

S Gerald Sandler

List of Publications by Year in descending order

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Version: 2024-02-01

58
papers

1,059
citations

566801

15
h-index

433756

31
g-index

61
all docs

61
docs citations

61
times ranked

626
citing authors

#	ARTICLE	IF	CITATIONS
1	IgA anaphylactic transfusion reactions. <i>Transfusion Medicine Reviews</i> , 1995, 9, 1-8.	0.9	180
2	It's time to phase in <i>RHD</i> genotyping for patients with a serologic weak <i>D</i> phenotype. <i>Transfusion</i> , 2015, 55, 680-689.	0.8	157
3	Serological weak <i>D</i> phenotypes: a review and guidance for interpreting the <i>RHD</i> blood type using the <i>RHD</i> genotype. <i>British Journal of Haematology</i> , 2017, 179, 10-19.	1.2	76
4	How I manage patients suspected of having had an IgA anaphylactic transfusion reaction. <i>Transfusion</i> , 2006, 46, 10-13.	0.8	61
5	The entity of immunoglobulin <i>A</i> -related anaphylactic transfusion reactions is not evidence based. <i>Transfusion</i> , 2015, 55, 199-204.	0.8	48
6	Financial implications of <i>RHD</i> genotyping of pregnant women with a serologic weak <i>D</i> phenotype. <i>Transfusion</i> , 2015, 55, 2095-2103.	0.8	47
7	Policies and Procedures Related to Testing for Weak <i>D</i> Phenotypes and Administration of Rh Immune Globulin: Results and Recommendations Related to Supplemental Questions in the Comprehensive Transfusion Medicine Survey of the College of American Pathologists. <i>Archives of Pathology and Laboratory Medicine</i> , 2014, 138, 620-625.	1.2	35
8	Risks of blood transfusion and their prevention. <i>Clinical Advances in Hematology and Oncology</i> , 2003, 1, 307-13.	0.3	33
9	It's time to phase out "serologic weak <i>D</i> phenotype" and resolve <i>D</i> types with <i>RHD</i> genotyping including weak <i>D</i> type 4. <i>Transfusion</i> , 2020, 60, 855-859.	0.8	27
10	Temperature-Sensitive Labels for Containers of RBCs. <i>American Journal of Clinical Pathology</i> , 2006, 126, 406-410.	0.4	25
11	DEL phenotype. <i>Immunoematology</i> , 2017, 33, 125-132.	0.2	25
12	Successful prevention of post-transfusion Rh alloimmunization by intravenous Rho (<i>D</i>) immune globulin (WinRho SD). , 1999, 60, 245-247.		24
13	Radiofrequency identification technology can standardize and document blood collections and transfusions. <i>Transfusion</i> , 2007, 47, 763-770.	0.8	24
14	Simultaneous Occurrence of "American Burkitt's Lymphoma" in Neighbors. <i>New England Journal of Medicine</i> , 1973, 288, 562-563.	13.9	23
15	Immune thrombocytopenic purpura " current management practices. <i>Expert Opinion on Pharmacotherapy</i> , 2004, 5, 2515-2527.	0.9	20
16	Postpartum Rh Immunoprophylaxis. <i>Obstetrics and Gynecology</i> , 2012, 120, 1428-1438.	1.2	18
17	Treating immune thrombocytopenic purpura and preventing Rh alloimmunization using intravenous Rho (<i>D</i>) immune globulin. <i>Transfusion Medicine Reviews</i> , 2001, 15, 67-76.	0.9	15
18	Laboratory methods for Rh immunoprophylaxis: a review. <i>Immunoematology</i> , 2010, 26, 92-103.	0.2	14

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19	The cost of treating immune thrombocytopenic purpura using intravenous Rh immune globulin versus intravenous immune globulin. , 2000, 63, 156-158.		13
20	Intravenous Rh immune globulin for treating immune thrombocytopenic purpura. Current Opinion in Hematology, 2001, 8, 417-420.	1.2	12
21	The status of pathogen-reduced plasma. Transfusion and Apheresis Science, 2010, 43, 393-399.	0.5	12
22	Anaphylactic transfusion reactions. Transfusion, 2011, 51, 2265-2266.	0.8	11
23	Immunoprophylaxis using intravenous Rh immune globulin should be standard practice when selected D-negative patients are transfused with D-positive random donor platelets. Immunohematology, 1998, 14, 133-137.	0.2	11
24	A model for integrating molecular-based testing in transfusion services. Blood Transfusion, 2016, 14, 566-572.	0.3	11
25	Nonhemolytic passenger lymphocyte syndrome. Transfusion, 2017, 57, 2942-2945.	0.8	10
26	Intravenous Anti-D Treatment for Immune Thrombocytopenic Purpura. Blood, 1998, 91, 2624-2625.	0.6	9
27	Human platelet alloantigen systems in three Chinese ethnic populations. Immunohematology, 2006, 22, 6-10.	0.2	9
28	Nonhemolytic passenger lymphocyte syndrome: donor-derived anti-M in an M+ recipient of a multiorgan transplant. Immunohematology, 2009, 25, 20-23.	0.2	9
29	Proficiency tests reveal the need to improve laboratory assays for fetomaternal hemorrhage for <sc>Rh</sc> immunoprophylaxis. Transfusion, 2013, 53, 2098-2102.	0.8	8
30	Blood group genotyping: faster and more reliable identification of rare blood for transfusion. Lancet Haematology,the, 2015, 2, e270-e271.	2.2	8
31	A Guide to Terminology for Rh Immunoprophylaxis. Obstetrics and Gynecology, 2017, 130, 633-635.	1.2	8
32	Transportation and Other Blood System Issues Related to Disasters: Washington, DC Experience of September 11, 2002. Vox Sanguinis, 2002, 83, 367-370.	0.7	6
33	New Laboratory Procedures and Rh Blood Type Changes in a Pregnant Woman. Obstetrics and Gynecology, 2012, 119, 426-428.	1.2	6
34	Rh Immunoprophylaxis for Women With a Serologic Weak D Phenotype. Laboratory Medicine, 2015, 46, 190-194.	0.8	6
35	Does transfusion of Asianâ€™type DEL red blood cells to Dâ€™ recipients cause D alloimmunization?. Transfusion, 2019, 59, 2455-2458.	0.8	6
36	Review: immune thrombocytopenic purpura: an update for immunohematologists. Immunohematology, 2004, 20, 112-117.	0.2	6

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37	Blood Transfusion Therapy in the Rear Hospital During the Yom Kippur War (October 1973). <i>Military Medicine</i> , 1977, 142, 49-53.	0.4	5
38	It is time to bring back solvent???detergent plasma. <i>Current Opinion in Hematology</i> , 2007, 14, 640-641.	1.2	5
39	Serologic aspects of treating immune thrombocytopenic purpura using intravenous Rh immune globulin. <i>Immunohematology</i> , 2001, 17, 106-110.	0.2	5
40	Effectiveness of the Rhlg Dose Calculator. <i>Archives of Pathology and Laboratory Medicine</i> , 2010, 134, 967-968.	1.2	5
41	Immunosuppressive protocols for transplantation and certain hematologic malignancies can prevent the primary immune response to the D blood group antigen. <i>Immunohematology</i> , 2013, 29, 110-114.	0.2	5
42	Immune-mediated hemolysis in a postoperative patient Case report: anti-U and differential diagnosis. <i>Immunohematology</i> , 1993, 9, 41-46.	0.2	4
43	The case for pathogen inactivation of blood components. <i>Current Opinion in Hematology</i> , 2005, 12, 471-472.	1.2	3
44	The Diego blood group system-an update. <i>Immunohematology</i> , 1999, 15, 159-162.	0.2	3
45	Miscounting even one lymphocyte in the Kleihauerâ€Betke (acidâ€elution) assay can result in overdosing Rh immune globulin. <i>Transfusion</i> , 2015, 55, 2069-2069.	0.8	2
46	Intravenous Anti-D Treatment for Immune Thrombocytopenic Purpura. <i>Blood</i> , 1998, 91, 2624-2625.	0.6	2
47	Impact of Innovations on Transfusion Medicine. <i>Archives of Pathology and Laboratory Medicine</i> , 1999, 123, 672-676.	1.2	2
48	Equivalence of spray-dried K₂EDTA, spray-dried K₃EDTA, and liquid K₃EDTA anticoagulated blood samples for routine blood center or transfusion service testing. <i>Immunohematology</i> , 2003, 19, 117-121.	0.2	2
49	Washed and Volume-Reduced Blood Components. , 2007, , 410-418.		1
50	Assisted reproductive technology: an uncommon, but increasing, cause of parentâ€child ABO discrepancy. <i>Transfusion</i> , 2015, 55, 2048-2049.	0.8	1
51	Delayed hemolytic transfusion reaction captured by a cell phone camera. <i>Transfusion</i> , 2016, 56, 1006-1007.	0.8	1
52	The risks of blood transfusions involve donors as well as patients. <i>Current Opinion in Hematology</i> , 2004, 11, 321-322.	1.2	0
53	Kurt Stern (1909-2003). <i>Transfusion Medicine Reviews</i> , 2006, 20, 80-83.	0.9	0
54	Immunosuppressive medication and alloimmunization to red blood cell antigens. <i>Transfusion</i> , 2015, 55, 224-224.	0.8	0

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55	The emperor and the blood center. <i>Transfusion</i> , 2019, 59, 3559-3559.	0.8	0
56	Eculizumab Reduces Red Blood Cell Transfusions in Non-Renal Solid Organ Transplant Patients Diagnosed with Post Transplant Atypical Hemolytic Uremic Syndrome (PT-aHUS). <i>Blood</i> , 2014, 124, 4183-4183.	0.6	0
57	Case report: reporting anti-G as anti-C+D may have misleading clinical implications. <i>Immunohematology</i> , 1997, 13, 58-60.	0.2	0
58	Special requirements for blood transfusions. <i>Clinical Advances in Hematology and Oncology</i> , 2009, 7, 501-3.	0.3	0