TRANSFUSION TODAY

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Blood Supply Management

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Birthday of an "IBTO Pearl"

ISBT

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Judith Chapman

Editorial Transfusion Today

The focus section of this issue of Transfusion Today has articles on blood supply management. This is a subject close to my heart having spent 8 years before coming to work for ISBT managing the Blood Stocks Management Scheme in the UK which was a ground breaking scheme to monitor the blood supply chain. Over the course of the 8 years we identified the link between inventory level and outdating of units as well as factors which affect how well hospitals perform in relation to outdating of blood and platelets. Blood is a precious resource, those of us who live in countries where we have a sufficient blood supply are very fortunate. According to the WHO 75 countries collect fewer than 10 donations/1000; this is low when compared to a collection rate of 39/1000 in high income countries. WHO also reports a loss of more than 5 million blood units globally every year due to collection from unsuitable donors and poor blood stock management, storage and transportation. It is incumbent on those countries that have sufficient supply to ensure that the blood supply chain is managed appropriately and wastage kept to a minimum.

The ISBT library of guidelines, standards and regulatory documents is launched at the 24th Regional congress in Kuala Lumpur. We hope that you will find the library a really useful resource in your work in transfusion medicine. Please give us your feedback.

We are already preparing for the 33rd International congress in Seoul. I hope that many of you will consider attending and learning about new developments in transfusion medicine as well as meeting colleagues and friends from around the world. Seoul is a fantastic city where old meets with new, I can thoroughly recommend it.

Loyso Mpuntsha
Chairperson Working Party
on Blood Supply Management

Gilles Folléa
Co-chairperson Working Party
on Blood Supply Management

ISBT Working Party on Blood Supply Management

Blood supply management is a series of processes and procedures that ensures the availability of safe blood components for patients requiring transfusions. It is conducted in close collaboration between the blood establishments and the hospitals as both are vital elements in the supply and demand of a safe and adequate supply of blood components. Although proper blood supply management is of prime importance to transfusion recipients, a recent survey conducted by the Council of Europe (CoE) working group on blood supply management has shown that its implementation could be significantly improved in many countries. This led the working group to propose a 5 step process to assess and improve blood supply management, with a self-assessment questionnaire and a SWOT (Strengths - Weaknesses - Opportunities - Threats) method. This self-assessment questionnaire and SWOT method (described in more details in the next article of this issue) have been adopted by the ISBT Working Party on Blood Supply Management and validated by members in three countries (in addition to validation by eight other countries with the CoE working group). The ISBT Working Party is currently working on further dissemination of the method through a forum in Vox Sanguinis and also on setting up an "anti-wastage programme" aimed at identifying ways to assess and reduce wastage of blood components along the blood supply chain from donors to patients.

The global forum which ISBT represents, consisting of blood and component suppliers, experts in transfusion medicine as well as transfusion prescribers, is an ideal place to discuss, improve, validate and disseminate tools for improving blood supply management worldwide. Every year since 2011 the Working Party on Blood Supply Management has organised business meetings at ISBT congresses, and webex teleconferences of the working party members in between these congresses, in which ideas, proposals and results of actions were discussed. The objectives of the Working Party are to develop and disseminate tools and guidance documents to help improve all aspects of blood supply management, from donors to patients, in a variety of different socio-political environments found in ISBT member countries. Currently the Working Party has 22 members from 14 countries.

In 2012 at the ISBT congress in Cancun, the Working Party organised a parallel session on blood supply management,

which was well attended and highly rated by the attendees. In 2013 at the ISBT congress in Amsterdam, the Working Party organised an academic session on blood supply management, which was also well attended and appreciated. All the presentations (PowerPoint slides and videos) can be accessed on the ISBT e-learning portal. The articles derived from the communications of the four speakers have been published in ISBT Science Series [1-4]. They describe the CoE questionnaire and SWOT method adopted by the Working Party and its validation through implementation in three countries (Australia, Netherlands, South Africa). The self-assessment questionnaire and SWOT method have been made available on the ISBT website with the agreement of the CoE. Do not hesitate to download these tools and to use them to improve your current blood supply management!

For 2014, a new academic session on blood supply management has already been proposed for the ISBT congress in Seoul. Its preparation is ongoing. To further disseminate the self-assessment questionnaire and the SWOT method, the Working Party is preparing a worldwide forum for Vox Sanguinis to collect information from the ISBT membership about the use of the method and its outcomes. A better understanding of factors that could help in improving blood supply management in various situations (e.g. developed and developing countries) is expected from this forum. In addition, based on an ongoing experience in Australia, the Working Party is preparing an action plan to assess and reduce wastage of blood components all along the supply chain.

Through its worldwide initiatives to understand the current state of blood supply management, and to disseminate solutions to its challenging problems, the Working Party has established itself as an important source of information and resources for those interested in learning more about and ensuring a safe and secure supply chain of blood components, for the benefit of patients and donors.

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Gilles Folléa
on behalf of Council of Europe Working Group and ISBT Working Party on Blood Supply management European Blood Alliance, Amsterdam, the Netherlands

Process and tools for assessment and improvement

A patient-centred vision leads to conceive all transfusion medicine activities as a "blood supply chain", starting with patients' needs and ending with transfusion of needed blood components (BCs) to patients. A working group (TS003 WG) of the European Committee (partial agreement) on blood transfusion (CD-P-TS) at Council of Europe (CoE) has investigated blood supply management (BSM), focusing on red blood cell concentrates (RBC). The main objectives in its terms of reference was to "elaborate a methodological approach including an analysis based on a self-assessment questionnaire to help blood services to identify the gaps between the present situation and an optimal blood supply management" and to ensure "dissemination of the methodological approach by appropriate means". The blood supply chain comprises two main sectors: the hospitals - where transfusion is ordered by clinicians and administered to patients - and the suppliers, acting from donor management to BC distribution, usually Blood Establishments (BEs).The ultimate goal of this approach is to help all involved stakeholders (hospitals, blood component suppliers, donors, health care providers) to assess and improve their BSM and maintain self-sufficiency and adequate blood supply in the future, for the primary benefit of the patients.

From scientific literature, current members' experiences and definitions of basic terms (use, demand, needs, self-sufficiency, RBC supplier), the TS003 WG first designed BSM as a real process with the following steps.

- Assess past hospital RBC use for patients;
- Establish a forecast for overall annual supply (BEs) and use (hospitals);
- Establish annual blood collection program (BEs);
- Weekly balance RBC use and supply in both BEs and hospitals;
- Review and update the patients' RBC needs and their satisfaction.

This process has been used as a basis to elaborate a questionnaire to investigate each step of the BSM process in the Council of Europe (CoE) countries, and CoE observers (Australia, Canada, New Zealand and USA). The most striking outcomes from the survey were as following. Of 45 surveyed countries, 39 (87%) responded. The blood supply chain structures could be classified in three main types: national BE based, 100% hospital based and mix of different organisations. Information exchange between hospitals and RBC supplier(s) was frequently lacking. However, a national effective coordination of BSM could be found in countries with any of the three blood supply chain organisations. A "vein to vein" IT system covering the entire blood supply chain appeared to be of major importance to achieve such national coordination of BSM. The results of the study have been presented and discussed at a symposium organised by the CoE in October 2012. This provided an opportunity to evaluate the use of the TS003 questionnaire, combined with a SWOT (strengths, weaknesses, opportunities and threats) analysis, to self-assess the current status of BSM in a given country and to deduce measures for improvement. The presentations of BSM strengths, weaknesses, threats and opportunities/ways of improvement, using a common power point template, have shown that the proposed BSM process, questionnaire and SWOT method were effective to help countries/organisations to assess and find ways of improvement for their BSM. This experience, much appreciated by the eight presenting countries (Finland, France, Ireland, New Zealand, Portugal, Romania, Spain and UK), can be considered as a first validation of the proposed tool and method.
The questionnaire and method have been adopted by the ISBT working party on BSM and further validated in three countries (Australia, Netherlands and South Africa). The BSM questionnaire and method are available on the ISBT website: **http://www.isbtweb.org/working-parties/blood-supply-management/questionnaire-and-method-to-assess-and-improve-blood-supply-management-bsm/**

A complementary study by the ISBT BSM working party has been planned to further disseminate, evaluate and improve this BSM questionnaire and method in a larger number of countries and organisations at any level (national, regional, local), and gain additional knowledge to establish good practices in BSM, for the primary benefit of patients, and also all other involved stakeholders.

W. Martin Smid
Sanquin Blood Supply, Groningen, the Netherlands

Experiences and Recommendations from the Netherlands

In essence Blood Supply Management is about how in an environment of nationally organised blood supply organisations blood is made always available for patients in need. The blood supply organisation of the Netherlands is a functional national blood bank. Sanquin Blood Supply, is the only organisation mandated to supply allogeneic blood products to all Dutch hospitals and it is mandatory to deliver as requested.
An update of the system from an analysis of its strengths, weaknesses, threats and opportunities, as recommended by the Council of Europe working group on blood supply management was done. Two main separate responsibilities can be identified in the Blood Transfusion Chain in the Netherlands: the blood establishment and the hospitals. Sanquin monitors hospital demands on a yearly basis and next year's budget is derived from this as input for the yearly collection plan. Execution is done with weekly steering based on the actual inventory levels.

SWOT analysis

The first strength of the system identified was the long-standing commitment of blood voluntary non-remunerated donors. To understand and support this commitment, focused research on donor motivation and development of availability in the present changing environment have contributed to the EU funded DOMAINE project (Donor MAnagement IN Europe).
A second strength consists of Inventory management on a National level that includes the national emergency inventory. Optimal inventory ranges in days are defined for all blood types. The existing cooperation between blood supply and hospital transfusion laboratories is a third strength.
Another strength is the national consensus on Blood Transfusion that serves as national guidelines and is the outcome from cooperation of experts in the whole transfusion chain. The universally used transfusion trigger adopted in the national consensus has resulted in a low transfusion rate of less than 30 per 1000 inhabitants, lower than in other EU countries. This is regarded as a quality marker.

A weakness identified was less opening of collection centres having resulted from increasing collection efficiency, aggravated by the decrease in blood component demand. The focus for inventory management has been placed on minimising discard and avoiding excess collection and it requires more flexible steering of collection. Since steering for Fresh Frozen Plasma (FFP) is hampered by the present six months quarantine period, shortages may occur in case of increased demand or less collections for technical reasons. This calls for a redefinition of the safety inventory level. A perceived weakness is the challenge to be aware of clinical information that may affect demand.

Opportunities were the centralisation with one virtual national inventory with so far availability constantly maintained and losses minimised. On a national level, mathematical models are used to optimise inventory management of platelets and the same approach for RBC is currently developed. Donor commitment remains high and research to understand factors that contribute to motivation and retention is used to predict trends and developments influencing blood donor availability.

However, the ever-increasing donor selection criteria might lead to reduce the donor potential and blood availability, and this could be regarded as a potential threat.

Conclusions and Recommendations

The national system in which moderate clinical use, donor management and inventory management are integrated has resulted in a constantly reliable and adapted supply. Challenges are the security stock level for FFP, and ever-increasing safety measures leading to defer more donors. Flexibility of the system and the interface between blood supply and hospitals are the identified areas for improvement.

Jacqui Caulfield
Australian Red Cross Blood Service

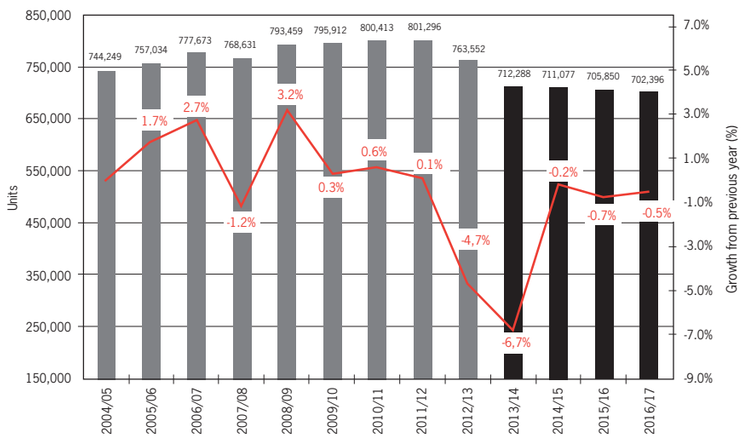
Experience and Recommendations from Australia

The Australian Red Cross Blood Service is fully funded by Australian governments to provide blood, blood products and services to the Australian community. Australia does not import any fresh components from overseas (except in rare cases for special phenotypes) and is self-sufficient from voluntary non-remunerated blood donors (VNRBD).

Red cell demand forecast
The Blood Service (BS) implemented a Sales and Operations (S&OP) framework in 2010, which integrates the management functions of Product & Service, Demand and Supply. The monthly S&OP planning cycle includes a Demand Review, during which a refreshed demand forecast with a 36-month horizon is considered. The forecast is based on a number of planning assumptions including:

- Product plans (informed by the Product & Services Review);
- Customer intelligence, gathered largely by Blood Service interactions;
- The health sector outlook (funding, legislation etc.);
- Demographic and population data; and
- Detailed statistical analysis of trends in product issue.

The graph below is an example of a national red cell forecast (updated August 2013).



Note: Black bars represent forecast demand. Red line represents percentage growth from the previous year.

The Blood Service forecast accuracy is 95% or better.

Supply Planning
The 36-month demand forecast is translated to a supply plan, which is disaggregated into monthly blood collection targets by state or territory.
The scope of "supply management" covers plans for donor management and blood collection, processing and testing, inventory management through to distribution to customers. The supply plan and disaggregation process, informed by the approved demand forecast, uses planning assumptions on internal capacity and performance, as well as external factors. For the collection plans these include:

- The collection capacity within the donor centre network;
- Seasonality patterns;
- Discard data;
- Donor behaviours and characteristics (retention rates, donation frequency, likelihood of deferral, rebooking rates);
- Donor acquisition plans;
- Logistics.

Monthly regional Supply Review meetings review and refresh planning assumptions following the "plan, re-plan" approach. All team members "sign off" on the plan, indicating that the plan is valid and, and that committee members agree to operate to one set of planning numbers.

Weekly aligning supply and demand
The Blood Service has adopted the practice of locking the forecast within a three month window and refreshing 4-36 months within the S&OP planning cycle. The first three months are the demand control period and a number of tools and techniques are employed to manage the balance of supply and demand within this period.

In the demand control period, collection targets are broken down by day and donor centre. Daily product issue and collections are used in conjunction with an inventory report - the National Inventory Template (NIT) - which quantifies the levels of available inventory both internally and externally. Assessment of the internal inventory holding in the context of upper and lower inventory sufficiency bands for each blood type are made. The bands are based on a safety stock calculation that takes into account the average and variance of lead time, issues and production.

All of this information is considered at weekly Local Supply Team meetings, during which remedial actions to any adverse trend are agreed. Subsequent to these meetings, a national cross-functional group is convened to consider broader solutions required to correct any imbalance. This team is called the "Inventory Response Team" (IRT). Levers applied to align supply with demand include:
Number of donor appointments required;
Marketing activities targeted to region and donation type;
Stock transfer plan between regions; and
Workforce planning.

Conclusion
In the last three years, the Blood Service has introduced S&OP methodologies to improve blood supply management, using one set of approved plans to undertake all activity. As a result, the supply chain for fresh components has improved - order fulfilment has increased by 8%, productivity rates are increasing, while capital investment requirements and supply volatility are decreasing.

There are still many challenges to be faced, however the introduction of S&OP and the opportunity to correspond and compare with international colleagues has resulted in a significant and embedded new process, enabling the Blood Service to continue to improve to meet demand for Australians.

Experience and Recommendations from Africa

Loyiso Mpuntsha
South African National Blood Service

The Blood Transfusion infrastructure in Africa varies quite significantly among the different countries and also between the sub-Saharan countries vs. the countries based in the North. Two key success factors in ensuring sufficient safe blood is a nationally co-ordinated blood transfusion service and the recruitment and retention of sufficient voluntary, non-remunerated low-risk blood donors. The different countries vary significantly in progress towards achieving these goals. While countries like Namibia, Zimbabwe and South Africa have achieved a 100% voluntary donor base, many other countries in the region still rely on a mix of family replacement and voluntary donors. Among the voluntary donors the proportion of one time donors vs. repeat donors is still high.

According to a 2011 WHO report forty-three countries in the African Region reported collecting 4 million units of blood, which account for 4.3% of global donations, although these countries are home to around 12% of the global population. Each country still collected less than the 10 units per 1000 population recommended by WHO for developing countries.

The major challenges are:
- Factors such as poverty, malnutrition, unemployment and underlying disease burden severely limits the potential donor base in these countries.
- Adequate infrastructure for managing cold chain and processing resulting significant wastage and poor utilisation of components
- Poorly co-ordinated Health Service infrastructure resulting in great difficulty in predicting demand and managing inventory
- Poorly developed IT systems and resultant lack of real time information to make critical supply chain decisions.

The improvements needed for most countries revolve around the basic requirements for resources to collect, process, test and issue blood. Maintaining the cold chain for blood from collection to issuing presents a particular challenge in most areas since the road infrastructure is quite poor, distances vast and temperatures are extreme. Resources such as appropriate vehicles for the road conditions and containers validated to maintain the cold chain up to and beyond 24 hours are some of the requirements needed. The high prevalence of HIV and HBV makes quality assured testing of each unit of blood collected an absolute necessity, which put an additional burden on the limited resources.

Case Study: South Africa

SANBS focuses on four critical steps in managing an effective supply chain. These are:
1. Projecting Demand for Blood and Blood Products on an annual basis
2. Procurement of blood based on projected demand for use over a specified time period
3. Transport of the blood to laboratories where the unit of blood is processed into various components and eventually labeled for distribution.
4. Inventory Management and Distribution to the end users through a logistics network.

General Recommendations to Improve Blood Supply Management in Africa

- The Blood Services will need to establish strong programmes to collect sufficient blood on a regular basis to meet demand. The major challenge still remains to procure sufficient whole blood to meet demand and at least collect more than 10 units per 1 000 population recommended by WHO for developing countries. Emphasis must also be placed on regular low-risk voluntary donors and systems to communicate effectively with donors.
- Improve infrastructure for all aspects related to collection, transport, processing, testing, storage and distribution of blood. This is important to ensure optimal utilisation of all the blood components. Currently most countries discard most of the plasma and buffy coats and there is a shortage of plasma derived medicinal products
- Create a network with the hospitals to ensure appropriate usage of blood and develop systems to track usage so that demand can be estimated more accurately
- Implement education and training programmes across the entire value chain so that staff are motivated and competent in their areas.

Gilles Folléa, on behalf of ISBT Working Party
on Blood Supply management
European Blood Alliance, Amsterdam, the Netherlands

Blood Supply Management: what's next?

As presented in the five previous articles of this issue of Transfusion Today, the work from the Council of Europe (CoE) working group on blood supply management (BSM) and the ISBT working party on BSM has contributed to develop the vision of BSM as a real process which can be assessed and regularly improved by using the tools developed for this purpose. Although the use of these BSM tools in more countries/organisations should be encouraged and extended, it is important to think of BSM in a broader perspective of transfusion medicine. Our proposal at this point is to associate BSM to other available tools or programmes with the objective of continuously improving the whole supply chain for the benefit of patients first, but also donors and health care providers. This reflection leads to propose to associate BSM to three other methods: patient blood management, donor management and steering-coordination of the transfusion medicine activities as a whole.

Patient blood management (PBM) constitute an evidence-based, multidisciplinary approach to optimise the care of patients who might or not need blood transfusion [1,2]. As "patient-centred care", it puts the patients at the heart of decisions about blood transfusion to ensure they receive the best treatment and avoidable, inappropriate use of blood products is minimised. PBM is built on the three pillars of: i) Optimisation of blood volume and the patient's own blood supplies; ii) Minimisation of blood loss; iii) Optimisation of the patient's tolerance of low blood counts. In avoiding unnecessary exposure to blood components, PBM optimises the use of donor blood and reduces transfusion-associated risk. Optimising the use of blood and blood products will interact with both BSM and donor management [3]. Thus, the decreasing trend of blood component use observed after implementation of PBM [4] could facilitate both BSM and donor management.

After having determined the blood needs for patients, as part of the BSM process, donor management, the donor side of the supply chain, appears as another indispensable tool. The elements of good donor management have been extensively presented in the DOMAINE (Donor management in Europe) manual [5]. It underlined the importance of having i) Good definitions; ii) Good donor base and knowledge of tools to adapt it to meet the patients' needs [6]; iii) Knowledge and practises of donor marketing with its four phases (developing awareness, calling for action, donor relationship management, recognition); iv) Knowledge and practises of donor selection and collections; v) Knowledge and practises of donor safety and vigilance. Maintaining and adapting the donor base in connection to the collections required to meet the patients' needs is certainly a major challenge for most blood establishments in the future. Knowledge and implementation of the DOMAINE principles should help in facing this challenge successfully.

Beyond the need for good relationships between hospitals and blood product suppliers, still missing in a majority of countries [7], steering-coordination of the transfusion medicine activities as a whole, encompassing PBM, BSM, and donor management, is certainly a major goal to achieve.
The objectives of this steering-coordination should be as follows (at least).

- To improve relationships between hospitals and blood and blood component suppliers, to streamline BSM.

- To review blood product use and settings against standards of care/guidelines/updated scientific knowledge to determine satisfaction of patients 'needs and help assess future needs.

- To assess safety of blood products and be involved in blood safety measures, e.g.: in case of emerging infectious disease.

- To assess safety of transfusion practices and be involved in education and training of concerned prescribers and associated staff, to develop transfusion good practices and patient centred blood use.

- To assess self-sufficiency of blood products.

These steering-coordinating activities could be implemented at different levels, local (e.g.: hospital transfusion committees), regional and national.

In total, PBM programmes will optimise the use of blood products, BSM will streamline the blood supply chain and help reducing wastage of blood products [8], donor management will help recruiting and retaining the required safe donors, and these programmes will be coordinated thanks to steering of all activities and stakeholders involved in transfusion medicine.
A few countries/cities have already implemented such coordinated blood programmes succesfully, bringing evidence that this could be extended to other countries/organisations, for the benefit of the patients, the donors and the healthcare providers.

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Peter Flanagan

The primary aim of ISBT is to *'facilitate knowledge about transfusion medicine to serve the interests of donors and patients'*. We achieve this in a number of ways. Most notable are the International and Regional Congresses and through publications such as *Vox Sanguinis and Transfusion Today*. The ISBT Academy also plays an increasingly important role in achieving the overall goal of the Society.

The senior Vice-President, currently Dr Roger Dodd, is responsible for the ISBT Academy. He is supported by a Standing Committee on Education which he chairs and which also includes the junior Vice-President, Dr Diana Teo, acting as the vice chair, ISBT Scientific Secretary, Martin Olsson, and representatives from each of the WHO regions. Full details of the current membership are available on the Society website (http://www.isbtweb.org/academy/academy-standing-committee/).

The Academy is responsible for the content of the Academy day at congresses and also supports a range of educational events throughout the year. By the end of 2013 a total of 17 Academy events will have taken place Europe, the Americas, Australasia and Asia. The type of support is highly variable. This most frequently involves financial support for Academy sessions within larger national or regional meetings but sometimes the only request is to use the ISBT logo. Co-badging of sessions during International meetings also occurs - Academy support of this type was provided during the ISCT meeting in Auckland New Zealand in April and the 13th International Conference on Thalassaemia and other haemoglobinopathies in Abu Dhabi in October this year. Increasingly a range of more innovative approaches are occurring. Two wet red cell serology workshops have been supported in India. This is part of a wider initiative by Dr Jim Perkins that provides a real opportunity to improve standards of practical blood group serology in the region. Financial support was provided to the Australian and New Zealand Society of Blood Transfusion (ANZSBT) to increase the number of Asia-Pacific travel fellowships to attend the Australasian annual meeting. These events all help to raise the profile of ISBT and also provide real opportunities to extend the global educational aims of the Society.

Funding for Academy events is increasingly provided by the ISBT Foundation. The revitalised Foundation Board is busy improving overall governance arrangement with the aim of ensuring timely and transparent decision making. The Foundation is funded through transfer of ISBT surpluses. This approach avoids tax liabilities and allows funds to be more evenly allocated over a number of years.

Applications for Academy support is managed through a structured process managed by the Standing Committee of the Academy. Application forms are available on the ISBT website. Submitted requests are reviewed by the Committee who will then make a decision whether or not to support the event. Inevitably not all requests are successful. The ISBT Board continues to consider ways to improve the success rate of submitted applications. In the next few months we will be progressing the appointment of an ISBT Scientific Officer. One of the key responsibilities of this new position will be to assist applicants to improve their submissions and to provide guidance on developing programmes for the events. Ultimately the success of the Academy is dependent on the number and quality of the applications. The one certainty is that support will not occur unless you apply. If you have been thinking about asking for support for an event in 2014 then now is the time to act.

The Academy will also play an important role in developing the e-learning initiative. Diana Teo is currently leading a review of how we might use the webcasts as a tool to increase membership and also to potentially make them accessible to non-members for a fee. This issue will be considered by the Board in our meeting in Kuala Lumpur in December. Hopefully more information on this will be available in my next column for Transfusion Today.

Peter Flanagan
ISBT President

Geoff Daniels

By the time you read this the 24th Regional congress in Kuala Lumpur, Malaysia, will be history and we will be anticipating the 33rd International Congress in Seoul, South Korea, from May 31 to June 5, 2014. The scientific programme for Seoul is now close to being complete and looking really good.

Last year the Vox Sanguinis editorial team submitted the ISBT Science Series to Medline for recognition, unfortunately without success. There were two main reasons given for Medline's rejection: lack of peer review of Science Series papers and the irregular publication of the journal, which is only published when associated with a congress. In the past, all invited speakers to an ISBT congress were asked to provide an article, related to the topic of their conference presentation, for publication in the ISBT Science Series. Previously the Science Series edition was published at the time of the congress and the articles were not subject to scrutiny by peer review. For the Kuala Lumpur congress, however, authors were asked to submit at the beginning of the congress. Manuscripts were then sent to referees and subsequently returned to their authors for modification, before publication as soon as possible. Peer review of these articles will lead to a higher quality of publication for Science Series readers and will also provide greater prestige for their authors. Another plan for the Science Series is to produce additional issues containing original submitted papers. A proportion of these will be scientifically sound papers that were rejected by Vox Sanguinis for failing to be of broad enough interest for that journal, but to be of sufficient interest to merit publication. If the authors agree, such papers will then be passed from Vox Sanguinis to the Science Series. This will provide a benefit to many ISBT members, especially those in the developing world, whilst enhancing the chances of Medline acceptance for the Science Series. Increasing the frequency of publication and introducing peer review for the Science Series articles associated with congresses will increase the probability that the ISBT Science Series will be accepted by Medline. This will give the journal an impact factor and its contents will appear in Pubmed.

The Kuala Lumpur congress marked the launch of the ISBT library of international guidelines, standards, and regulatory documents. The library contains recent guidelines in the English language that are freely available, together with some manuals that are not yet freely available online. Approximately 250 documents from around 25 countries are provided, and further documents, in other languages, will be added in due course. The library is available via a link to the ISBT Academy e-learning portal on the home page of the ISBT website. I am sure that this library will be a valuable resource to ISBT members.

2014, being the year of an ISBT International Congress, is also a year of elections for the ISBT Board of Directors. These are the first elections carried out under the new statutes agreed at the General Assembly in Amsterdam. The positions that will become vacant next year are President Elect (becoming President in 2016), Vice President, Secretary General, and Regional Directors for the Americas (2), Eastern Mediterranean, Europe, and Western Pacific. If you are an ISBT member, you should have already been notified of these elections in a call for nominations. All nominations, signed by two ISBT members, must be sent to the Central Office by February 3, 2014. By March 3, 2014 I will send out instructions for electronic voting, which has a closing date of May 4, 30 days before the General Assembly in Seoul. If you are an ISBT member, please be sure to consider people to nominate for the positions vacant and to vote for the candidates of your choice. Only by members participating in the elections can ISBT remain a democratic society owned by its members.

Awards and Prize opportunities 2014

ISBT Developing Country Award

ISBT is seeking applications for the Award for Developing Countries 2014. Applications are sought from a Blood Service/ Centre from a developing country that has made a significant contribution in strengthening Blood Transfusion Practice within the country OR an individual from a developing country who has made a significant contribution in strengthening Blood Transfusion Practice within the country.

Applications are only open to Blood Services/Centres from developing countries or individuals resident in developing countries who work for a Blood Service in the developing country. Qualifying developing countries will be those thathave a Medium Human Development Index (HDI) or Low HDI. The World Bank will be used as the reference to determine qualifying countries.

Jean Julliard Prize 2014

Applications are invited for the 22nd Jean Julliard Prize, which was established by the International Society of Blood Transfusion in memory of the first Secretary-General. The Prize will be awarded during the 33rd International Congress of the ISBT in Seoul, Korea, May 31 - June 5, 2014. The Prize is open to members and non-members of the Society under the age of 40 for a submission of recently completed scientific work on blood transfusion or related subjects. In general, the Prize will be awarded to one individual or, in special cases, the Prize may be shared.

Candidates should forward a copy of their submission to the ISBT Office (office@isbtweb.org) with Jean Julliard Prize as the subject heading. Regulations for the format of submissions is provided on the ISBT website or can be obtained from the ISBT Office. The closing date for submission is Sunday January 5, 2014. The Prize of US$ 5.000 will be awarded during the Congress. The successful candidate will be required to give a presentation on their submission during the Seoul Congress.

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*As compared to manual whole blood processing. Data on file at Terumo BCT.

Elections for vacant positions on the ISBT Board of Directors 2014

According to the statutes of the ISBT, elections for the Board of Directors will be held prior to a General Assembly (Article 16.1). The ISBT Secretary General must notify all members of the elections at least six months in advance of the relevant General Assembly and call for nominations to fill vacancies on the Board of Directors (Article 16.3(a)). The next General Assembly will be in Seoul, Korea on June 3, 2014.

Individual, Honorary or Affiliate members who are accepted members of ISBT on November 27, 2013 at 17.00 Central European Time are invited to nominate candidates for the following positions on the Board of Directors and the Executive Committee:

- **President elect**
- **Vice President**
- **Secretary General**
- **Regional Director Americas (Canada and USA)**
- **Regional Director Americas (excluding Canada and USA)**
- **Regional Director Eastern Mediterranean**
- **Regional Director Europe ***
- **Regional Director Western Pacific***

* Nominations cannot be accepted from members resident in Italy or Japan because there is already a member from each of these countries on the Board. Article 13.3 (f) does not permit two members of the Board from the same country for these positions.

Nominees can only be Individual members and must be accepted members of ISBT on November 27, 2013 at 1700 Central European Time.

Please read the call for nomination notice which can be found on the Elections 2014 page of the ISBT website and use the nomination form, which must be fully completed and can be downloaded from the Elections 2014 page of the ISBT website.

The official deadline for receipt of nominations is **February 3, 2014 at 23.59 Central European Time.**

Welcome to our new members

(Aug - Oct 2013)

Africa
- **ALGERIA:** SOUAAD BOUALI
- **ETHIOPIA:** DANIEL BURSSA
- **NIGERIA:** OLUSOGO BUSARI

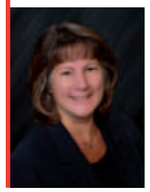
Americas
- **CANADA:** AMY KEIR
- **UNITED STATES:** JEFF BLAIR, NEIL BLUMBERG, MANISH GANDHI, NATHAN LENTS, CREIGHTON MILLER, SAMUEL SOWEMIMO-COKER

Eastern Mediterranean
- **AFGHANISTAN:** ISMAIL ZUBAIR
- **BAHRAIN:** AMEERA ALI RADHI
- **OMAN:** ASILA NASSER AL SHAQSI
- **PAKISTAN:** ASIM MUHAMMAD, KAENAT NASIR, WASEEM QAMAR, MUHAMMAD SABOOR, MUHAMMAD USMAN, HUMAIRA YASMEEN
- **QATAR:** FAWZIA AHMED MOHD, AZHAR MOHIUDDIN MOHAMMED
- **SAUDI ARABIA:** WALAA ALAMOUDI, AHMED ALNADHEEF, MAHA BADAWI

Europe
- **ALBANIA:** IRENA SEFERI
- **AUSTRIA:** EVA ROHDE, ANJA VALES
- **BELGIUM:** HANNAH DEWERCHIN
- **CROATIA:** MAJA STRAUSS-PATKO
- **GERMANY:** JULIANA CASIMIRO DE ALMEIDA, ANGELIKA REIL
- **IRELAND:** NIAMH O'SULLIVAN
- **ITALY:** ANGELA BELSITO, UGO SALVADORI
- **MACEDONIA:** RADA GRUBOVIC
- **NORWAY:** BJORN BJORKVOLL
- **UNITED KINGDOM:** KEVIN FORBES

South East Asia
- **BANGLADESH:** MOHAMMED QUADER
- **INDONESIA:** MANSYUR ARIF
- **INDIA:** SABITA BASU, RATTI RAM SHARMA

Western Pacific
- **AUSTRALIA:** RAYMOND DAUER, STEVEN ELDRIDGE, HELEN HAYSOM, CHENG ONG, ANDREW JOHN WEBB
- **BRUNEI:** SAPURAH YUSOF
- **FIJI:** ADRIU SEPETI
- **JAPAN:** HUEY SHY CHEE
- **SOUTH KOREA:** HYE RYUN LEE
- **NEW ZEALAND:** GRAEME SYKES
- **PHILIPPINES:** PAOLO XAVIER CO
- **SINGAPORE:** JEREMY CHOW, EDWARD LIN, LI CHINK WENDY TAN, YUSRAN YUSOF
- **VIETNAM:** PHUONG DANG THI



Sandra Nance
American Red Cross

New Working Party for ISBT: The Working Party on Immunohaematology

In the recent issue of Transfusion Today (2013; Volume 96; page 15), Dr Geoff Daniels reported that the ISBT Board of Directors approved the formation of a new Working Party on Immunohaematology.

The purpose of the Working Party on Immunohaematology is to focus on the topic area and provide a central base for building networks and providing collaborative opportunities for ISBT members.

At the next ISBT Congress in Seoul, Korea, there will be an Inaugural Meeting of the Working Party. This meeting will be preceded by a programme on immunohaematology in the morning and the Working Party meeting in the afternoon. The focus of the Working Party meeting is to develop Terms of Reference and develop an Academy Day proposal to precede the 2015 Regional Congress in London. Additionally, the Working Party meeting participants will determine an online educational activity to contribute to the ISBT Website. Both the morning session and the afternoon Working Party meeting will be open to all ISBT Congress registrants. Join us for a dynamic session and Working Party.

In Memoriam

Dr Gordon Thomson Archer MB BS, FRCPA, AO (1926 - 2013)

Dr Gordon Archer, a past President of the International Society of Blood Transfusion (1988-1990) passed away in Sydney on September 6 2013. Dr Archer held the position of Director of the NSW Red Cross Blood Transfusion Service, NSW, Australia from 1967 to 1991. He was a widely respected and admired figure in Transfusion Medicine.

Gordon Archer and his twin brother, Harold were born in Melbourne on 18 March 1926. He was educated in Canberra and Melbourne and attended the Royal Melbourne Institute of Technology (RMIT) where he studied metallurgical engineering. On graduating in 1944 Gordon Archer and Harold (also an engineer) enlisted in the Royal Australian Army Engineers, became officers and were sent to join the Australian forces in Rabaul, New Guinea. After World War II Gordon Archer enrolled to study Medicine at the University of Sydney. After graduating in 1953 he trained in Pathology at Royal Prince Alfred Hospital gaining the Diploma of Clinical Pathology and was admitted as a member of the Royal College of Pathologists of Australia in 1960. Dr Archer joined the NSW Red Cross Blood Transfusion Service as Assistant Director in 1957.

He pursued a lifelong interest in research with a special interest in the role of eosinophils and mast cells in allergy. Early in his career he undertook research studies funded by the National Institutes of Health at the Rockefeller Institute in New York. Later he took a sabbatical at the Centre National de Transfusion Sanguine in Paris in 1970. Dr Archer was a founding member of the Australian Society of Medical Research in 1961 and served as its President from November 1964.

In 1967 Dr Archer assumed the role of Director of NSW Red Cross Blood Transfusion Service. During the next few decades he championed the collection of blood into plastic packs, the greater use of blood components, the improvement of storage media to improve quality of red cells and platelets; he was the initiator of the anti-D procurement program known as the Rh Project, a very successful program in Australia. He also decided to introduce histocompatibility testing (for HLA typing and support of kidney transplants). Dr Archer supported research into the development of hepatitis B virus testing, resulting in very early universal donor testing, the heat treatment of plasma and cryoprecipitate (containing Factor VIII) to eliminate viruses, and importantly the introduction of HIV testing in May 1985 as one of the first testing sites in the world. Dr Archer also supported the change to monoclonal antibody-based blood grouping and was very supportive of research to develop a monoclonal antibody-based alternative to plasma-derived anti-D. He participated in the development of a quality based framework and code of practice for blood banks in the early 1990s. He assisted in developing many transfusion services throughout Asia and the Pacific with training positions in Sydney and development courses.

In 1964 Gordon Archer was amongst the small number of founding members of the fledgling Australian Society of Blood Transfusion (which later became the Australian and New Zealand Society of Blood Transfusion). He was inaugural Secretary/Treasurer of the Society and became President in 1972. He was later honoured as the Ruth Sanger orator in 1999 and made a life member.

Dr Archer was instrumental in the planning and success of the two Congresses of the International Society of Blood Transfusion held in Sydney - the XI Congress in 1966 and the XIX Congress held in 1986 of which he was President. He was elected President of the International Society of Blood Transfusion (1988-1990) the first Australian to attain that position.
Dr Archer is remembered for his strong leadership, good judgement, common sense, technical expertise and bold decision-making. He demonstrated a firm appreciation of research as a driving force for innovation and improvements in quality and safety. He faced major challenges in transfusion medicine during the eighties, introducing at times controversial measures to limit viral transmissions and protect the blood supply. He was a mentor to many and was highly regarded internationally for his farsightedness and courage. He will be sadly missed by his many colleagues and associates around the world.

Dr Gordon Archer was recognised in 1991 by the Australian Government with the award of Officer of the Order of Australia “for services to medicine, particularly in the field of Haematology”. He is survived by his wife, Joy and his children, Sue, Martin, Tim and Megan.

Anne Fletcher, Gordon Whyte, Brenton Wylie
23 October 2013

Neelam Marwaha
ISBT Regional Director South East Asia

2nd National Conference of Indian Society of Transfusion Medicine (TRANSMEDCON 2013)

The 2nd National Conference of Indian Society of Transfusion Medicine was organised in Bangalore, India September 13 - 15 2013. Six pre-conference workshops were conducted on September 11 - 12 on the following topics;

- Therapeutic plasma exchange,
- Haematopoietic stem cell collection and apheresis technology,
- Thromboelastography, HLA and transplant immunology, Immunohaematology
- and Quality Control in testing for transfusion transmissible viral infections by serology.

The participants were given live demonstrations of procedures and hands-on experience wherever possible.

The conference drew an enthusiastic response from the transfusion medicine fraternity from all over the country with almost 700 participants. During the inaugural function a Handbook on Blood Safety compiled by the Organising Secretary, Dr Shivram and the haemovigilance newsletter published by the national haemovigilance co-ordinating centre ,were released.
The scientific programme included various contemporary issues in transfusion medicine and provided opportunity for maximum participation from the members.

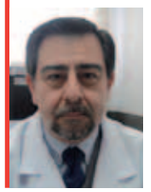
There were 46 invited talks by eminent guest faculty on wide ranging topics covering blood testing, blood processing, blood management ,blood donation, quality assurance ,apheresis, transplantation immunology and regulatory aspects of transfusion services. A panel discussion on haemovigilance was organised to create awareness about the recently launched national haemovigilance programme. Lively interactive scientific debates were held on challenging issues in transfusion medicine in developing countries - accreditation, universal leucodepletion, NAT testing for transfusion transmissible viruses and total voluntary blood donation. 163 scientific abstracts were submitted and 44 were selected for oral presentation.

The theme of the conference was 'Clinicians connect to Transfusion Medicine'. In keeping with the theme, three scientific sessions were conducted in collaboration with clinical colleagues. The sessions were on 'New frontiers in obstetric and perinatal transfusion practices', 'Developing massive transfusion protocols' and 'Transfusion alternatives'.

The plenary session on day two of the conference was supported by ISBT. Dr Martin Olsson, Scientific Secretary of the ISBT gave a presentation on "Current concepts for safer red cell transfusions : Personalised vs. Universal blood". This aroused tremendous interest amongst the audience and the presentation was followed by many questions and comments.

Dr. Neelam Marwaha presenting a token of appreciation to Dr. Martin Olsson

The tradition of conducting a postgraduate quiz competition was maintained and student teams from academic departments of Transfusion Medicine in the country participated in the event. In addition to the scientific events, the organisers had a grand conference banquet for the delegates. A musical group kept the audience enthralled and many delegates were dancing to the foot-tapping music.



Oscar Torres
ISBT Regional Director
Southern Americas

XIV Transfusion Medicine Congress in Argentina

The XIV Argentinean Transfusion Medicine Congress took place September 11-13 and was organised by the Argentinean Haemotherapy and Immunohematology Association (AAHI). The Organising Committees included local scholars as well as foreign lecturers from the USA (Celso Bianco, MD, Mark Popovsky, MD and Alexander Indrikov, MD), Spain (Julia Rodríguez Villanueva, MD), Colombia (Armando Cortés, MD), Brazil (Allison Dos Santos, MD, and biologist Ana C. Perón) and Uruguay (Cristina Touriño, MD, and Jorge Curbelo, MD).

In total 1015 attendees, including: doctors, technicians, biochemists, biologists and students attended the congress. We were pleased to welcome 120 colleagues from Colombia, Guatemala, Paraguay, Peru and Uruguay. A total of 120 posters were submitted and two awards were granted, one to the best poster on blood donation and the other to a full-text presentation on obstetric and immunohematologic handling of anti-Kell Haemolytic Disease of the Newborn.

During the first day, the first ever International Society for Blood Transfusion (ISBT) Educational Day in Argentina was held. The Educational day focussed on Immunohaematology and transfusion-related adverse events. After receiving excellent feedback on this event the AAHI considered that more Educational Days should be held in other countries in Latin America as well.

The AABB certification was granted to the Public Umbilical Cord Bank (Silvina Kuperman, MD, et al.) and the activities of the Hemoderivate Plant of the University of Córdoba (producing intravenous gamma globulin, hyperimmune gamma globulin, albumin, FVIII antihemophilic concentrate, among others), as well as the growth of the Maldonado-Punta del Este Blood Centre in Uruguay (Jorge Curbelo MD). Being Argentinean myself, I was delighted to highlight the interesting papers submitted on molecular biology studies of the Rh system by Carlos Cotorruelo, MD.

The activities during the remaining days of the congress included round tables, workshops, conferences and satellite industry symposiums, focusing not only on current issues but also on specific local and regional problems, such as the need to switch from replacement blood donations to voluntary regular donation, process centralisation, donor screening criteria and risk population determination, Chagas' disease and transfusion criteria.

The Administrative Board was renewed during the General Assembly, which resulted in my re-election as President for two further years. I would like to thank my colleagues and the group of professionals who have supported me in the previous period.

November 9th, 2014 marks the centennial of the first recorded blood transfusion using non-toxic doses of sodium citrate as anticoagulant carried out without complications by the Argentinean doctor Luis Agote, a turning point in transfusion medicine around the world. For this occasion the AAHI will celebrate a scientific event next year.

Left to right: Fariba Seighali, Mostafa Moghdam and Nasim Hossein
Blood Transfusion Research Center, High Institute for Research and Education in Transfusion Medicine, Tehran-Iran

Birthday of an "IBTO Pearl"

September 9, 2013 marked an important date as the Iranian Blood Transfusion Organisation (IBTO) celebrated Asra 4th birthday. She is the youngest Iranian who has a rare blood type; Bombay blood type.

Little Asra celebrating her birthday

Back when Asra was just 18 months old she was admitted to the children's hospital in Tabriz for a Diaphragmatic hernia surgery. Doctors were informed by IBTO serology Laboratory in Tabriz that she has Bombay blood type. After setting a new date for her surgery, the requested rare blood units were transported by air to the children's hospital blood bank in Tabriz. Asra's surgery was successful and she was transfused with one DRBC unit.

To commemorate the importance of acknowledging rare blood donors, IBTO proposed to appoint January 21 as Iran's "National Rare Blood Donor Day". Blood donors who gave their blood to save Asra's life and also hardworking personnel of the Iranian National Rare Blood Donor Programme were appreciated.

To meet the requests of patients with rare blood groups, IBTO regularly screens rare blood types from blood donor samples. Today more than 15000 blood samples have been phenotyped. Immunohematology Reference Laboratory at IBTO developed a national database of 750 active rare donors and stores almost 160 RBC units of frozen rare blood types at -80.

Currently 31 provincial blood centres participate in Iranian National Rare Programme. Our goal is to screen 0.1% of total Iranian population (No: 75000 blood donors) for rare blood types and also develop a regional network for rare blood donors.

Since 2010 Iran became a member of the ISBT Working Party on Rare Blood Donors. Iran is the only country from Eastern Mediterranean Region that joined the working party.

Blood donors who gave their blood to save Asra's life and also hardworking personnel of the Iranian National Rare Blood Donor Programme were appreciated

EASTERN MEDITERRANEAN

Julieta Rojo-Medina
General Director
National Centre of Blood Transfusion,
Ministry of Health, México City

Voluntary Blood Donation in Mexico

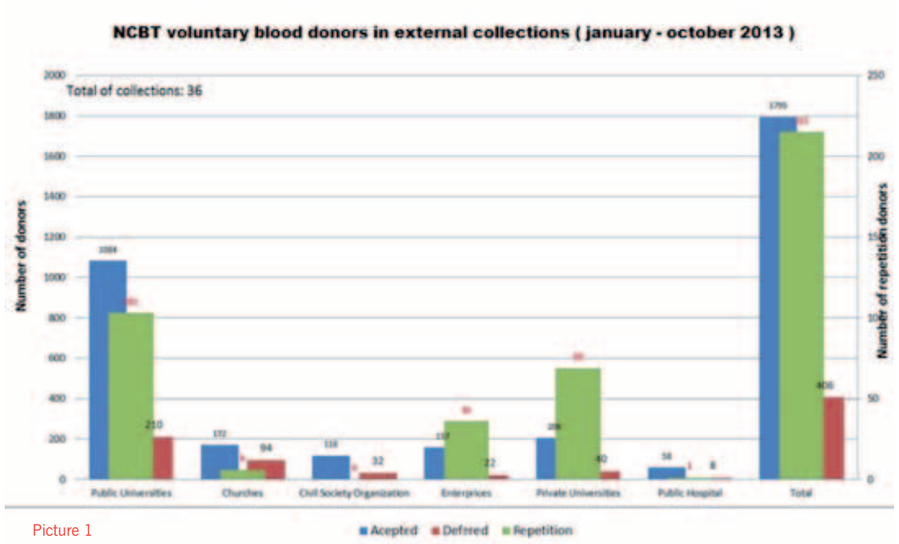
Mexico has made great steps in regulation, access and security of human blood and its components. In December 2012, the policy that regulates human blood and blood components for clinical use was updated after 19 years [1,2].

The country counts 556 blood banks of which 25% of them belong to the Ministry of Health, 15% to the Mexican Social Security Institute (IMSS) and 10% to the Institute of Security and Social Services for State Workers (ISSSTE). The blood banks of the Ministry of National Defense, the Navy and Petroleos Mexicanos (PEMEX) as a whole constitute only 3%. More than the remaining 40% belong to the private sector [1,2].

The total registered blood collection at Mexico's National Centre of Blood Transfusion (NCBT) counted more than 1,800,000 with an annual average increase from approximately 50,000 units in 2012. PAHO's recommendations regarding the self-sufficiency of blood states a rate of 100 to 300 blood donors for every 10,000 inhabitants. Mexico has a population of about 117 million, thus meets the rate with 149 [3-5].

The voluntary blood donation rate in México has progressed. The NCBT collects, 100% of voluntary and altruistic donors, and also, some of the State Centres of Blood Transfusion (SCBT) have improve, highlighting the states of Chihuahua, San Luis Potosi, Tamaulipas and Quintana Roo, with an average of 29%, 19%, 16% and 9% respectively, resulting mainly from external blood collections campaigns [6].

In order to improve the voluntary and altruistic donation of blood, the NCBT has participated in meetings with the National Health Council, that resulted in the establishment of several agreements to support the leadership of the SCBT to carry out the regionalisation of the blood services in their States and also the compromise of the Ministries of Health from the States to increase the voluntary and altruistic blood donation through permanent campaigns. From the 32 Mexican States 15 have already regionalised their blood systems. The challenge is to establish a permanent national campaign to increase voluntary and altruistic donation, with the efforts of the authorities, together with the public, social and private sectors. This



Picture 1

through a strategic plan for social cohesion in order to form networks of care and comply with the goal of the National Health Programme [3-6].

The Ministry of Health through the NCBT performs yearly a media campaign in order to promote voluntary and altruistic blood donation. External collections are organised to visit universities, embassies, churches, etc. The results of the external collections of the NCBT are shown in picture 1.

The NCBT and the SCBT organised two national blood collection journeys in 2013 for the first time. This was done with the support of the Ambassadors Activists for Peace, an international civil society organization that promotes a variety of social causes. In the 1st journey realised all over the country, more than 1,900 blood units were collected, a second journey was organised the past October, with more than 1,200 units collected. On the same topic, another international civil society organisation: "We love you" that promotes "love" all over the world, organised with the NCBT a campaign in which more than 300 blood units collected were in one day.

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WESTERN PACIFIC

7th round of Education Course for Leadership of Blood Services in China

The 7th round of Education Course for Leadership of Blood Services hosted by Chinese Society of Blood Transfusion, Shanghai Blood Centre, AABB and International Society Blood Transfusion (ISBT) was held successfully in September 2-18, 2013, in Shanghai.

The course was based on the "Management Regulation of Blood Services", "Administration of Laboratory in Blood Services" and "Administration of Blood Services" (one Regulation, two Administrations). It introduces the experience of blood service management in developed countries and utilises experience with the specific condition in China. It features concentrated and systematic training and communication with the aim to enhance the capacity of the leaders of blood services, including their academic knowledge, and their comprehensive management ability. The objective of the course is to promote the continuous progress of this field and ensure blood safety.

The 7th round consisted of 4 modules, 23 subjects (including 6 electives, 1 distance course) covering Management and Quality, Medicine/Science and Technology, Law/Regulation and standard, Blood Service Management Practice, etc. 21 experts from Mainland China, Australia and U.S.A. were invited to give lectures. The experts are all known for their high academic achievement and in-depth research in their respective working field.

50 trainees came from 19 provinces and cities. The course had 1 group discussion, 1 class discussion, 1 free talk forum, 1 class communication, and visits to sister blood banks (Wuxi Blood Centre and Shanghai Blood Centre). Trainees exchanged viewpoints freely and eagerly, creating an impressing academic atmosphere.

The 17 days of the course served as an opportunity for participants sharing the same career to learn from each other by discussion and consultation.

Group Photo at the opening

WESTERN PACIFIC

The trainees in the classroom

Each of the trainees was required to bring an essay that highlighted his or her own specialties. The course showed an outstanding spirit of cohesion. On the second day, trainees spontaneously created an internet talking group to facilitate communication within the class. A class song, class badge and class slogan were also created. On September 10th , the teacher's Day, the trainees wore red scarves to express their gratitude to teachers, and sent flowers to pay respect to lecturers. Class committee members played light music to help the participants relax, which was part of helping the classmates to take better care of themselves during the tense learning process. Moreover, the committee member would lead classmates to do some physical exercises during the class break. All these activities enhance the mutual understanding and further the friendship among classmates, which deeply impressed the hosting organisers. Two red scarves with signatures of all the participants as well as the class flag made by the participants themselves have been reserved in the show room of the blood centre so as to keep the friendship ever fresh.

The course has been consistently supported by leaders of health administrative departments and associations. Judith Chapman Executive Director of ISBT, and leaders from national and municipal level attended the opening /closing ceremony.
At the end of the closing ceremony, the representative of the organiser was invited to issue certificates of graduation to 50 trainees. Accompanied to the class song "meeting love, creating miracle", all participants sang together to express their hope for a better future. The 7th round of ECLBS drew a successful conclusion in such warm and touching atmosphere.

After the course, a report summarising the overall running and financial audit will be submitted to all participating parties and organisers.

ISBT Executive Director Judith Chapman giving a speech in the opening ceremony

EASTERN EUROPE

Maxim Galimov
Deputy Head of the “Sanguis”
Blood Bank Ekaterinburg

Transfusion meeting in Ekaterinburg

Ekaterinburg view from Vysotskii skyscraper

A scientific and practical conference titled: “The urgent problems of Transfusiology” took place on September 4 - 5, 2013. Leading transfusionologists of Sverdlovsk, Chelyabinsk, Tyumen, Kurgan, Perm Regions, Udmurtia, the Republic of Bashkortastan, the Khanty-Mansi Autonomous Area - Ugra participated in the conference.

The scientific programme started after the official opening by Eugene Zhiburt who is the President of the Russian Transfusionist Association.

The Ural Medical Academy presented a report by the Professor of the Chair of Anaesthesiology and Resuscitation Kulikov. The report focussed on the up-to-date transfusion tactics in obstetrics.

European guests shared their experience in providing donor blood safety with the technics of inactivation of viruses in blood components. A report on this subject was presented by Kardozo Marsia from Belgium. Transfusionist perceived the lectures of the blood service specialists from Moscow, St.Petersburg, Nizhni Novgorod, Chelyabinsk, Sverdlovsk Region with great interest.

During the work of the conference the Exposition of the producers and suppliers of medical facilities for blood service functioned.

On September 5, a round-table discussion took place that discussed “The Blood Service of the present day” with moderator professor Eugene Zhiburt. The specialists had a great possibility to discuss the pressing questions of up-to-date transfusiology and to determine the future strategy.

Delegates from the Ural region

The organisers of the conference were the Ministry of Public Health of Sverdlovsk Region and the Blood Bank № Sanguis, and they succeeded in conducting the conference at high rate and in warm and friendly atmosphere.

2014

Januray 23 - 25

1st World Congress on Controversies in Multiple Myeloma (COMy)
Bangkok, Thailand
www.comtecmed.com/comy/2014/

March 5 - 7

16th International Haemovigilance Seminar
Barcelona, Spain
www.ihs-seminar.org/

May 1 - 4

CSTM Annual Scientific Conference
Quebec City, Canadajadallah.www.transfusion.ca/en/cstm_annual_conference

May 21 - 22

IPFA/PEI 21st International Workshop on “Surveillance and Screening of Blood Borne Pathogens”
Rome, Italy
www.ipfa.nl/events/ipfa_pei-21-workshop-on-surveillance-and-screening-of-blood-borne-pathogens-rome

May 31 - 05 June

33rd International Congress of the ISBT, Seoul, South Korea
Seoul, Korea
www.isbtweb.org/seoul

July 03 - 06

XIII European Symposium on Platelet and Granulocyte Immunobiology
Bad Homburg v. d. Höhe, Germany
www.espgi2014.org/venue.html

July 30 - 02 August

7th AfSBT Congress
Victoria Falls, Zimbabwe
http://www.afsbtcongress.org/

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