

2012 #24

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Study: Older Blood Associated With Increased Risk of Death

The Food and Drug Administration allows blood to be stored for up to 42 days before transfusion, but experts have been debating whether changes that occur during red blood cell (RBC) storage can cause harm to transfusion patients. A recent meta-analysis by National Institutes of Health (NIH) researchers suggests that use of older stored blood is associated with a significantly increased risk of death.

NIH researchers, led by Dong Wang of NIH's Critical Care Medicine Department, conducted a meta-analysis of 21 studies comparing patients who received transfused blood having longer and shorter storage times, looking at death as the outcome of interest. The results were published in the June issue of *Transfusion*.

Although RBCs stored for 42 days meet the FDA criteria for blood to be transfused, storing RBCs results in a "storage lesion," which are the changes in the RBC composition that develop during storage. These can include metabolic derangements, RBC shape change, loss of membrane carbohydrates, oxidative injury to lipids and proteins, changes in oxygen delivery, and reduced RBC life span in the circulation. Some studies have suggested that the storage lesion can lead to complications or increased mortality, but few have been conclusive, which led the NIH researchers to conduct this meta-analysis.

Methods. The researchers searched three databases for observational and randomized control studies that compared outcomes of the use of transfused blood having longer and shorter storage times. They excluded studies that did not have mortality data or did not refer to the age of the stored blood transfused. They included 21 studies that met the criteria, comparing 409,966 patients.

The authors calculated the odds ratio for death across studies and subgroup analyses to determine whether the meta-analysis results varied by type of patient, size of trial, or the amount of blood used. Of the 21 studies included, three were randomized controlled trials and 18 were observational studies (six prospective and 12 retrospective). Most of the studies were in cardiac surgery or trauma patients.

The authors used a cutoff of storage for 21 days or less to designate newer blood in their analysis and used a cutoff of storage for more than 21 days to designate older blood. However, among these studies, newer blood ranged from 1.6 days to not more than 21 days, and the older blood age ranged from nine days to 31 to 42 days.

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OUR SPACE

ABC CEO Jim MacPherson

Father's Day

Holidays evolve as we age. Being an empty-nester of four years, this year my special day was spent as much in reminiscence as in anticipation of the visits and phone calls.

I am proud of my three children. My two sons could not be more different nor nicer companions. One has yielded my first grandson, whose admiration for me and my son reminds me of my first Father's Days with Dad and Grandpa. My daughter, finishing her undergraduate experience this year, may be the one to pursue a purely humanitarian career. She almost didn't happen.

It was 1990, days into the New Year. After consuming my famous Cincinnati chili, my wife, so proud of her five-month bump, began feeling sick. "Oh, dear," I thought. "Did I mess up?" As the night wore on, her abdomen hardened. Clearly, something else was going on. Three days in the hospital and they were still desperately trying to stop the contractions. A surgeon was called in and, after a brief examination, said, "I don't know what's going on, but I'm going in."

They found a huge abscess from a ruptured appendix hiding behind my daughter. As the surgeon was telling me she thought my wife was stabilized, behind her shoulder a figure in scrubs ran towards us shouting, "She's in labor!"

At two pounds, so tiny, so frail, and struggling with every breath, I was hopeful but not optimistic. Five a.m. in the intensive care unit, and my wife was receiving a transfusion. With a tube down her throat she scribbled a note, "Is Julia alive?" How to prove it? No camera phones then, but a Polaroid was handy. "Do you recognize that nose?" My wife dissolved in tears of relief and worry.

The first 48 hours were critical. Between needed transfusions and the then-new, but now common therapy, to help her breath – surfactant, Julia survived her severe prematurity. Due to reduced red cell production and frequent blood sampling to monitor her oxygen therapy, transfusions became routine during her first month in intensive care.

It is hard to describe the feeling you have when you spend your entire career assuring that safe blood is there for others, and then watch it save your own family. There was no mistaking my feelings, however, when Julia appeared at our door this Father's Day.

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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Older Blood vs. New Blood (continued from page 1)

Results. There were 555 deaths among 7,611 patients transfused with newer blood (7.3 percent) and 744 deaths out of 9,114 patients transfused with older blood (8.5 percent) from the 16 studies that provided this data. The overall estimate of mortality with transfusion of older blood compared to newer stored blood was a significantly increased odds ratio of death, 95 percent confidence interval of 1.16 (1.07-1.24). Using available mortality data, 97 patients need to be treated with only newer blood to save one life, wrote the authors.

When conducting statistical analyses for different patient categories, including reason for treatment, age, study size, method of reporting mortality, storage time of new and old blood, and amount of blood transfused, the increased risk of death associated with old blood remained significant. The authors also found that there was no evidence of publication bias in the 21 studies included.

Conclusions and Recommendations. The researchers concluded that their data suggest that older stored blood is significantly associated with increased risk of death (odds ratio: 1.16; 95 percent confidence interval, 1.07-1.24), a finding that held true even within various subgroups. The authors of an accompanying editorial published in *Transfusion* point out the statistical strength of this meta-analysis and the “sobering” finding that the published risk ratios from 17 of the 21 studies suggest harm and none of the four remaining studies indicates a significant benefit of older blood.

Many of the studies involved critically ill trauma victims or cardiac patients, suggesting that older blood may amplify these conditions, leading to the increased mortality rate, wrote the authors. It is therefore possible that older blood acts as a “second hit” for already compromised patients. Also, some studies have associated older blood with multi-organ dysfunction syndrome, pneumonia, and renal failure, all of which may explain increased mortality risk with older blood, write the editorial authors.

“Until well-designed, multicenter, adequately powered randomized controlled trials confirm these findings, the evidence is inadequate to institute major changes in blood collection and transfusion practice,” said the authors. They note that three such studies are currently underway. They also suggest that the ongoing trials should estimate the actual risk associated with using older blood for the average patient in need of a transfusion.

Most of the included studies tended to show an increased risk of death for recipients of older blood, with odds ratios varying between 1.1 and 2, and the confidence intervals overlapped extensively. The authors recognize, however, that the majority of the studies were observational, as opposed to blinded trials, which typically provide more reliable data.

“We conclude that the published clinical experience to date suggests that newer blood, if used exclusively, might save lives,” said the authors. They encourage blood centers to prepare for possible changes in blood storage length as the ongoing clinical trials investigate this issue more closely.

Citation: Wang D, *et al.* Transfusion of older stored blood and risk of death: a meta-analysis. *Transfusion*. 2012 June;52(6):1184-95. ♦

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Betty Klinck at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

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P R E S E N T T H E

Unity Gala

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NHSBT and Welsh Blood Services to Create All-Wales Blood Service

The Welsh Government unveiled plans to create a single all-Wales blood service by 2016 in an announcement from Health Minister Lesley Griffiths on June 13. Currently, two organizations collect, process, and distribute blood products in Wales – the Welsh Blood Service (WBS), serving South, Mid, and West Wales, and NHS (National Health Service) Blood and Transplant (NHSBT), serving England and North Wales.

NHSBT, which also supplies organs and tissues, collected 2 million blood donations from 1.4 million donors in 2010, according to NHSBT's 2010-2011 annual report. WBS, which also operates the Welsh Bone Marrow Registry, collected more than 100,000 blood donations from 119,000 donors in 2007-2008, according to WBS's 2007-2008 annual report. WBS and NHSBT representatives have already met with Welsh Health and Social Services officials, and the two organizations will work together to create the all-Wales Blood Services, said Ms. Griffiths in her statement.

The change comes as a result of "Together for Health," a five-year vision for NHS that builds on work already undertaken to make NHS in Wales more streamlined and integrated, said Ms. Griffiths. "Services change and evolve through local initiatives, reflecting changing demography, need, and technology. This will inevitably and increasingly lead to different drivers within the two blood services which operate within Wales," she added.

Ms. Griffiths predicts that there will be significant progress in creating the all-Wales blood service by 2014. While NHSBT and WBS work together to create the new blood service, the transition will be made as smoothly as possible without risking the quality or sustainability of the blood supply, she said.

"The decision is part of a wider move to consolidate health services in Wales. We are extremely proud of the work we have done in north Wales and we will continue to provide a high quality service to the people and hospitals in the region throughout the transition period," said an NHSBT spokesperson. "We will work closely with the Welsh Government and the Welsh Blood Service to develop the detailed plans and timetable to ensure continuity of service and supply." (Source: Written Statement by Welsh Government, 6/13/12) ♦

AMERICA'S BLOOD CENTERS' EVENTS:

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America's Blood Centers' specialty workshops, held throughout the year, offer partners in blood banking the ability to do just that. The 2012 Sponsorship Package provides companies of all sizes the opportunity to meet, network, and share experiences with decision-makers in blood banking, while also learning about the issues and challenges that affect them. Sponsors may use this knowledge to develop and tailor products and services to meet industry needs. Visit http://bit.ly/ABC_Specialty_WKSHP to review the 2012 Sponsorship Package and learn how to obtain these benefits.



Blood Bank of Alaska Welcomes New CEO Bob Scanlon

Robert “Bob” Scanlon recently joined Blood Bank of Alaska as the center’s new CEO, announced a Blood Bank of Alaska press release on June 19. He has served in numerous leadership roles at various healthcare organizations, most recently as the executive director of the Humphreys Diabetes Center in Boise, Idaho.



“The Board of Directors went through a rigorous process and emphasized the needs of Blood Bank of Alaska moving forward and dealing with our new building, which was a major part of the selection process. The new building will serve the growing medical needs of the state,” said Tim Benintendi, vice chair of Blood Bank of Alaska’s Board of Directors. Blood Bank of Alaska recently purchased property and unveiled the designs for a new facility.

While serving as executive director of the Humphreys Diabetes Center, Mr. Scanlon provided leadership and management supervision in all aspects of the day-to-day operations to ensure quality and other service provisions while maintaining compliance with state, federal, and other regulations. Prior to that role, he served as the area director of Manufacturing for the American Red Cross (ARC) Biomedical Services in Meridian, Idaho. He also acted as director of Strategic Operations, director of Operations, and director of Manufacturing at ARC Biomedical Services.

Mr. Scanlon served as an Infantry Officer in the US Marine Corps, serving in Honduras, Panama, Desert Shield, and Desert Storm. He is a member of the American Diabetes Association, American College of Healthcare Administrators, American College of Healthcare Executives, and American Society for Aging.

“Joining Blood Bank of Alaska’s team is a great opportunity to be a part of a world class blood bank,” Mr. Scanlon said in the release. “I look forward to working in the Alaska community and with blood donors. Blood donors are special people. They are warm and generous and take time out of their busy days to help others because they care.”

Mr. Scanlon met blood donors and other supporters of Blood Bank of Alaska at the organization’s 50th Anniversary Luncheon on June 7. Alaska’s Lieutenant Governor Mead Treadwell spoke about Blood Bank of Alaska as an important resource for the state during the luncheon. (Source: Blood Bank of Alaska press release, 6/19/12) ♦

House Passes User Fee Bill that Creates Early Warning System for Critical Drugs, New Programs for Quicker Review of Generic and Biosimilar Drugs

The House on Wednesday passed by majority voice vote a compromise bill to reauthorize the Food and Drug Administration user fee programs. The bill contains provisions to combat shortages of critical drugs and creates user fee programs to reduce review times for generic and biosimilar drugs.

The Prescription Drug User Fee Act (PDUFA) section contains a provision to create an early-warning system for shortages of critical drugs. The system requires that manufacturers provide the government with at least six months’ warning of the discontinuance or interruption of life-supporting or life-sustaining drugs and the reason for the status change. It also requires the Health and Human Services

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PDUFA Compromise (continued from page 5)

(HHS) secretary to create a task force to develop a strategic plan for enhancing government responses to drug shortages.

The bill, however, leaves it to the discretion of the Health and Human Services secretary on whether to trigger the early warning system for biological drugs, including blood and blood components and drugs derived from plasma proteins.

The American Society of Hematology has been advocating for inclusion of biologics and plasma protein-derived drugs in the drug-shortage provisions of PDUFA (see *ABC Newsletter*, 6/15/12). The House version of the PDUFA specifically included biological drugs but neither the House nor Senate versions explicitly included plasma-derived drugs.

The current language stipulates that “the Secretary may by regulation apply this section to biological products (as defined in section 351 of the Public Health Service Act), including plasma products derived from human plasma protein and their recombinant analogs, if the Secretary determines such inclusion would benefit the public health.”

According to Jim MacPherson, CEO of America’s Blood Centers, HHS monitors the US blood supply on a weekly basis. ABC provides member data on blood supply trends from its daily “Stoplight” system, “which has proven very reflective of member reserve supply,” he said. “Our sense is that HHS is comfortable with the blood supply information it gets from ABC, AABB, and the American Red Cross. So the impact of the new Congressional requirements should be minimal.”

The bill, S. 3187, also includes language that would reduce the amount of time that the FDA has to make decisions on approving generic drug and biosimilar drug applications. The FDA has a backlog of more than 2,700 generic drugs awaiting review. The bill would give the agency 150 days, rather than 180, to respond to citizen petitions requesting a stay on pending generic applications, including those for generic biologic drugs. The bill would also give FDA more authority to inspect drug manufacturing or drug component facilities in China, India, and other countries.

A Senate vote is expected next week so that Congress can send a bill to President Obama before the July Fourth recess. The House passed an earlier version by a 387-5 vote, and a Senate version passed 96-1. (Sources: *CQ Healthbeat*, 6/18/12; *The Hill*, 6/20/12; The Associated Press, 6/20/12) ♦

BRIEFLY NOTED

The World Health Organization on June 14 called for more people to donate blood regularly as the agency celebrated World Blood Donor Day, reported Agence France-Prese (AFP), an international news source. “Every year, millions of people rely on the generosity of another person to donate blood,” WHO said. “Yet, blood donation rates vary considerably and the demands for blood and blood products are increasing worldwide.” Countries around the world celebrate World Blood Donor Day each year to raise awareness of the need for safe blood and blood products and to thank voluntary unpaid blood donors for their life-saving gifts of blood. This year’s theme was “every blood donor is a hero,” focusing on the idea anyone can become a hero by giving blood. The global event for 2012 was held in Seoul, Republic of Korea, hosted by the Korean Red Cross and the Ministry of Health and Welfare of the Republic of Korea. On



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BRIEFLY NOTED (continued from page 6)

World Blood Donor Day, WHO noted that 92 million blood donations are made each year, most by voluntary unpaid donors, but of these voluntary donors, 30 million give blood once, and then do not return. WHO emphasizes that regular blood donation is needed to support patients in need of transfusions, such as cancer patients and people with certain bleeding disorders. (Source: AFP, 6/14/12)

The American Red Cross (ARC) Northern Ohio Blood Services Region and Teamsters Local 507 have settled a four-month strike, ARC announced on Monday. The strike began in February when 200 members of the Teamsters Local 507 Union that are blood collection workers for ARC Northern Ohio claimed to have concerns about donor safety (see *ABC Newsletter*, 2/10/12). The workers said that ARC was insistent on cutting healthcare benefits and reducing staff to “unsafe levels,” which the organization claimed was necessary to keep profits growing. The blood collection workers ratified a contract with the organization, according to a press release. The release said strikers could begin working as early as this week, but did not give the terms of the contract. Workers said that they often weren’t able to take breaks because Red Cross did not inform them that more donors would be attending blood drives than expected, reported *Cleveland.com*. “The new agreement is equitable and balanced in achieving the needs of both Red Cross and Teamsters members, and is sensitive to the financial pressures that healthcare providers are experiencing in today’s economic environment,” said the ARC release. In another announcement on Wednesday, ARC announced that the Great Lakes Blood Services employees represented by Teamsters Local 580 and OPEIU Local 459 will also be returning to work. The parties have not yet reached new contracts, but will continue to work toward a resolution, said the release. These unions represent about 150 blood collection employees who went on strike on March 30. The press releases are available at <http://bit.ly/NTpH1P> and <http://bit.ly/NPSzqH>. (Sources: *Cleveland.com*, 6/18/12; ARC press release, 6/18/12; ARC press release, 6/20/12)

The US Department of Defense (DoD) recently gave a \$730,000 grant to a Georgia Tech startup to fund the development of a new cell delivery technology, Georgia Tech announced in a press release on June 13. A startup company, called SpherIngenics and based on technology developed at the Georgia Institute of Technology, is creating an efficient, safe, and repeatable delivery method that protects cells from death and migrating away from the treatment site, said the release. Cell therapies are often difficult because a patient’s inflammatory response normally causes the majority of the therapeutic cells to die or migrate away from the area in need of repair, said the release. Using microbead technology developed at the Wallace H. Coulter Department of Biomedical Engineering at Georgia Tech and Emory University, SpherIngenics is producing protective capsules for the delivery of cell-based therapies. “When damaged tissue is being repaired by a cell-based therapy, our microbead technology ensures that cells travel to and remain in the targeted area while maintaining continued viability,” said SpherIngenics CEO Franklin Bost. “This technology has the potential to reduce the cost of treatment by eliminating the need for multiple therapeutic procedures.” The DoD grant supporting this research is a Phase II Small Business Innovation Research grant. Phase I research showed that as many as 250 human adult stem cells could remain viable in culture if they were encapsulated in the 200-micron-diameter bead made of natural algae materials, and that they could release factors that enhance tissue regeneration. Researchers said that the Phase II research will focus on whether delivering microbeads full of stem cells can enhance cartilage repair and regeneration of craniofacial defects in an animal model, according to the release. More information is available in the press release at www.gatech.edu/newsroom/release.html?nid=134971. (Source: Georgia Tech press release, 6/13/12) ♦

“Inspirational.”

“Motivational.”

“Entertaining.”

“Heart warming.”

“Great performer.”

“Unique story.”

“Educational.”

“Engaging.”

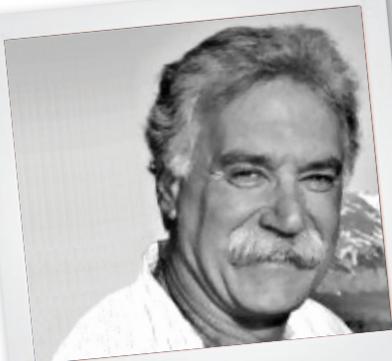
Conversations About Life offers a unique selection of speakers that will leave you thinking all of the above!

Through the generous support of **Incept**, ABC members have the opportunity to request an appearance from one of the inspiring blood donation advocates in our line-up of national speakers. Qualified ABC-member events (see requirements below) are eligible to host a speaker. This program provides the blood center a grant award from the FABC of up to \$1,000; half of which is to be paid to the speaker for their services and the remaining \$500 to be used to cover travel expenses and incidentals. Any additional expenses above and beyond the grant amount in relation to the speaker's appearance are the responsibility of the blood center.

Event Requirements:

- Ability to reach 200+ potential donors or blood drive sponsors through a live audience (can be an event sponsored by a blood center or a general community event in need of a motivational speaker; can also combine a number of events in one day; back-to-back talks are no problem!)
- Ability to reach a broader audience through media outreach, i.e., filling in the speaker's schedule with talk radio and television appearances, as well as newspaper interviews during the visit
- Ability to tap broad-based community audiences, not just those who have already bought into the cause
- In general, requests with a plan for broad reach (not just loyal donors and employees, but those we need to recruit to our cause) will be given the highest priority. Our speaker advocates are willing to do whatever it takes to help, so think outside the box!

MEET HAROLD, A FEATURED SPOKESPERSON ON AMERICA'S BLOOD CENTERS' SPEAKERS BUREAU



Suggested Audiences: high school and college students, businesses, church groups, patient/family gatherings, special events

Harold Mintz was born and raised in Falls Church, Virginia, a suburb of Washington, DC, the middle boy of three sons to an architect father and elementary school teacher mother.

Donating blood in high school (in order to get out of a history exam!) was the first domino to fall in a long line of events that led Harold to become one of the country's first non-designated organ donors – offering his kidney to a total stranger – through a pilot program of the Washington Regional Transplant Consortium. His left kidney was removed by a team of surgeons at Georgetown University Hospital and raced across town to Inova Fairfax Hospital where it was immediately transplanted into its intended recipient, who recuperated quickly.

Following his donation experience, Harold became an active advocate for blood and organ donation, speaking to groups around the country. With a combination of passion and humor, Harold recounts the series of events that led him to that surgeon's table in December 2000, tracing it all back to a simple blood donation in high school.

To find out more about the **Conversations About Life** program, Harold Mintz and the other spokespersons available visit http://bit.ly/Conversations_About_Life.

REGULATORY NEWS

Scientists at the Food and Drug Administration have confirmed that plasma specimens are well-suited for detecting the genetic material of hepatitis C virus (HCV) in potential blood donors who are infected with the virus, FDA reported on its website. HCV can cause serious liver inflammation, dysfunction, and cancer, and in some cases, death. HCV infection can remain latent for a number of years and can be transmitted through blood and blood components. Blood and blood components undergo several tests to screen for infectious diseases, including tests for HCV. Nucleic acid testing (NAT) detects genetic material of viruses or other microorganisms and can detect HCV within about a week after infection. However, tests that identify antibodies against HCV may take about seven weeks for a positive test after infection. Previously, scientists have studied the amount of HCV in whole blood, plasma, and red blood cells to develop improved ways to confirm whether a patient with liver disease is infected with HCV and to monitor patients being treated for the viral infection. Such studies produced contradictory results, with some concluding that relatively more HCV RNA was present in whole blood than in individual blood components, and others finding no significant differences. With this study, FDA aimed to investigate which parts of the blood contain HCV and to determine the levels of detectable HCV genetic material in whole blood, plasma, and red blood cells. The study evaluated whether or not plasma, which is currently used as the testing source for HCV genetic material by NAT screening assays, was the most appropriate sample to perform screening for HCV in donated blood. The study results were published online on March 9 in the journal *Vox Sanguinis*. The FDA finding shows that current NAT assays used by blood donation facilities to identify HCV genetic material in plasma of donated blood are adequate, FDA reported. In turn, this means that when using NAT, it is not necessary to change from testing plasma to testing whole blood, or blood components, since that would not enhance HCV detection, reported FDA. The results of the present FDA study are important because current NAT tests used to screen blood donors are performed using only plasma as the test sample, said FDA. “The finding that NAT tests of plasma alone can adequately detect HCV genetic material in infected donations provides greater assurance that this test may be sufficient to identify blood from donors who are infected with HCV,” said FDA. More information is available at <http://1.usa.gov/LiEOzb>. (Source: FDA Vaccines, Blood & Biologics research update, 6/14/12)

The Food and Drug Administration has further expanded the class I recall of an infusion pump due to potentially deadly device errors and a wider number of individual units affected, reported *MedPage Today* on Sunday. The Sigma Spectrum Infusion Pump Model 35700 may spontaneously develop inaccurate flow conditions, including back-flow, over-infusion, and free-flow. The pump alarm does not register when it enters these potentially life-threatening conditions, reported *MedPage Today*. In an update to an earlier recall, FDA said the current recall affects device serial numbers 700000 to 794213, and includes all devices manufactured from Jan. 18, 2005 to Nov. 1, 2010. Units serviced by Sigma after Sept. 21, 2010, or remediated as part of the initial recall notice, are exempt from the recall, the agency stated. The initial class I recall was issued in November 2010, but affected fewer units and did not include exemptions to serviced or remediated units. An expansion to the recall was issued in July 2011, which added additional units and noted that affected customers would receive an urgent recall notice with a new range of serial numbers, as well as instructions on how to handle affected devices including: to not use affected devices where inaccurate, back-, over-, or free-flow of fluid could result in serious adverse events; to not use the device on neonatal patients; to weigh risks against benefits before using affected devices; and to minimize risk through use of air-eliminating filters, use of buterol in pediatric and adult patients, and observing drip rate versus programmed pump flow. The pump is indicated for fluid delivery through parenteral, enteral, intravenous, intra-arterial, subcutaneous, epidural, and irrigation routes. Class I recalls affect devices without a reasonable risk of serious adverse events or death with use. (Source: *MedPage Today*, 6/17/12)

REGULATORY NEWS (continued from page 8)

The Department of Health and Human Services, National Institutes of Health have extended the deadline for comment submission to July 13 on proposed studies exploring “Opinions and Perspectives About the Current Blood Donation Policy for Men Who Have Sex With Men.” Data collected in Sweden and the UK among the homosexual community have suggested that some men who have sex with men (MSM) attempt to donate blood, despite deferral policies meant to prevent MSM from donating to protect the blood supply. Such studies have surveyed the homosexual community to gauge the opinions and attitudes of gay men toward MSM blood donation deferral policies. NIH’s proposed study will build off of the studies conducted in Sweden and the UK and will collect directly relevant information on this topic by estimating the prevalence of compliance and non-compliance with current MSM policy and assessing motivations for blood donation in the US MSM population. More information is available in the *Federal Register* notice at <http://1.usa.gov/PubDc8>. (Source: *Federal Register*, 6/13/12) ♦

GLOBAL NEWS

NHS Blood and Transplant (NHSBT), which supplies blood, organ, and tissue to England and North Wales, presented its Patient Blood Management plans at this week’s UK Department of Health’s National Transfusion Committee Workshop. “We must act now to reduce blood use in hospitals,” said Sir Bruce Keogh, National Health Service Medical Director, at the workshop this week. Although transfusion is a safe and necessary therapy, it is not completely without risk, and the decision to transfuse a patient should be made using well-defined clinical indications, reported NHSBT in a press release on Monday. Many blood-related organizations, including NHSBT, have pointed out that efforts should be made to use blood more appropriately, as blood is a valuable resource with a rising demand. “NHSBT has been working with hospitals over the years to reduce inappropriate use and today launched a new approach, Patient Blood Management,” said the press release. Patient Blood Management is a concept being explored and applied in many countries and normally involves tracking blood use from the blood bank to the transfusion recipient and implementing appropriate “transfusion triggers” to signal when a patient needs a transfusion. Clinical specialists from the UK, US, and Australia with experience in patient blood management addressed the workshop attendees, providing expert guidance and identifying steps that hospitals can take in implementing this strategy. One topic of discussion was America’s Blood Centers’ Appropriate Inventory Management-II (AIM-II) software, which aids hospitals in aggregating patient-level data to track blood utilization and patient outcomes. Physicians and hospitals can then benchmark their blood utilization against one another to address discrepancies and decrease unnecessary transfusions. In November 2011, ABC and NHSBT announced plans for an AIM-II trial at hospitals that NHSBT serves in an effort to better understand how the hospitals are using blood and blood products (see *ABC Newsletter*, 11/10/11). Kate Pendry, MD, a consultant hematologist at NHSBT, explained to attendees at this week’s conference exactly how AIM works to aggregate the patient-specific transfusion data and provide useful data elements for benchmarking purposes. More information about NHSBT’s Patient Blood Management initiative is available at <http://bit.ly/NnNd4A>. (Source: NHSBT press release, 6/18/12)

The ban on men who have sex with men (MSM) from donating blood may be lifted in France, French Health Minister Marisol Touraine announced on June 14, World Blood Donor Day. Ms. Touraine said that the criteria for assessing risk from infected blood did not depend on “the nature of sexual relations or sexual inclination,” but on the “multiplicity of partners,” reported *Connexion*, France’s English-language newspaper. She added that she would put forward proposals for the change to allow gay men to give blood in the coming months. Several countries have changed their MSM policies

GLOBAL NEWS (continued on page 10)

GLOBAL NEWS (continued from page 9)

from lifetime bans to deferrals of a fixed time period, such as one year or six months, while others have completely eliminated an MSM deferral. An expert committee commissioned by the Australian Red Cross Blood Service to reconsider the MSM deferral policy recently recommended that the current 12-month deferral be changed to six months, pending the results of ongoing research (see *ABC Newsletter*, 5/25/12). Proponents of a changed MSM deferral often note that donor screening tests have significantly decreased the risk of acquiring transmissible diseases that are prevalent in the gay male community, such as HIV and hepatitis C virus. Some previous Health Ministers in France have promised to change the MSM ban, but never made any progress, reported *Connexion*. (Source: *Connexion*, 6/20/12) ♦

GRANT OPPORTUNITIES

The Department of Health and Human Services, National Institutes of Health (NIH), has announced grant funding to support the Research Resource for Human Organs and Tissues, to make organs and tissues available to biomedical researchers. The due date for applications is Oct. 23 with the earliest start date of July 1, 2013. The NIH Office of Research Infrastructure Programs invites applications to support the Research Resource, which provides a variety of diseased and normal human tissues and organs to researchers for laboratory studies. Such samples include tissues from the nervous, pulmonary, cardiovascular, and endocrine systems, as well as eyes, skin, bone, and cartilage. NIH intends to fund one award the first year, with an estimated \$1.5 million committed for fiscal year 2013. Among eligible applicants are public and private educational institutions, 501(c)(3) nonprofits, for-profit companies, state and local governments, and Native American tribal organizations. Download an application form and instructions from <http://grants.nih.gov/grants/forms.htm>. For more information about the application process or finding NIH grant resources, call (301) 435-0714 or email GrantsInfo@nih.gov. The full grant notice is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-12-002.html>. ♦

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INFECTIOUS DISEASE UPDATES

MALARIA

An international research team has found a way to identify hotspots of malaria parasite evolution and track the rise of resistance to malarial drugs faster and more efficiently than before, reported Reuters last week. Dominic Kwiatkowski, MD, of Britain's Wellcome Trust Sanger Institute and Oxford University, led the research team. The results were published on June 13 in the journal *Nature*. Malaria infects more than 200 million people worldwide each year and kills more than 600,000 people – mostly children under age five in sub-Saharan Africa. Experts are facing challenges in treating malaria and preventing its spread due to the parasite's ability to evolve and develop resistance to anti-malarial drugs. The most severe forms of malaria are caused by the plasmodium falciparum parasite (*P. falciparum*), which is spread by mosquitoes. "If we want to control resistance, we first need to be able to monitor the genetic diversity of *P. falciparum* and identify hotspots of potential resistance as they occur," Dr. Kwiatkowski told Reuters. "Rapid sequencing of parasite genomes from the blood of infected people is a powerful way of detecting changes in the parasite population and potentially an important new surveillance tool ... for controlling malaria." Dr. Kwiatkowski's team developed a new technique to extract the parasite's DNA directly from blood, removing as much human DNA from the sample as possible. The new method means that there is no need to grow the parasite in a blood culture in a laboratory dish before deciphering its genetic code, speeding up the process and minimizing the potential for errors, the researchers wrote. The team used a technique to analyze samples from Burkina Faso, Cambodia, Kenya, Mali, Papua New Guinea, and Thailand. They found that one infected person could harbor several genetically different malaria parasites, which allowed the parasite populations to swap DNA and create new forms. This showed how the pace of a parasite evolution is drastically affected by human factors, as well as geography, the researchers said. These insights will be essential if scientists are trying to identify, map, and contain spreading resistance, said Nick White of Oxford University, who also worked on the study. The *Nature* abstract is available at www.nature.com/nature/journal/vaop/ncurrent/full/nature11174.html. (Source: Reuters, 6/13/12)

HIV

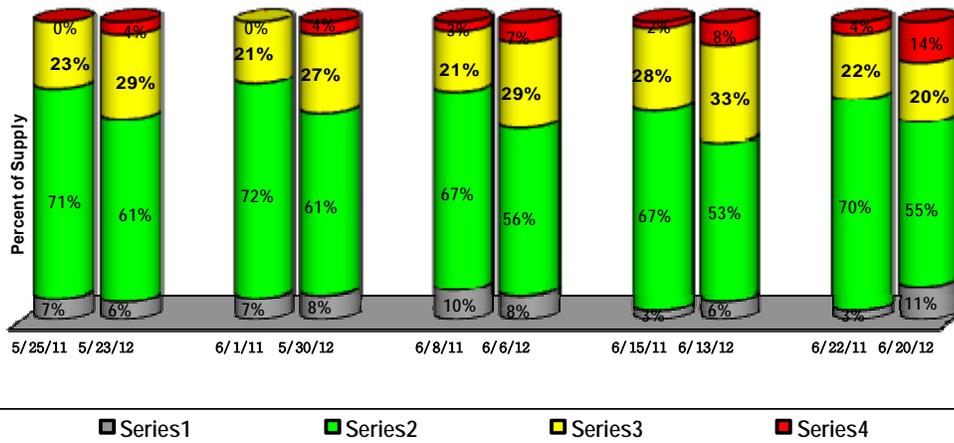
Lawrence Petz, MD, a stem cell transplantation specialist and chief medical officer for StemCyte, along with colleagues, is attempting to develop a treatment using stem cell transplants to treat HIV patients, reported FoxNews.com on June 7. The doctors are hoping to build off of the successful treatment of HIV using stem cells in Timothy Brown, who has had no trace of HIV in his body since receiving a bone marrow transplant in 2006. Mr. Brown discovered he had HIV in 1995 when he was 46 years old and responded well to treatments until being diagnosed with acute myeloid leukemia in 2006. Mr. Brown's doctor, Gero Hütter, MD, of Berlin's University Hospital, decided to treat Mr. Brown with chemotherapy and a bone marrow transplant. Aside from finding an appropriately matched donor for Mr. Brown, Dr. Hütter also looked for a donor that carried the delta-32 mutation, which disables the CCR5 receptor on immune system cells. The CCR5 receptor is used by HIV to infect these cells. Although Mr. Brown's leukemia recurred a year later, his HIV never did, reported FoxNews.com. Unfortunately, Mr. Brown's treatment using stem cells from bone marrow would not be feasible to use as a widespread treatment for HIV patients as it is difficult to find a matching bone marrow donor, let-alone one who also carries the HIV-resistant gene. Because cord blood does not have to be as exact of a match between donor and recipient as bone marrow, doctors have been developing a method that uses cord blood to treat HIV patients. Earlier this month, a patient in the Netherlands became the first to undergo this treatment in a similar case to Brown's – the patient was undergoing a stem cell transplant for another condition but doctors searched for cord blood that contained the HIV-resistant gene in hopes of also curing HIV. "We don't

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INFECTIOUS DISEASE UPDATES (continued from page 11)

know the final outcome yet, but we're very optimistic that the transplant will be of significant benefit to the patient," Dr. Petz told FoxNews.com. "Usually it takes some months after the procedure to determine the outcome [while the recipient's blood is being repopulated with the donor cells], so we're keeping an eye on it very closely because it could be of historic interest." The treatment is not yet ready to be applied to all HIV patients, as about 100 out of 17,000 cord blood units tested so far carry the HIV-resistant gene. (Source: FoxNews.com, 6/7/12) 💧

STOPLIGHT®: Status of the ABC Blood Supply, 2011 vs. 2012



The order of the bars is (from top to bottom), red, yellow, green, and no response

MEMBER NEWS

Florida's Blood Centers (FBC) and the University of Central Florida (UCF) teamed up to host the formation of a large human blood drop in observance of World Blood Donor Day on June 14, FBC announced in a press release. More than 100 people in the UCF community came out to show their support for raising blood donation awareness by forming a human blood drop. In February, about 3,000 students in Baekseok University in South Korea created the world's largest human blood drop in preparation for World Blood Donor Day. Countries around the world celebrate World Blood Donor Day each year to raise awareness of the need for safe blood and blood products and to thank voluntary unpaid blood donors. FBC and UCF took a photo of the human blood drop to send to other organizations in celebration of World Blood Donor Day. (Source: FBC press release, 6/11/12)



UCF teamed up with FBC to create a large human blood drop on World Blood Donor Day.

MEMBER NEWS (continued from page 12)

Blood Systems, based in Scottsdale, Ariz., won the National Blood Foundation's (NBF) bloodmobile raffle, announced NBF in a press release last week. Blood Systems was randomly selected and will receive a three-year lease on a new, fully equipped bloodmobile. Proceeds of the raffle ticket sales will be used to support the NBF's mission of advancing transfusion medicine and cellular therapies by funding career investigators conducting research in these areas, said the release. NBF is a program of AABB established in 1983. The raffle was held at AABB's national office in Bethesda, Md., on June 14 to commemorate World Blood Donor Day. The bloodmobile was unveiled by Terumo BCT last October at the AABB Annual Meeting and CTTXPO in San Diego and has spent the past eight months visiting blood centers and hospitals nationwide to educate staff on the advantages of increasing automated donations as part of mobile blood programs. The bloodmobile has covered more than 27,000 miles and visited 72 different locations. Blood Systems will be continuing the story by taking the bloodmobile on the road to collect blood components for the community, said the release. More information is available at www.aabb.org/pressroom/pressreleases/Pages/pr120614.aspx. (Source: NBF/AABB press release, 6/14/12)

**Blood Systems**

Blood Bank of Delmarva in Newark, Del., had a record-breaking number of participants and donations for the center resulting from its 2011-2012 School Blood Drive Program, reported the center in a press release on Tuesday. From September 2011 to May 2012, 73 high schools and 13 colleges throughout Blood Bank of Delmarva's service area hosted 139 blood drives, resulting in 8,704 blood donors drawn, a record for the blood center. That is up 11.9 percent from the center's previous record of 7,774 blood donations collected during the 2010-2011 school year, said the release. "The administration and students at the participating schools really did a phenomenal job coordinating blood drives, promoting them, scheduling donors and volunteers, and donating blood," said Kelly Sakiewicz, Blood Bank of Delmarva's School and Community Blood Drive coordinator. "Their enthusiasm, energy, and dedication is exceptional and we thank them for helping make this a record year for the School Blood Drive Program." Blood Bank of Delmarva will hold four award luncheons throughout their service area in the fall to recognize the local high schools that contributed to the success of the 2011-2012 School Blood Drive Program. The luncheons, which also serve as the official kick-off to next year's school program, are attended by students and school advisors who will play a major role in organizing high school blood drives during the school year, said the release. "As the blood donor population ages, it is crucial for us to educate young people about the importance of donating blood and how anyone at anytime may need their life-saving donation," said Michael Waite, director of Marketing and Community Relations at Blood Bank of Delmarva. "We hope that all of the student participants experienced how simple donating blood can be and that they choose to be life-long heroes by continuing to donate blood." (Source: Blood Bank of Delmarva press release, 6/19/12) ♦

**Blood Bank**
of Delmarva**Reminder: Cellular Therapy Alliance Webinar Approaching**

Don't forget to add the upcoming Cellular Therapy Alliance (CTA) webinar to your calendar! The webinar will explain why organizations dealing with cellular therapies should join the CTA as a founding member, the benefits, and what it will take to join. The CTA will be the first international business alliance for not-for-profit organizations focused on cell therapies. The webinar is on June 25 at 9 a.m. EDT US (3 p.m. CEST). See *ABC Newsletter* 6/1/12 for login information or contact Miriam Bolaños at mbolanos@americasblood.org for details.

PEOPLE

Al Whitney, 74, recently donated platelets at Blood Bank of Hawaii, marking the 48th state in his Platelets Across America campaign to donate platelets in all 50 states, Blood Bank of Hawaii reported in a press release. Mr. Whitney, of Avon Lake, Ohio, has been an avid blood donor and donation advocate since 1965 when he first began donating himself. Since then, he has given five gallons of whole blood and coordinated countless community blood drives in Ohio. He began donating platelets in 1970 at the suggestion of his phlebotomist, and embarked on his journey to donate platelets in all 50 states in 2007. Mr. Whitney's most recent visit to Hawaii also marks his 706th platelet donation and was made as part of the Blood Bank of Hawaii's celebration of World Blood Donor Day. "Donating platelets is a thrill," said Mr. Whitney in the release. "When you realize that your platelets are probably going to save the life of a cancer patient within four days, how can it not be a thrill?" During his campaign, Mr. Whitney has talked to hundreds of people about the importance of blood donation, sharing advice about hosting drives, recruiting donors, and donating platelets. "It's all about raising awareness," said Mr. Whitney. "It's the little thing that I can do to hopefully make a difference. According to national statistics, only about 5 percent of the people who are able to give blood actually do, and if everyone who could donate did, even occasionally, we would never have shortages." Mr. Whitney's donation as part of Blood Bank of Hawaii's World Blood Donor Day media event was very successful, gaining local TV and newspaper coverage. Mr. Whitney plans to visit Montana and Wyoming, the last two states on his list, in August and September. (Source: Blood Bank of Hawaii press release, 6/9/12)



Al Whitney, 74, donates platelets at the Blood Bank of Hawaii, marking his 48th state in his Platelets Across America campaign.

James Rutledge, PhD, who retired as president and CEO of Coffee Memorial Blood Center in October, has recently been appointed as the interim president and executive director of The Medical Center at Amarillo (formerly the Harrington Regional Medical Center) in Texas. "I am honored to fill this position, and look forward to playing a role in the enhancement of healthcare in the five-state region we serve," said Dr. Rutledge in the Medical Center press release. Dr. Rutledge served on The Medical Center Board for 10 years and was also a member of the Executive Committee and the Administrators Council. He is replacing Michael Callahan, who recently announced his retirement. In addition to overseeing several ongoing projects, Dr. Rutledge will represent the Medical Center in the Amarillo Area Foundation's administration of the Partners for Postsecondary Success initiative funded by the Bill and Melinda Gates grant. He will devote considerable attention to working with the Board to facilitate the search for a permanent director, said the release. Dr. Rutledge received his bachelor's degree from the University of California, Berkeley in 1967 and his doctorate from the University of California, Davis in 1974. Prior to coming to Coffee Memorial Blood Center in 2000, he spent 18 years in the healthcare industry and eight years in academia. He has been involved locally with United Way of Amarillo and Canyon, FEMA, the Downtown Kiwanis Club, and Toastmasters International. (Source: The Medical Center at Amarillo press release, 6/20/12)



PEOPLE (continued on page 15)

PEOPLE (continued from page 14)

Roger Svoboda, chief operating officer of Blood Centers of the Pacific (BCP), announced that he will retire in September, BCP reported in a press release on Thursday. Working in blood banking for 42 years, Mr. Svoboda has been an inspirational leader to many in the field, said the release. He has served as chief operating officer for BCP at two different times. He has held his current position for the last 10 years, and between 1988 and 1993, Mr. Svoboda served at the center, which was then known as Irwin Memorial Blood Bank. In between those two periods, he served as CEO of the American Red Cross's Southern Region. After completing degrees in biology, clinical science, and management, Mr. Svoboda began his career in blood banking in 1978, going on to found the Stanford Blood Center and serve as its administrator for 10 years. At BCP, Mr. Svoboda managed major operations areas including recruitment, collections, technical operations, hospital services, and facilities. He oversaw the expansion of blood collections and distribution in a highly competitive market, negotiated the acquisition of a competitor, and managed the operational merger of the two organizations. Mr. Svoboda said in the release that he will miss his friends and colleagues at BCP. "I'm honored to have spent the last decade of my career working with someone as passionate, innovative and inspiring as Nora," said Mr. Svoboda, speaking of BCP President and CEO Nora Hirschler, MD. Mr. Svoboda also added, "I'm proud of BCP's long-standing commitment to quality care and innovation. We've provided customized service to more than 50 hospitals and helped set the standard in transfusion medicine." Trained in blood banking in 1970, Mr. Svoboda has seen a lot of changes in the industry. He has published many papers, both on the technical and administrative side. Through his leadership positions with national industry associations and as a past president of AABB, The California Blood Banking Society, and Blood Centers of California, Mr. Svoboda has been instrumental in shaping policy and initiating and facilitating change in the field of blood banking. An avid traveler, Mr. Svoboda is looking forward to having more time to travel. He is also looking forward to getting back in to tennis and doing some volunteer work, said the release. (Source: BCP press release, 6/21/12) ♦

**MEETINGS****Sept. 14 Red Cell Genotyping 2012: Clinical Applications, Bethesda, Md.**

The National Institutes of Health and BloodCenter of Wisconsin will hold the Red Cell Genotyping: 2012 Clinical Applications symposium on Friday, Sept. 14 from 8:25 a.m. to 4:15 p.m. at the NIH Clinical Center Masur Auditorium Building 10 in Bethesda, Md. This symposium will review the laboratory aspects of and clinical benefits of red cell genotyping in patients and blood donors. To register visit: www.bcw.edu/rcg2012 or call (414) 937-6271.

Feb. 13-15 Children's Medical Center Sixth Annual Transfusion Medicine Conference, Plano, Texas.

The Children's Medical Center in Plano, Texas will be holding its sixth Annual Transfusion Medicine Conference at the Legacy campus at 7601 Preston Rd., Plano, Texas from Feb. 13-15, 2013. More information will be coming soon.

Contact LENA.PATE@childrens.com with questions or comments. ♦

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$390 for non-subscribers. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Chief Executive Officer (CEO), South Carolina. The American Red Cross is seeking a Chief Executive Officer (CEO) in Columbia, S.C. The CEO leads region wide activities to accomplish goals and objectives for the blood region; works in a collaborative fashion on project teams and leads change initiatives; develops and implements projects and plans to increase collection efficiency and collection totals and to identify and exceed hospital customer expectations; and insures that all region activities are carried out in compliance with Red Cross, FDA, and other applicable federal, state, and local regulations. Additionally, the CEO monitors budgets, forecasts, and operational results and takes appropriate actions. Qualified candidates possess a bachelor's degree/equivalent experience and 10 years' experience in a multi-task operational environment with budget responsibility or a profit/loss focus. Ideal candidate holds a master's degree and has health care experience. Occasional travel outside the region is required. To apply, visit www.americanredcross.apply2jobs.com and search for requisition number NHQ24174. EOE M/F/D/V

Director of Technical Services (Gainesville, Fla.). LifeSouth Community Blood Centers has an opening for a Director of Technical Services in Gainesville, Fla. This position is responsible for directing and recommending best practices for all technical aspects of blood collection, testing, and component manufacturing to ensure compliance with cGMPs, current regulations and all accrediting requirements. Other responsibilities include: Recommend innovations to keep laboratories in forefront of the field; Establish good working relationships with important vendors and participate in user groups and other similar activities to be updated about potential changes in the field; Achieve and maintain FACT-JACIE accreditation and FDA licensure of cellular therapy services. Maintain knowledge of standards and accreditation in the cellular therapy field. Bachelor's degree in clinical laboratory, chemical or biological science required; master's degree or higher preferred. SBB certification required. Four to seven years related experience, at least two at supervisory level required. Florida Agency for Health Care Administration, Board of Clinical Laboratory Personnel licensure as a Supervisor in the areas of Immunohematology, Serology, Clinical Chemistry, Microbiology and Hematology required. This is a full-time position. Salary range \$93,600 - \$100,000. Background check and drug test required. Equal Opportunity/Affirmative Action

Employer/DFWP/Tobacco Free. Please click on the link to <https://home.eease.adp.com/recruit/?id=1579501>. apply:

Director of Donor Recruitment (Memorial Blood Centers, St. Paul, Minn.). Directs all northern Minnesota and metro area donor recruitment and donor contact management activities. Utilizes exceptional sales and account management skills to ensure goal attainment and the efficient recruitment of blood donors to MBC mobile and donor center facilities. Develops and implements strategies and tactics to manage customer relationships with existing and new blood drive sponsors to ensure customer satisfaction, improved processes, and increase cooperation. Works closely with Collections leadership team to ensure donor satisfaction as well as effective production planning. This position maintains a quality driven operation by ensuring compliance with all regulatory and accrediting agency directives and all quality system processes. Utilizes financial and quantitative information to manage cost effectively and ensures achievement of organizational strategic initiatives. Assures proper personnel management, training, development, and evaluation of department staff. For more details or to apply, please visit www.mbc.org/careers.

Clinical Laboratory Scientist – Adv Immunohematology Reference Laboratory. The Immunohematology Reference Laboratory of Hoxworth Blood Center is seeking a lead technologist to assist in supervising the daily work load of an AABB accredited Immunohematology Reference Laboratory. Duties include assisting in the development and revision of procedures, resolving complex serological problems, evaluating and interpreting test results, developing and performing reagent evaluations and special studies, maintaining rare blood inventories, evaluating and performing quality control procedures, organizing and presenting technical and theoretical instruction to new employees and student, computerized data entry and retrieval functions, communicating effectively with individuals in and outside the department and participating in on-call duty. This position requires a strong commitment to quality patient care, a customer focus, and good leadership skills. The ideal candidate will have SBB (ASCP) certification and experience in resolving complex immunohematology

POSITIONS (continued on page 17)

POSITIONS (continued from page 16)

serological problems. Word, Excel, and Access experience is desired but not necessary. Minimum Qualifications: bachelor's degree and SBB(ASCP); or bachelor's degree and MT(ASCP), BB(ASCP) with two years of laboratory-related experience; or bachelor's degree in biological science or related field with three years of laboratory-related experience. Interested candidates apply online for Position Number, 212HX1075 at <http://bit.ly/MKaRr5>. For more information about Hoxworth Blood Center, visit the website at www.hoxworth.org.

Hospital Services Manager. The Blood & Tissue Center of Central Texas, located in Austin, is seeking an experienced manager for the Hospital Services department. This position will oversee supervision of department operations, ensure compliance with all applicable protocols and policies, and serve as subject matter expert; interview, hire, directly supervise, and develop staff; evaluate inventory and projections daily to ensure sufficient quantity and variety of blood products; maintain adequate operational supply levels; project production usage/needs and establish daily and long-range product levels for BTC service area; maintain appropriate inventory expirations; manage resource sharing of blood products to meet center goals; review and update procedural documents in accordance with approved schedules; manage various projects to include draft/revision of SOPs and participating in Change Control Process. At least four years production and process control experience in a biologic and/or GMP environment is required, preferably in a blood center with a minimum of four years of supervisory/management experience. College degree in a related scientific field (MT, MLT, RN, LVN) is preferred (five to seven years in a blood bank/center hospital services department may substitute for college degree). At least

two years of inventory control experience required. Must have knowledge of cGMP requirements and FDA regulations. To apply, applicants can visit www.inyourhands.org.

Director, Donor Recruitment (Kansas City, Mo.). For over 50 years The Community Blood Center, a not-for-profit organization, has been the supplier of blood to all area hospitals. The Director is responsible for the overall planning/development/implementation of blood recruitment activities. The Director ensures adequate blood inventories by evaluating/projecting/meeting blood collection goals by training/managing/motivating donor recruitment representatives to make contact with businesses/churches/schools to recruit them to hold mobile blood drives. This position educates/communicates with customers and general public about the need for blood/local blood program/blood donations. Must provide outstanding customer service/promote positive image of the Blood Center. Requirements: Minimum Associate's Degree in Business/Marketing/Public Relations/Communications/ related field or equivalent experience; five years sales or marketing experience/management experience. Skills and knowledge exceptional ability training/motivating/managing staff and presentation skills. Excellent sales/customer service skills and organizational skills. Ability to relate to diverse customer group, communicate effectively verbally and in writing with customers and employees, multi-task, solve problems/work independently, write routine reports and correspondence and prepare annual budget/monitors expenditures. Advanced computer skills. As a federal contractor, we require ALL applicants to complete online application at: www.savealifenow.org. EEO/AA/M/F/D/V ♠