



CALIFORNIA BLOOD BANK SOCIETY  
**CLINICAL LABORATORY SCIENTISTS  
COMMITTEE PRESENTS...**

# TRANSFUSION: FROM TESTING TO TRAUMA

**NORTHERN CALIFORNIA:**

**SATURDAY, NOVEMBER 4, 2017**

8 a.m. - 3:30 p.m.

American Red Cross Blood Services

6230 Claremont Avenue • Oakland, CA 94618

**SOUTHERN CALIFORNIA:**

**SATURDAY, DECEMBER 2, 2017**

8 a.m. - 3:30 p.m.

American Red Cross Blood Services

100 Red Cross Circle • Pomona, CA 91768

Target audience is CLS, CPT1, RN/ANCC, and Admin/DR.

## PROGRAM SCHEDULE (subject to change)

7:30 a.m. - 7:55 a.m. - **REGISTRATION**

8 a.m. - 9 a.m. *1 CE Credit*

### **ANTIBODY IDENTIFICATION CASE STUDIES**

**No. Cal: Phyllis Walker**

**So. Cal: Karen Rodberg**

Antibody identification requires extensive blood banking knowledge and skills to perform and interpret a differential analysis of red cell antibodies. Utilizing a variety of immuno-hematologic techniques, several case studies will be presented to demonstrate the use of different serological approaches to solve difficult antibody problems, including a case involving a patient taking daratumumab (DARA).

#### **OBJECTIVES:**

- Describe two serological techniques that can be used to resolve a clinically significant cold allo or autoantibody.
- Describe the clinical significance of DARA.
- Identify two serological techniques which can be used to help provide red cell units to patients taking DARA.

9 a.m. - 10 a.m. *1 CE Credit*

### **COMPONENT THERAPY CASE STUDIES**

**No. Cal: Dr. Elena Nedelcu**

**So. Cal: Dr. Laura Stephens**

An overview of blood component therapy will be presented, including real patient case studies

#### **OBJECTIVES:**

- Describe the indications, contra-indications and recommendations for transfusion for the five major blood components.

- Summarize the medical decision-making process used to determine appropriate component therapy for a patient.

10 a.m. - 10:15 a.m. - **Morning Break**

10:15 a.m. - 11:15 a.m. *1 CE Credit*

### **APPLICATIONS OF MOLECULAR TESTING IN THE TRANSFUSION SERVICES**

**No. Cal: Dr. Sarah Barnhard**

**So. Cal: Dr. Ingrid Perez-Alvarez**

An overview of the clinical applications of molecular testing in the transfusion services will be presented.

#### **OBJECTIVES:**

- List three patient populations that have benefited by blood group genotyping.
- Describe the limitations of molecular testing

11:15 a.m. - 12:15 p.m. *1 CE Credit*

### **TRANSITION TO USING PATHOGEN REDUCED PRODUCTS IN THE TRANSFUSION SERVICE**

**No. Cal: Dr. Catherine Mazzei**

**So. Cal: Dr. Elizabeth Allen**

Discussion will include the implementation of pathogen reduced products in the Transfusion Service and how to manage a mixed inventory of blood components.

#### **OBJECTIVES:**

- Identify the pathogen reduced components available for transfusion.
- Discuss key elements of a policy for the use of pathogen reduced components.



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## PROGRAM SCHEDULE (continued from previous page)

12:15 p.m. - 12:45 p.m. - Lunch

12:45 p.m. - 1:45 p.m. *1 CE Credit*  
**MASSIVE TRANSFUSION PROTOCOL**  
No. Cal: Dr. Valerie Ng  
So. Cal: Dr. Evelyn Potochny

Discussion will include the proper management of a Massive Transfusion Protocol (MTP), the optimal ratio of plasma:platelets:red blood cells, and the use of TEG/ROTEM in MTP.

**OBJECTIVES:**

- List the common causes of bleeding in trauma and describe the acute coagulopathy of trauma.
- Discuss the benefits of using TEG and ROTEM in massive transfusion and how they can alter a MTP.

1:45 p.m. - 2 p.m. - Afternoon Break

2 p.m. - 3 p.m.

*1 CE Credit*

**COMPLYING WITH CLIA COMPETENCY REQUIREMENTS**

No. Cal: Theresa Dunning  
So. Cal: Eileen Licuanan

An overview of an effective CLIA competency program will be presented, including the various methods for assessing staff competence and identifying the tests which require competency assessment.

**OBJECTIVES:**

- Discuss six minimum requirements for competency assessment and the methodologies that can be applied to meet them.
- Describe the development and scope of an effective CLIA competency program.

3 p.m. - 3:30 p.m.

*No CE Credits*

**WRAP-UP AND EVALUATIONS**

**REGISTRATION**

If you have not paid your 2017 dues, you will be unable to receive member pricing. Renew your dues online first, then register for the seminar to receive the member rate.

**FEES**

REGISTRATION TYPE	EARLY-BIRD Nor Cal: By 10/27/17 So Cal: By 11/20/17	GENERAL Nor Cal: Btwn 10/28/17 - 11/1/17 So Cal: Btwn 11/21/17 - 11/29/17	ON-SITE Nor Cal: After 11/1/17 So Cal: After 11/29/17
CBBS INDIVIDUAL MEMBER	\$85	\$100	\$110
NON-MEMBER	\$180	\$195	\$205

Registration form and payment must be received by the Central Office on or before the dates listed above to receive the discount rates. Once the general registration date has passed, on-site registration fees apply. You may register online using the onsite pricing but your badge may be handwritten and your preferred menu choice may not be available. Onsite registrations are subject to space availability.

**WAYS TO REGISTER**

**ONLINE** - Go to [www.CBBSweb.org/event/CLS](http://www.CBBSweb.org/event/CLS) and click "register."

**FAX** - Go to [www.CBBSweb.org/event/CLS](http://www.CBBSweb.org/event/CLS) and download a PDF of the registration form. Complete the form, including payment information, and fax to 916-443-6719.

**MAIL** - Go to [www.CBBSweb.org/event/CLS](http://www.CBBSweb.org/event/CLS) and download a PDF of the registration form. Complete the form, include payment and mail to CBBS, 1000 Q St., Suite 203, Sacramento, CA 95811.

**CONTINUING EDUCATION CREDITS**

This program is approved by California Laboratory Field Services for 6.0 contact hours of continuing education (Provider Number 0034). Provider is approved by the California Board of Registered Nursing, Provider Number 01351 for up to 6.0 hours of continuing education. CME credits are not available for Physicians.

**CANCELLATION POLICY**

A registrant shall receive a refund of 75% of their registration fees if written notice (fax and email is acceptable) is received by the Central Office 14 days or more prior to the seminar. No refunds for cancellation requests received within 14 days of the start of the seminar.

**TAX DEDUCTION OF EXPENSES**

See Treasury Regulation 1.162.5 Coughlin v. Comm., 203 F.2d.307.

**DID YOU KNOW???**

You can apply for a grant from the CBBS Educational Fund to cover your registration fees. Visit [www.CBBSweb.org](http://www.CBBSweb.org) to learn more.



**CBBS CLINICAL LABORATORY SCIENTISTS COMMITTEE**  
REGIONAL SEMINAR

# TRANSFUSION: FROM TESTING TO TRAUMA

NORTHERN CALIFORNIA: **SATURDAY, NOVEMBER 4, 2017** • SOUTHERN CALIFORNIA: **SATURDAY, DECEMBER 2, 2017**

## REGISTRATION FORM

**LOCATION ATTENDING:**

- NORTHERN CALIFORNIA** - American Red Cross Oakland • 6230 Claremont Avenue • Oakland, CA 94618  
 **SOUTHERN CALIFORNIA** - American Red Cross Oakland • 100 Red Cross Circle • Pomona, CA 91768

**PREFIX** (*Mr., Ms., Dr., etc.*) \_\_\_\_\_ **NAME** (*for your badge*) \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_ **CREDENTIALS** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

**BILLING CITY, STATE, ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**E-MAIL\*** \_\_\_\_\_

*\*Confirmations will be sent to this e-mail. If you prefer a faxed confirmation, please provide a fax number instead.*

**IF LUNCH IS INCLUDED, DO YOU WANT A VEGETARIAN OPTION?** \_\_\_\_\_

**SPECIAL MEALS, ACCOMMODATIONS AND/OR FOOD ALLERGIES** (*assisted listening devices, vegetarian, etc.*) \_\_\_\_\_

*The seminar facilities are accessible to the physically disabled. Requests for accommodations for the disabled should be made at the time of registration, but no later than two weeks prior to the start of the seminar. Call 916-560-8536 or e-mail info@cbbsweb.org for assistance.*

### FEES

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QTY	REGISTRATION TYPE	<b>EARLY-BIRD</b>	<b>GENERAL</b>	<b>ON-SITE</b>
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<b>TOTAL DUE:</b>				

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### ONLINE REGISTRATION

Register online at:

[www.CBBSweb.org/event/CLS](http://www.CBBSweb.org/event/CLS)

**CBBS MEMBERS:** Be sure to sign-in to get the member rate!

**CHECK ENCLOSED** (*A \$20 service charge for returned checks applies.*)

**CHARGE MY CREDIT CARD.** (*MC, VISA, AMEX or Discover*)

CC#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

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