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Transfusion Today | Number 99, June 2014

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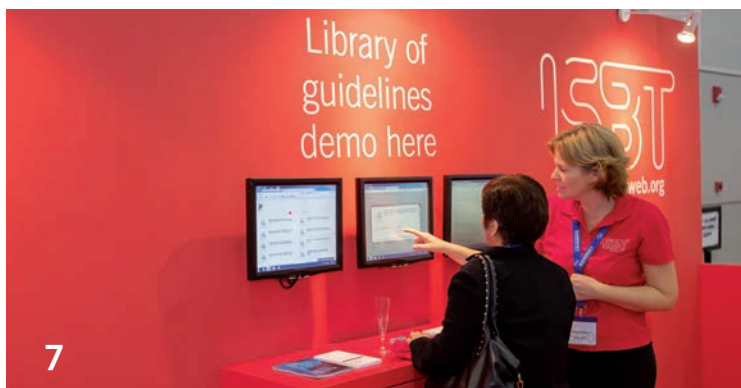
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Judith Chapman

## Editorial Transfusion Today

The focus section of this edition of Transfusion Today is on the ISBT Academy. The Academy is developing in two ways; an increase in the number of educational activities being supported and an increase in the amount of educational material available on the ISBT Academy ePortal. Have you viewed one of the many webcasts yet? It is certainly worth the time watching and listening to them. The ePortal will be officially launched during the congress in Seoul so do drop by the ISBT stand for more information. To demonstrate ISBT's commitment to the Academy and education the society has appointed Dianne van der Wal as Scientific Officer. Dianne started work at the beginning of May and one of her tasks during the first year is to ensure that more educational material is available on the ePortal. You can read about Dianne's background in 'from the Central Office.' If you are considering holding an educational event and would like support from ISBT either financially or by use of the ISBT logo then please visit the website, download an application form and apply. We are particularly keen to support educational activities in developing countries. As I write this editorial ISBT is in the final stages of preparations for the 33<sup>rd</sup> International congress in Seoul, Korea. The Scientific programme has come together with the announcements of the Presidential Award and Jean Julliard Prize winners. We are looking forward to a feast of science in Seoul and to renewing friendships with our colleagues from around the world at the social events. See you in Seoul!



**Roger Dodd**  
ISBT Vice President

# The ISBT Academy

The term “Academy” goes back to Plato and is synonymous with teaching - indeed, it is the name of a garden where Plato taught, according to the Shorter Oxford English Dictionary. The ISBT Academy is, accordingly the teaching arm of our society. The Academy is responsible for developing and conducting a one-day educational session in association with each international and regional Congress, usually on the Sunday. Additionally, the Academy supports workshops and educational sessions in the context of national and regional meetings, generally by sponsoring one or more speakers. Over the past year, there were 17 Academy-sponsored events worldwide. Important additional Academy offerings may be accessed through its specific ePortal, which is described in an accompanying article by Dr. Diana Teo.

Responsibility for the Academy is assigned to the two Vice Presidents of the ISBT Board: roles currently held by Drs. Roger Dodd and Diana Teo. The activities are guided by the Standing Committee of the Academy, chaired by the senior Vice President (currently Dr. Dodd, but as of the General Assembly in Seoul, Dr. Teo will take over). The members of the Standing Committee are identified on the ISBT website in the Academy section. This committee is responsible for the general and specific directions of the Academy, but also serves the very important role of reviewing applications for Academy support. The Standing Committee also serves as the advisory committee to the ISBT Foundation, which has a critical role in supporting ISBT’s educational initiatives. There is also an article about the Foundation in the issue of Transfusion Today.

How can ISBT members be involved with the Foundation? There are two aspects to this question. The first is how members can benefit from the Academy. Obviously, one key benefit is attendance at Academy events. Excellent educational programmes are offered during Academy Days during Congresses and presenters are also expected to provide a written version of their presentation for publication in the ISBT Science Series. Additionally, members may attend Academy sessions that are provided for national and regional meetings. Those members who are involved in the development and management of such meetings should also make themselves

familiar with the application process for Academy support; materials are available in the Academy section of the ISBT website. Members should also become familiar with the critical offerings available through the Academy ePortal. Members are also encouraged to share their knowledge through participating as speakers in Academy events. The Academy is explicitly seeking the help of the Working Parties to develop and deliver educational programmes through the Academy process and a number of such sessions have already been developed and delivered. There are also many opportunities to make presentations in local and regional meetings and it would be extremely useful for us to develop a register of those members who are willing to do this. Should you be interested, please let us know, by either going to the membership page, clicking on ‘update your profile’ and ticking the box under the “willingness to speak at congresses/workshops” and then uploading your resume or contacting the nearest member of the Standing committee, your local Board representative, one of the Vice Presidents or the Central Office.

Finally, it is expected that reports be provided so that Academy sponsored events can be evaluated. Such reports are frequently published in Transfusion Today, so please keep your eyes open, and consider not only how the Academy can help you, but also how you can contribute to its programmes and activities.

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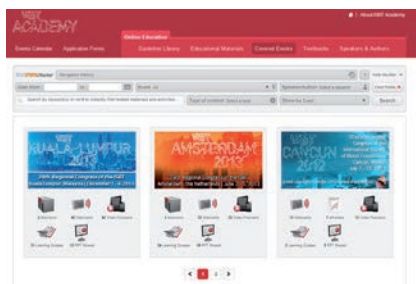
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**Diana Teo**  
ISBT Vice President

# The ISBT Academy ePortal

## - A World (Wide Web) of Learning Opportunities



Access the ISBT ePortal for:  
The Library of guidelines  
Congress webcasts  
Other educational material

Access the ePortal here



**The ISBT website (have you looked at it recently? If you haven't, it's time to do so) describes the ISBT as the premier international professional society for the field encompassing transfusion and transplantation science and medicine. Our vision snappily states that our sights are fixed on "Facilitating knowledge about transfusion medicine to serve the interests of donors and patients". Education in transfusion medicine is one of the main goals of ISBT and the raison d'être for the ISBT Academy.**

A recent survey of ISBT members and non-members indicated that ISBT is known best for its Congresses (we are also best known for ISBT128 but that's another story). The same survey also highlighted that members and non-members desire more access to educational and knowledge sharing initiatives, such as guidelines repositories and learning courses. A big plus for ISBT Congresses was the opportunities to network and meet like-minded professionals in transfusion medicine. Unfortunately the reality that ISBT can only hold do many Congresses a year, and that constraints in funding and manpower means only a limited number of people can attend them.

Fortunately, technology has advanced far enough for us now to have our cake and eat it. Over the last two years, the ISBT Academy embarked on a new e-learning strategy to leverage on communications technologies for computer and network-enabled transfer of skills and knowledge. Under this strategy,

the Academy will be collaborating with our Working Parties to coordinate the existing e-learning initiatives and educational materials as well as to develop new initiatives and materials, under a single dedicated e-learning portal. By focusing our efforts on delivering good educational content through the e-learning portal, ISBT will be able to provide education, knowledge and thought leadership in transfusion medicine and cellular therapy to a wider global audience.

The ISBT Academy ePortal was unofficially introduced last year at the 2013 European Regional Congress in Amsterdam, and will be officially launched at the 2014 International Congress in Seoul. Access to the ePortal is currently available only to ISBT members, who can access it through the ISBT website using their ISBT username and password. If you are a member and you haven't looked into the ePortal, I invite you to do so now. One of the first initiatives in developing the ePortal was to leverage on and expand the excellent work done in capturing webcasts and video podcasts at the 2012 ISBT International Congress in Cancun. The content has been expanded since then to include presentations from the 2013 Regional Congresses Amsterdam and Kuala Lumpur, and now includes selected e-posters and quizzes. For ISBT members who did not have an opportunity to attend these presentations (and for those who didn't listen properly the first time), this is the ideal opportunity for a "replay".

The ePortal is also being developed as a resource library for educational materials. Current materials that have



have you looked at  
the website recently?  
If you haven't,  
it's time to do so.

been uploaded into the library include ISBT technical guidelines produced by Working Parties and the ISBT book on 'Introduction to Blood Transfusion Technology'. For those interested in Academy supported educational events, information and reports on event proceedings are regularly uploaded onto the ePortal.

A major addition to the ePortal was the Guidelines Library, which was introduced during the 2013 Regional Congress in Kuala Lumpur. The Guidelines Library was developed

in response to requests from members for a repository of guidelines and regulatory documents, and contains links to nearly 300 scientific documents from different countries and organisations.

As with most things in life today, the ISBT ePortal is a work in progress. We can expect that it will be tooled and re-tooled constantly to meet the needs of the transfusion medicine community. The plan now is to work with Working Parties to develop more e-learning modules and podcasts on specific topics of importance or interest. As more members use the ePortal and participate in its content development, we hope that it will continue to evolve in its role as an educational and knowledge sharing platform for ISBT.

The current content in the ePortal is also based on one-way delivery of information, i.e. information is either pulled as with webinars, guidelines and reports, or pushed as with updates and announcements. In the future, two-way information exchanges with facilities for online forums and web-based seminars, are a possibility. For a start, real-time video streaming of Congress presentations and the ability for off-site participants to ask questions via email or phone texting was trialed at the Kuala Lumpur Congress, and will be feasible for future Congresses if there is demand.

A whole wide world of e-learning and knowledge lies ahead. With the ISBT Academy ePortal as our new window to the world, what possibilities await. Virtual e-Congresses via Google Glass, anyone ?



**Judith Chapman**  
ISBT Executive Director

# ISBT Academy overview



Over the last two years ISBT has supported 29 activities in 18 countries from Auckland to Guatemala City and from Tromso to Buenos Aires. The support has either been financial, with help in constructing a scientific programme and/or by use of the ISBT logo. Three Academy days were held at ISBT congresses; Cancun, Amsterdam and Kuala Lumpur.

If you would like to hold an event with ISBT Academy support, application forms and information are available via: [www.isbtweb.org/academy](http://www.isbtweb.org/academy)



# The ISBT Library of Guidelines, Standards and Regulatory documents

## Background

In 2012 a survey commissioned by the ISBT Central Office amongst ISBT members and non members indicated that people were hungry for educational material and information about transfusion medicine. One of the requests was for ISBT to write international guidelines and develop standards. Many guidelines are already available and the Board considered that it was not appropriate for ISBT to begin on a journey of writing guidelines but that ISBT would invest in developing a repository (library) of already available guidelines and standards documents.

Much time and thought go into the preparation and writing of a guideline document and this is one of the reasons why guidelines are much sought after by those working in the field of transfusion medicine. They can guide decision making around diagnosis, management and treatment of patients from a clinical perspective and provide valuable information with regard to appropriate testing in the diagnostic laboratory setting. A staff member was hired to build the library. The first task was to define a topic structure and once this was determined to search for all the available guidelines and then allocate them to the most appropriate topic. 293 documents were found and placed in the library which is divided into topics and countries. The seven topics; clinical, donor, laboratory, processing, quality/haemovigilance and regulation are divided into different sub categories. In all there are 27 sub categories. Documents are available from 25 countries. The whole project took 7 months.

## How to access and use the library

The library is freely available to all ISBT members.

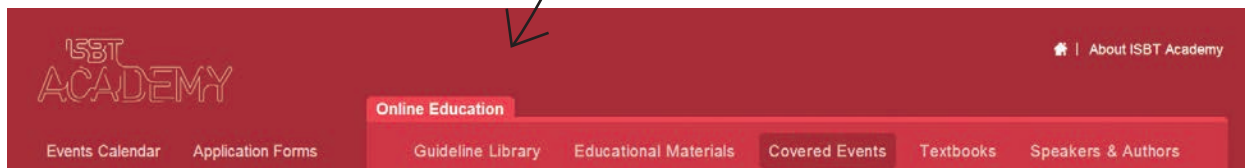
It can be found on the Academy ePortal. The Academy ePortal is accessed by logging in to the membership section with your membership credentials. Once you are logged in to the membership section you will see the red box to the right of the screen. The red banner is your access point to the ePortal and all the educational material contained therein.

Access the ISBT ePortal for:  
The Library of guidelines  
Congress webcasts  
Other educational material

Access the ePortal here

Access to the guidelines is via Guideline library which can be found in the header menu

The guidelines can be found by topic or by country. A search facility is available. Currently only guidelines in English are available however ISBT is also considering the inclusion of guidelines in other languages. The library will be updated as is necessary and new documents come on line. ISBT considers the library to be a valuable resource for members and hopes that members will use it.





**Geoff Daniels**  
ISBT Secretary General

# ISBT Foundation

**The ISBT Foundation plays an important role in the management of the society's finances and yet, by necessity, is fundamentally independent of ISBT administration. ISBT income is partially dependent on profits made from the congresses and these can vary enormously from year to year. Consequently, in some years a substantial profit must be made to offset less profitable years. A problem arises, however, as any surplus could be liable to taxation. Since the ISBT Office is located in Amsterdam, there is a risk that a portion of the society's funds could be lost to the Dutch government.**

Early in the 21st century Paul Strengers, the ISBT Secretary General, and Geoff Lane, the Treasurer, investigated whether there was any way the society could avoid paying taxes on any surplus income raised. Following advice from the Dutch tax authorities, the mechanism they came up with was to establish a foundation, to which surplus income could be transferred and then used to support the aims of the society.

In 2006, the ISBT Foundation was established with Paul Holland, an ISBT Past-President, as Chair of the Foundation Board. The primary aims of the Foundation are to further knowledge and education on health care, in particular blood transfusion medicine and transfusion science, blood banking, and related disciplines, and to support projects in those fields. In order to ensure that the money was allocated wisely to various projects, an advisory committee was appointed. Over the period 2006 to 2010, 18 grants were awarded, supported predominantly from donations made by the ISBT.

In 2011, Leo McCarthy, who was then the chair of the Foundation Board, retired from that position and the Foundation, which had very little capital, fell dormant. In 2010, the ISBT Board decided it was necessary to revitalise the Foundation. The Dutch tax authorities confirmed the financial benefits to the society of supporting such a Foundation and

verified that the ISBT Board would be permitted to have a majority membership on the Foundation Board. Consequently, the ISBT Foundation has been reconstituted, with a new Foundation Board, consisting of Geoff Daniels (ISBT Secretary General), Steve Morgan (ISBT Treasurer), Roger Dodd (ISBT Vice-President), and Ravi Reddy and Martin Gorham (ISBT members). The new Foundation Board met for the first time last year during the Amsterdam Congress and will meet again at the Seoul Congress, where the membership of the Board will have to change to accommodate changes in the ISBT Board and Executive resulting from the Board elections.

The focus of the new Foundation is to provide funding for education in transfusion-related fields, especially in the developing world. The Foundation must have an Advisory Committee, appointed by the ISBT Board. This Advisory Committee is the Standing Committee of the ISBT Academy, which is responsible for governing the activities of the Academy and, therefore, all of the educational activities of the ISBT.

The ISBT Foundation has already provided funding for Academy events in a variety of countries, including India, Russia, Argentina, China, Pakistan, and Brazil and will be supporting an Academy Day at the Africa Society for Blood Transfusion in Zimbabwe. Funding has also been provided for the new Academy ePortal on the ISBT website ([www.isbtweb.org](http://www.isbtweb.org)), which makes it possible for ISBT members to view many of the presentations given at ISBT Congresses, contains the Guideline Library, and will facilitate the provision of e-learning, an ISBT focus or the future. If you haven't tried it yet, it's well worth a visit. Consequently, the ISBT Foundation will benefit ISBT members by providing revenue for education that otherwise would have been lost in taxation. This may all appear excessively bureaucratic, but it saves the ISBT a lot of money and is all done with the full consent of the tax authorities in the Netherlands.

# The ISBT Academy ePortal: A rich variety of content in one place

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- ePosters
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- Abstracts
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- [www.isbtweb.org/membership](http://www.isbtweb.org/membership)
- Login with your email address and password
- Click on the red Academy ePortal banner on the right
- You will be redirected to the Academy ePortal



Peter Flanagan

Congresses are the centrepiece of the ISBT year. Feedback on recent congresses has been very positive particularly so in relation to the content of the scientific programme. The appointment of a scientific secretary, currently Professor Martin Olsson, has contributed significantly to this. Many other people play an important part in ensuring a successful programme. This, my last column as President of the society, focusses on the systems used to develop the scientific programme. It provides an opportunity to say a big 'thank you' to everyone who has been involved in assuring the success of the congress.

Work normally begins on the development of the scientific programme around 12-18 months prior to the start of the congress. In recent years the society has taken greater control over the structure and content of the programme. This leads to greater consistency and a more corporate feel. The local scientific committee does however continue to play a very important role and most importantly has an opportunity to identify specific themes or speakers that they would like to see included. These recommendations are then reviewed by the scientific secretary and a draft programme developed. The balance between the local and central input will vary between congresses but ultimately the society has control. The Standing Committee on Education is responsible for defining the content and identifying speakers for the Academy Day which in the initial stages is managed separately from the rest of the programme.

The next important stage is the 'call for abstracts'. This is the first real opportunity for members to become involved. Increasingly we aim to close abstract submission as late as possible. This ensures that the clinical and scientific content is as current as reasonably practical. For Seoul in 2014 we received 758 abstracts from 68 countries. Each abstract is reviewed by five reviewers. 133 reviewers from 35 countries assisted for Seoul. A quick turnaround is important and reviewers are given only 1 week to complete the task. The results are then collated by MCI in preparation for the final

scientific review meeting. This took place in Seoul on 12 and 13 March just 10 days following the closing date for the review process.

The scientific review meeting involves equal numbers of members of the local scientific committee and representatives of the society. The meeting is chaired by the Scientific Secretary. The main task of the scientific review committee is to determine which abstracts will be selected for oral presentation and to fit these into the available slots with the overall programme. Scientific content is the most important factor in the assessment. Considerable effort is also devoted to ensuring a good geographical mix of speakers. The process also involves review of abstracts assessed as 'borderline' by the reviewers. A small proportion of abstracts will not be accepted for presentation either as an oral or a poster. This is unfortunate but necessary to maintain a high standard for the congress. The final responsibility of the scientific review group is to identify moderators for each of the sessions. The whole process takes two full days. I found it to be challenging yet enjoyable. It also provides a real opportunity to get to know the local organising committee and to experience the feel of the host city.

The Seoul Congress will have started by the time you read this column and my time as President will come to an end. It has been a busy and interesting two years. I am very grateful for the considerable support and encouragement that I have been given in carrying out the role. Special thanks go to the all members of the Board and to Judith Chapman and the team at Central Office. It has been a privilege to serve the society and I am delighted to hand over the reins to Celso Bianco who I am sure will continue to take the society forward into the future.

**Peter Flanagan**  
ISBT President

# Welcome to our new members

(Feb - Mar 2014)

## Africa

- **NIGERIA:** OLUWASEUN AKINPELU

## Africa

- **NIGERIA:** EHIOZE ISOA

## Americas

- **UNITED STATES:** MELODY HOLTAN, EDGAR ONG, KAREN SHOOS

## Eastern Mediterranean

- **EGYPT:** SOMMAYA ELKAREH, MERHAN FOUDA
- **LIBYA:** KAMEL AZABI

## Europe

- **DENMARK:** HANNE BOEJLEN OLSEN, JOSE ANTONIO SALADO JIMENA
- **FRANCE:** FRANCOIS BIDET
- **GERMANY:** KATHRIN HENKE, MORENA SPREAFICO
- **IRELAND:** JOAN FITZGERALD
- **NORWAY:** CIGDEM AKKOK
- **PORTUGAL:** JOAO MEIRINHO MOURA
- **ROMANIA:** CORINA NASTASI
- **SWEDEN:** PER JANSSON
- **SWITZERLAND:** TINA WEINGAND

## South East Asia

- **INDIA:** VARUN CAPOOR, MOHANDOSS MURUGESAN, ABOOBACKER MOHAMED RAFI, PRITESH RAJANI, SHAMEE SHASTRY
- **INDONESIA:** NI KADEK MULYANTARI, SITTI AISYAH SAHIDU

## Western Pacific

- **AUSTRALIA:** GRANT BUSH, GENGHIS LOPEZ, DENESE MARKS, MARIJA NEDELJKOVIC, ROMI SINHA, RACHEL WOOLASTON
- **CHINA:** PING GU, JING WANG
- **JAPAN:** RIE SANO
- **MALAYSIA:** CHRISTINA LEE, ZALINA MAHMOOD
- **NEW ZEALAND:** DAREN BUHRKUHL
- **SINGAPORE:** SUSAN LIM
- **SOUTH KOREA:** EUN-JIN KIM, TAEK SOO KIM
- **TAIWAN:** TYNG-TYNG YANG



Geoff Daniels

I regret that I have to begin on a very sad note. Whilst I was preparing this piece I heard the news that George Garratty had died. George had a very long career in the blood transfusion field, initially in England and then in the USA. During that time he not only established himself as a first-rate scientist and expert in the field, but he also made friends with everyone he came into contact with. I was fortunate to be one of those friends. George was an extremely warm and genial person who will be sorely missed by many ISBT members.

This article 'From the Secretary General' in *Transfusion Today* will be my last as my four-year term of office ends at the General Assembly in Seoul on June 3. Under the statutes I had the right to stand for election for a second term, but although I would have been pleased to have served for another four years, for personal reasons I decided not to put myself forward. In addition, I do believe that societies benefit from a turnover of board and executive members.

My term in office, which began in 2010, had a somewhat inauspicious beginning with the society being sued for alleged irregularities in the 2010 Board elections. The court case and appeal dragged on for two years at great expense to the society, but resulted in complete vindication of the actions of the previous Board. A more positive activity during my term was the rewriting and updating of the statutes and rules of the society, which were accepted by the General Assembly in Amsterdam last year. Also during the last four years the society office moved into its own premises in Amsterdam. Previously it had always been dependent on the goodwill of other organisations for providing office space. And the office has

grown, from a staff of two in 2010 to five in 2014, reflecting the increased professionalization of the society. Having such an active office run by the Executive Director certainly made my job easier. The re-establishment and change in emphasis of the ISBT Foundation is described elsewhere in this edition of *Transfusion Today*. Finally, one role of the Secretary General is to chair the Standing Committee, which functions as an interface between the ISBT Board and the *Vox Sanguinis* Editorial Board and Editor-in-Chief. *Vox* has continued to flourish and the Science Series has been re-launched as a more regular, peer-reviewed journal that should become accepted by MedLine and so receive an impact factor and be listed on PubMed.

At the time of writing I know that my successor will be either Roger Dodd from the USA or Morten Bagge Hansen from Denmark. Whoever is successful, they have my very best wishes. I am sure that they will find the role both stimulating and enjoyable. Finally, I would like to thank the members of the ISBT Board and Executive for their support over the last four years, and, more specifically, Silvano Wendel and Peter Flanagan, the two Presidents during my term, Judith Chapman and her staff at the ISBT Office, and Wolfgang Mayr and Dana Devine, the Editors-in-Chief of *Vox Sanguinis* during that term. I intend to remain an active member of the society and will be happy to help out in any way I can. And I look forward to seeing many ISBT members of the society in Seoul in June.

**Geoff Daniels**  
Secretary General

## In Memoriam Written by Pat Arndt and Gina Leger



### **Prof. George Garratty PhD, FRCPATH**

2 July 1935 - 17 March 2014

**Professor Garratty died on 17 March 2014; he was born 2 July 1935. His original career plans were to attend the Royal Veterinary College in London and become a veterinarian, but students at that time were required to serve two years in the military first. While waiting to enter the Army Veterinary Corps, he applied for a summer job at Hammersmith Hospital in London. It just happened that Prof. Sir John Dacie (Dr. Dacie at the time), Chief of the Hematology Department, had some openings in his laboratory. Prof. Garratty became very excited about the fields of hematology and transfusion medicine and gave up the idea of becoming a veterinarian. He received his training in hematology/immunohematology at the Royal Postgraduate Medical School of London under Professors Sir John Dacie and Patrick L. Mollison, two pioneers in hematology and transfusion medicine. He received his Fellow of the Institute of Biomedical Sciences (FIBMS) in 1960, PhD in immunology in 1985, and Fellow of the Royal College of Pathologists (FRCPATH) in 1990.**

In 1968, Prof. Garratty came to the United States to carry out research on complement with Dr. Lawrence Petz in San Francisco, CA. They spent 10 years researching immune hemolytic anemia together, and published the first edition of their book *Acquired Immune Hemolytic Anemias* in 1980. In 1978, Prof. Garratty was recruited to start a Research Program at the American Red Cross Blood Services in Los Angeles, CA; as Scientific Director, he later became responsible for Reference Services (Red Cell and HLA/Platelet Immunology Laboratories) and Community Education (including a Specialist in Blood Banking Program). He was also a Clinical Professor of Pathology and Laboratory Medicine at the University of California, Los Angeles. Prof. Garratty's main research interest for 45 years was immune red cell and platelet destruction. He published more than 300 papers and was the editor of six textbooks and co-author of three textbooks, including the 2ND

edition of *Immune Hemolytic Anemias* with Dr. Petz in 2004. Prof. Garratty served on several committees, including the Standards, Annual Meeting, Nominations and Awards Committees of the AABB. He was an Associate Editor of *Transfusion* (1982 – 2013) and on the editorial boards of four other journals. He served as President of the California Blood Bank Society (1985-6) and represented North America on the International Society of Blood Transfusion Council. Prof. Garratty received numerous awards and lectureships at state, national and international levels. He was especially proud of two of them: 1) the James Blundell Award of the British Blood Transfusion Society in 2007, and 2) the Bernard Fantus Lifetime Achievement Award from the AABB in 2010 for Prof. Garratty's and Dr. Petz's lifelong work improving the understanding of immune hemolytic anemia.

Prof. Garratty saw dramatic changes in transfusion medicine during his lifetime – discovery of numerous blood group antigens, streamlining of pretransfusion testing, molecular testing, and changes in infectious disease testing. His curiosity and enthusiasm for science was infectious. He had a passion for the question and trying to solve problems, but was never afraid of admitting “I don't know”. At the end of his Blundell lecture he said, “So many questions, so little time!” Education was very important to Prof. Garratty; he was very involved with educating people (of all levels) via consultations, lectures, publications and textbooks. He was always willing to answer a question or discuss a case, often looking up references. He trained and mentored many Specialists in Blood Banking and Transfusion Medicine Fellows.

Prof. Garratty was a consummate scientist, and also a warm and humorous man who was able to connect so well with anyone who came in contact with him. His presence among us will truly be missed.

# ISBT Award for Developing Countries

The ISBT Developing Country Award was established in 2011 and was the initiative of Erhard Seifried, ISBT President 2008 – 2010. It is awarded every two years at the ISBT International congress and is open to those working in developing countries. Qualifying Developing Countries will be those that have a Low or Medium Human Development Index (HDI) according to the UNHDP.

The Award is for a blood service or centre that has made a significant contribution in strengthening blood transfusion practice within the country or to an individual who has made a significant contribution in strengthening blood transfusion practice within their country.

The Award aims to encourage blood services or centres or individuals to further develop their blood transfusion activities, recognise and acknowledge blood services or centres or individuals for their achievements in strengthening blood transfusion, and to create an awareness among the global blood transfusion community of challenges faced by developing countries.

ISBT is pleased to announce that the 2014 ISBT Developing Country award is presented to the National Blood Centre, Myanmar. Dr Thida Aung has written about the work of the Centre for Transfusion Today.

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## National Blood Center Myanmar

**We are very pleased that the National Blood Center in Myanmar is presented with the 2014 ISBT Developing Country award.**

The history of the National Blood Center in Myanmar began in 1935. Back then a blood transfusion service was established based on paid blood donors. On December 14, 1962 the Central National Blood Bank Committee was formed and voluntary blood donation was introduced in our country.

Since 1962 numerous developments have taken place. One of the most important developments for the Blood Center took place in 2003 when the 'National Blood and Blood Product Law' was installed. This meant that the National Blood Bank could function as the National Blood Center so that the coordination of blood transfusion services was centralised. 2004 was the year that the donor deferral system was introduced. We saw that the numbers corresponding with the risk of getting infected with HIV through a blood transfusion decreased significantly from 1:5880 in 2003 to 1: 25064 in 2013. As a result of recording the donation history the deferral and counselling of viral serology reactive donors before donation significantly reduced.

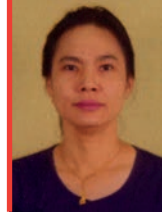
Viral screening tests (HIV antibody, HCV antibody, HBs Antigen and Syphilis ) are completed by the so called serology technique and these are externally controlled by the NRL, Australia.

Since 2007 the National Blood Center carried out blood group antibody screening and identification by own panel cell preparation as commercial blood group antibody screening and identification cell panels are not available in Myanmar. Guidelines on blood transfusion services were established in 2010 by the National Blood Center. Training on blood transfusion guidelines was given to blood transfusion services in 12 of the 14 states in the country. The two remaining states will get the training this year.

A uniform registration system which covers data for the Global database on blood safety was set up by the WHO and has been introduced nationwide. Training of Guidelines and Monitoring of services in Myanmar are executed in collaboration with the Major Infectious Diseases Control (MIDC) project in conjunction with the Japan International Cooperation Agency (JICA).

Also training on basic blood group serology was carried out with the help of experts from the Singapore Health Science





**Thida Aung**  
National Blood Centre Myanmar

Authority. The training took place three times in Yangon and Mandalay (upper Myanmar) and was supported by the Singapore International Foundation.

With the support of the World Federation of Haemophilia, Factor VIII 493050 unit and Factor IX 126400 unit were used for 34 Haemophilic patients in Myanmar.

We have made such progress in a relatively short time as we could only prepare whole blood, plasma and PRP in 2003. In 2006 apheresis platelets, FFP and cryoprecipitate became available and in 2012, leuko depleted products have been provided for patients (not all the products are leukocyte depleted).

While the Systematic National Blood Donor Programme has not been implemented yet, the National Blood Center

is able to gradually meet the demands of 9 general hospitals in Yangon area with voluntary donations from 35% in 2003 to 88.2% in 2013. In addition, donor recruitment and component preparation services improved after receiving basic equipment from the Thai Red Cross and a thorough renovation of the building.

Although we have made a lot improvement there are still many things that need improving and/or further development. At this moment a basic adequate level of services for blood group serology, component preparation and transfusion transmissible infection screening is carried out. The areas that need improvement are:

- coordinated organisation setup
- quality control system
- technical improvement





**Dianne van der Wal**  
ISBT Scientific Officer

# Introducing ISBT's Scientific Officer: Dianne van der Wal

**My name is Dianne van der Wal, 35 years old and born in Delfzijl, which is in the most northern region of the Netherlands. As per May this year, I am very excited to announce that I will be the new Scientific Officer at ISBT. I hereby would like to introduce myself a little more. With great enthusiasm and passion for the important field of Transfusion Medicine, I am looking forward to this new challenge.**

A long time ago, I started out with a Bachelor's Degree at the Hanze University of Applied Sciences, in (plant) Biotechnology. Thereafter, I worked as a research assistant in various laboratories, for about five years. Because I love to travel, I also went backpacking in Australia and New Zealand. In the meantime, I realised that I wanted to work more independently in a medical field. So, I became a Ph.D. candidate at the University Medical Centre Utrecht, Laboratory of Clinical Chemistry and Haematology, under supervision of Jan-Willem Akkerman. In my project, I studied platelet function after cold-storage because the current storage conditions at blood banks hamper their haemostatic effectiveness post-transfusion. Since I always wanted to live abroad for a while, I had the

opportunity to do a postdoc in Toronto, Canada (together with my lovely cat and husband). I was a Canadian Blood Services Fellow in the group of Heyu Ni where I unravelled platelet clearance in bleeding disorder Immune Thrombocytopenia. The current treatments are costly and a group of patients is refractory so my findings might lead to novel diagnostic tools and drugs. I relocated to Melbourne, Australia to have better job opportunities for my husband. I worked there as a Research Fellow in the Australian Centre for Blood Diseases where I studied novel proteins in thrombosis to design anti-thrombotic drugs.

As the ISBT's new Scientific Officer, my tasks will include: involvement in the ISBT Academy, expanding the ISBT's e-learning portal, supporting the ISBT Scientific Secretary and the Science Series Journal as well as advising the communications coordinator regarding scientific matters. I greatly value education and having been a scientist myself, I consider sharing of the latest scientific findings and meeting up with experts essential to move forward. It would therefore be a great opportunity for me to make the improved ISBT's e-portal, publications and future conferences a huge success and I look forward to meeting you all in person!

# World Blood Donor Day 2014



## Safe blood for saving mothers

Every year, on 14 June, countries around the world celebrate World Blood Donor Day. The event raises awareness of the need for safe blood and blood products and to thank voluntary unpaid blood donors for their life-saving gifts of blood.

This year the theme of World Blood Donor Day is focused on reducing maternal mortality through improved service delivery and access to safe blood for obstetric care. Every day, about 800 women die from pregnancy or childbirth-related complications. Severe bleeding during delivery or after childbirth is the commonest cause of maternal mortality and during

delivery or after childbirth and contributes to around 34% of maternal deaths in Africa, 31% in Asia and 21% in Latin America and the Caribbean. The risk of maternal mortality is highest for adolescent girls under 15 years of age.

Evidence-based strategies for blood safety and availability have been successfully implemented in most developed countries. These strategies have contributed to reducing maternal mortality.

In the developing world however severe bleeding during delivery and after childbirth is a major cause of mortality, morbidity and long-term disability. Access to safe and sufficient blood and blood products and the rational and safe use of blood transfusion can make a difference but these still remain major challenges in many countries.

## 2014 World Blood Donor Day Campaign Objectives

- Ministries of health, particularly in countries with high rates of maternal mortality, to take concrete steps towards ensuring that health facilities in their countries improve access to safe blood and blood products from volunteer donors for women giving birth.
- National blood services in countries with high rates of maternal mortality to focus on safe blood for mothers.
- Maternal health programmes and partnerships engage in the 2014 campaign.
- WHO and partners throughout the world highlight how safe blood from voluntary donors can save women's lives everywhere.

## Global host 2014

The global host for the 2014 global WBDD event is Sri Lanka. Through its national blood transfusion service, Sri Lanka has been promoting voluntary unpaid donation to increase access to safe and sufficient blood and blood products. A global event will be held in Colombo on 14 June 2014.

More information on World Blood Donor Day can be found on <http://www.who.int/campaigns/world-blood-donor-day/2014/event/en/>



Dennis Lo

## ISBT Presidential Award

**The Nomination Committee for the ISBT Presidential Award has decided to designate Professor Dennis Lo, Hong Kong, People's Republic of China as ISBT Presidential Award winner for 2014.**

Professor Lo is the Li Ka Shing Professor of Medicine and the Professor of Chemical Pathology at the Chinese University of Hong Kong. He has made the breakthrough discovery of detecting fetal DNA in maternal plasma and has developed diagnostic tools for fetal disease markers including blood groups that are now being used in nation-wide screening programmes for RhD detection in RhD negative pregnant women, as well as to optimise treatment of blood-group-immunised women. In addition, he was the first to sequence the whole fetal genome from maternal plasma. His work now focuses on tumor-derived free DNA in plasma for early diagnosis and improved follow-up of various diseases.

His seminal discoveries have pushed the barriers for medicine in general and specifically for transfusion medicine, one of the early adopter fields of cell-free fetal DNA tests into routine practice. In addition to being a first-class scientist, professor Lo is also an excellent speaker who is well-known for his inspiring and pedagogic lectures.

Professor Lo has published over 300 peer-reviewed research articles, reviews and books, several of which in top level scientific journals like Lancet, New England J Med, Nature Medicine, PNAS and Science Translational Medicine). He has received a number of prestigious awards.



Eldad Arie Hod

## Jean Julliard Prize

**ISBT congratulates Eldad Arie Hod. Dr Hod works as an Assistant Professor in the Department of Pathology and Cell Biology, Division of Transfusion Medicine and Stem Cell Therapy at the College of Physicians and Surgeons of Columbia University. He is also Director at the Center for Advanced Laboratory Medicine.**

His Jean Julliard prize submission was titled: 'Red blood cell transfusion-induced inflammation: myth or reality.' Dr Hod will present the Jean Julliard Prize lecture at the 33rd International Congress of the ISBT in Seoul, Korea.

# ISBT LONDON 2015

June 28 - July 1, 2015

25<sup>th</sup> Regional Congress of the ISBT,  
in conjunction with the 33<sup>rd</sup> Annual Conference  
of the British Blood Transfusion Society  
London, United Kingdom



International Society  
of Blood Transfusion



British Blood  
Transfusion Society



**Erica Wood**  
on behalf of the IHN Board

# ISBT at the 16<sup>th</sup> International Haemovigilance Seminar

**The International Haemovigilance Network (IHN) held its 16<sup>th</sup> annual Seminar in Barcelona from March 5-7, 2014. The ISBT Academy joined the Spanish Society of Blood Transfusion (SETS), the Spanish Ministry of Health, the Department of Health of Catalunya, the Banc de Sang I Teixits and industry partners in supporting the event. Dr Eduardo Muniz Diaz chaired the local organising and scientific committee.**

320 people from 50 countries participated in the meeting, including an education day held in Spanish with simultaneous translation. The programme covered donor, product and transfusion recipient vigilance, with a plenary session on haemovigilance in Spain and Latin American countries. Other sessions explored links with vigilance for medical devices and cellular therapies, apheresis, audit and traceability, and education and training. A record number of abstracts was submitted, and the oral presentations and posters were well received. Information and copies of the presentations is available at: <http://ihs-seminar.org>

Drs Bernard David and Philippe Renaudier were awarded IHN Medals, in recognition of their key contributions to the (then) European Haemovigilance Network and to haemovigilance in Europe and internationally.

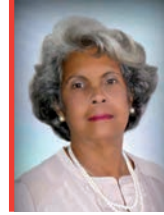
The seminar closed with a meeting of IHN members interested in promoting research in haemovigilance, with a number of interesting suggestions received which will be developed over the coming year.

IHN thanks all participants and speakers and supporting organisations who made the Seminar such a success. ISBT Academy support enabled travel grants for several participants from Latin America to attend, which was greatly appreciated.

The 17th International Haemovigilance Seminar will be held in Rio de Janeiro in March 2015. More information will be available at [www.ihn-org.com](http://www.ihn-org.com)



**Dr Johanna Wiersum-Osselton (Chair, ISBT working party on haemovigilance), Dr Mercedes Lopez (Spain) and Dr Paula Bolton-Maggs (Secretary IHN) at the Seminar**



**DrC. Hilda María  
Silva Ballester**  
Coordinator  
Haemovigilance Programme  
in Matanzas Province, Cuba  
Consultant Professor at  
Matanzas Medical Science  
University

## IHN Meeting

**I am a clinic pathologist and in 1998 I started work on vigilance of the severe side effects of blood transfusion in Matanzas province, located in the island of Cuba. Since the year 2003 I have led the implementation and development of a Haemovigilance Programme (HV) with little material and human resources available. The haemovigilance programme included donors and donation and transfusion side effects as well as the appropriate therapeutic use of the labile blood components which is, at present still in force.**

Thanks to the invitation we received from the Spanish Society of Blood Transfusion (SETS) and the generous scholarship granted by the International Society of blood Transfusion (ISBT), we were able to participate in the 16th International Haemovigilance Seminar.

During the seminar I had the feeling that all of us who were present there were struggling towards the same goals and that although the socio-economic and political contexts vary, the need of all the different peoples in our world is the same, together with the hope of all to offer the best of science for the benefit of our peoples.

Each experience provided by the diverse participants who presented their actions and results

gave us valuable working tools in the HV field, representing something very important to us. As the Cuban Health Department is planning to establish a National Haemovigilance Programme this year, this project will allow us to start on a more solid basis. From my own personal point of view I felt very understood and appreciated and I was able to notice, with great satisfaction, the efforts and achievements from other countries regarding this field. Important and valuable work were presented to all the participants. We felt very pleased with the educational session in Spanish and with great pleasure we were able to see how the Latin American people had been included.

We returned back to our country enriched by the recently acquired experience and strengthened by the exchange with this valuable team of devoted colleagues that just like us have understood the importance of haemovigilance.

At the end of the seminar we said farewell to the beautiful city of Barcelona. We are especially grateful to Dr Eduardo Muñoz- Diaz Chairman of the Local Organising and Scientific Committee, and other SETS Directors; also to Dr. Erica Wood, current International Haemovigilance Network President and to the rest of the staff who organised this seminar.



**Sergey Sidorov**  
Executive Director of the Russian  
Transfusionist Association

# Russian Far East Transfusion Conference

The Russian Far East Transfusion Conference was held in Khabarovsk during the same time as the 2014 Olympic Games in Sochi.



**Whole blood leukodepletion**

During the Conference Professor Eugene Zhiburt talked about modern trends in blood collection and transfusion as well as patient’s blood management. Associate Professor Vadim Gorokhovskiy spoke about European regulations treat patients with massive bleeding. Oleg Kuznetsov presented the results of external quality control NAT screening infections in Russian blood banks:

	Hepatitis B	Hepatitis C	HIV
False-positive, %	11	2	2
False-negative, %	13	19	27
Sample, copies / mL		721	700
			100

In addition delegates had the opportunity to join one of the three master classes to update their knowledge on:

- “Whole blood leukodepletion”
- “Automatic apheresis of platelet concentrates in additive solution”
- “Automatic red blood cells phenotype and antibodies screening”
- The head of Khabarovsk Blood Centre Oksana Kozhemyako showed short videos promoting blood donation.

In the centre of Khabarovsk more than 2,500 doses of cryopreserved red blood cells are stored. The blood donors in Khabarovsk are voluntary and non-remunerated, however they receive money for food, which is about 14 euros. 7.34 million people reside in the ten most Eastern regions of Russia. In 2013, 104,000 donors donated their blood 199,000 times and 37,000 times plasma.

In 2013 104,000 blood donors (27,000 - primary) made 199,000 donations of blood and 37,000 plasma donations. 33,000 doses of platelets and 40,000 litres of plasma have been collected. 10301 doses of platelets was leukodepleted and 591 pathogen-inactivated. 2029 litres of plasma was pathogen-inactivated. 1046 employees, including 179 physicians work in blood service of this area.

About 1379 kilometres south of Khabarovsk lays Seoul. Enjoy the magnificent views from the airplane on your way to the 33rd International congress of the ISBT.



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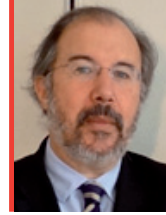
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# The French Institute for Blood Transfusion, Paris



**Jean-Jacques Lefrere**  
INTS Managing Director

**Neither a Blood Establishment nor an Agency, The French Institute for Blood Transfusion (so-called "INTS" for Institut National de la Transfusion Sanguine) was created two decades ago with three main missions: i) Reference and expertise, ii) Education and training, iii) Research in the field of blood transfusion. INTS has close links with both blood donor and patient Associations and presents itself as a Brainstorming Laboratory for an increasing number of issues, since changing times require novel expertise (a leading example is the seminal involvement of the INTS in Ethics in Transfusion Medicine). The INTS has also close links with the major National, European and International Scientific Societies in the field of Transfusion Medicine, Hemovigilance, Hemapheresis, Hemostasis, Bleeding Disorders.**

Reference and Expertise activities : INTS has overtime become very specialiSed - this over the very long period of time following the foundation by Arnault Tzank of the ancestor of INTS in the early fifties, where pioneers such Marcel Bessis, Jean Dausset, Jean-Pierre Soulier and Jean Bernard contributed seminal discoveries to which their names are still associated in immunology and hematology. They were followed by Charles Salmon and one of the major periods for immuno-hematology, ever. Since then, INTS continues performing daily expertise for complex blood group serology and molecular typing, performance evaluation of immunohematology reagents for European notified bodies according to the CE marking scheme, assisting rare blood group transfusion resources thanks to the CNRGS (French Immunohematology Reference Laboratory). This reference activity never ceased and has, on the contrary continued to grow. Another domain of reference and expertise was set up in Human Antigen Platelet (HPA) grouping, to secure transfusion but foremost to assist gynecologists and obstetricians in charge of mothers at risk of delivering babies presenting with fetal/neonatal allo-immune thrombocytopenia as a consequence of maternal-fetal allo-immunisation; the platelet immunology department offers continuously

developing techniques and prenatal diagnostics. Last but not least, INTS is the French reference laboratory for major blood-borne viruses; it offers a unique platform for surveillance and screening, and a strong link with its epidemiology department. The structure is about to emerge as an observatory for viral transmission by transfusion of known and unknown viruses, in several places or continents.

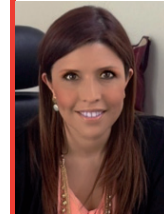
Education and training: INTS is unique in its specialty in France: it offers primary education with agreement granted by the notifying body for technicians and nurses, as well as for every professional entering the field of transfusion medicine and biology; it also offers primary education to professionals entering the activity of hemovigilance. To fulfill this goal, INTS has developed specific e-learning tools. Besides, thanks to its close links with numerous universities in Paris and elsewhere, INTS offers one of the strongest platforms for continuous education for physicians, pharmacists and scientists involved in transfusion. Last, thanks to its links with the majority of Scientific Societies concerned by transfusion, INTS supports certified CME (referred to as 'DPC'), granted by those societies which for instance, merged into one CME accredited body according to recent legal national requirements for health professionals.

Research: INTS contributed discovery of novel blood group systems and antigens at the proteomic, genomic and functional levels, published in high standard journals. Besides, INTS continuously invite researchers to join and get involved in platelet, red cells, virus, metagenomics, human genetics and epidemiology research at the highest level, in collaboration with numerous well ranked French Universities. INTS is involved in several ISBT workshops is hosting several research teams of the GR-Ex Laboratory of Excellence project dedicated to comprehensively investigate physiology and pathologies of erythropoiesis, red cells and iron metabolism.

In addition to these missions, INTS dedicates itself to continuous improvement, with ambitious projects in every field; to cite a few, it plans totally renewed education programmes based on medical simulation; it also exchanges points of view with colleagues from around the world to forecast observatories for transfusion related epidemiology, social sciences, continuous education, etc. in order to put forward matters of interest for both developed and developing countries.



From left to right Pr Olivier Garraud, Pr Jean-Jacques Lefrere managing director, Jean-Pierre Cartron.



**Leticia Contreras Trujano**  
Director Instituto LICON, Mexico

# The implementation experience of external quality assessment schemes as a tool for continuous improvement in Mexican blood banks

In Mexico, Instituto LICON offers External Quality Assessment Schemes (EQAS) in the fields of immunohematology, infectious disease serology and NAT. These EQAS help blood banks to monitor the performance of different methods used on a daily basis, allowing them to take the necessary actions when detecting any real or potential problems, to continuously improve their processes.

The Instituto Licon EQAS operates in accordance to the international guidelines of the ISO/IEC 17043:2010 standard, and they are recognised by the Mexican Accreditation Entity (EMA, Entidad Mexicana de Acreditación). Their accreditation ensures both technical competence requirements and management system requirements, needed to consistently deliver technically valid essays results.

The schemes offered by Instituto LICON are:

## **CECI External Quality Assessment Scheme for Immunohematology**

In this scheme, all immunohematology tests are assessed, while continuous education of blood bank staff is encouraged. Since each cycle includes a theoretical section and discussion of results supported by bibliographic references and provided feedbacks, the participants are able to complement or get deeper into the specific topic set out in each cycle. In Mexico, there are approximately 500 blood banks, of which 350 are actively participating in this CECI scheme.

## **EvECSi External Quality Assessment for Infectious Disease Serology**

This scheme is focused on the field of infectious disease serology, in which eight of the most important serologic markers for transfusion-transmitted diseases are assessed, such as anti-HCV, anti-Trypanosoma cruzi, HBsAg, anti-HIV-1/2, etc. This scheme differs from others because, besides assessing concordance, it also evaluates performance (z-score), and a peer comparison as long as the employed methodology allows for it when the number of participants is statistically significant. Assessing the z-score is quite useful because, among other things, it helps participants plan their quality statistical control. Nowadays, 220 blood banks actively participate in this scheme.

## **ENat External Quality Assessment for Nucleic Acid Testing [NAT]**

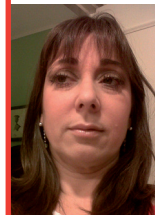
The detection of HIV-1, HCV and HBV genetic material are assessed through this scheme. Just as in the EvECSi scheme, a coherence assessment is provided, and when the employed methodology and the number of participants allow for it, a performance assessment (z-score) and a peer comparison is carried out. Currently, 34 active participants are enrolled in this program.

In order to encourage and recognise the effort made by participants to improve their performance in these schemes, and therefore in the analytical processes they carry out, Instituto LICON organises an annual event where it hands out diplomas and acknowledgements to those participants who achieved analytical excellence in each of these EQAS. In the overall results obtained in these schemes over time, it has been observed that they have met their main purpose of helping improve the quality of the analytical processes employed mainly in blood banks. However, there is still much to do in order to improve the analytical quality in blood banks and in Mexico.

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NO RTHERN AMERICAS



**Patricia Epstein**  
Secretary of International Affairs  
of the Argentinean Association of He-  
motherapy and Immunohematology

## The Centennial of one of the great moments in Transfusion Medicine

On November 9th, we will celebrate the Centennial of one of the great moments in Transfusion Medicine, that has since become an invaluable resource. An Argentinean professional achieved what for decades had not been achieved. In South America, far away from centres of world scientific reference, Dr. Luis Agote (1868-1954) arrived at the solution to a problem that perturbed the doctors involved with the armies fighting in Europe during the tragic years of the 1st World War.

By that time, Landsteiner had already discovered the ABO System. Agote sought to overcome bleeding in hemophiliacs. Along with the medical laboratory technician Lucio Imaz, performed numerous experiments investigating many ways like putting blood in special containers or keep a specific and constant temperature. Finally he decided to use a component that did not allow the coagulation process.

After several attempts, he found that sodium citrate was an effective anticoagulant without any toxic effects. The anticoagulated blood was transfused to demonstrate its safety.

On November 9th, 1914, in a classroom of The Instituto Modelo de Clínica Médica, at Rawson Hospital of Buenos Aires City, the first blood transfusion using citrated blood was performed with the blood donor was Ramón Mosquera, an employee of the same hospital.

The important international event destroyed a barrier that was hitherto insurmountable from a technical point of view for blood transfusion.

The “good news” travelled around the world, generating an unprecedented impact. On the same day as the transfusion Agote sent details of his work

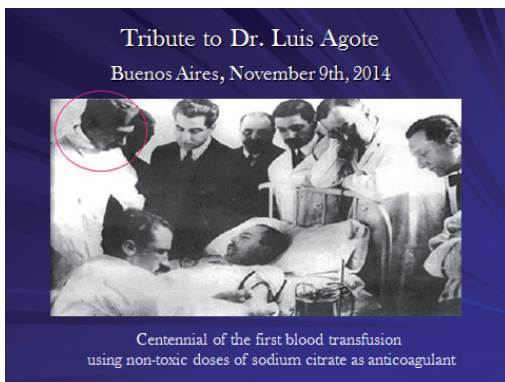
to the New York Herald. It published an excerpt on November 15th. Also, he formally announced the discovery to some embassies in Buenos Aires: the Imperial German Legation, the Royal and Imperial of Austria-Hungary, the General Consulate of the Ottoman Empire, the British Legation, the Legation of French Republic, the Imperial Legation of Russia and Belgium.

When the topic became of interest, Lewinsohn and Hustin, two other scientists, claimed the discovery as their own. The controversy in who had the priority with regard to the discovery was ended when the evidence of publication of the study in the American newspaper and the certification of the date of the announcements made by Agote became strong tools that left clear who was the first to publish the discovery.

Probably, Lewinsohn, after reading the summary sent to the NY Herald, review the literature and found the pioneering work of Hustin, however, this work advised an ineffective dilution. Forty years later, in a retrospective publication, Lewinsohn mentioned that for the same period, Luis Agote had published similar results independently, commenting that “When an idea is ripe it occurs to several people simultaneously.”

“When an idea is ripe  
it occurs to several  
people simultaneously”

The in vitro anticoagulation allowed transfusions that took place in World War II, when two key steps were added: cooling and the use of additional substances that improved conservation and transfer.



Dr. Agote was not only a brilliant doctor. Also active in politics, he was deputy and provincial senator between 1910 and 1916, author of projects such as the creation of the Litoral National University, the annexation of the National College to the Buenos Aires University and the creation of the Abandoned and Delinquents Juvenile National Board. He also experiment in literature. His principal works were: “Neron, his and his time”, psychopathological study; “Augustus and Cleopatra”, “ Illusion and Reality “,

a book of poems; “My Memories “, autobiography. Many of his scientific writings are contained in the Annals of the Clinical Medical Model Institute.

He retired in 1929 at sixty. In 1986 the Clinical Medical Model Institute received his name. He died on November 12, 1954. He was one of the most perfect examples of his brilliant generation. Throughout his life he received many honours: Honorary Professor, National College and the University of Buenos Aires; Honorary Member of the National Academy of Medicine; Honorary President of the National Academy of Fine Arts of the Child Care Association and the 8th National Congress of Medicine.

To highlight and honour the memory of this Argentine scientist, the Argentinean Association of Hemotherapy and Immunohematology decided to carry out various academic activities throughout the year leading up to an event to be held in Buenos Aires on November 9, 2014 , whose centrepiece will aim to celebrate the centenary of an event that allowed the development of transfusion medicine to this day. It will also serve to launch a national Hemovigilance programme.



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# 2014

June 23 - 26

**60th Annual Scientific and Standardization Committee (SSC) Meeting**

Milwaukee, Wisconsin, USA  
[www.isth.org](http://www.isth.org)

June 30 - July 02

**3rd Annual Bioplasma World Asia**

Singapore, Singapore  
[http://www.imapac.com/business\\_conference/bioplasma-world-asia-2014/](http://www.imapac.com/business_conference/bioplasma-world-asia-2014/)

July 03 - 06

**XIII European Symposium on Platelet and Granulocyte Immunobiology**

Bad Homburg v. d. Höhe, Germany  
[www.espgi2014.org/venue.html](http://www.espgi2014.org/venue.html)

July 30 - 02 August

**7th AfSBT Congress**

Victoria Falls, Zimbabwe  
[www.afsbtcongress.org/](http://www.afsbtcongress.org/)

August 21 - 24

**ISEH - 43rd Annual Scientific Meeting**

Montréal, Montréal, Canada  
[www.iseh.org](http://www.iseh.org)

September 03 - 05

**1st European Conference on Donor Health and Management**

The Hague, the Netherlands  
[www.ecdhm.org](http://www.ecdhm.org)

September 09 - 12

**47th Annual Meeting of the German for Transfusion Medicine and Immunohematology (DGTI)**

Dresden, Germany  
[www.dgti-kongress.de](http://www.dgti-kongress.de)

September 11 - 13

**The 3rd World Congress on Controversies in Hematology (COHEM)**

Istanbul, Turkey  
[www.comtecmed.com/cohem/2014/](http://www.comtecmed.com/cohem/2014/)

23 September 23 - 24

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