VISION
Making transfusion medicine and cellular therapies safe, available and effective worldwide.

MISSION
AABB is the global leader in standards development, accreditation and implementation of quality systems in transfusion medicine and cellular therapies.

AABB has an unwavering focus on donor and patient safety. We accomplish this by translating knowledge into solutions that shape the field of transfusion medicine and cellular therapies.

AABB brings together those engaged in transfusion medicine and cellular therapies. AABB creates a unique learning environment, including our signature Annual Meeting, that inspires and enables research, innovation, discovery and excellence.

Table of Contents

<table>
<thead>
<tr>
<th>A N N U A L  R E P O R T  2 0 1 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always There</td>
</tr>
<tr>
<td>AABB in Numbers</td>
</tr>
<tr>
<td>Blood Banking and Transfusion Medicine</td>
</tr>
<tr>
<td>Cellular Therapies</td>
</tr>
<tr>
<td>Patient Blood Management</td>
</tr>
<tr>
<td>National Blood Foundation</td>
</tr>
<tr>
<td>AABB Board of Directors (2016-2017)</td>
</tr>
<tr>
<td>Financial Highlights</td>
</tr>
</tbody>
</table>
On October 1, 2017, a gunman in a nearby hotel opened fire on a crowd enjoying a music festival on the Las Vegas Strip in Nevada. Fifty-eight people died and 851 more were injured as a result. Living in Scottsdale, Arizona, and working for an organization that has a blood center in Las Vegas, I saw firsthand how the blood community responded to this tragedy with speed, professionalism and compassion, ensuring that everyone who needed blood got it.

Sadly, this was not the only disaster we faced in 2017. Hurricane Harvey hit the Texas coast and triggered AABB to activate the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism to help ensure adequate blood supply. Hurricane Maria followed in September leaving massive damage in Puerto Rico. Again, the task force worked to meet the need for blood in the wake of another disastrous hurricane and to maintain blood safety.

Throughout all of these emergencies, our members were there, truly living up to AABB’s new vision of making transfusion medicine and cellular therapies safe, available and effective worldwide.

Just as you are always there for those who need blood and cellular therapies, AABB is always there for you. In 2017, we released our new vision, mission statement and core values to reflect your needs and goals. We also launched the Public Policy Strategy Committee, which focuses on analyzing public policies that affect AABB’s members and provide advice on advocacy activities that AABB should undertake to improve and advance transfusion medicine and cellular therapies.

It’s been my goal this year to make sure that AABB is there for our members providing the services needed — and ultimately for our donors and patients. Whether it’s helping you adapt to changes in the science, regulations and business of blood banking and cellular therapies. Whether it’s advocating for you at all levels, supporting innovative research or ensuring quality. Whether it’s finding the right match, screening for infectious diseases, promoting blood-saving practices or responding in the face of natural disasters and other emergencies.

Blood is more than a commodity; it’s life. Cellular therapies are more than promising treatments; they’re hope.

And because you’re always there, AABB is always there for you.

Sincerely,

Mary Beth Bassett
President
MEMBERSHIP

5,986

INDIVIDUAL MEMBERS

3,637

Health Care Professional

1,396

PhD/MD

564

Early Professional

326

Emeritus

63

Emerging Economy

1,449

INSTITUTIONAL MEMBERS

1,322

Accredited Institutional Members

103

Non-Accredited Institutional Members

24

Corporate Affiliates

17%
of members live and work outside of the United States
TRANSFUSION

- **536,778** full-text articles were downloaded in calendar year 2017, a **9%** increase from 2016.
- The most downloaded article was Leahy M, et al. “Improved outcomes and reduced costs associated with a health-system-wide patient blood management program” (June 2017), with **6,820** downloads.
- Two special issues focused on “Zika and Other Transfusion Transmitted Viruses” (March 2017) and “Blood Collection and Transfusion Practices in the United States: Findings from the National Blood Collection and Utilization Survey” (June 2017).

UPDATED STANDARDS IN 2017

- Cellular Therapies, 8th edition
- Immunohematology Reference, 10th edition
- Relationship Testing, 13th edition
- Patient Blood Management, 2nd edition

NOTEWORTHY TITLES

- Transfusion Service Manual of SOPs, Training Guides, and Competence Assessment Tools, 3rd edition
- Transfusion Medicine: Self-Assessment and Review, 3rd edition
Shortly after 10 pm PDT on the night of Sunday, October 1, 2017, a gunman opened fire on a crowd of concertgoers at the Route 91 Harvest music festival on the Las Vegas Strip. The 10-minute attack left 58 people dead and injured another 851.

“My first concern is ‘do my hospitals have enough blood,’” Erik Hill, Regional Director at United Blood Services (UBS) in Las Vegas, said of that night.

His thoughts turned to UBS staff and whether they were safe — and whether they could come in to start collecting blood.

Erik was in contact with University Medical Center every 15 minutes throughout the late night and early morning to ensure blood needs were being met. But when Hill pulled into the office parking lot at 2 am Monday morning, it was filled with cars. Forty or more people were standing near the main entrance waiting to donate blood. Some had been at the concert. One man had even helped move the wounded at the concert and was still covered in blood, Hill remembered.

UBS already had enough blood on hand to meet local hospital needs. But people continued to arrive at the building, wanting to do something to help. “We started collecting blood at 4 am,” said Hill. But he also had to explain to eager donors that they might not even get to donate that day due to the turnout and that the blood they collected that day would not go immediately to victims. It needed to be screened for infectious diseases.

UBS was able to meet the needs of their local hospitals. They also collected blood from early morning until late in the evening. As a meeting center for the community, “we provided a place for people to come to try to heal,” said Hill. During this emergency, they demonstrated that blood isn’t just a commodity. It’s life.

“This is our town… those people at that concert are our neighbors, our coworkers, our friends.”
EYE OF THE STORM
AABB Interorganizational Disaster Task Force responded to national crises by moving blood where it was needed and communicating with the public.

In the wake of massive flooding associated with Hurricane Harvey, the Association activated the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism. The task force responded by working to move blood from other parts of the country to affected areas in Texas and called for eligible individuals to donate blood. Following the early-October mass shooting in Las Vegas, the Task Force alerted the public that the blood supply was adequate to meet the needs of survivors. AABB is the Task Force’s designated coordinating entity.

PREVENTING DEATHS IN TRAUMATIC SHOCK AND MASSIVE BLEEDING
AABB’s Annual Meeting Mass Casualty Joint Workshop with Trauma Hemostasis and Oxygenation Research (THOR) Network highlighted the use of current and next-generation interventions to improve transfusion support in the settings of traumatic shock and other massive bleeding events. AABB works with the THOR Network, an international multidisciplinary network of civilian and military providers, which aims to reduce the risk of death from traumatic hemorrhagic shock by improving the acute phase of resuscitation in both pre- and postsurgical care settings.

AABB’S STRATEGIC GOALS:
Blood Banking and Transfusion Medicine
AABB will serve as the premier association for blood banking and transfusion medicine professionals to foster innovation through providing standards, accreditation, educational programming and advocacy to advance safety and quality outcomes for all donors and patients.
CHANGING OF THE GUARD

Richard Kaufman, MD, was selected as editor-in-chief of TRANSFUSION, AABB’s scholarly, peer-reviewed monthly journal. Kaufman started serving in this role in 2018, as retiring editor-in-chief Paul Ness, MD, transitioned out. Kaufman has served as an Associate Editor of TRANSFUSION since 2013 and is the Medical Director of the Blood Bank and Transfusion Service at the Brigham and Women’s Hospital in Boston and an Associate Professor of Pathology at Harvard Medical School.

BEYOND THE CLASSROOM

AABB offered more than 50 transfusion medicine eCasts in live and on-demand formats, with popular topics including platelet transfusion safety (including pathogen reduction and secondary testing of 7-day platelets), platelet immunology, optimizing trauma response and lessons learned from Zika virus (ZIKV). 2017 also saw the release of a podcast series: Platelets Unplugged – The Sticky Truth.

REGULATORY ACTIVITY

AABB brought member concerns to our federal regulators throughout 2017. AABB submitted comments to the FDA docket on three sets of draft recommendations related to transmission of Trypanosoma cruzi; labeling of red cells based on historical antigen typing results; and bacterial risk control strategies to enhance the safety and availability of platelets. The Association presented statements to FDA’s Blood Products Advisory Committee (BPAC) expressing support for FDA’s plans to update policies on deferral for HIV risk. AABB also presented statements urgently requesting that FDA re-evaluate the August 2016 ZIKV recommendations and adopt the option for mini-pool ZIKV nucleic acid testing with defined triggers. The association also provided an overview to BPAC of its member survey on bacterial risk control strategies.

Helping members directly: AABB supported members with regulatory issues in 2017, including:

- Prompt development of website resources necessary to help prevent transfusion-transmission of Ebola virus by the FDA’s deadline for implementation of new recommendations;
- FDA’s formal acceptance of the October 2017 Circular of Information, with plans for the first-ever electronic version;
- Continued monitoring for drugs of concern and updates to the v2.0 Medication Deferral List;
- Issued Association Bulletin #17-02 with a comprehensive overview of data and options to address iron management in donors;
- And co-sponsored FDA’s Workshop on Emerging Tick-Borne Diseases and Blood Safety.
AROUND THE WORLD

AFRICA
AABB continued to provide support in Southern Africa, funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and managed by the association’s Global Services Division. AABB experts provided technical assistance to national blood transfusion services in five countries — Angola, Botswana, Lesotho, Mozambique and Swaziland — as well as to our member society, the Africa Society for Blood Transfusion (AfSBT). Also through PEPFAR, AABB worked with national blood transfusion services in Rwanda, Malawi, Lesotho and Tanzania to help them achieve AfSBT certification/accreditation, through the Step-wise Accreditation program.

ASIA
AABB continued to work with the Asia Pacific Economic Cooperation (APEC) as Secretariat to the Partnership Training Network (PTN). The association co-chairs APEC’s PTN Advisory Board.

GETTING DOWN TO BASICS
AABB’s *Fundamental Standards for Blood Banks and Transfusion Services*, completed in 2017, reflects fundamental aspects of blood banking in under-resourced countries. The Association also worked to develop an accreditation program for out-of-hospital transfusion services.

AABB’S STRATEGIC GOALS:
International Focus
AABB will serve the international community to provide innovative patient blood management, transfusion medicine and cellular therapies resources and services that offer standards, accreditation, educational and advocacy programs that foster quality and safe outcomes for donors and patients worldwide.
ADVOCACY

WORKING FOR YOU

AABB’s 2017 Advocacy Agenda promoted a sustainable U.S. blood system with sufficient surge capacity as a critical component of the healthcare system and emergency preparedness; access to safe cellular therapies; adequate coverage and payment policies for transfusion medicine and cellular therapies; policies that support the appropriate regulation and implementation of products and technologies for transfusion medicine and cellular therapies; and support for patient and donor care and safety in transfusion medicine and cellular therapies. To further this work, the Association established the Public Policy Strategy Committee, which ensures that members’ voices are reflected in AABB’s positions and advocacy activities. Here are just a few examples:

Reimbursement Policy: The Association successfully advocated for the Centers for Medicare & Medicaid Services (CMS) to establish separate Healthcare Common Procedure Coding System (HCPCS) codes and payment rates for pathogen-reduced platelets and pathogen-tested platelets. AABB worked with other stakeholders (College of American Pathologists, American Society for Apheresis, American Society for Hematology and Renal Physicians Association) to oppose a Medicare contractor’s new interpretation of the longstanding physician supervision requirements in the therapeutic apheresis National Coverage Determination. The Medicare contractor withdrew the transmittal.

Reduction of Regulatory Burden: AABB proactively solicited member feedback and sent a letter to FDA recommending the Agency revisit specific regulations and guidances that do not contribute to patient safety but are outdated, duplicative, unnecessary or overly burdensome.

Sustainability: AABB engaged with a range of public and private stakeholders to promote the sustainability of the blood system as a critical component of the health care system and emergency preparedness.
The 1940s discovery by chemist Linus Pauling and three colleagues that an abnormal form of hemoglobin causes sickle cell disease (SCD) ushered in the era of molecular medicine. Subsequent discoveries revealed that there was a genetic mutation responsible for the abnormal form of hemoglobin. Cure became a reality in 1984 with the first successful bone marrow transplantation in a child with SCD. That research led to these extraordinary advances that continue today. Currently, investigators are pursuing less toxic pre-transplantation chemotherapy regimens, expanding the number of viable donors and even correcting the genetic mutation responsible for SCD in a patient’s own blood-producing cells.

The research being done is changing the lives of children in astounding ways. “It’s just amazing to see these children grow up,” says Allistair Abraham, MD, a blood and marrow transplantation specialist at Children’s National Health System in Washington. “The youngest patient that I’ve ever transplanted was a year and a half. Now she’s four-years-old. A child’s early memories probably really start forming at the ages of 3, 4 and 5. So in effect, this child may never remember that she had sickle cell disease. Only her parents will remember their story of bringing her for treatment.”

Abraham’s research focuses on increasing curative hematopoietic stem cell transplantation options for SCD, as well as minimizing severe complications.

For adolescents and young adults with SCD, bone marrow transplantation can radically alter their quality of life. Instead of daily medication, transfusions and painful acute crises, cellular therapies allow them to be more active, more social and have a wider range of experiences.

“They get limited in what they can do and don’t even know that their life is different because of sickle cell,” said Abraham. “I saw one of my patients recently. This kid is about 15-years-old and he’s all bulked up. He’s going to play football and wrestle for his school and go off to college. Their outlook on life can just change. They realize that they can now achieve, as opposed to being held back or being different all of the time.”
IN THE VIRTUAL CLASSROOM

In addition to the CT Certificate Program, AABB offered 18 eCasts on CT related topics, including donor screening and handling CT products in the face of emerging viruses; apheresis optimization in gene/immunotherapy development in non-mobilized patients and donors; and an overview of significant changes to the 8th edition of Standards for Cellular Therapy Services, which was published in 2017.

MEETING AND GREETING

AABB hosted the 15th International Cord Blood Symposium in June 2017. The AABB Center for Cellular Therapies also partnered with the Alliance for Regenerative Medicine to offer the opportunity to attend the 12th Annual Cell & Gene Meeting on the Mesa Scientific Symposium at a discounted rate for AABB Annual Meeting attendees. The AABB Annual Meeting featured a number of CT sessions on a range of subjects, such as the manufacture of chimeric antigen receptor (CAR) T cells, other immunotherapies, in vitro stem-cell derived blood components and best practices for CT laboratories and biorepositories.

ADVOCATING FOR MEMBERS

The Association sent a letter to Congress supporting a bill that would modify Medicare reimbursement for hematopoietic cell transplant (HCT). AABB also prepared and submitted comments to CMS on payment policies contained in the 2018 Hospital Outpatient Prospective Payment System (OPPS) proposed rule, which addressed stem cell procedures.
Transfusion of blood and blood products is one of the most frequently performed procedures during hospitalizations. Blood is a life-saving resource. Patient blood management (PBM) — promotes the use of evidence-based practices to improve patient outcomes and ensure optimal use of blood supplies. Studies have shown reductions in length of stay, incidence of infection and readmission rates for postoperative complications in patients who received transfusions only when medically necessary. PBM optimizes the use of blood and blood products, which helps ensure an adequate blood supply and can translate to hospital-wide cost savings.

As the evidence for PBM grows, so too does the recognition of its value. “Honestly, I had never heard of PBM until I entered into this position,” said Heather Toeppner MSN, RN, transfusion stewardship officer (TSO) at the Medical University of South Carolina (MUSC) in Charleston. But “when I went to my first few conferences within my first year of being in this role, I thought ‘Wow, this really is standard of practice across the globe.’”

Embracing PBM led MUSC to launch a clinical decision support system for red blood cell transfusions — an interruptive best practices alert (BPA) system that informs clinicians about transfusion guidelines when blood is ordered. Physicians “are still able to order the blood products needed for their patients. The BPA simply serves as a gentle reminder about best practices and asks providers to give it a second thought,” said Toeppner.

“We took baby steps in the implementation process … and it’s been received very well,” she said. While there are no firm numbers yet, they’ve seen improvements in patient outcome with the adoption of PBM measures. “I can say that it definitely impacts our length of stay.” And this PBM effort has helped the bottom line too. This year they’ve saved close to $600,000 in comparison with previous years. Successes like these provide the building blocks for PBM expansion, such as an anemia management program.
MEETING STANDARDS:
PATIENT BLOOD MANAGEMENT CERTIFICATION PROGRAM

AABB continues to partner with The Joint Commission to offer a joint certification for PBM. This voluntary hospital certification is based on the AABB Standards for a Patient Blood Management Program. The program helps hospitals build comprehensive and beneficial PBM programs. This certification is open to Joint Commission-accredited hospitals. MedStar Georgetown University Hospital was the first hospital to receive AABB/TJC certification in patient blood management. In 2017, two additional hospitals were awarded certification — The Johns Hopkins Hospital and Providence Holy Cross Medical Center. Another five hospitals are working toward certification in 2018.

SHARING KNOWLEDGE

AABB offered nearly 25 live/on-demand PBM eCasts, with topics ranging from bloodless medicine and surgery to the role of anti-fibrinolytics in PBM to managing bleeding and thrombosis in neonates. AABB continued its Patient Blood Management learning modules, which satisfy the PBM Standard 2.1.4 Facility-Defined Credentials for hospitals seeking PBM certification.

AABB’S STRATEGIC GOALS:
Patient Blood Management (PBM)

AABB will provide PBM professionals dedicated services and resources that include standards, education, and advocacy to enable the full adoption and evolution of evidence-based patient blood management practices.

READING LIST

AABB published “Patient Blood Management: Multidisciplinary Approaches to Optimizing Patient Care” in both print and digital formats.

MEETING MEMBERS

AABB offered several PBM-focused sessions at the 2017 Annual Meeting, including PBM in large tertiary care vs. community hospitals; clinical decision support for PBM management; perioperative and critical blood management; using data to improve PBM programs; and improving blood utilization through non-adversarial reviews, mentoring and ongoing professional education.
GRANTS

For more than 30 years, the NBF has funded more than 200 innovative scientists through its early-career Scientific Research Grant Program. After a rigorous review process, expert scientists serving on the NBF Scientific Research Grants Review Committee identified two outstanding and deserving researchers, who are introducing novel approaches in transfusion medicine and cellular therapies.

2017 EARLY-CAREER SCIENTIFIC RESEARCH PROJECTS

Benjamin Samelson-Jones, MD, PhD
Children’s Hospital of Philadelphia

*Novel Therapeutics for Hemophilia B: A Rational Pursuit of Bioengineered Factor IX Variants with Enhanced Clotting Activity*

Samelson-Jones is working to identify new variants of Factor IX, which could have therapeutic implications for the treatment of hemophilia B. Current therapy includes replacement of Factor IX by twice-weekly intravenous infusions, but more optimal treatment regimens for hemophilia B may be possible. Factor IX variants with improved clotting activity have the potential to overcome current limitations of multiple experimental approaches to treat hemophilia. Including gene therapy and alternative delivery systems, such as subcutaneous administration. His research focuses on developing Factor IX variants with increased specific activity through specific amino acid substitutions in critical regions of the Factor IX protein. “The NBF grant is essential to allow me to continue this work at the Children’s Hospital of Philadelphia and support my career as a physician-scientist investigating therapies for inherited blood disorders,” Samelson-Jones said.

Juliana Xavier-Ferrucio, PhD
Yale University

*Megakaryocyte erythroid progenitor fate specification under iron and oxygen deficiency*

Xavier-Ferrucio aims to study iron deficiency anemia as a model of benign elevated platelet and reduced red blood cells (RBCs), with a novel focus on the molecular mechanisms of megakaryocyte-erythroid progenitors (MEP) biphenotypic fate decision. Understanding this process could help improve strategies for in vitro maturation of RBCs and platelets for transfusion — RBC and platelet differentiation, as well as hematopoietic stem cell engraftment and function. The ultimate aim of her research is to help improve patient care. “I believe that the understanding of the megakaryocytic and erythroid lineages represents a key target for clinical care, not only as a means for improving the supply of RBCs and platelets for transfusion, but also for understanding diseases that compromise one or both lineages, such as iron deficiency anemia or myeloproliferative diseases,” said Xavier-Ferrucio.
RECOGNITION

In addition to the grant programs NBF offers, the foundation continues to acknowledge prior NBF grant recipients. NBF’s Hall of Fame recognizes lifetime-achievement leaders who have and continue to contribute to the field. In addition, scientific investigators are acknowledged through the Scholar Program.

2017 HALL OF FAME NEW MEMBERS

Jose Cancelas, MD, PhD

Laura Cooling, MD, MS

James D. Gorham, MD, PhD

2017 NBF SCHOLARS

James Ankrum, PhD
Richard Francis, MD, PhD
Krystalyn Hudson, PhD
Ramesh Nayak, PhD
Julie Peterson, PhD
William Savage, MD, PhD
Claude Tayou Tagny, MD, MS, MSc
INNOVATION & KNOWLEDGE TRANSFER

NBF strives to promote industry dialogue, stimulating innovation and thought exchange among its key stakeholders. In the fall of 2017, an NBF educational forum, moderated by David Perez (president and CEO of Terumo BCT and chairman of Terumo’s Blood Management Business Division) focused on data connectivity in the blood center ecosystem. The summit featured speakers who are leading the way:

GUNJAN BHARDWAJ, Founder and CEO of Innoplexus, a technology and product development company focused on solving complex challenges in the pharmaceutical and life sciences industries using artificial intelligence to generate smart data and insights to assist in the discovery, clinical development and regulatory compliance of pharmaceutical medicine;

KRIS DAGGER, Managing Director of the Health Innovation Department at Kaiser Permanente – Health Innovation Studio, which operates at the intersection of healthcare, design, and technology to build, test and implement new ideas, experiences, products and services with a focus on virtual care, big data analytics and social networks;

JEANNIE HUANG, MD, MPH, of the University of California, San Diego, and Rady Children’s Hospital, whose current research projects incorporate available mobile and internet technologies to improve patient-healthcare interactions and communications.

NBF also planned a Leadership Forum in the spring of 2018. A program planning committee was developed and the program’s themes, Grow / Protect / Prepare, were established to focus on four key issues:

1. Diversification and Novel Partnerships
2. Protecting Patient and Donor Data
4. Responding to a Catastrophic Event
GOVERNANCE AND DEVELOPMENT

After a rigorous strategic planning initiative, the NBF forged ahead with a revised mission in 2017 that encompasses its existing programming and a tailored governance structure that fully supports the current initiatives and the exploration of new opportunities, such as new grant funding models.

During the Annual Report period of October 1, 2016 – December 31, 2017, adjusting to a new calendar year reporting timeframe, the NBF raised $926,583.76 in charitable contributions.
NATIONAL BLOOD FOUNDATION
FY2017 BOARD OF TRUSTEES

Mary Beth Bassett, BS, MT(ASCP)
AABB President – Elect (Voting)
Executive Vice President & Chief Quality Officer
Blood Systems, Inc.
Scottsdale, AZ

J. Daniel Connor, MBA
CORD Member (Voting)
President & Chief Executive Officer
Blood Systems, Inc.
Scottsdale, AZ

William “Obi” Greenman
CORD Member (Non-Voting)
President & Chief Executive Officer
Cerus Corporation
Concord, CA

Dean Gregory
CORD Member (Voting)
President, Medical Devices
Fresenius Kabi
Lake Zurich, IL

Jeanne Hendrickson, MD
Scientific Research Grants Review Committee (Voting)
Associate Professor of Laboratory Medicine and Associate Medical Director of Yale Transfusion Medicine
Yale School of Medicine
New Haven, CT

Chris Hrouda, MT(ASCP) CHAIR
CORD Member (Voting)
Executive Vice President, Biomedical Services
American Red Cross
Washington, DC

Marc Lingnau
CORD Member (Non-Voting)
Managing Director, United States Abbott Transfusion Medicine
Abbott Laboratories
Abbott Park, IL

Tom Hopkins, CPA
Ex-officio (Voting)
Interim Chief Executive Officer
AABB
Bethesda, MD

Brian McDonough
Strategic Programming Committee Chair (Voting)
Sunset Hills, MO

David Perez
CORD Member (Non-Voting)
President & Chief Executive Officer
Terumo BCT, Inc.
Chairman of the Board, Terumo Global Blood Management Business
Lakewood, CO

Carsten Schroeder
CORD Member (Non-Voting)
President & Chief Executive Officer
Grifols Diagnostic Solutions
Emeryville, CA

Graham Sher, MD, PhD
Partner Member (Voting)
Chief Executive Officer
Canadian Blood Services
Ottawa, ON
Canada

Zbigniew “Ziggy” Szczepiorkowski, MD, PhD, FCAP
AABB President (Voting)
Associate Professor of Pathology and of Medicine
Geisel School of Medicine at Dartmouth-Hitchcock Medical Center
Lebanon, NH

Connie M. Westhoff PhD, MT(ASCP)SBB
Executive Scientific Director
Immunohematology and Genomics
New York Blood Center
New York, NY

Amy Quiggins
Staff Liaison
Director, National Blood Foundation
AABB
2017 MAJOR CONTRIBUTORS

CORD LEVEL CONTRIBUTORS

Abbott
American Red Cross
Blood Systems
Cerus
Coastal Blood Foundation
Fresenius Kabi
caring for life
GRIFOLS
Terumo BCT
Unlocking the Potential of Blood

PARTNER LEVEL CONTRIBUTORS

 Beckman Coulter
BCA Blood Centers of America
BloodCenter of Wisconsin
BloodHub
Bloodworks Northwest
Canadian Blood Services
HemoCue
Immucor
Medware
New York Blood Center
Oklahoma Blood Institute
Quotient

BENEFACTORS OF MAJOR ENDOWMENTS

Blood Systems
Fresenius Kabi
Nathalie Forte and family and friends of Sally Frank
Peter Greenwalt, MD and family
AABB Board of Directors
2016-2017

PRESIDENT
Zbigniew M. Szczepiorkowski, MD, PhD, FCAP
Dartmouth-Hitchcock Hospital Center
Geisel School of Medicine at Dartmouth
Hanover, NH

PRESIDENT-ELECT
Mary Beth Bassett, BS, MT(ASCP)
Blood Systems, Inc.
Scottsdale, AZ

PAST PRESIDENT
Donna M. Regan, MT(ASCP)SBB
SSM Cardinal Glennon Children’s Hospital
St. Louis, MO

VICE PRESIDENT
Michael Murphy, MD, FRCP, FRCPath, FFPAth
National Blood Service
John Radcliffe Hospital
United Kingdom

SECRETARY
Susan Roseff, MD
Virginia Commonwealth University
Medical Center
Richmond, VA

TREASURER (FINANCE COMMITTEE CHAIR)
Donald Berglund, MHA, FACHE
Innovative Blood Resources
Saint Paul, MN

AABB’S STRATEGIC GOALS:
Community & Public Health
AABB will advance improvements in donor and patient care and safety through regulatory and policy advocacy, research support and engagement in strategic collaborations.
AT-LARGE DIRECTORS

POSITION 1
Donald Berglund, MHA, FACHE
Innovative Blood Resources
Saint Paul, MN

POSITION 2
Barbara Bryant, MD
University of Texas Medical Branch
Galveston, TX

POSITION 3
Jim Zimring, MD, PhD
Bloodworks NW Research Institute
Seattle, WA

POSITION 4
Aaron Tobian, MD
The Johns Hopkins Hospital
Baltimore, MD

POSITION 5
Dan Waxman, MD
Indiana Blood Center
Indianapolis, IN

POSITION 6
Debra Kessler, RN, MS
New York Blood Center
New York, NY

POSITION 7
David Green, MSA
Blood Systems Inc.
Scottsdale, AZ

POSITION 8
Julie Allickson, PhD, MS, MT(ASCP)
Institute for Regenerative Medicine
Winston-Salem, NC

POSITION 9
Richard Kaufman, MD
Brigham & Women’s Hospital
Boston, MA

POSITION 10
Steven Frank, MD
The Johns Hopkins University
School of Medicine
Baltimore, MD

TRANSFUSION MEDICINE SECTION REPRES
(DIRECTOR)
Steven Sloan, MD, PhD
Children’s Hospital Boston
Boston, MA

CELLULAR THERAPIES SECTION REPRES
(DIRECTOR)
David Stroncek, MD
National Institutes of Health
Bethesda, MD

APPOINTED DIRECTOR
Dana Devine, PhD
Canadian Blood Services
Vancouver, British Columbia
Canada

Steven Spitalnik, MD
Columbia University
New York, NY

EX-OFFICIO DIRECTOR
Thomas Hopkins
Interim CEO, AABB
Bethesda, MD
## FY 2017 Financial Highlights

### Statement of Financial Position
December 31, 2017

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,681,078</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>$593,880</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>$36,573</td>
</tr>
<tr>
<td>National Blood Exchange accounts receivable</td>
<td>$2,289,596</td>
</tr>
<tr>
<td>Inventory, net</td>
<td>$945,561</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>$226,390</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>$5,773,078</td>
</tr>
<tr>
<td>Investments</td>
<td>$11,303,954</td>
</tr>
<tr>
<td>Property and equipment</td>
<td></td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>$2,171,836</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>$178,162</td>
</tr>
<tr>
<td>Software</td>
<td>$5,745,531</td>
</tr>
<tr>
<td><strong>Less: accumulated depreciation and amortization</strong></td>
<td>$(5,095,152)</td>
</tr>
<tr>
<td><strong>Total property and equipment, net</strong></td>
<td>$3,000,377</td>
</tr>
<tr>
<td>Other assets</td>
<td></td>
</tr>
<tr>
<td>Security deposit</td>
<td>$76,412</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$20,153,821</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$1,980,512</td>
</tr>
<tr>
<td>National Blood Exchange accounts payable</td>
<td>$2,104,250</td>
</tr>
<tr>
<td>Related party payable – NBFRET</td>
<td>$173,080</td>
</tr>
<tr>
<td>Line of credit</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>$6,191,143</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>$13,048,985</td>
</tr>
<tr>
<td>Other liabilities</td>
<td></td>
</tr>
<tr>
<td>Deferred rent abatement liability</td>
<td>$473,550</td>
</tr>
<tr>
<td>Deferred lease incentive liability</td>
<td>$414,090</td>
</tr>
<tr>
<td><strong>Total other liabilities</strong></td>
<td>$887,640</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>$13,936,625</td>
</tr>
<tr>
<td><strong>Net assets – Unrestricted</strong></td>
<td>$6,217,196</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$20,153,821</td>
</tr>
</tbody>
</table>
# Statement of Activities
## For the Fifteen-Month Period Ended December 31, 2017

<table>
<thead>
<tr>
<th>Revenue and support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conferences</td>
<td>$ 7,928,846</td>
<td>$</td>
<td>7,928,846</td>
</tr>
<tr>
<td>Accreditation</td>
<td>6,024,378</td>
<td>–</td>
<td>6,024,378</td>
</tr>
<tr>
<td>Membership dues</td>
<td>4,556,689</td>
<td>–</td>
<td>4,556,689</td>
</tr>
<tr>
<td>Publication sales</td>
<td>2,658,861</td>
<td>–</td>
<td>2,658,861</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,719,133</td>
<td>–</td>
<td>1,719,133</td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>1,264,053</td>
<td>–</td>
<td>1,264,053</td>
</tr>
<tr>
<td>Education</td>
<td>864,056</td>
<td>–</td>
<td>864,056</td>
</tr>
<tr>
<td>Consulting</td>
<td>827,575</td>
<td>–</td>
<td>827,575</td>
</tr>
<tr>
<td>National Blood Exchange</td>
<td>700,139</td>
<td>–</td>
<td>700,139</td>
</tr>
<tr>
<td>Contributions and sponsorships</td>
<td>560,264</td>
<td>–</td>
<td>560,264</td>
</tr>
<tr>
<td>Other</td>
<td>366,942</td>
<td>–</td>
<td>366,942</td>
</tr>
<tr>
<td>Communications</td>
<td>314,397</td>
<td>–</td>
<td>314,397</td>
</tr>
</tbody>
</table>

| Net assets released from restrictions:     |             |                        |            |
| Satisfaction of program restrictions       | 350,250      | (350,250)              | –          |
| Total revenue and support                  | 28,135,583   | (350,250)              | 27,785,333 |

| Expense                                    |             |                        |            |
| Program services                           |             |                        |            |
| Conferences                                | 4,339,951    | –                      | 4,339,951  |
| Accreditation                              | 3,549,476    | –                      | 3,549,476  |
| Membership                                 | 2,077,274    | –                      | 2,077,274  |
| Grants and contracts                       | 1,581,694    | –                      | 1,581,694  |
| Standards                                  | 1,308,666    | –                      | 1,308,666  |
| Education                                  | 1,296,412    | –                      | 1,296,412  |
| Publication sales                          | 1,280,156    | –                      | 1,280,156  |
| Communications                             | 1,274,066    | –                      | 1,274,066  |
| Consulting                                 | 1,102,095    | –                      | 1,102,095  |
| National Blood Exchange                    | 365,065      | –                      | 365,065    |
| Total program services                     | 18,174,855   | –                      | 18,174,855 |

| Supporting services                        |             |                        |            |
| Management and general                     | 7,895,065    | –                      | 7,895,065  |
| Fundraising                                | 303,503      | –                      | 303,503    |
| Interest expense                           | 48,654       | –                      | 48,654     |
| Total expense                              | 26,422,077   | –                      | 26,422,077 |

| Change in net assets                       |             |                        |            |
| Net Assets, beginning of period            | 4,503,690    | 350,250                | 4,853,940  |
| Net assets, end of period                  | $ 6,217,196  | $                      | $ 6,217,196 |
# FY 2017 Financial Highlights

**Statement of Cash Flows**  
For the Fifteen-Month Period Ended December 31, 2017

## Cash flows from operating activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$1,363,256</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>671,269</td>
</tr>
<tr>
<td>Realized and unrealized gain on investments</td>
<td>(1,130,216)</td>
</tr>
<tr>
<td>Loss on disposition of property and equipment</td>
<td>27,412</td>
</tr>
<tr>
<td>Change in allowance for doubtful accounts</td>
<td>(120,238)</td>
</tr>
<tr>
<td>Deferred rent abatement liability</td>
<td>414,243</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>474,459</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>99,774</td>
</tr>
<tr>
<td>National Blood Exchange accounts receivable</td>
<td>339,778</td>
</tr>
<tr>
<td>Inventory</td>
<td>(294,175)</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>97,638</td>
</tr>
<tr>
<td>Security deposit</td>
<td>47,821</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>462,516</td>
</tr>
<tr>
<td>National Blood Exchange accounts payable</td>
<td>(1,324,994)</td>
</tr>
<tr>
<td>Related party payable – NBFRET</td>
<td>518,753</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(369,473)</td>
</tr>
<tr>
<td>Deferred lease incentive liability</td>
<td>374,168</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>1,651,991</td>
</tr>
</tbody>
</table>

## Cash flows from investing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases of investments</td>
<td>(2,688,918)</td>
</tr>
<tr>
<td>Proceeds from sales of investments</td>
<td>2,100,000</td>
</tr>
<tr>
<td>Purchases of property and equipment</td>
<td>(1,534,636)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(2,123,554)</td>
</tr>
</tbody>
</table>

## Cash flows from financing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advances on line of credit</td>
<td>2,125,000</td>
</tr>
<tr>
<td>Payments on line of credit</td>
<td>(375,000)</td>
</tr>
<tr>
<td>Principal payments on capital lease obligations</td>
<td>(4,592)</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>1,745,408</td>
</tr>
</tbody>
</table>

## Net increase in cash and cash equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents, beginning of period</td>
<td>407,233</td>
</tr>
<tr>
<td>Cash and cash equivalents, end of period</td>
<td>1,681,078</td>
</tr>
</tbody>
</table>

## Supplemental disclosure of cash flow information:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash paid for interest</td>
<td>48,654</td>
</tr>
<tr>
<td>Property and equipment acquired via tenant</td>
<td>$433,808</td>
</tr>
</tbody>
</table>