This document will provide the information you need to prepare your abstract for submission to the 2017 AABB Annual Meeting.

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NEW THIS YEAR! The Scientific category has been divided into Basic Scientific Research and Clinical Science. The Administrative Category has been maintained. See page 7 for a full list of abstract categories and descriptions.

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See page 7 for a full list of abstract categories and descriptions.
AUTHOR(S) RESPONSIBILITIES

Submission of an abstract indicates the following:

1. The author(s) has not published the data in a scientific journal; nor, has the data been accepted for publication before the AABB the abstract submission closing date.
2. The author(s) has not presented the data at another national annual scientific meeting.
3. The accuracy of the submitted abstract is the responsibility of the author(s). Errors made on your submitted abstract are likely to appear in print.
4. Submission of an abstract constitutes a commitment by the author(s) to present it if accepted. Failure to present, if not justified, may jeopardize future acceptance of abstracts. Expenses associated with the submission and presentation of an abstract are the responsibility of the author/presenter. The presenter is required to attend the annual meeting during the day of presentation and must submit the applicable registration fee.
5. The content of the presentation and reference materials must remain the responsibility of the author(s). A commercial supporter may help prepare the presentation, but they should not be biased to advance the proprietary interest of the sponsor.

HOW TO SUBMIT YOUR ABSTRACT

All abstracts should be as informative as possible and follow the guidelines below.

(Abstracts that do not follow all format guidelines will be rejected.)

1. FORMAT

Scientific abstracts must include the following sections:

- **Background/Case Studies** – information regarding the objectives/goals or why the study was performed.
- **Study Design/Methods** – information about the key methods utilized in the study.
- **Results/Findings** – summary of the results observed (tables can be used, but figures **cannot be used**). Quantitative data must be included in scientific abstracts.
- **Conclusion** – a statement of the author(s)’ conclusion based on the stated results.
HOW TO SUBMIT YOUR ABSTRACT (CONTINUED)

Administrative abstracts must include the following sections:

- **Background/Case Studies** – information regarding the objectives/goals or why the study was performed.
- **Study Design/Methods** – information about the key methods utilized in the study.
- **Results/Findings** – summary of the results observed.
- **Conclusion** – a statement of the author(s)’ conclusion based on the stated results.

**Note:** Although data should be summarized, abstracts must include specific reference to numbers studied and statistical significance of findings. It is insufficient to state: “The results will be discussed” or “The data will be presented.” Tables (not graphs) may be helpful in presenting data.

2. PRESENTATION OPTION

Author(s) must decide which presentation option their abstract falls under:

- Oral or Poster Presentation
- Poster Presentation Only

3. IMPORTANT REQUIREMENTS

Continuing medical education credit is offered for those attending the oral abstract presentations; therefore, the following requirements apply:

- If the presentation involves commercial products it must be objective and rely on scientific methods.
- Presentations must be free of commercial bias for or against any product.
- Generic names should be used whenever possible. The intent is to avoid abstracts submitted for promotional purposes.
- Any human subjects/animal research presented must have been approved by the appropriate agencies and have been in accordance with applicable ethical standards.

4. ADDITIONAL SUBMISSION INSTRUCTIONS

Every effort will be made to publish the abstract exactly as submitted. Although abstracts will be typeset for print and electronic distribution, they will not be edited or corrected by the AABB Staff except as needed to conform to publication style. Please ensure that your submission adheres to the following guidelines:

- The combined length of the abstract body, title, and table may not exceed 2,900 characters, including spaces. (Character includes all letters, numbers and punctuation.) Abstracts that exceed this character limit will be rejected by the online submission site and must be modified before the abstract is officially accepted.
- Titles should be indicative of the content of the abstract. The title should be brief and must be entered in title case (first letter of every word capitalized).
- Author(s) names should have no titles or degrees listed. Author(s) institutions should be listed as precisely as possible (include city, state or country).
HOW TO SUBMIT YOUR ABSTRACT (CONTINUED)

- Author(s) should include statistics, when it would permit a clearer interpretation of the data.
- Author(s) can include one table. Graphs images are not allowed.
- All units of measure must be expressed in the metric system; temperatures in Celsius.
- Generic names of drugs must be given, typed in lower case. If the proprietary name is also, given, the first letter must be capitalized.
- Unless an abbreviation is widely known and accepted (Fya, CPD, HIV), the term or phrase must be written in full the first time it appears in the abstract, followed immediately by the abbreviation in parentheses, i.e. hydroxyethyl starch (HES) or filtration leukapheresis (FL). Do not use abbreviations in the title.
- Avoid starting sentences with Arabic numbers.
- Except in rare cases, no more than ten (10) authors may be submitted and listed with each abstract. As per the rule in medical research publication, each of the authors must have contributed in at least one of three ways: 1) substantial participation in the research being reported, 2) writing of the submission, or 3) review/editing of the paper.
- Author(s) must indicate any commercial involvement, support, or conflicts of interest during the submission process when completing the disclosure section of the submission. The following are examples of how to note this information: “Funded by XYZ Corporation” or “Dr. XYZ is a member(stockholder/grant recipient, etc. of ABC Corporation.”
- Author(s) are strongly encouraged to print a hard copy of their abstract for their records before submitting.
- Avoid use of the first person in descriptions of the authors’ previous work.
  - Unacceptable: “We previously demonstrated that…”
  - Acceptable: “It has been shown…” or “Investigators previously demonstrated that…”
- Do not include any of the following identifying information in the body or title of the abstract text:
  - Name(s) of author(s)
  - Names(s) of institution(s)
  - Geographic locations of institutions or study site(s) (unless a significant element of the study). Some acceptable and unacceptable examples are shown below:
    - Unacceptable: “blood components were obtained from the Pasadena County Blood Center”
    - Acceptable: “blood components were obtained from a regional blood donor center”
    - Unacceptable: “blood bank of a large, tertiary care medical center in the US Northeast”
    - Acceptable: “hospital-based blood bank”
    - Acceptable: “transfusion-transmitted avian influenza in southern Afghanistan”
    - Acceptable: “alloimmunization rates in the Yanomami of southern Venezuela”
HOW TO SUBMIT YOUR ABSTRACT (CONTINUED)

5. REJECTION CRITERIA

Abstracts will be rejected by peer reviewers for any of the following reasons:

A) Insufficient data presented

B) Statistical analysis needed, but not provided

C) Stated conclusion cannot be reached from data presented

D) Information previously published or generally well known and documented

E) Format instructions not followed - no conclusion given, etc.

F) Information has limited significance or relevance and interest for national AABB meeting

G) Abstract poorly written, confusing or not clear, or contains major spelling or syntax errors

H) Advertising (Blatant Commercialism)

J) Error in method or data presented

K) Other serious flaws in the judgment of the peer reviewers

6. DISCLOSURE

AABB will list all abstract authors and their disclosures (those with and without a conflict of interest) under the text of each abstract in the TRANSFUSION Abstract Supplement (distributed September 2017).

7. DECISION NOTIFICATION

Authors will receive notification of the status of their abstract via email.
ABSTRACT CATEGORIES AND DEFINITIONS

BASIC SCIENTIFIC RESEARCH

Basic and Preclinical Cellular and Immunotherapeutics

Includes basic and discovery research; preclinical studies including pivotal proof-of-concept studies for development of cellular therapies including hematopoietic stem cells and cellular or plasma-derived immunotherapy product or tissue that aim to modify immunological responses in vitro and/or in vivo.

NOTE: Does not include purity and potency assays; manufacturing and controls; storage and handling; quality assessment, and regulatory issues; clinical trial design, clinical trial results (see Cellular Therapies or Immunotherapeutics).

Blood Product Biochemistry

Includes basic and discovery research on RBC and platelet membrane properties, biochemistry, and metabolism including the storage lesion effects, basic biology of blood component-pathogen interactions.

Platelet, Granulocyte and RBC Immunobiology

Includes mechanistic and preclinical/animal studies on alloimmunization, platelet refractoriness, leukopenia, hemolytic transfusion reactions due to incompatible red cells or plasma, and autoimmune or drug-induced thrombocytopenia or hemolytic anemia. Also, includes fetal-maternal immunology and basic biology of pediatric/neonate transfusions.

NOTE: Does not include platelet and leukocyte antigens and antibodies, serologic methods, immunophenotyping, molecular genetics (see Platelet and Leukocyte Immunohematology, Testing and Genetics category). Also, does not include red cell serology or red cell genotyping, (see RBC Immunohematology and RBC Molecular Testing and Genetics category).

CLINICAL SCIENCE

NEW Anesthesia, Peri-operative, and Trauma

Includes studies of intraoperative blood components, algorithm-directed transfusion practices in these settings, cell salvage techniques, solid organ transplant and cardiac bypass blood product usage. Point of care, biomarker, and clinical testing related to transfusion in these settings are included in this category. This also includes studies on the effect of transfusions on anesthesia, electrolyte imbalance, hypothermia, dilution, and perioperative adverse events.

NOTE: Does not include patient blood management.

Cellular Therapies Excluding Immunotherapies: Collection, Processing, Storage and Clinical Applications

Includes purity and potency assays; chemistry, manufacturing and controls; cell and tissue cryopreservation, storage and handling; quality assessment, and regulatory issues; clinical trial design, clinical trial results and analysis of disease-modifying effects of therapy (effectiveness) and adverse events. Cell therapies are inclusive of hematopoietic cells (mobilized peripheral blood cells, bone marrow, cord blood), those derived from other adult stem cells or pluripotent stem cells excluding those ones used for immunotherapy. Clinical trials include those in which the graft is composed of cells, genetically-modified cells or engineered tissues which are not intended to primarily modify immunological responses. Cellular therapies include both autologous and allogeneic approaches. Case reports should be novel and point to definitive changes in clinical practice.
Components and Component Processing

Includes whole blood collection; preparation, storage and processing of red cells, platelets, granulocytes, plasma and plasma derivatives, including cryoprecipitate. Includes studies of component filtration, irradiation, fractionation, cryopreservation, and other treatments and their effects on product quality, including new methods for assessing component quality as it pertains to component characteristics.

NOTE: Does not include studies on pathogen reduction techniques (see Transfusion-Transmitted Infectious Diseases category) or studies to understand the storage lesion at molecular or cellular level (see Blood Product Biochemistry category).

Donor Recruitment, Retention, and Adverse Events: Quantitative Aspects; Donor Recruitment/Retention/Marketing and Donor (Suitability) Eligibility

Includes surveys; quantitative studies of donor recruitment and retention; and studies related to donor eligibility criteria and methods of determining donor hemoglobin/hematocrit. Also, includes prospective studies of donor adverse events (vasovagal, vascular/neurologic injury, iron depletion). Does not include screening for transfusion-transmitted infections (see Transfusion-Transmitted Infectious Diseases). Includes strategy development, execution, qualitative outcome measurements related to donor recruitment, retention and satisfaction. Also, includes donor incentive programs, marketing strategies and techniques related to donor recruitment and retention. Covers the process of determining donor eligibility for blood collection via donor identification, the administration of manual/automated health history questionnaires, evaluation of physical findings, and evaluation of prior donor deferrals. Also, includes donor deferral from either health history screening or testing, notifying donors of unsuitability for donation, and donor re-entry.

Donor and Therapeutic Apheresis

Includes donor qualification and monitoring issues unique to apheresis donation and growth factor administration. Includes quantitative and comparative studies of instrument methodology. Includes logistical support between blood center and hospital. Also, includes trials of therapeutic apheresis, including photopheresis, therapeutic phlebotomy, and hemochromatosis donor studies as well as all clinical aspects of program management.

NOTE: Does not include peripheral blood stem cell collection (see Cellular Therapies category).

Immunotherapies: Collection, Processing, Storage and Clinical Applications

Includes purity and potency assays; chemistry, manufacturing and controls; immune-effective cell and tissue cryopreservation, storage and handling; quality assessment, and regulatory issues; clinical trial design, clinical trial results and analysis of disease-modifying effects of therapy (effectiveness) and adverse events. Immunotherapies are inclusive of immunoglobulins, other plasma-derived proteins or specific cell types with innate or adaptive immune activity (e.g. intravenous immunoglobulins, anti-D immunoglobulin, monocytes, granulocytes, cytotoxic T lymphocytes, chimeric-antigen receptor (CAR) T cells, B cell populations, dendritic cells, regulatory T cells or others), those derived from blood, bone marrow, cord blood or by culture of adult stem cells or pluripotent stem cells. It includes unmanipulated, purified/selected and/or genetically-manipulated cell products that aim to modify immunological responses in vitro and/or in vivo. Case reports should be novel and point to definitive changes in current clinical practice.
Patient Blood Management
Includes evidence-based, multidisciplinary approaches to improving clinical outcomes and reducing transfusion requirements in medical and surgical patients through such measures as: optimizing hemostasis, minimizing blood loss, optimizing patient red cell mass, and optimizing tolerance of anemia. Includes measures for managing and treating anemia. Also, includes the development and use of guidelines and algorithms for patient blood management by reducing managing cost and improved patient outcomes to include hospital based education on effective utilization of blood products and blood product inventory. Includes all aspects of patient evaluation and clinical management surrounding the transfusion decision-making process.

Pediatric Transfusion Medicine
Includes studies of transfusion therapy, outcomes, and adverse events unique to neonates, infants, and older pediatric patients including extracorporeal membrane oxygenation.

Platelet and Leukocyte Immunohematology, Testing and Genetics
Includes studies of platelet and leukocyte antigens and antibodies, serologic methods, immunophenotyping, molecular genetics.
NOTE: Does not include platelet and leukocyte function, metabolism and membrane biochemistry (see Scientific Blood Product Biochemistry category), also does not include clinical studies or animal models of alloimmunization, transfusion refractoriness, and autoimmune thrombocytopenia or leukopenia (see Platelet, Granulocyte and RBC Immunobiology category).

RBC Immunohematology and RBC Molecular Testing and Genetics
Includes red cell antigens and antibodies, and serologic methods. Also, includes red cell genotyping, genotype/phenotype relationships, and donor/recipient genotype matching. Also, includes molecular characterization of blood group antigens and their variants.
NOTE: Does not include clinical studies or animal models of red cell alloimmunization, red cell membrane biochemistry, hemolytic transfusion reactions due to incompatible red cells or plasma, and autoimmune or drug-induced hemolytic anemia (see Platelet, Granulocyte and RBC Immunobiology category).

Recipient Non-Infectious Adverse Events
Includes hemovigilance methods and surveillance reporting of adverse transfusion outcomes, as well as clinical studies of non-infectious adverse effects of transfusion, such as TRALI, volume overload, febrile and allergic reactions.
NOTE: Does not include mechanistic studies or animal models RBC immune hemolytic reactions (see Platelet, Granulocyte and RBC Immunobiology category).

Transfusion Practice
Includes clinical use of blood component therapy, plasma derivatives and transfusion alternatives, and assessment of their efficacy. Includes clinical trials of all blood components, analysis of transfusion triggers, and clinical studies of transfusion support in specific disorders and settings, including, but not limited to, sickle cell disease, thalassemia, hematologic malignancy, massive transfusion and other transfusion emergencies. Also, includes issues related to transfusion consent, pre-medication and effective component administration, as well as transfusion-related education research and information management.
NOTE: Clinical case reports should be submitted to the category most relevant to the case, which may not necessarily be Transfusion Practice.
Transfusion-Transmitted Infectious Diseases

Includes screening, prevention, detection, transmission, and treatment of transfusion-transmitted viruses (HIV, HBV, HCV, HTLV, WNV, emerging viruses), bacteria, parasites, and prions. Also, includes pathogen reduction of blood components for all transfusion-transmitted infectious agents.

**ADMINISTRATIVE**

Collections

Includes the process for the collection of whole blood and components by apheresis methods, as well as operational and administrative aspects of the evaluation and/or implementation of new methods and instrumentation for collection; evaluation of set up of collection sites; and analyses of donation intervals and donation types. Includes evaluation of automated tools used to monitor donor and procedure run data.

Education and Training

Includes organizational development, management, execution, evaluation, measurement, and outcomes related to education, training, and curriculum. Also, includes competency assessment, learning tools, E-learning, learner and learner event tracking, training document management, and training effectiveness case studies.

Management, Finance, and General Marketing

Includes policy and infrastructure development and deployment, strategic planning, goal setting, succession planning as well as leadership training, Human Resources, facilities, disaster and emergency response, project and change management, business metrics and performance measurement, employee metrics and performance, and blood utilization management. Also, includes budgeting, ROI calculations, property and equipment asset categorization and management, hospital marketing, and community and industry partnering, and CEO/COO talent planning.

**Quality Management**

Includes topics related to quality assurance, quality systems, compliance, regulatory affairs, establishment/product licensure; equipment qualification and management; quality control processes, equipment preventive maintenance and calibration; supply/supplier management; process management; process validation; document development and control, managing nonconforming materials and events; assessment and auditing processes; deviation or error management and CAPA systems, quality monitoring; tracking and trending; performance improvement (Six Sigma, Lean, or the use of other quality improvement tools and methodologies).

Product Manufacturing, Inventory Management, Storage and Distribution

Includes operational aspects of the manufacturing process of blood components (RBCs, platelets, plasma, and cryoprecipitate) including managing product inventory, interfacing with customers regarding product mix, availability, type; stock rotation; balancing inventory; product supply vs. demand, product storage, temperature monitoring; validation of storage and transport processes, product traceability, management of product return, quarantine, inspection and qualification. Also, includes product quality control, process controls, and utilization of the principles of “Lean Manufacturing.”