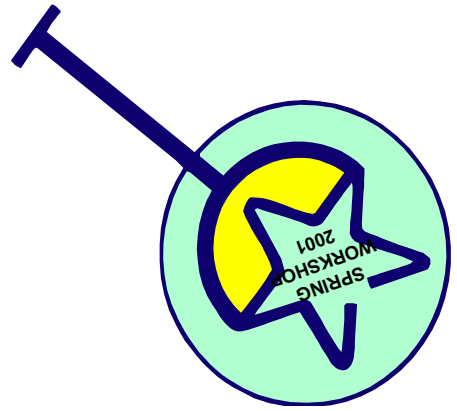
When performing inhibitory studies, it is important to properly control the test system. Test a dilution control of the antibody by adding a volume of saline to the unknown serum equal to the amount of inhibitory substance to be added to the test. In addition, if possible, test a known example of anti-Sd<sup>a</sup> along with the test serum and the dilution control. No reactivity in the test serum and the known example and reactivity in the dilution control tubes indicates the inhibition of the anti-Sd<sup>a</sup> by the soluble Sd<sup>a</sup>.

When inhibition studies were performed with this patient's serum, reactivity in the antiglobulin test was eliminated in tests utilizing the patient's serum and pooled human urine at pH 7.3, while reactivity was still evident in tests with the patient's serum and phosphate buffered saline as a dilution control.

As new methodologies are introduced that utilize alternate serological techniques, and laboratories move away from microscopic examination of agglutination, examples of antibodies to high incidence antigens such as Sd<sup>a</sup> may take more time to resolve than previously. In this case, the hospital had moved to column technology for antibody screening and identification. The characteristic agglutination, which previously might have directed the staff towards speedy antibody identification, was not seen.

## References

1. Issitt PD, Anstee Dj. Applied blood group serology. 4th ed. Durham: Montgomery Scientific Publications, 1998:814-8.
2. Judd WJ. Methods in immunohematology. 2nd ed. Durham: Montgomery Scientific Publications, 1994:240-2.



**MICHIGAN ASSOCIATION OF BLOOD BANKS**  
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## CORRECTION

In the fall issue of "In A Different Vein," Dr. Mark Kolins was inadvertently mis-identified as Dr. Bruce Newman. Our apologies to both Dr. Kolins and Dr. Newman for the error (and to Michelle Tuson, who does not like having her picture taken, for publishing her photo twice!)



*Michelle Tuson and Dr. Mark Kolins*

## Calendar of Events



- Feb 15, 2001**      **RAP Session 6:30 - 9:00 p.m.**  
*Pasquale's Restaurant (see info on page 4)*
- May 10-11, 2001**      **Spring Workshop 2001**  
*"Blazing a New Frontier ~  
Blood Banking in the 21st Century"  
Michigan State University (see info on pg 4)*
- Sept 12-13, 2001**      **MABB Forty-Seventh Annual Meeting**  
~~~~~  
**ASCP Teleconference calendar: For registration  
information, go to: [www.ascp.org/programs/  
teleconferences](http://www.ascp.org/programs/teleconferences)**
- March 21, 2001**      *Cord blood Transplantation: The New  
Frontier in Hematopoetic Cell Therapy*
- April 17, 2001**      *Oh No! I'm in the Blood Bank Again and  
There's an Antibody in There: Red Cell  
Antibody Case Studies.*
- May 24, 2001**      *Ask the Experts in Blood Banking and  
Transfusion Medicine*
- June 6, 2001**      *Blood Component Therapy-Practical Issues*



YES! I would like to participate on a Committee for 2001!

Please check:

- Spring Workshop
- Annual Meeting Program Planning
- Membership
- Publications
- Education
- By-Laws/Policy

The best way to make your  
needs known to your  
Association is to  
**BE INVOLVED!**

Be an active participant in  
the Michigan Association  
of Blood Banks!

Join a Committee Today!

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: check  Home  Business  
\_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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