

2012 #8

February 24, 2012

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**Indiana Blood Center, Michigan Blood Form Strategic Alliance**

Indiana Blood Center of Indianapolis, Ind., and Michigan Blood of Grand Rapids, Mich., have created a strategic alliance that will allow the two organizations to collaborate on projects of mutual interest, and to share expertise and resources, the centers announced in a press release on Monday. The two organizations will continue to operate independently and remain locally controlled.



Conversations about an alliance between Michigan Blood and Indiana Blood Center began about a year ago, as blood center leadership recognized the growing need to be responsive to the rapid changes at hospitals, including the trend toward consolidation, Michigan Blood CEO Bill Rietscha told the *ABC Newsletter*.



The centers plan to explore the possibility of sharing expertise in information technology and finance, as well as broadly sharing best practices, said Mr. Rietscha. Other specifics have not yet been decided, but an alliance will allow each blood center to keep its local roots, while benefiting from a broader scope of expertise, said the release.

Among the efforts to collaborate is a commitment from the blood centers to share cord blood expertise. Indiana Blood Center has been discussing the creation of a public cord blood bank in Indiana but has faced barriers such as high startup costs, said the release. Michigan Blood has had an established cord blood banking program since 1999, and discussions are now underway between the two centers to share resources and operate a cord blood program spanning both states.

“This is a good day at Indiana Blood Center,” Byron Buhner, Indiana Blood Center CEO, said in the release. “We are setting the stage for our future by aligning with Michigan Blood. This strategic alliance positions us to preserve our independence, yet increase our sophistication and ability to react to what is happening in the changing healthcare environment. The specifics of how we will cooperate have yet to be defined, but the potential for mutual benefit is obvious and will make both blood centers stronger in the future.”

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## OUR SPACE

ABC CEO Jim MacPherson

### Give to Receive

*The New York Times* (2/18/12, “60 Lives, 30 Kidneys, All Linked”) recently documented a remarkable coordination of 30 kidney donations from strangers who were mismatches to friends and families needing kidneys (see page 11). A new organization, the National Kidney Registry, coordinated the donations and transplants between patients in need and people willing to give a kidney, hoping a match would be found for a loved one. It is an interesting mix of selflessness and self-interest.

It also, perhaps, is a new and more realistic definition of altruism, which is defined as the opposite of selfishness – that is, to give without expectation of reward. In reality, human behavior may be more motivated by another ancient maxim – that is, to “do unto others as you would have them do unto you.” The leap of faith is that others will actually behave in-kind, and of course we have done so for millennia.

So, at least subliminally, the message – to give (blood, cells, tissue, organs) to assure the gift is there when you or your loved ones need it – can be compelling. It may be the unspoken other half of the message “save a life.”

This realization is important. As science figures out how to not only cure diseases and extend our lives, but also to improve the quality of our life, the demand for transfusions and transplants of all stripes will grow exponentially, and globally. Right now only about 3 percent of the total population give blood in any one year in the US (and the figures are similar for most developed countries), and only a tiny fraction give cells or are living organ donors.

The “Holy Grail” in all of this (that is the growing need for cells, organs, and tissue in labs) is realistic, but still decades away from any widespread practical application. We only need to remember that the first successful gene transplant to cells was in the 1950s, and today, we are still trying to realize the promise of gene therapy. Daily reports of “breakthroughs” in cell therapy need to be put into perspective when we talk about replacing living cells, tissues, and organs.

In the meantime, maybe the message “give to receive” will resonate with those who sit on the sidelines while needs go unfilled.

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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.

### America’s Blood Centers

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Indiana Blood Center and Michigan Blood Align (continued from page 1)

Indiana Blood Center and Michigan Blood are not the only blood centers to realize the benefits of sharing resources and collaborating in the ever-evolving healthcare environment. Some centers have entered into similar strategic alliances, sharing resources such as medical expertise and laboratory services, while other centers have formally merged operations. Reasons for these partnerships have included cost-containment, using resources more efficiently, and the ability to better serve hospitals and patients in similar geographical areas.

“This is an exciting new chapter in the history of Michigan Blood,” Mr. Rietscha said in the release. “This is a formal commitment to work together to help each other be successful by sharing our expertise, resources, and best practices. Our hope is to use the strategic alliance as a springboard to serve new markets, to ensure a more reliable supply of blood, and to better serve our hospital partners.”

“Changes among blood centers, whether it be mergers, alliances, or expanding services to hospitals, represent measured responses to the changes occurring at hospitals. Community-level service still matters, but, as hospitals consolidate, blood centers need a broader reach and menu of services. The easiest way to do that is to align with organizations that add strength to strength,” said America’s Blood Centers CEO Jim MacPherson. (Source: Indiana Blood Center and Michigan Blood joint press release, 2/20/12) ♦

**ABC Member Alliances, Mergers: 2010-2011**

2010:

- ♦ Central Illinois Community Blood Center became a division of Mississippi Valley Regional Blood Center (MVRBC).
- ♦ The Blood Center of Iowa and Siouxland Community Blood Bank merged to form LifeServe Blood Center.
- ♦ United Blood Services (UBS) transferred two blood center operations in Arkansas to Oklahoma Blood Institute.
- ♦ UBS’ Texarkana, Texas, satellite center became part of LifeShare Blood Centers, based in Shreveport, La.
- ♦ Blood Systems and Florida Blood Services (FBS), now a part of OneBlood, Inc., formed a joint laboratory venture. Blood Systems explored partnership opportunities with the Institute for Transfusion Medicine.
- ♦ Alliance for Community Transfusion Services was formed by four Texas blood centers.
- ♦ FBS, Florida’s Blood Centers (FBC), and Community Blood Centers of Florida (CBCF) began merger talks.

2011:

- ♦ Blood Bank of the Redwoods joined Blood Centers of the Pacific.
- ♦ Community Blood Services of Illinois became a division of MVRBC.
- ♦ Nebraska Community Blood Bank and Memorial Blood Centers announced a strengthening of their long-standing business partnership and consideration of formal alliance.
- ♦ CBCF, FBC, and FBS formalized the merger, and began operating officially as OneBlood, Inc. in 2012

**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](mailto: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.

## Jay Menitove, MD, Set to Retire From Community Blood Center of Kansas City

Jay Menitove, MD, will retire at the end of 2012 as president and CEO of the Community Blood Center of Greater Kansas City (CBC KC), where he has served for the past 15 years, CBC KC announced in a press release on Tuesday. Dr. Menitove has been a leader in the blood banking community for more than 35 years.



Dr. Menitove joined CBC KC as the organization's executive director in 1997 after serving as the deputy director of Medical Services at Hoxworth Blood Center in Cincinnati from 1991-1997, and as the medical director of the BloodCenter of Wisconsin in Milwaukee, Wis. from 1980-1991. He is currently the associate editor of *Transfusion* and a member of the Health and Human Services Department's Advisory Committee on Blood Safety and Availability.

During Dr. Menitove's tenure at CBC KC, the organization reached important milestones, more than doubling its revenue. During this time, the center became the first US blood center to adapt to ISBT 128 symbology, now the standard practice in the US, reported the release. CBC KC also became the first in the country to provide an antibody registry, which many centers have since implemented.

**Milestones.** Dr. Menitove directed the organization as it built an award-winning infectious disease testing laboratory. He also led the center as it engaged state legislators in Kansas and Missouri, resulting in the governors of both states signing legislation that permits 16-year-olds to donate blood; now more than 5,000 16-year-olds donate annually, said the release. Later this year, CBC KC will complete the transition to a new information technology platform and assist its hospital partners with patient blood management.

"While at CBC, I was proud that we kept our focus on patient needs and customer service for donors and hospitals. We faced significant challenges and together, as a team, successfully turned them into opportunities. We have a great organization positioned favorably for the future," said Dr. Menitove.

Dr. Menitove also represented CBC KC on an international level when he served as president of AABB from 2008-2009. He is currently a clinical professor of Pathology and Laboratory Medicine at the University of Kansas and a clinical professor of Internal Medicine at the University of Missouri-Kansas City. While at CBC KC, Dr. Menitove has authored and co-authored 39 articles, textbook chapters, and editorials or commentaries, among his more than 140 publications.

"The Kansas City community is forever grateful for having one of the premier leaders in the blood banking industry lead our center for the past 15 years," Mark Schmidlein, CBC KC Board of Directors president, said in the release. "Dr. Menitove is one of the most influential professionals in blood banking, and through his strategic and tactical thinking our organization has thrived and helped to save hundreds of thousands of lives locally. We are thankful for the position in which he has left the organization. His leadership and vision will be missed."

Dr. Menitove received his bachelor's degree from Colgate University in Hamilton, N.Y., and his medical degree from New York University School of Medicine.

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### Jay Menitove to Retire (continued from page 4)

“While I’m not currently involved with America’s Blood Centers, I fondly remember chairing the SMT Committee and representing the CCBC [Council of Community Blood Centers, now ABC] during the emerging HIV threat including development of multiple joint statements with AABB and ARC (1982-88), chairing the Meetings Committee (1997-98), and chairing the SMT Subcommittee as editor of *Blood Bulletin* (2002-05),” said Dr. Menitove.

“Jay may not remember this, but many years ago, he was at an ABC reception and bemoaning the recent retirement of many of the pioneers in our field. ‘Where are the leaders of tomorrow?’ he asked. Someone responded saying, ‘Look in the mirror, Jay.’ He has more than fulfilled that promise,” said ABC CEO Jim MacPherson. “I remember most vividly that he was a steady and realistic hand for ABC during the early days of the AIDS epidemic where he represented us to FDA and public health authorities. We will miss his leadership.” (Source: CBC KC press release, 2/21/12) ♦

### Large Active Surveillance Case-Controlled Study Identifies TRALI Risk Factors

Researchers recently identified recipient and blood product risk factors associated with development of transfusion-associated acute lung injury (TRALI) in the largest active surveillance, prospective, case-controlled study of this transfusion complication. These findings could help doctors design patient-specific transfusion interventions to reduce the risk of TRALI, which is the most common cause of transfusion-related death in the US, according to the Food and Drug Administration.

Pearl Toy, MD, of the University of California-San Francisco (UCSF), led the study conducted at both UCSF and Mayo Clinic in Rochester, Minn. Dr. Toy reported the results at the 2011 AABB Annual Meeting in October, and they were published on Feb. 16 in *Blood*.

Prior studies have observed TRALI risk factors in specific patient groups or by blood product transfused, but this study sought to identify risk factors in the general population of transfused patients in a large prospective, case-controlled study. The researchers also sought to prospectively determine TRALI incidence by an active surveillance system rather than by passive reporting. The findings suggest that passive surveillance underreports TRALI incidence, and that physicians need to consider patient-specific interventions to reduce TRALI based upon individual risk factors.

**Defining TRALI.** TRALI is a transfusion complication characterized by non-cardiogenic acute pulmonary edema, or fluid accumulation in the lungs. In this study, researchers defined TRALI as new ALI that developed during or within six hours of transfusion of one or more units, not attributable to another ALI risk factor. The study was designed to detect cases of TRALI, that by definition had severe enough hypoxemia ( $\text{PaO}_2/\text{FiO}_2 < 300$  mmHg) to warrant a physician order for measurement of arterial blood gases (ABG).

**Methods.** Active surveillance of TRALI was conducted in all transfused patients at two tertiary care medical centers, UCSF and the Mayo Clinic. Enrollment began on March 1, 2006, and the case-control study ended on Aug. 31, 2009. Surveillance ended on Dec. 31, 2009. During this time, AABB recommended the reduction of transfusion of plasma and platelets from donors potentially harboring antibodies in order to reduce TRALI risk; the researchers could therefore determine the effect of these TRALI mitigation efforts.

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TRALI Risk Factors (continued from page 5)

All patients older than 6 months were prospectively evaluated in real-time for hypoxemia (decreased partial pressure of oxygen in the blood) within 12 hours of the blood bank issuing any blood product, by continuous electronic surveillance of ABG. After receiving an electronic real-time alert of hypoxemia, the patient's information and laboratory results were entered into a web-based database, and two physicians reviewed the case. Patients with hypoxemia and bilateral infiltrates on the chest radiograph consistent with acute pulmonary edema were considered to have TRALI. Control patients were randomly selected transfusion recipients who had no pulmonary signs or symptoms within 12 hours of transfusing the last unit.

The researchers conducted low-resolution class I human leukocyte antigen (HLA)-A, B, Cw and class II HLA-DRB 2, DRB3/4/5, DQB 1 typing in the recipient. They also screened for the antibody to HLA class I (anti-HLA-class I) and the antibody to HLA class II (anti-HLA-class II). The researchers screened for anti-human neutrophil antigen (HNA), and determined anti-HNA specificity. The researchers conducted statistical analyses to determine the TRALI incidence, risk factors, and the effects of TRALI mitigation and of red blood cell (RBC) storage time.

**Results.** During 45 months, 463,207 units of blood and blood components were transfused at the two centers, with 89 TRALI cases identified, although only 45 percent were reported to the blood banks as a transfusion reaction. Of the 89 cases, 70 cases received one or more high-plasma-volume blood products. TRALI incidence decreased from 2.57 cases per 10,000 units transfused in 2006 to 0.81 cases per 10,000 units transfused in 2009. TRALI incidence reductions were even larger at the Mayo Clinic, especially in patients who received plasma from only male donors. Overall, there was a 35 percent reduction in TRALI incidence per year.

The researchers identified several predictive transfusion risk factors for TRALI, including quantities of strong cognate antibodies to HLA-class II antigens and the amounts of antibodies to HNA in the blood units. There was no substantial TRALI risk associated with non-cognate or weak cognate antibodies to HLA-class II or HLA-class I antibodies. There was an association between an increased number of transfusions and an increased TRALI risk, but researchers found that patient-related risk factors likely influenced how high the number of transfusions has to be to affect the patient. The researchers found that longer RBC storage times were not associated with TRALI risk. Receiving plasma from female donors was identified as a strong risk factor.

The researchers also identified several patient risk factors, including shock, liver surgery, chronic alcohol abuse, positive fluid balance, peak airway pressure greater than 30 cm H<sub>2</sub>O if mechanically ventilated before transfusion, and current smoking. The patient's plasma IL-8 level measured before transfusion was also a predictor of TRALI.

**Conclusions and Moving Forward.** The researchers identified patient-specific and transfusion-related risk factors for TRALI. They found that "the combination of transfusion and patient risk factors appeared to explain most of the risk of developing TRALI known to be associated with multiple transfusions." They also concluded that the TRALI mitigation efforts were successful through implementing plasma primarily from male donors. The results suggest that antibody strength and quantity/volume are important factors in determining TRALI risk, wrote the authors.

While receiving cognate antibodies to leukocyte antigens as opposed to non-cognate antibodies increases TRALI risk, the authors emphasize that a single transfusion factor cannot explain why one patient

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TRALI Risk Factors (continued from page 6)

develops TRALI and another does not. It is instead, a combination of factors: “first, the volume of anti-body transfused, second, the HLA class of the cognate antibody, third, the strength of anti-HLA-class II, and fourth, the presence or absence of patient factors that increase the risk and lowers the threshold for TRALI,” write the authors.

“One significant message from the present study is that we need to move away from universal TRALI mitigation strategies to personalized strategies that include not only the product but, more importantly, the patient in the risk calculations, and prioritize which factors to focus on,” writes Beth Shaz, MD, of New York Blood Center, in a commentary accompanying this study in *Blood*. This is because a patient with a risk factor such as chronic alcohol abuse would be affected by a smaller amount of cognate HLA class II antibody than a patient with no risk factors.

Among the limitations of the study are that some TRALI patients may have been missed and their data not included in the analysis. The authors conclude that their findings support consideration of screening donors for strong HLA class II antibodies and the development of methods to screen for antibodies to known and unknown HNAs. “The reduction of modifiable patient risk factors should also reduce the risk of developing TRALI,” write the authors.

**Citations:** Toy P, *et al.* Transfusion-related acute lung injury: incidence and risk factors. *Blood*. 2012 Feb 16;119(7):1757-1767.

Shaz BH. Giving TRALI the one-two punch. *Blood*. 2012 Feb 16;119(7): 1620-1 

## NEW FOR 2012



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Published 46 to 48 times a year, the *ABC Newsletter* is a weekly chronicle of current events and issues affecting the blood banking and transfusion medicine communities. Editorial coverage includes regulation, legislation, litigation, science, technology, and new developments in blood services. Special sections highlight ABC member news and updates from ABC headquarters. A comprehensive calendar of events is published once a month and there is a classified advertising section for employment opportunities, equipment, and other notices.

**Circulation:** approximately 5,000; email only, <0.5% bounce back rate (subscription based)

**Frequency:** weekly, 46 to 48 issues per year on Fridays (unless Friday is a holiday, then Thursday)

**Length and format:** Up to 22 pages; portable document format (PDF), portrait layout, 8.5 by 11”

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## INSIDE ABC

### ABC's Technical/Lab Director's Committee Announces Webinar

America's Blood Centers' Technical/Lab Director's Committee recently announced a webinar titled "Platelet Strategies for Severe Platelet Refractoriness," to be held on March 1 from 2-3:30 p.m. EST. The webinar will feature experts discussing how they have handled refractory platelet patients.

Patricia Kopko, MD, of the University of California, will begin the webinar with an overview of the platelet refractory state. Joan Barker, of Delta Blood Bank, will then review how her center's laboratory has handled challenging patients with platelet refractoriness. Their talks will be followed by open discussion and a question-and-answer session. During this time, participants are invited to present any cases exemplifying how they handled severe antibodies in their laboratories.

P.A.C.E. credits will be offered. Members can access more information about the webinar in MCN 12-041 at: <http://members.americasblood.org/go.cfm?do=FileCenter.List&category=MCNs>. (Source: ABC MCN 12-041) ♦



### ABC's Golden Anniversary Three-Day Celebration Event

ABC is turning 50 and we're having a ball ... and you're invited! Save the date: March 24-26, 2012, Scottsdale, Ariz., hosted by Blood Systems, Inc., in connection with ABC's Annual Meeting. Online registration is open until March 2. If you did not receive an e-mail invite with registration information, please contact [meetings@americasblood.org](mailto:meetings@americasblood.org) with the subject line: "ABC Golden Anniversary Invitation."

Have a good memory? Been around blood for a while? The *Newsletter* will be featuring a series of stories detailing the last 50 years in blood banking. To contribute your story, e-mail [newsletter@americasblood.org](mailto:newsletter@americasblood.org).

### We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.

# SAVE THE DATE FOR A 3-DAY CELEBRATION EVENT

commemorating America's Blood Centers' 50th Anniversary  
at the ABC Annual Meeting, Scottsdale, Arizona



## Saturday, March 24



### Odes to the 50th

Jenni Alpert mini-concert, cocktail reception and putting green competition benefiting the Foundation for America's Blood Centers.  
*Co-hosted by*



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Emerging pop songstress Jenni Alpert has a powerful sultry voice whose honest rich songwriting and soothing musical melodies grab listeners in every corner. Recently Jenni joined ABC's speakers' bureau "Conversations About Life" after embarking on her "Blood Driven" tour last summer where she covered over 5,000 miles of the West Coast performing and speaking at blood drives, blood centers, children's hospitals and local venues to raise awareness on blood donation. Jenni has performed live with artists such as Sara Bareilles, Jon Allen, and Regina Spektor. Her music has been featured on TV shows such as Castle, CSI Miami, Lipstick Jungle, and MTV's The Real World. Jenni's mini-concert will kick off the celebrations, followed by an outdoor cocktail reception and a putting green competition available to anyone wishing to enter. Proceeds from the putting green competition will benefit the Foundation for America's Blood Centers.

*Location: Scottsdale Plaza Resort Cypress Court (outdoor space), 5 to 7 p.m.*

## Sunday, March 25



### The CBBC Supper Club '62

*Hosted by*



**Blood Systems**



Where were you in '62? *Lawrence of Arabia* was best picture, we loved *Lucy* on TV, Walter Cronkite was the new anchor for the *CBS Evening News*, we rocked to *The Twist*, and *To Kill a Mockingbird* was on the nightstand. Imagine yourself in that Camelot year at the founding of CBBC, Community Blood Bank Council, forerunner of today's America's Blood Centers. Join our host (and one of ABC's founders) Blood Systems for an evening of cocktails, dinner and dancing at **The CBBC Supper Club '62**. Attire is business casual, early '60s vintage or inspired by the era.

*Location: The Westin Kierland Resort & Spa (bus transportation provided), 5:30 to 10 p.m.*

## Monday, March 26

### *Awards of Excellence* and 50th Anniversary Banquet

Begin the evening with a trip down memory lane, complete with a photographic timeline exhibit and video commemorating the last half century of blood banking, followed by the *Awards of Excellence* and 50th Anniversary Banquet. We will recognize individuals and organizations that have a long-standing record of support and collaboration with ABC, its members and the blood banking community. Join us for cocktails, dinner, and reminiscing as we close our 3-day celebration by honoring ABC and FABC award recipients. Business attire.

*Location: Scottsdale Plaza Resort Grande Ballroom, 6 to 9 p.m.*



To receive an invite, email [meetings@americasblood.org](mailto:meetings@americasblood.org) with the subject line "ABC Golden Anniversary Invitation."

## When CCBC (ABC) and the American Red Cross Nearly Merged

By: William V. Miller, MD, president and chief medical officer, MedStem LLC, and past CEO of Milwaukee and Carter BloodCare.

*(Editor's Note: The ABC Newsletter has requested that readers send in their blood banking stories from the last 50 years as ABC prepares to celebrate its 50<sup>th</sup> anniversary during the 2012 ABC Annual Meeting in Scottsdale Ariz., this March.)*

I think it was February 1975 when I was first invited to the winter meeting of the Council of Community Blood Centers (CCBC), what is now America's Blood Centers, at a modest hotel in Glendale, Ariz. I was the director of Blood Services at the Missouri-Illinois Regional Red Cross Blood Program, and I wasn't sure why I'd been invited. I learned that senior American Red Cross (ARC) Blood Program officials had been meeting with CCBC members for some time, and the agenda was informal. I believe Tibi Greenwalt, MD, with ARC at that time, had me invited, but I was never sure.

In those distant days, ARC and CCBC had allied against the American Association of Blood Banks (now AABB), because that organization continued to charge blood centers with a fee if blood used by the patient was not replaced by a donation by his or her friends and family. As patients became more mobile, they often used blood in states where the replacement fee was common, such as Florida. At that time, CCBC and ARC were always indebted to AABB-accredited banks for blood used, a debt usually satisfied in cash rather than blood. The replacement fee, or non-replacement fee as some preferred, as a method of increasing the blood supply has since disappeared in all but a few corners of the country; at the time, however, it was powerfully divisive. It certainly did little to resolve the considerable disparity in blood availability in various parts of the country.

After a few years of meetings, the ARC and CCBC group became comfortable with one another. As I recall, the usual attendees representing CCBC were Aaron Kellner of New York Blood Center (NYBC), Ned Maxwell of Pittsburgh's Central Blood Bank, Dick Aster of Milwaukee, Bill Bayer of Kansas City, Dennis Donohue of Seattle, and Hayle Randolph of Blood Systems Inc. (our host for the winter meetings. ARC was represented by Dr. Greenwalt and his bosses, Bob Wick and Fred Laise; and also by Jerry Sandler, MD, from ARC's National Headquarters; Frans Peetoom, MD, of the Portland Center; and me. Scott Swisher, MD, a respected international figure in transfusion medicine from Lansing, Mich., came to most of the meetings at the request of the group. Dr. Swisher was an honorary member of CCBC.

By 1978, the battle between AABB and CCBC blood centers over replacement fees had become ugly, was attracting media attention, and was encouraging talks of a merger between CCBC and ARC, as both groups mutually disagreed with replacement fees. Dr. Kellner pointed out that Red Cross had one of the most recognizable logos in the world, and that many CCBC donors already thought that they were giving blood to Red Cross. What had been professional fellowship became a serious effort to merge two organizations.

The group of ARC and CCBC leaders met a number of times to discuss how CCBC members could gain the benefits of Red Cross participation – purchasing power, ARC volunteers, combined recruiting efforts, and inventory sharing. With the notable exception of New York, most CCBC members were capable of collecting more blood than they used locally, and both organizations saw merger as an opportunity to expand their markets. In addition, the scientific and medical expertise of the combined organization would constitute a world powerhouse.

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CCBC and ARC Almost Merged (continued from page 9)

While these meetings were conducted, representatives from both organizations planned and conducted, in 1978, the first and only joint ARC/CCBC blood services conference in Kansas City with sessions for collections, medical, technical, administrative, and donor recruitment staff. Amid rumors of some form of a merger, the management staff from both ARC and CCBC centers were both excited and worried about what such a merger might look like and mean to them. In the meantime, they did their best to mingle and form new collegial connections.

However, the ARC leadership found the merger glass half empty. They saw the expanded market opportunities, of course, but they also puzzled over how to give these CCBC centers the independence they sought while denying it to their own centers. They were also deeply concerned about antitrust issues; the combined organization would control nearly 70 percent of the US blood supply at the time.

Finally, in late winter of 1979, Dr. Kellner (of NYBC) hosted a meeting at his home on Shelter Island, N.Y. The group gathered for three days of intense discussion with the intention of resolving the merger issue one way or another. The combination of a wonderful setting and host seemed to bode well for the discussions, and the first day went well enough. Throughout the meetings, a subset of poker players had emerged, and they often played late into the evening, accompanied by a fine Scotch whisky. Among that subset was Mr. Laise and Dr. Kellner. Those of us at the fringes of major decision-making had the feeling that those games were where the fate of the merger would be decided.

It is my personal opinion that Mr. Laise was threatened by Dr. Kellner's brilliance and the idea of less centralized governance. Although I can't say for sure, perhaps after losing at cards or enjoying too much scotch, he decided to terminate the discussions, which were really about how a linked group of communities should be governed. Sound familiar?

So, it was not surprising when we arose on the last day to find that the ARC group would be departing early. There were some grim faces on both sides, and it was clear that things had blown up. Lips were sealed about the particulars of the differences, which could not be resolved.

Perhaps the whole future of blood banking in America was determined by someone getting a poor poker hand. How different the intervening 35 years might have been. ♦

**BRIEFLY NOTED**

**A group of sickle cell disease patients nationwide will be receiving bone marrow transplants from unrelated donors as part of a study testing the new treatment method, reported the Associated Press on Feb. 12.** Doctors from the University of Mississippi and Tulane University medical schools will be testing a method in which they use different combinations of low-dose radiation and immune-suppressing drugs, killing only part of the patient's own bone marrow before the transplant. The idea is that the lower doses do less harm to the patient, and the donor's and patient's marrow will have a better chance of compatibility despite the donation coming from an unrelated donor. Unrelated marrow donations for sickle cell patients are rare, and it is difficult to find a human leukocyte antigen (HLA) compatible donor who is not related to the patient. Sickle cell disease disproportionately affects people of ancestry from Africa, South and Central America, the Caribbean islands, Mediterranean countries, India, and Saudi Arabia. Donors of the same race as the patient are often more likely to be an HLA match, meaning that the patient's body will be more likely to accept the donation. People with sickle cell disease have an abnormal type of hemoglobin that under certain conditions can cause the red blood cells to assume crescent shapes and become

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**BRIEFLY NOTED** (continued from page 10)

stuck in the small blood vessels. This process can cause pain, stroke, organ damage, and death. Most sickle cell patients manage the disease with frequent blood transfusions, but stem cell transplants may offer a long-term treatment method for the disease. (Source: Associated Press, 2/12/12)

**One man's selfless kidney donation set off the longest chain of kidney donations, linking 30 people who were willing to give up an organ with 30 people who might have died without one, reported *The New York Times* on Feb. 18.** Chain 124, as it was called, was made possible by the nonprofit National Kidney Registry and required "lockstep coordination" over four months among 17 hospitals and 11 states to perform the 60 operations without a hitch, reported *The New York Times*. Rick Ruzzamenti, 44, of Riverside, Calif., decided to donate his kidney to whomever needed it after talking to someone who donated a kidney to a friend. The chain of donations resulted from a mix of selflessness and self-interest, as some gave a kidney to a stranger after learning that they could not donate to a loved one because of incapability. In turn, their loved ones were offered a kidney as part of the exchange. Garet Hil, a Long Island businessman, was inspired to found the National Kidney Registry after his daughter became ill. An algorithm was used over a period of months to help link matching donors and patients, and it all came together when Mr. Ruzzamenti volunteered his kidney out of sheer altruism. The entire *New York Times* article is available at: <http://nyti.ms/wgZI4t>. (Source: *The New York Times*, 2/18/12)

**The nation's highest court has declined to overturn an appellate ruling in a California case filed by a group of healthcare providers seeking to block cuts to that state's Medicaid program, Medi-Cal.** The 9th Circuit Court of Appeals had agreed that interested parties should be allowed to sue to ensure that patients are not denied access to Medicaid services because of budget cuts. In five lawsuits, California physicians, hospitals and other providers argued that the state violated language in the Medicaid Act requiring that all patients have equal access to medical care. If the state and federal government continue to cut funding to these programs, physicians will be forced to stop taking on new patients, meaning that access could be denied, the argued. The appellate court agreed, issuing injunctions blocking the state from making amendments to its Medicaid program, including a 10 percent reimbursement cut. In the meantime, however, the Centers for Medicare and Medicaid Services (CMS) approved some of the planned amendments while the state withdrew most of the others. The US Supreme Court refused to reverse the appellate decision in *Douglas v. Independent Living Center of Southern California*. The case will now return to the 9<sup>th</sup> Circuit. According to the California Medical Association, the decision is a "win for physicians and their patients" because the opinion suggests that providers may have a mechanism to challenge Medicaid policies in the courts. Justice Stephen Breyer wrote in an opinion for a 5-4 majority: "The providers and beneficiaries continue to believe that the reductions violate the federal provision the agency's view to the contrary notwithstanding." (Sources: California Medical Association website, 2/22/12; *Modern Healthcare*, 2/22/12) ♦

**INFECTIOUS DISEASE UPDATES****MALARIA**

**A group of researchers at the University of British Columbia, Vancouver, Canada, has recently created a microfluidic device that could help to measure the deformability of red blood cells.** This could aid in evaluating treatments for the disease, reported the Royal Society of Chemistry. Malaria causes approximately 1 million deaths per year, and devices that could easily help to diagnose patients and better

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**INFECTIOUS DISEASE UPDATES** (continued from page 11)

understand the disease's response to treatment are always under investigation. The malaria parasite, spread by a bite from a mosquito, infects red blood cells and reduces their ability to deform. Measuring the deformability of an infected red blood cell can provide vital information about the disease mechanism and response to treatment. Current methods to measure deformability are complicated and lack sensitivity, but Hongshen Ma at the University of British Columbia and his colleagues have created what appears to be an accurate and simple microfluidic device for this purpose. The device consists of two layers that control the cells so that only a single cell is introduced into a funnel containing a series of different sized constrictions. The pressure required to push the cell through a constriction is measured precisely and used to calculate the deformability, explains the Royal Society of Chemistry website. The team used their device to distinguish the deformability of infected red blood cells at various stages of infection. The research study was published on Feb. 9 in the journal *Lab Chip*. The abstract can be accessed at: <http://bit.ly/z194X4>. (Source: Royal Society of Chemistry, 2/9/12)

**HEPATITIS C VIRUS**

**Two government studies recently found that the hepatitis C virus now kills more US adults than HIV, and that screening baby boomers could be one way to help mitigate this issue, reported Reuters on Tuesday.** In one of the new studies, researchers at the Centers for Disease Control and Prevention found that by 2007, hepatitis C was killing more Americans than HIV, the virus that causes AIDS. In 2007, hepatitis C killed 15,100 Americans, accounting for the 0.6 percent of all deaths that year. That compared with a little over 12,700 deaths related to HIV. Of the estimated 3.2 million Americans with chronic hepatitis infection, about half of them were unaware of the infection, according to the CDC. John Ward, director of the CDC's Viral Hepatitis Division, authored one of the new studies, which were published on Feb. 21 in the *Annals of Internal Medicine*. Dr. Ward's study focused on the need to screen baby boomers for hepatitis C. Hepatitis C often goes undetected for years as it silently damages the liver with little or no symptoms. Chronic hepatitis C is most common in baby boomers, as about two-thirds of US infections are in people born between 1945 and 1964. The predominance of hepatitis C virus among this age group is likely related to casual intravenous (IV) drug use in the 1960s-1980s when sharing needles often spread the virus. Also, some people contracted hepatitis C through blood transfusions, as donations began to be screened for the virus in 1992. Health officials currently recommend testing those who have used IV drugs or received a blood transfusion or organ transplant before 1992, but this method does not seem to catch all infections. The authors of this report suggest screening anyone falling into the baby boomers age group. Detecting infections that would otherwise go unnoticed for long periods of time could help to cut down on transmission of the virus. The baby boomer hepatitis C report is available at: [www.annals.org/content/156/4/263.full.pdf+html](http://www.annals.org/content/156/4/263.full.pdf+html). (Source: Reuters, 2/21/12) 💧

**MEMBER NEWS**

**Lifeblood in Memphis, Tenn., recently recognized organizations, corporations, and individuals for their voluntary efforts to support blood donation in the community, Lifeblood reported in a press release last week.** The awards were given at the center's 2011 Annual Awards Luncheon on Feb. 10. The luncheon was emceed by local WREG Channel 3 weatherman and blood donation advocate Todd Demers and included an invocation by a rabbi from Temple Israel Synagogue. The Volunteer of the Year is Charlie Binkowitz of Baptist Memorial Health Care Corporation and the Lifesaver of the Year is Memphis Light, Gas & Water. Mr. Binkowitz was recognized for his efforts to increase blood donations throughout Baptist's network in the Mid-South. The Newcomer of the Year award was given to

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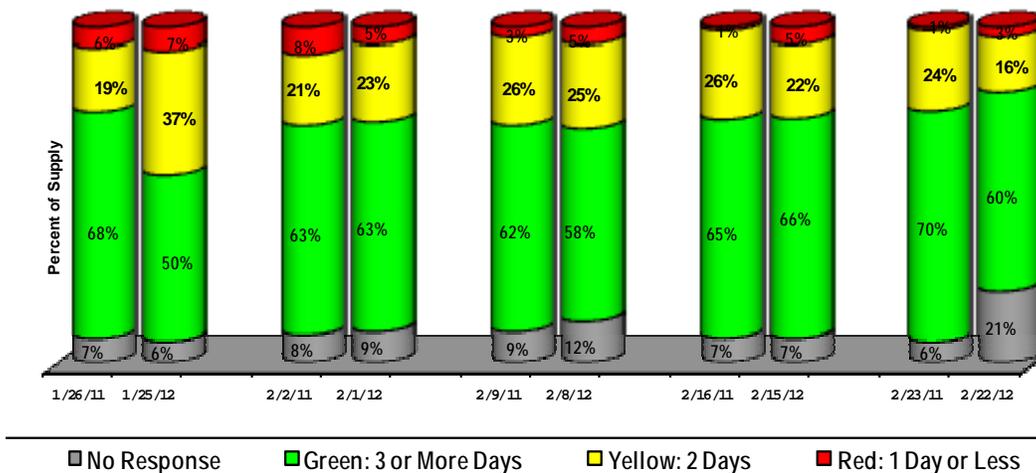
MEMBER NEWS (continued from page 12)

Heartsong Church. Several Group of the Year awards, recognizing organizations' dedication to blood donation, were given in categories including: corporate (Johnson & Johnson), education (Northwest Mississippi Community College), faith-based (Brown Missionary Baptist Church), government (Navy Personnel Command #791), healthcare (Methodist University Hospital), and non-profit (Youth Villages). "Volunteers like the ones we have recognized today are the backbone of our organization, as they are essential to ensuring a stable blood supply is available at all times for trauma centers, hospitals and individuals in need," Susan Berry-Buckley, Lifeblood president and CEO said in the release. "Their dedication to our mission is worthy of celebration, and we are so appreciative of their efforts to support Lifeblood and the community." (Source: Lifeblood press release, 2/17/12) ♦



Lifeblood's 2011 Volunteer of Year Charlie Binkowitz stands with colleague Laura Lee Woods, both of Baptist Memorial Health Care Corporation.

**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

Daily Updates are available at:

[www.AmericasBlood.org](http://www.AmericasBlood.org)

**PEOPLE NEWS**

Jacquelyn Fredrick, MBA, MT(ASCP)SBB, president and CEO of BloodCenter of Wisconsin, has been awarded an honorary doctorate in business and public health from the University of Wisconsin-Milwaukee (UWM), announced last week's *AABB Weekly Report*. Ms. Fredrick is also a past president of AABB, and will be awarded her honorary degree in May. UWM Chancellor Michael Lovell, PhD,

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**PEOPLE** (continued from page 13)

recognized Ms. Fredrick's "commitment to business and public health as witnessed by [her] significant leadership and recognition in the field of blood banking and research, and [her] service on the Lubar School of Business Advisory Council, College of Health Sciences Advisory Board, UWM Foundations Board, and the UWM Foundation Research Board," reported *AABB Weekly Report*. (Source: *AABB Weekly Report*, 2/17/12) ♦

**COMPANY NEWS**

**Masimo of Irvine, Calif., announced a program guaranteeing cost savings by avoiding unnecessary transfusions if hospitals implement Masimo's rainbow ReSposable SpHb Sensors to noninvasively measure hemoglobin levels.** Masimo is a company that specializes in noninvasive monitoring technologies. Masimo introduced a program called Blood Transfusion Related Cost Reduction (BTR-CR, pronounced "Better Care"), which guarantees that blood transfusion related cost reductions will exceed the incremental price of the SpHb sensors, the company announced in a press release on Feb. 14. This program is in line with the company's mission to "improve patient outcomes and reduce the cost of care by taking noninvasive monitoring to new sites and applications," said the release. Joe Kiani, Founder and CEO of Masimo, said in the release, "We understand that hospitals are doing their best to deliver quality care in an unprecedented time of reduced census, cost containment pressure, and increasing expense. Through our customers' and independent researchers' experiences with SpHb, we are confident that SpHb will not only reduce mortality and morbidity, but will reduce costs dramatically. The Better Care Program allows a select number of hospitals to implement SpHb monitoring hospital-wide with the guaranteed protection that their costs will not increase ..." The entire press release is available at: <http://bit.ly/AxU17s>. (Source: Masimo press release, 2/16/12)

**The National Marrow Donor Program (NMDP) was recognized as No. 16 on Fast Company's ranking of The World's 50 Most Innovative Companies in 2012.** Fast Company is a progressive business media brand with an editorial focus on innovation in technology, ethnomics (ethical economics), leadership, and design. NMDP was ranked among the World's 50 Most Innovative Companies "for matching technology with critical transplant needs," said Fast Company. NMDP facilitates most stem cell transplants throughout the US as it maintains the national registry for bone marrow, peripheral stem cell, and cord blood donations, called the Be the Match Marrow Registry. Fast Company notes that NMDP is in the two-year process of a technology overhaul that aims to boost successful matches to 10,000 a year by 2015, and to decrease the wait time between match and transplantation by 25 percent. Already the organization has reduced the time to transplant by about 15 percent by using an online hub that helps keep donors and recipients on track during the steps before transplantation. Fast Company's ratings are available at: [www.fastcompany.com/most-innovative-companies/2012/full-list](http://www.fastcompany.com/most-innovative-companies/2012/full-list). (Source: Fast Company's The World's 50 Most Innovative Companies 2012, 2/21/12)

NATIONAL  
MARROW  
DONOR  
PROGRAM®

**Medtronic Inc. said the new medical device tax taking effect next year will cost the company \$125 million to \$175 million annually, according to a story by Bloomberg News.** Medtronic, which sells a number of biologics-related devices, reports earnings on a fiscal calendar that ends April 30. Thus, it will provide a forecast for four months in 2013 during which the company will be subjected to a 2.3 percent tax that was part of the 2010 healthcare law, Chief Financial Officer Gary Ellis said. The Internal Reve-

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**COMPANY NEWS** (continued from page 14)

nue Service hasn't given final guidance on exempt products or how the tax will be assessed. But the Minneapolis-based company estimates it will pay a tax of \$40 million to \$60 million in the 2013 fiscal year, Mr. Ellis told *Bloomberg*. According to the story, Medtronic is trying to determine how much of the tax it can pass on to hospitals and other customers, he said. Presumably, other companies that supply blood centers will be making the same calculations. "We've looked at this as basically one of the costs we're going to have to cover as we put together our plans for fiscal year 2013 and as we put together our initiatives on a long-term basis," Mr. Ellis said in a conference call with investors. "We're going to have to make the tradeoffs, and there's probably going to be things that we can't do as a result of that," he said. The tax was designed to raise \$20 billion to expand health insurance coverage for the uninsured. (Source: *Bloomberg News*, 2/21/12) ♦

**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: [mnorwood@americasblood.org](mailto:mnorwood@americasblood.org).

**POSITIONS AVAILABLE:**

**Medical Technologists (Up To \$3,000 Sign-On Bonus).** Florida Blood Services, Inc. located in St. Petersburg, Fla. is one of the largest blood banks in Florida as well as a vital testing resource for 30 East Coast blood centers and medical facilities from Maine to Puerto Rico. Due to tremendous growth in our organization, we are looking for qualified Medical Technologists to join our team. Qualified applicants will be responsible for performing routine laboratory procedures necessary in testing patient and/or donor samples. For more details on these openings go to [www.fbsblood.org](http://www.fbsblood.org) and apply online. As a valued member of our team you will find that our company provides steady employment, competitive wages, great benefits, excellent retirement plan, educational assistance, generous paid time off, shift differential, wellness and more.

**Technical Services Director – MT.** Looking for a position where your technical and business leadership skills can be put to work in a progressive organization with friendly staff and excellent benefits? Then come take a look at us today! Rock River Valley Blood Center (RRVBC) is a community blood center located in Northern Illinois' Rock River Valley at the heart of the Madison, Milwaukee and Chicago corridors. Our successful candidate is a strong analytical and technical leader with initiative and drive to accomplish goals with accuracy and precision. Incumbent will oversee all laboratory initiatives including the strategic planning, development and organization of daily operations relating to patient reference lab testing, specialized testing and product acceptance testing. Director will maximize blood utilization efforts thru fostering strong business

partnerships with existing and new hospitals as well as other service partners. Excellent customer relations, business development and strategic analysis skills with advanced knowledge in lab testing required. MT with BS in chemical, physical, biological, or clinical laboratory science required. MBA preferred. Please visit us online at [www.rrvbc.org](http://www.rrvbc.org) to apply or email resume to [jobs@rrvbc.org](mailto:jobs@rrvbc.org). EOE M/F/D/V

**Chief Executive Officer.** Central Jersey Blood Center in Shrewsbury, N.J., is now accepting resumes for the position of CEO. Reporting to the Board of Trustees, the position serves as the ultimate authority in matters of operation, is responsible for fiscal and legal matters of corporation and for assuring that activities of management comply with the mission, quality manual and all regulatory requirements. You will be responsible for the recruitment efforts, blood collection, blood products and services, and the distribution of those products. Essential to the role is also the development of community and corporate relationships. Preparing annual budgets to support the attainment of the strategic plans. Must be able to be a team leader and relate to all levels within the organization. The CEO will exhibit a strong work ethic and a passion for inspiring others. Additional responsibilities include, but are not limited to: Developing short and long term plans that address competition, customer service and human resources. Ideal candidates must have BS/BA degree and MBA preferable, strong

**POSITIONS** (continued on page 16)

**POSITIONS** (continued from page 15)

preference given to individuals with extensive operational/financial experience in blood centers. Fax resume to attention of: Donna Glassen, HR Director, (732) 933-7624 or email: [dglassen@cjbcblood.org](mailto:dglassen@cjbcblood.org).

**Vice President, Technical Services.** The Blood Bank of Delmarva is looking for a Vice President, Technical Services. Reporting to the President and CEO and serving as an integral member of the Executive Management Team, the Vice President of Technical Services (VP) provides leadership to and directs, administers, and coordinates the Donor Services, Laboratory, and Innovation operational realms. Responsibilities: Provides leading edge thinking concerning the industry and best practices to the President/CEO and other key members of senior management; maintains current FDA, AABB

and other regulatory agencies' policy matters; and leads the development of overall management of the technical services strategy and aligns these in support of BBD strategic goals and objectives. Qualifications: Technical Degree mandatory, a Master's in business administration or other related field and SBB certification is preferred; minimum 10 years experience in a management role ideally with a blood bank or health care organization; experience either as an employee or board member of a nonprofit organization preferred; superior management skills; and ability to influence and engage direct and indirect reports and peers. Interested candidates may apply by submitting cover letter, resume and salary requirements through [www.Careerbuilder.com](http://www.Careerbuilder.com). Blood Bank of Delmarva is an Equal Opportunity and Affirmative Action Employer. ♦

**CALENDAR**

*Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail ([lnorwood@americasblood.org](mailto:lnorwood@americasblood.org)) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)*

**2012**

March 7. **FDA Workshop: "Design and Methodology for Postmarket Surveillance Studies under Section 522 of the Federal Food, Drug, and Cosmetic Act," Silver Spring, Md.** More information on the workshop and registration is available at: <http://1.usa.gov/wqe1mR>. Contact: Samantha Jacobs, [samantha.jacobs@fda.hhs.gov](mailto:samantha.jacobs@fda.hhs.gov) or Mary Beth Ritchey, [marvelizabeth.ritchey@fda.hhs.gov](mailto:marvelizabeth.ritchey@fda.hhs.gov).

March 7-12. **3rd International EuBIS Seminar Training – Quality Management Inspection Criteria for Blood Establishments, Leuven, Belgium.** More about the seminar and registration information is available at: <http://bit.ly/x5BW3u>.

March 11-14. **International Conference on Emerging Infectious Diseases, Atlanta, Georgia.** More information is available at: <http://www.iceid.org/>. Contact: Christine Pearson at [cpearson1@cdc.gov](mailto:cpearson1@cdc.gov) or (404) 639-7582.

March 13-14. **International Plasma Protein Congress 2012, Madrid, Spain.** More information is available at: [www.ippc.net/](http://www.ippc.net/).

March 14-15. **Plasma Transfusion: Current Status and Future Directions – A symposium honoring 75th anniversary of the first blood bank established by Dr. Bernard Fantus, Chicago.** For details see [www.ilabb.org/PDF/FantusBrochureV20.pdf](http://www.ilabb.org/PDF/FantusBrochureV20.pdf). Questions: email: [ilabbinfo@gmail.com](mailto:ilabbinfo@gmail.com) or contact Robyn Bruns at (847) 260-2744.

March 24-27. **Annual Meeting, America's Blood Centers, Scottsdale, Ariz.** Celebrating ABC's 50th Anniversary! Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: [meetings@americasblood.org](mailto:meetings@americasblood.org).

March-April. **European School of Transfusion Medicine Course, Barcelona, Spain.** The European School of Transfusion Medicine (ESTM) "Iberian" has announced a residential course in Barcelona set to begin at the end of March 2012 titled, "Inmunohematología y gestación / Imunohematologia e gestação." Teachers will speak Spanish, Portuguese, and Italian. The course is open to all Spanish- and Portuguese-speaking colleagues working as transfusion specialists and clinicians in many European countries. Contact: Professor Umberto Rossi, [estm.secretariat@estm.info](mailto:estm.secretariat@estm.info).

April 3-6. **57th CBBS Annual Meeting, San Francisco.** More information is available at: [www.cbbsweb.org/am/index.php](http://www.cbbsweb.org/am/index.php).

April 12-13. **13th Annual NATA Symposium, Copenhagen, Denmark.** More information is available at: <http://www.nataonline.com/index.php?NumArticle=41>.

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**POSITIONS** (continued from page 16)

April 25-27. **14th International Hemovigilance Seminar, Montreal, Canada.** The deadline for abstract submission is March 1 and the deadline for early registration ends April 1. More information is available at: <http://www.eurocongres.com/ihs2012/default.asp>.

May 1-3. **Human Resources/Training & Development Workshop, America's Blood Centers, Sacramento, Calif.** Attendance restricted to ABC members and invited guests. Contact: Lolita Hampton. Phone: (202) 654-2913; fax: (202) 393-1282; e-mail: [lhampton@americasblood.org](mailto:lhampton@americasblood.org).

May 9-14. **Conference Prion 2012, Amsterdam, the Netherlands.** The deadline for early registration is Jan. 1, 2012 and the deadline for normal registration is April 30, 2012. More information about the congress and registration is available at: [www.prion2012.com](http://www.prion2012.com).

May 23-24. **IPFA/PEI 19th International Workshop on "Surveillance and Screening of Blood Borne Pathogens."** To learn more visit: [www.ipfa.nl](http://www.ipfa.nl). Contact: [ipfa@sanquin.nl](mailto:ipfa@sanquin.nl) or [m.mooijekind@sanquin.nl](mailto:m.mooijekind@sanquin.nl) or +31 20 512-3561.

June 19-22. **Fund Development, Donor Recruitment and Communications Workshop, America's Blood Centers, Atlanta, Ga.** Attendance restricted to ABC members and invited guests. Contact: Abbey Nunes. Phone: (202) 654-2980; fax: (202) 393-1282; e-mail: [anunes@americasblood.org](mailto:anunes@americasblood.org).

July 7-14. **32nd International Congress of the ISBT, Cancun, Mexico.** Reduced registration rates end April 30, and the program is now available online. Abstract submission for the meeting is now open until Feb. 26, 2012. For more information visit: [www.isbtweb.org/mexico/welcome](http://www.isbtweb.org/mexico/welcome).

Aug. 4. **Medical Directors Workshop, America's Blood Centers, Buffalo Niagara, N.Y.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: [meetings@americasblood.org](mailto:meetings@americasblood.org).

Aug. 5-6. **Interim Meeting, America's Blood Centers, Buffalo Niagara, N.Y.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: [meetings@americasblood.org](mailto:meetings@americasblood.org).

Sept. 19-20. **IT/Benchmarking Workshop, America's Blood Centers, Fort Lauderdale, Fla.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: [meetings@americasblood.org](mailto:meetings@americasblood.org).

Oct. 6-9. **AABB Annual Meeting and CTTXPO, Boston, Mass.** For more information: [www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx](http://www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx). ♦