

Circulations



INDIANA STATE ASSOCIATION OF BLOOD BANKS

ISABB Newsletter
% St. Francis Hospital
1600 Albany
Beech Grove, IN



www.isabb.org



SUMMER NEWSLETTER

SEPTEMBER 19-20 / **Annual ISABB Meeting**

Marten House - Indianapolis, IN

This annual event has become a highlight to blood banking professionals. Be sure to mark your calendar and register early to attend this annual educational event.



**ISABB
Annual
Meeting**

Marten House
Indianapolis, IN

Sept. 19-20

JUNE 6 / **indy nights**

St. Vincent's Hospital Auditorium - Indianapolis, IN



**Indy
Nights**

Dr. Benjamin from the American Red Cross will speak on "New Developments - What's on the Horizon."

June 6

Circulations

INDIANA STATE ASSOCIATION OF BLOOD BANKS
ISABB NEWSLETTER

President's Letter

Hello Members,

Spring weather fills me with renewed anticipation and promise....that is, once I get past the lazy days of spring fever. There is always so much to get done, and despite the days being longer it just feels like there is never enough time.

Your education committee has been hard at work. First, KUDOS are extended to the presenters and organizers of our spring workshops in Fort Wayne and Indianapolis in February and March. Not only did attendees enjoy the camaraderie, but many lessons were learned. Please let Peggy Ball and Jayanna Slayten know what topics you would like to discuss in 2008. While you are spring cleaning I am sure you will find those procedures that you have just not had time to polish. Perhaps the workshops can be the forum to complete that task.

Second, the June 6th Indy Nights presentation is just around the corner. Dr. Richard Benjamin, Chief Medical Officer of the American Red Cross will be discussing the "New Horizons in Blood Transfusion" . With WNV, Chagas testing results, 7 -day platelets, pooled cryo, FP24, and recent releases about TRALI - it will be interesting to learn which ones he considers to be most remarkable. Fliers have been sent to your hospitals announcing this event. Please feel free to distribute internally. The event will be held at St. Vincent Hospital - go to the basement and follow the signs. No fees are necessary for this lecture so I hope to see many of you there.

And Third - SAVE the DATE! Fall Meeting will be held on September 19 and 20 at the Marten House in Indianapolis. Speakers from across the country will be sharing their expertise on component therapies, technical advances in products and testing, tissue regulations, benchmarking, and clinical theory. Remember topics are always selected based on the feedback that we received from you. There should be something for everyone. CMEs are being offered! Vendors are bringing their wares. And yes, the label vendors have been contacted - seems that is a hot topic this year.

One of my goals for my Presidential Year has been to get more people involved. I appreciate many of you expressing an interest to get involved in committees. And yes, some of you have been overheard to say, "I am learning so much more about the blood industry, just by getting involved in committees." So I challenge you to not be left out. Those that have expressed interest in being board members or committee members will be contacted in near future as we prepare the slate of officers for next year. If you want to be included, please speak up.

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January 2007

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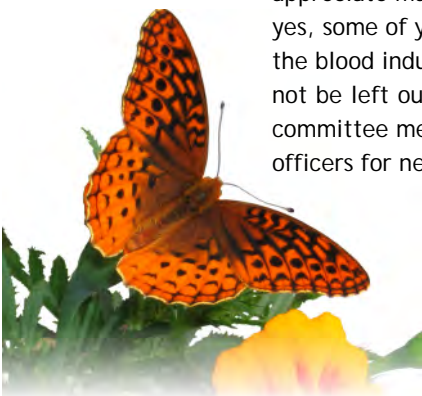
Indy Nights

Dear Labby

Annual Meeting

Officers, Committees,
and Boards

One of
my goals
for my
Presidential
Year
has been
to get more
People
involved.
Will it
be you?



www.isabb.org

President's Letter Cont'd

And again I want to encourage you to visit our organization's website: www.isabb.org. You will notice under the Education tab the 2007 calendar of events with specific details and registrations forms available. Check often for updates on the Fall Meeting.

Become a member of the ISABB and be informed of events, meetings, contacts, and job opportunities in the blood banking community. ALSO if you have not renewed your membership for 2007 do so before the fall meeting so that you can take advantage of discounted registration fees. The membership form can be pulled from the website.

Remember I really appreciate hearing from you. Share your thoughts on how ISABB can better serve you or your hospital!

Hurry and get that spring cleaning done - at work and at home - so you can enjoy the summer. Why not go out of your way this summer to say hello to a former colleague, teacher, or friend, and tell them you still think of them and treasure your relationship. Do it while you can and do it to make them feel they are valued and important in your life. It will do wonders for you and for them. And of course I want you to add one more task - donate a unit of blood, or recruit someone to donate in place of you. Every drop counts during the typical summer shortages. 'Til later...Jan

Jan Stuckey, ISABB President

Case Study: Platelets

Submitted by Dr. Julie Cruz, Indiana Blood Center

Platelets are disc-shaped cytoplasmic fragments formed from megakaryocytes in the bone marrow. They are found in the circulation and in a splenic pool that freely exchanges with the circulatory pool. Platelets are key components in the process of hemostasis, which maintains the blood in a fluid state within the blood vessels and prevents blood loss after vascular injury. Through exquisitely balanced interactions with tissue (vascular endothelium) and coagulation proteins in plasma, platelets form blood clots which seal the vessel wall and prevent leakage after vascular damage.



Injury to the blood vessel results in the exposure of sub-endothelial collagen, to which platelets adhere. In situations where there is low flow (reduced shear stress), such as in venules, they form a "temporary bandage" until new endothelial cells can grow. This process is reversible, and the involved platelets are then released and continue to circulate. When there is more severe damage or higher shear stress (arteries), aggregation occurs resulting in irreversible shape changes and release of platelet granular contents. Platelets contain three types of granules: 1) lysosomes containing acid hydrolases; 2) alpha granules containing platelet factor 4, β -thromboglobulin, platelet-derived growth factor,

fibrinogen and von Willebrand factor; and 3) electron dense granules containing ATP, ADP, calcium and serotonin. The release of these contents creates a procoagulant environment for coagulation factor activation and fibrin formation. Fibrin is then crosslinked by factor XIIIa, resulting in contraction of the platelet mass and formation of the stable clot.

Platelet transfusions are necessary to treat or prevent bleeding associated with thrombocytopenia and/or platelet dysfunction. Thrombocytopenia may be due to a failure of production in the marrow arising from conditions such as myelodysplastic syndrome, chemotherapy, or replacement of marrow with tumor. Increased platelet destruction due to immune causes, sepsis, disseminated intravascular coagulation or thrombotic thrombocytopenic purpura (TTP) may also lead to low platelet counts. Finally, sequestration in the spleen, as occurs in patients with splenomegaly, may reduce the circulating platelets available to participate in hemostasis. Normally about 33% of the platelet mass is present in the splenic pool, but in splenomegaly up to 90% of the patient's platelets may be sequestered. Platelet function disorders may be pharmaceutical induced (e.g. aspirin), or due to inherited disorders such as Bernard-Soulier, Glanzmann's thrombasthenia, vonWillebrand Disease or storage pool defects. Medications are the leading cause of platelet dysfunction, with many patients being treated with aspirin or aspirin-like drugs, NSAIDS, or COX-2 inhibitors. These drugs inhibit platelet function by varied mechanisms. Patients with vascular disease may be treated with ticlopidine, clopidogrel or abciximab. This raises special concern in such patients who are undergoing open heart surgery, where the cardiopulmonary bypass circuit results in platelet activation, thus ensuring all patients have some degree of dysfunction postoperatively.

Platelet transfusions are indicated in bleeding patients with thrombocytopenia, patients with functionally abnormal platelets, thrombocytopenic patients undergoing surgery or invasive procedures, and in cardiopulmonary bypass surgery. Platelets may also be given prophylactically to prevent bleeding in thrombocytopenic patients with other bleeding risk factors. Specific transfusion "thresholds" are somewhat controversial - for example some consider a thrombocy-

Continued from pg. 3

topenic patient undergoing an invasive procedure should be transfused when the platelet count is below 50 k/cumm. Others transfuse only after the platelet count drops below 20 k/cumm (or 10k/cumm in hematology patients). Ironically, platelet transfusions are generally contraindicated in TTP, where plasma exchange is the intervention of choice.

Complications of platelet transfusion include exposure to transfusion transmitted diseases, bacterial contamination, alloimmunization to HLA or platelet-specific antigens, and hemolysis due to ABO incompatibility in pediatric patients or with repeated ABO incompatible transfusions. Alloimmunized patients with HLA or platelet-specific antibodies have increased destruction of transfused platelets bearing the cognate antigen. Provision of "matched" products from donors known to be negative for the corresponding HLA or platelet antigen can often provide the desired transfusion outcome in cases where the refractoriness to platelet transfusion is due to such antibodies. When the specific HLA or platelet antibody has not been identified, solid phase red cell adherence (SPRCA) crossmatch may be used to screen platelet products for compatible units. Other immune causes of platelet refractoriness include autoantibodies and drug dependent antibodies. Nonimmune causes such as infection, sepsis, DIC and splenomegaly will not be overcome by transfusion of matched platelets. Monitoring of pre- and post-transfusion counts by means of the corrected counts index is a helpful way to establish refractoriness and evaluate the effectiveness of SPRCA crossmatched or HLA/platelet-specific antigen matched products.

Platelets play an important role in hemostasis. Patients with low platelet counts or dysfunctional platelets can benefit from platelet transfusion. Risks include exposure to transfusion transmitted diseases, bacterial contamination, alloimmunization, and, rarely, hemolysis due to ABO incompatibility in small or multi-transfused patients. Specialized platelet products (HLA-matched, SPRCA crossmatched) may be indicated in certain refractory patients.



Victor Muller Award

This award was established in 1991 to honor Victor Muller, MD for outstanding achievement in the field of Blood Banking and Transfusion Medicine. This award recognizes an individual who has consistently demonstrated a commitment of excellence towards education, science, patient care and community service in relation to the field of Blood Banking and Transfusion Medicine.

Recipient criteria is:

1. An individual may be a member or nonmember of ISABB.
2. An individual who has given many years of dedicated service to the field of Blood Banking and Transfusion Medicine. Specifically:
 - a) An individual who has contributed substantially to the field of Blood Banking and Transfusion Medicine in the area of applied research, education and bench application -or-
 - b) An individual who has concerned themselves with the educational advancements and technical training of persons interested in the field of Blood Banking and Transfusion Medicine -or-
 - c) An individual who, through dissemination of administrative duties, has enhanced and fostered the growth of the field of Blood Banking and Transfusion Medicine -or-

- d) An individual who, through their work in the field of Blood Banking and Transfusion Medicine, has inspired co-workers and/or students to work and contribute to this field, -or-
- e) An individual who has given outstanding service to the community.

ISABB members are encouraged to nominate individuals. The Board/Nominating Committee will make the final selection. They may request a C.V. on the person nominated. This award may be given posthumously.

To Nominate:

To nominate someone, send a letter to Bill Hennebry, ISABB Treasurer and include the following information about the person you feel deserves this award:

1. Name, address and phone number of the person doing the nominating. The Board may ask for additional information in making its selection.
2. Describe the person you are nominating and tell why you feel this person should receive the award.



ISABB Indiana State Association Blood Bank



MT/MLT Graduates 2007

Good Samaritan Hospital, Vincennes, IN MT Graduation 7/2007

Michaele McDonald, Program Director	812-885-3361
Reid Travis	Stacy Shields
Laura Caddell	Jennifer Bell
Jessica Kapper	

Clarian Health Partners, Indianapolis, IN MT Graduation 7/2007

Cheryl Oliver, Program Director	317-962-8280
Delbert Brogdon Jr	Jessica Miles
Jessica Cherry	Jackson G. Schneider
Carrie Seifert	Kristin Zufall
Ryan Goetz	Sothida Surachaicharn (Apple)
Anupama Tewari	Jessica Waskom

Parkview Memorial Hospital, Fort Wayne, IN MT Graduation 5/2007

Brian Goff, Program Director	219-373-9406
Leslie Trabel	

Ball Memorial Hospital, Muncie, IN MT Graduation 7/2007,

Shirley Replogle, Program Director	765-741-2930 ext. 2289
Amy (Kate) Dedrick	John Pope
Brandy Thomas	Joe Dunn
Scott Johnson	Kasie N. Auler
Brandon Sanders	Emily Clifford

Saint Francis Hospital and Health Center, Beech Grove, IN MT Graduation 6/2007

DeAnne Maxwell, Program Director,	317-783-8195
Katrina Taylor	Deidre Hopkins
David Jhance Wittmer	Jessica Suhr
Loyd Hudson	Breanne Taylor

Indiana University Medical Technology Program, Indianapolis, IN MT Graduation June 30/2007

Lnda Kasper, Program Director	
Carmen Adkins	John Moore
Mary Cottrill	Lindsay Russell
Tony Ginn	Kristin Rutherford
Torrie McClain	Melissa Kay Smith

Saint Margaret Hospital and Health Centers, Hammond, IN MT- Graduation July 2007,

Rosemary Butkiewicz Duda, Program Director	
Justin Berry	Cristina Omelas
Matthew Wilder	Jon Blinn

Ivy Tech State College, Terre Haute, IN MLT Graduation May 2007

Janee Gambill, Program Director	
Lisa Ogden	Robbyn Bunch
Mike Sackman	Bridget Ann Weir
Nicholas J Bobbitt	Amber Michelle Armstrong
Ericka Patton	Ammie Fitchpatrick
Brandi Wilkinson	Hollie Abrams
Stacy Cook	Nikki S Hartrich
Rebecca Leonard	



ISABB Indy Nights

The Indiana State Blood Bank Association plans education events periodically throughout the year. The current event is:

June 6, 2007 | 5pm



Dr. Richard Benjamin, MBChB, PhD, FRCPath,

Chief Medical Officer, ARC National Headquarters, from the American Red Cross will speak on "New Developments in Blood Banking: What's Beyond on the Horizon"

Date: June 6, 2007

Time: 5:00 pm

Place: St. Vincents Hospital Auditorium
Indianapolis, IN

JUNE 6 / indy nights

St. Vincent's Hospital Auditorium - Indianapolis, IN

Go to the basement. The auditorium is located near the cafeteria. Signs will be posted.



Dear Labby,



Dear LABby,

Our blood bank recently received an order to transfuse platelets to a child. Since his weight is 15 kg, we took an aliquot from a platelets pheresis product. What is the new expiration date for the remainder of that platelets pheresis?

Curious in Southern Indiana

Dear CSI,

Platelet products are maintained at room temperature (20-24C). At the time hermetic seal of the product is broken, the shelf life becomes 4 hours. So the main bag and

the aliquot both expire within 4 hours. The products need to be infused within the 4 hours. Entering the unit to procure a portion of the platelets does not "buy more time" for the life of the remaining platelets. If you call ahead to your blood center, it may be able to attach satellite bags to a product using a sterile docking technique. Platelets can be volume-reduced as requested, also. A platelet concentrate product (a concentrate of platelets from a unit of whole blood) has about 5.5×10^{10} platelets. A pool of 4 to 8 platelet concentrates is the usual dose for a 70-kg adult. This should increase the platelet count by 5-10,000/uL. The same amount should increase the platelet count of an 18-kg child by 20,000/uL. Through apheresis, a therapeutic adult dose of platelets is acquired from a single donor. A platelets pheresis product should have 3×10^{11} platelets, or greater, in it. 1 platelets pheresis can replace 1 pool of 4-8 platelet concentrates.

Blood Bank will soon be handling the receipt and storage of tissue products.



ISABB Indiana State Association Blood Bank



2007 ISABB ANNUAL MEETING September 19-20, 2007

Here is the preliminary program for the Indiana State Association of Blood Banks Annual Meeting being held Wednesday September 19th and Thursday September 20th 2007. Mark your calendars now!

WEDNESDAY

WEDNESDAY AM

Managing Obstetrical Patients

- 8:30 - 9:15 Managing RBC, Plt, and WBC Alloantibodies in Mom
- 9:15 -10:00 Neonatal Management
- 10:30-11:15 Managing Obstetrical Bleeding
- 11:15-10:45 Uses of Immune Globulin
- 11:45-12:00 Patient Story

WEDNESDAY PM

Assorted Topics

- 1:00 - 2:00 Managing Tissue in Hospitals
- 2:00 - 2:45 Managing Change
- 2:45 - 3:30 Risk Management Issues-
- 3:30 - 4:00 ISBT 128- Stories from the Trenches
- 4:00 - 4:30 Ask the Experts Panel

Group Dinner

THURSDAY

THURSDAY AM

Serology Topics

- 8:30 - 9:00 RBC Genotyping Update
- 9:00 - 9:30 Weak D- When and Why
- 9:30 -10:00 Rare Donor Update
How we find and maintain rare donor inventories
- 10:15-11:00 TRALI Management in the Blood Bank
- 11:00-11:30 TRALI Donor Management-
- 11:30-12:00 Transplant Patient Story

THURSDAY PM

- 1:00- 1:30 ISABB Business Meeting
Managing Transplanted Patients
- 1:30 - 2:15 Transfusion Needs
- 2:15 - 2:45 Immune Status Changes
- 3:00 -4:30 Serologic Case Studies



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