This document will provide the information you need to prepare your late-breaking abstract for submission to the 2021 AABB Annual Meeting.

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AABB CRITERIA FOR LATE BREAKING ABSTRACTS

The AABB late-breaking abstract submission period provides investigators with recently acquired, novel and ground-breaking research, not previously available for submission for the AABB 2021 abstract routine deadline, the opportunity for an oral presentation at the 2021 AABB Annual Meeting. The review and selection process will be highly competitive. No more than five (5) abstracts will be selected to be featured in the late-breaking oral abstract session. If your abstract is not chosen to be included in the late-breaking oral abstract session, it will be rejected.

Acceptable:

1. Randomized phase II and III trials for which no preliminary data were available at the time of the abstract submission deadline (April 26, 2021);
2. Original research studies that highlight novel and high-impact research with potentially practice-changing implications.

Not Acceptable: The late breaking abstract deadline is not intended to be an extension of the regular submission deadline.

Not Acceptable:

1. Trials in progress (i.e., abstracts that contain no data) are NOT eligible for late-breaking abstract consideration.
2. Data publicly available via major search engines (such as PubMed, Google Scholar, etc.);
3. Data accepted for publication before the abstract submission closing date.
4. Data that have been or are to be presented at a meeting of 1,000 or more participants before the 2021 AABB annual meeting.
5. Data that will be presented at another 2021 AABB Annual Meeting session.
6. Case reports, case studies, small observational studies without practice-changing impact.
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 late-breaking abstract submission closing date.
2. The author(s) has not presented the data at another national or international 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.
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 submissions should not be biased to advance the proprietary interest of the sponsor.
6. Late-breaking abstract submitters will be asked to explain why their abstract was not submitted by the general submission deadline (April 26, 2021).

UPDATED - THE $25 submission fee is waived for late-breaking abstract submissions.

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.)

FORMAT

Abstracts must include the following sections:

• **Background** – 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.
• **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.
HOW TO SUBMIT YOUR ABSTRACT (CONTINUED)

IMPORTANT REQUIREMENTS

- 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.

ADDITIONAL SUBMISSION INSTRUCTIONS

Every effort will be made to publish the abstract exactly as submitted. Although abstracts will be typeset for 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. This includes all letters, numbers, punctuation and spaces. Abstracts that exceed this character limit will be rejected by the online submission site and must be modified before the abstract is officially submitted.
- 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).
- Author(s) should include statistics, when it would permit a clearer interpretation of the data.
- Author(s) can include one table. Graphs and 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, e.g., 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 abstracts.
- Author(s) are strongly encouraged to print a hard copy of their abstract for their records before submitting.
HOW TO SUBMIT YOUR ABSTRACT (CONTINUED)

• 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:
    • Acceptable: “blood components were obtained from a regional blood donor center”
    • Acceptable: “hospital-based blood bank”
    • Acceptable: “transfusion-transmitted avian influenza in southern Afghanistan”
    • Acceptable: “alloimmunization rates in the Yanomami of southern Venezuela”
    • Unacceptable: “blood components were obtained from the Pasadena County Blood Center”
    • Unacceptable: “blood bank of a large, tertiary care medical center in Manhattan, New York”

REJECTION CRITERIA

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

A) Study not novel and scientifically rigorous enough to merit inclusion as a late-breaking abstract
B) Insufficient data presented
C) Statistical analysis needed, but not provided
D) Stated conclusion cannot be reached from data presented
E) Information previously published or generally well known and documented
F) Format instructions not followed – no conclusion given, etc.
G) Information has limited significance or relevance and interest for national AABB meeting
H) Abstract poorly written, confusing or not clear, or contains major spelling or syntax errors
  I) Advertising (blatant commercialism)
J) Error in method or data presented
K) Other serious flaws in the judgment of the peer reviewers

DECISION NOTIFICATION

Authors will receive notification of the status of their abstract via email.

If accepted, abstracts must be presented at the AABB Annual Meeting. The presenting author must register for the meeting, and present during their assigned session time. Failure to do so, without adequate notification and justification, may prevent the authors from submitting abstracts to future meetings.
CATEGORIES AND KEYWORDS

You will be asked to choose a primary category and up to five keywords. The primary category should reflect the overall topic of your abstract. Keywords should reflect other topics that are covered in your abstract submission.

**BIOOTHERAPIES, CELLULAR THERAPIES AND IMMUNOTHERAPIES**
- Collections, Processing and Storage
- Cord blood (including cord tissue and perinatal cells)
- Hematopoietic Cell Therapy/Transplant Immunotherapies (includes CAR T cells)
- Nonhematopoietic Cell Therapy
- Process Improvement
- Product Development and Manufacturing
- Quality Control/Quality Assurance
- Regenerative Medicine
- Regulations
- Somatic Cell Therapy

**BLOOD BANK/BLOOD CENTER**
- Collections and Product Manufacturing
- Component Processing
- Donor Apheresis
- Donor Collections
- Donor Hemovigilance – Noninfectious Adverse Events
- Donor Hemovigilance – Transfusion transmitted Diseases
- Donor Recruitment and Retention
- Donor Testing

**CELL BIOLOGY, IMMUNOLOGY AND BIOCHEMISTRY**
(Basic and Preclinical Research)
- Leukocytes (includes Experimental transplantation/immunotherapy)
- Platelets
- Red Cells

**DEVELOPING CURRICULUM**
- Competency Assessment Methods
- Curriculum Development, Implementation and Evaluation

**IMUNOHEMATOLOGY AND GENETIC TESTING**
(red cells, leukocytes and platelets)
- Immunohematology (includes serology)
- Molecular Diagnostics and Testing

**HEMATOLOGY AND COAGULATION**
- Disorders
- Testing and Assay Development

**INFORMATION TECHNOLOGY AND INFORMATICS**
- Electronic Health/Medical Records
- Laboratory Information Systems

**INSTRUMENTATION**
- Instrumentation

**INVENTORIES**
- Inventory Distribution
- Inventory Management
- Inventory Storage

**LEADERSHIP**
- Marketing
- Operations
- Strategic Planning

**MANAGEMENT**
- Financial Management
- Laboratory Administration
- Personnel Management
- Practice Management
- Quality Management

**NEW INNOVATIONS, NEW TECHNIQUES AND NEW TECHNOLOGIES**
- New Innovations, New Techniques and New Technologies

**PATIENT BLOOD MANAGEMENT**
- Patient Blood Management

**PUBLIC HEALTH AND POLICY**
- Public Health and Policy

**QUALITY**
- Laboratory Safety
- Quality Assurance
- Quality Control
- Quality Management Systems
- Standards, Regulations and Accreditation

**THERAPEUTIC APHERESIS**
- Therapeutic Apheresis

**TISSUE BANKING AND MANAGEMENT**
- Tissue Banking and Management

**TRANSFUSION SERVICE**
- Evidence Based Medical Practices
- Patient Safety
- Patient Testing
- Pediatric Transfusion Clinical Medicine
- Perioperative and Anesthesia Transfusion Practices
- Recipient/Patient Hemovigilance – Noninfectious Adverse Events (Transfusion Reactions)
- Recipient/Patient Hemovigilance – Transfusion Transmitted Infectious Diseases
- Transfusion Medicine Clinical Practices
- Trauma and Massive Transfusion Practices