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2013 #11

March 29, 2013

Bill Coenen Named ABC's Interim CEO

Last week, America's Blood Centers announced the appointment of Bill Coenen as the interim CEO, effective immediately. Mr. Coenen brings more than 35 years of blood banking experience and expertise to his new role, previously held by Jim MacPherson from 1986 until his recent resignation.

"First, I'd like to express my gratitude to Jim for his 26 years of service to ABC. His leadership helped make our organization a respected industry leader within the global blood banking community and we wish him well in his future endeavors," said ABC President Dave Green. "We are lucky to have an experienced and distinguished individual of Bill Coenen's caliber willing to lead ABC through this period of transition, as we remain 100 percent committed to our mission of helping independent blood centers better serve their communities."



In his new role, Mr. Coenen will focus on ABC's core values of data integration, education and information, and advocacy on behalf of its members.

"I appreciate the opportunity to lead this organization," said Mr. Coenen. "My goal is to continue to bring useful resources and services to our members as we align our core values to help them maintain a safe and adequate blood supply for all patients in need. In this changing environment, it is more important than ever that we continue to be a single voice for our member blood centers through our advocacy efforts, and remain dedicated to supporting and providing them with the necessary expertise, data, and tools to navigate the challenges we face under healthcare reform."

Mr. Coenen became America's Blood Centers' chief operating officer in 2006 and vice president of finance in 2012. Prior to that, he spent 25 years at the Community Blood Center of Greater Kansas City, where he retired as chief operating officer in 2001. In his retirement, Mr. Coenen continued to work with several hospital consortiums, helping them understand the complexities and costs of operating a community blood center, and he volunteered his services to ABC for three years.

ABC has a succession plan in place and seeks to appoint a new CEO by the Interim Meeting in August (see position advertisement on page 3).



OUR SPACE

ABC President Dave Green

You are ABC

I want to congratulate and thank America's Blood Centers' Meetings Committee, ABC staff and members for an excellent Annual Meeting event. The topics were compelling, participant engagement was excellent, and a professional discourse of the highest caliber occurred throughout. These characteristics reflect an association founded on sound fundamentals, which despite our recent change in leadership remain the cornerstone of our work. Indeed, an unwavering focus on our core values as an association has never been more important.

Our challenges are daunting, but ABC's tradition of quality service over the years argues for optimism in the face of these hurdles. Working together, we can leverage our collective expertise and talents to help us continue delivering excellent service for our communities.

Thanks to the superb leadership of outgoing ABC President Dan Waxman, MD, a refocusing on ABC's core values of Data Integration, Education and Information, and Advocacy enhanced clarity surrounding ABC's reason for being. ABC's board of directors intends to remain committed to these values.

A laser-like focus will be crucial to our success as an association as we navigate an increasingly complex environment including healthcare reform, increasing competition, changes in our scientific, medical, and technical world, and unprecedented shifts in hospital system relationships. Clearly defining and successfully delivering value to the members will be critical as ABC helps shape the environment to help members thrive, while holding the line on costs. Advocating for member center interests, convening member-based groups and outside perspectives to tackle difficult issues, translating data to inform key decision makers, and fostering an environment of trust among members and ABC staff, all based on appropriate transparency and absolute confidentiality, will produce an exchange of ideas advancing the interests of member centers. ABC offers a wealth of tools for our use but it is up to us as members to engage together in order to bring those to bear on the challenges at hand.

We are fortunate during this transition to have Bill Coenen serve as our interim CEO. A tested problem solver and advocate for ABC members, Bill is uniquely well suited to work alongside our staff to execute the board's plan on behalf of the members, while preparing for the association's next CEO.

Most importantly, I want to thank you, the members. As a member-driven organization, you are ABC. I look forward to serving with a committed board and talented staff on your behalf.

A handwritten signature in black ink, appearing to read "Dave Green". The signature is fluid and cursive, written over a light blue background.

dgreen@mvrbc.org ♦

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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

President: Dave Green

Interim Chief Executive Officer: William M. Coenen

ABC Publications Editor: Betty Klinck

Business Manager: Leslie Norwood

Annual Subscription Rate: \$390

Send subscription queries to

norwood@americasblood.org.

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.

ABC Seeks New CEO

America's Blood Centers, the largest network of non-profit community blood programs in North America, seeks a Chief Executive Officer to ensure the execution of the organization's mission and vision. Under the general direction of the President and Board of Directors, the CEO takes active and personal charge of the conduct of all America's Blood Centers' business, finances, and its employees. Working with the volunteer leadership, the CEO is responsible for the development of achievable organizational goals and objectives. Working with staff and volunteer committees, the CEO is responsible for turning those goals and objectives into effective programs and projects. He/she assures the prompt and effective implementation of policies, programs, and plans approved by the Board of Directors. Applicants must have three years experience in the not-for-profit environment and 10-plus years experience in senior management, with a preference of at least five in blood banking. Experience in national organizations is also highly desirable as well as an advanced degree in science, business, or the healthcare field. Excellent skills required in: business and financial management and decision making; written and oral communications; project and strategic planning, development and implementation; team leadership; issues management; and legislative advocacy and public policy analysis. Working knowledge of Microsoft Office Suite (i.e., Outlook, Word, Excel, Access) and Internet essential. Must be willing and able to travel, sometimes at short notice. Must live in the Washington, D.C. metropolitan area or willing to relocate. Excellent benefits package. To view full of description of duties and responsibilities, visit <http://members.americasblood.org/go.cfm?do=FileCenter.Get&fid=4248>. To apply, send cover letter, résumé and salary history and expectations to America's Blood Centers, reference: CEO Search, to hr@americasblood.org by April 26, 2013.

ABC Annual Meeting Attendees Discuss Advances in Transfusion Medicine and Cooperating to Compete

About 175 blood banking leaders and transfusion medicine experts came together in the nation's capital for America's Blood Centers' 51st Annual Meeting, where attendees discussed developments in transfusion medicine and explored how blood centers continue working together to meet hospital and patient needs in the competitive healthcare environment. ABC member blood center professionals also had the chance to visit Capitol Hill for ABC's Legislative Day to express to their members of Congress the issues that are important to the blood center community.

The ABC Annual Meeting kicked off on Sunday morning with the ABC Members Meeting, where members approved the slate of officers and board of director nominees chosen by the ABC Nominating Committee in February (see *ABC Newsletter*, 2/15/13). David Green, president and CEO of Mississippi Valley Regional Blood Center, became president and Dan Waxman, MD, executive vice president and chief medical officer at Indiana Blood Center, became the immediate past president. Susan Rossmann, MD, PhD, chief medical officer at Gulf Coast Regional Blood Center will continue serving as ABC's vice president. Recipients of grants from the Foundation for America's Blood Centers (FABC) then presented their grant projects.

Following Sunday's Scientific, Medical, and Technical (SMT) Forum, guests attended the FABC reception and Luck of the Draw Dart Tournament fundraiser at Washington, D.C.'s historic Decatur House on Lafayette Square (see page 19). On Monday, during the Blood Center Leadership Forum, attendees learned about the transformation of healthcare and about methods of cooperating to compete.

(continued on page 4)

ABC 2013 Annual Meeting (continued from page 3)

On Monday evening, ABC and the FABC recognized individuals and organizations who have made an impact on the blood community at the 16th Annual *Awards of Excellence* reception and banquet. The Annual Meeting wrapped up on Tuesday with ABC's Legislative Day, beginning with talks from experts to prepare ABC members for their Capitol Hill meetings with legislators, which took place throughout the remainder of the day.

FABC Grant Programs. The FABC awards grants to ABC's member blood centers to fund programs that work to improve the safety and availability of the blood supply. The FABC's goal is that ABC grant recipients will then share their projects with the ABC membership so these programs can be applied in other blood centers.

Kim Kinsell, JD, general counsel at LifeSouth Community Blood Centers, spoke about LifeSouth's 5 Points of Life program, an educational program that seeks to encourage blood, apheresis, organ/tissue, marrow, and cord blood donation by teaching students about the importance of these donations. The FABC funded the development of the 5 Points of Life grade-specific educational curriculum and for students from kindergarten through high school. Since implementing the classroom program, LifeSouth has connected with many area schools, introduced the next generation of donors to the donation process, and held many successful blood drives in conjunction with the program.

Rick Axelrod, MD, president, CEO, and medical director, of LifeStream, presented LifeStream's blood drive chairperson training program called "The Heart of Chairing a Blood Drive," a blood drive chairperson's training program, developed with funding from a 2011 FABC grant. The program seeks to increase collections and decrease deferrals by bridging the generations, increasing donor diversity, and dispelling myths about donating blood. In comparing the nine months after implementing the program with the nine months previous to implementation, LifeStream saw an increase in collections from all ethnic groups. There was also a 6.9 percent decrease in donor reactions and a 19 percent decrease in donor deferrals among mobile blood drive donors. To access the materials and contact information for the FABC grant programs, ABC members may visit:

<http://members.americasblood.org/go.cfm?do=Page.View&pid=29>.

Developments and Challenges in Transfusion Medicine. Sunday's SMT Forum focused on developments and challenges in transfusion medicine. Michael K. Georgieff, MD, a professor of pediatrics and child development and head of the Division of Neonatology at the University of Minnesota, discussed the relationship between maternal and fetal iron status and the impact of fetal iron depletion on neurodevelopment.

Women of childbearing age are at high risk of iron deficiency, compromising fetal reserves during pregnancy. Iron deficiency has the most impact on the developing brain and can cause cognitive and motor effects, he said. Dr. Georgieff reviewed some negative neurological effects of fetal iron deficiency observed in humans, including poorer school age function, altered temperament, abnormal reflexes, impaired memory, and slow nerve conduction speeds. He also discussed biological changes of fetal iron deficiency in rat models. "It is difficult to determine an exact cutoff of maternal iron status where the fetal brain is compromised. I recommend that we err on the side of caution with voluntary phlebotomy," he concluded.

Dean Fergusson, MHA, PhD, of the Ottawa Hospital Research Institute and the University of Ottawa, presented the results of the Age of Red Blood Cells in Premature Infants (ARIP) randomized controlled

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ABC 2013 Annual Meeting (continued from page 4)

trial, published in October 2012 in *JAMA* (see *ABC Newsletter*, 10/19/12). Dr. Fergusson and his colleagues found no changes in prospectively specified outcomes among 377 very low-birth-weight infants randomized to the use of fresh RBCs, compared with those stored according to the existing standard of care. “In the ARIPI trial, fresh RBCs did not improve morbidity, mortality, or infection in a very vulnerable population,” said Dr. Fergusson. “The neonate population is extremely vulnerable, so if there’s no effect there (of fresh vs. old blood), I’m not sure it’s going to show up in other populations.”

Alan M. Speir, MD, medical director of Cardiac Surgical Services for Inova Health System, spoke about the effects of a comprehensive blood management protocol on decreasing transfusion rates following cardiac surgery. Their interest was piqued by the extensive literature suggesting that conservative transfusion was associated with equivalent outcomes compared to liberal, and the truism that adverse reactions to transfusion cannot occur without transfusion. An institutional transfusion protocol, which required approval of any postoperative transfusion by a cardiac surgeon, led to a significant decrease in use of blood products.

Susan Rossmann, MD, discussed various scenarios in which determining a donor’s eligibility is difficult, followed by John M. McCarty, MD, who reviewed the risks and benefits of peripheral blood stem cells vs. bone marrow in unrelated allogeneic transplantation for hematologic malignancies.

Daryl J. Kor, MD, wrapped up the SMT Forum with a talk transfusion associated circulatory overload (TACO). He reviewed the epidemiology, suggesting that underreporting and under-recognition were substantial. Diagnostic challenges are also substantial. Since no gold standard is available, a combination of clinical acumen, history, physical findings, documentation of fluid status, and lab and X-ray findings are needed to differentiate TACO from other entities in the differential diagnosis. Interesting observational data demonstrated a decline in the incidence of TACO concurrent with implementation of universal leukoreduction, begging the question of whether proinflammatory effects of transfusion might contribute to its pathogenesis, in addition to fluid overload.

Blood Center Leadership Forum. Rich Umbdenstock, president and CEO of the American Hospital Association, began Monday’s Blood Center Leadership Forum with the keynote speech titled “A Conversation on the Transformation of Healthcare.” He gave an overview of the issues facing hospitals during this very turbulent period for the industry. He also discussed how sequestration and budget deficit negotiations have already impacted Medicare (\$363 billion in cuts since fiscal year 2010), and the challenges brought about by the rollout of healthcare reform.

Noting the movement from the fee-for-service model to a service delivery performance and patient outcomes model, he said that there is a greater focus than ever on preventive care and quality care measures for expanding at-risk groups, such as the elderly and minorities. As part of that trend, hospitals are also spending more time and resources “defining, measuring, and reporting quality” and on collecting race and ethnicity data. “If you don’t understand why you’re getting different results within different groups, you’ll never be able to make those changes to your quality systems,” Mr. Umbdenstock said.

He said that hospitals are now making more value-based purchasing decisions when dealing with suppliers. Though he added that, “There’s no question about the importance of the relationship between hospitals and blood centers.” He also urged blood centers to get involved in Accountable Care Organizations to help providers understand standards of care and paths to greater efficiencies in transfusion medicine.

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2013 ABC Annual Meeting (continued from page 5)

With or without federally imposed reform, he said, a physician's relationship with hospitals has been quietly evolving to the point where more than half are not employed or under contract with any healthcare institution. This is due in part he said to the fact that hospitals are now an environment "where there is a whole lot less money." One school of thought is to have more trained non-physicians to take over many of the tasks of physicians in order to "reserve the physician's expertise for the point of ambiguity."

All of these changes, he noted, are solutions to a single problem: "We need to build a better business model for healthcare."

Lynda Hamlyn, chief executive of the NHS Blood and Transplant (NHSBT), which serves England and north Wales, took the stage next to discuss patient blood management, emphasizing that blood centers must not seek to be just "excellent suppliers" but also to "transform relationships with hospitals." She reviewed NHSBT's ongoing initiative to reduce costs, improve productivity, and increase customer satisfaction through improving blood management and blood stock management. NHSBT seeks to develop integrated transfusion services for hospitals and operate like the best global supply chain organizations to reduce costs and wastage, said Ms. Hamlyn. "We want to make our customers feel that they wouldn't choose any blood supplier other than NHSBT," she added.

Meeting attendees then heard a legislative update from Rep. Cheri Bustos (D-Ill.), who began her talk by explaining why blood donation is important to her. Her mother received a life-saving blood transfusion during the birth of her brother, who also received several transfusions that prolonged his life during chemotherapy treatments for cancer. "I'm a blood donor, and I'm proud to be a blood donor. We should look at how we can increase donation ... Please consider me an ambassador of the blood community," she said.

As a freshman Congresswoman, Rep. Bustos is eager work across party lines to reform the US healthcare system, which she says is "not sustainable." She also spoke about sequestration, calling it the "meat cleaver approach to budgeting." With regard to the healthcare reform law, she recommends that blood center leaders reach out to their members of Congress to gain more clarity on the law's effects.

Because she was unable to attend the *Awards of Excellence* banquet, Karen Shoos, JD, AABB's CEO, was awarded with ABC's Thomas F. Zuck Lifetime Achievement Award for her efforts in leading AABB's President's Emergency Plan for AIDS Relief (PEPFAR) projects.

"Karen looked well beyond the confines of the US to serve the blood community, she looked to Africa," said Byron Buhner, president and CEO of Indiana Blood Center, who presented the award. "For the past eight years, Karen Shoos has been the leader of the PEPFAR projects for AABB ... and she has not completed these tasks from the comforts of Washington, but rather she has been to Africa to witness these things first-hand. She is very deserving of the Thomas F. Zuck award. She's been a great role model for all of us and an ambassador of community blood programs both here and abroad."

Kicking off the Cooperate to Compete section, Mark Fagan, an adjunct lecturer of public policy with a focus on the role of regulation in competitive markets at Harvard University, spoke about railroad companies that have successfully handled competition within this regulated industry over the years. He asked attendees to write down similarities and differences between the railroad and blood banking industries throughout the presentation. He spoke about industry-wide collaboration, bilateral collaboration,

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2013 ABC Annual Meeting (continued from page 6)

competitor collaboration, collaboration on technology, back office collaboration, data management collaboration, and association-based collaboration. He also conducted an exercise about supply chain management, illustrating that “even in a really good supply chain, you are only as good as the weakest link in the chain.” Audience members then shared their insights and comparisons between the railroad industry and blood banking.

In a Cooperate to Compete panel, leaders of ABC’s member blood centers shared their experiences in collaborating with other blood centers to better compete. Dr. Axelrod, president, CEO, and medical director of LifeStream, and Pat McEvoy, president of the Blood Centers Division of Blood Systems, spoke about how the two centers overcame competition for blood donors in the Coachella Valley region of California by forming an alliance called Desert Blood Services. The two organizations resolved to enter a cooperative agreement on jointly collecting blood and supplying it to hospitals within this geographic region. “The point here, is that the community is served better by us cooperating in some degree than with us trying to beat each other’s brains out,” said Dr. Axelrod.

Greg Hart, MT(ASCP)SBB, president and CEO of The Blood Connection, and Dennis M. Todd, PhD, president and CEO of Community Blood Services (NJ), discussed how six blood centers came together to form IT Synergistic (ITSy), a software development company. The company began as a way of developing an improved blood establishment computer software (BECS) and is governed by a Board of Directors consisting of six blood center CEOs. As a company owned by several blood centers, ITSy values customer involvement of all blood centers using the software, allows the customers to drive enhancement and development, and has the ability to control the software direction and cost.

Awards of Excellence. Following a full day of educational sessions, guests headed to the 16th Annual Awards of Excellence reception and banquet. ABC Annual Meeting regulars have come to anticipate the awards ceremony each year, as it provides ABC and the FABC with the opportunity to recognize those individuals and organizations who go above and beyond in supporting the blood community (see ABC Newsletter, 2/15/13 for award recipient details). The evening was filled with laughter, applause, and even some tears.

The audience was touched when Al Whitney accepted the National Partner of the Year Award for his Platelets Across America Campaign, as Mr. Whitney spoke about how his late wife his mission to donate platelets in all 50 states. Later that evening, guests were on their feet applauding for Tom Schallert, a past president of ABC and the administrator of Northern California Community Blood Bank, as he accepted the President’s Award.

The audience shared a misty-eyed moment when Gargi Pahuja’s mother, Kamini Pahuja, accepted the FABC’s 2012 Volunteer of the Year award on behalf of her daughter who passed away in July 2012 due to complications of thalassemia. “I know that I’m sad she’s gone, but she was larger than life ... She was my mentor, my guru, and my savior. I know if she were here today, she would have simply said, ‘It’s all in a day’s work,’” Mrs. Pahuja said of her daughter, who was an avid advocate of patients with thalassemia and other transfusion-dependent conditions (see page 13 for Awards of Excellence photos).

The Annual Meeting presentations are available at <http://members.americasblood.org/go.cfm?do=Page.View&pid=32>. Questions about accessing the presentations can be directed to Lori Beaston at lbeaston@americasblood.org. ABC would like to thank all of the speakers, sponsors, and member blood centers that made ABC’s 51st Annual Meeting and 16th Annual Awards of Excellence a success. ♦

America's Blood Centers would like to thank the following organizations for making our 51st Annual Meeting a success!



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ABC and Global Healing Hold International Blood Safety Forum

America's Blood Centers teamed up with Global Healing to hold the first-ever International Blood Safety Forum on March 15, prior to the ABC Annual Meeting in Washington, D.C. The forum brought together blood centers and other organizations working to improve blood safety and availability in developing countries, as well as local stakeholders, to discuss how these organizations can work together.

Throughout the day's presentations and discussions, a common theme was that blood centers, non-profit groups, and stakeholders in developing countries must find ways to collaborate with one another in order to avoid duplication of programs/projects and to make sustainable, long-lasting change. To this end, ABC now hosts an International Blood Safety e-mail listserv where blood centers involved in international blood safety work can connect with one another and share regional information from different areas of the world.

"It is vital that we strive for continual improvement and constant refinement," said Luke Ifland, president of Global Healing, in his opening remarks. "We must build more efficient programs, collaborating together, and essentially delivering more impact in the long term." Global Healing is a non-profit organization dedicated to promoting healthcare reform in areas of the world where modern medical care is not available, and has worked on blood safety issues in several countries.

International Blood Safety Landscape. The forum opened with presentations that provided background on the international blood safety landscape, with blood banking and healthcare professionals sharing their experiences working in various countries. Analía Porrás, adviser of Technological Innovation for Health at the Pan American Health Organization, provided PAHO's perspective on improving the availability and safety of blood transfusions in Latin America. Accomplishments have been made in these regions – nearly 100 percent of all donations are screened for the major infectious disease markers – but challenges still exist, such as the difficulty recruiting voluntary non-remunerated donors (VNRD) and developing quality systems. PAHO plans to address these challenges through the strategies in its 2014-2018 Regional Blood Safety Plan (see *ABC Newsletter*, 2/22/13).

Karen Shoos, JD, CEO and president of AABB, who has led AABB's President's Emergency Plan for AIDS Relief (PEPFAR) programs for the last several years, discussed the blood safety situation in southern and eastern Africa, and lessons she has learned. "In the beginning, we talked about autonomy of

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IBSF (continued from page 8)

blood services, but this really impedes integration into the whole blood system,” said Ms. Shoos. “We realized that it’s important for sustainability to integrate blood services into national healthcare programs. If we can’t set it up in a way that’s sustainable and cost-effective, then the changes we make won’t last.” Ms. Shoos noted the importance of gaining support from the country’s ministry of health and training key blood program workers so they can continue these initiatives.

James T. Perkins, MD, director of the Indian Immunohematology Initiative (www.indianinitiative.org) took the stage next to review the status of blood banking in South Asia. He noted that there is wide variation among countries in this region regarding blood collection from VNRDs. He also spoke about the need to develop screening cells, panel cells, and typing sera that are appropriate for the rare antibodies found more widely in the South Asian population. Mr. Ifland then discussed trends in blood safety throughout the former Soviet Union and Global Healing’s blood safety projects in Moldova, Ukraine, Georgia, and Armenia.

Local Stakeholder Perspectives. The audience then gained the perspective of local stakeholders, including Professor Etim M. Essien, MD, of the University of Uyo Teaching Hospital in Uyo, Nigeria; David Mvere, of the National Blood Service Zimbabwe; Elizabeth Vinelli, MD, of the Honduras Red Cross Blood Program; and Levan Avalishvili, MD, of the Jo Ann Medical Center (JAMC) in Georgia. Each of these regions has made progress in recent years but continue to face a number of challenges, such as difficulty recruiting VNRDs and lack of modern donor screening and component preparation technology. In Honduras, the economic and social situation stifles blood donation, as there is a high murder rate (82.1 per 100,000 inhabitants), inadequate government funding for health programs, civil unrest, and a high poverty level.

In Georgia, the JAMC Blood Bank was established in 2000 in partnership with Global Healing and BloodSource, and has made vast blood safety improvements for JAMC and three other larger hospitals in Georgia for which it supplies blood. However, other areas of Georgia still face challenges, including frequent turnover in the ministry of health, lack of a blood bank licensing and audit program, and inadequate physician support of VNRD.

Next, Leslie Botos, vice president of Public Affairs at BloodSource, discussed BloodSource’s role in improving global blood safety. BloodSource has been involved in global blood safety for 12 years and has worked in 14 different countries. Her presentation highlighted the benefits of international work at a blood center, such as making blood center employees feel more connected and dedicated to their workplace. She noted that international programs accomplish more through collaboration, such as the Nigerian transfusion training program, conducted by BloodSource, the Rotary Club of Carmel Valley, Northern California Community Blood Bank, and Global Healing (see *ABC Newsletter*, 10/9/12).

Jim MacPherson, previously ABC’s CEO, and Chris Gresens, MD, senior medical director and vice-president of Global Medicine at BloodSource, then took the stage to discuss some “global truisms on providing a safe and adequate blood supply,” focusing on the importance of collaboration, training, and the need to respect each country’s established standards.

Jay Epstein, MD, director of the Office of Blood Research and Review with the Food and Drug Administration’s Center for Biologics Evaluation and Research, contributed from the audience, noting that “the essential problem [with these initiatives] is that there is no common organization” to coordinate global

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IBSF (continued from page 9)

blood safety efforts. “What I see as the best ray of hope is something along the lines of a database where people [in developing countries] can identify their needs and charitable organizations can identify opportunities for engagement.”

Building Long-Term Solutions. A panel discussion moderated by Mr. Ifland focused on building multi-lateral long-term solutions. The panel consisted of four blood banking professionals who have been involved in international blood safety work, including Jed Gorlin, MD, medical director and vice president of Medical Affairs at Memorial Blood Services; Mr. Schallert; Sylvie Daigneault, Héma-Québec’s director of marketing and international affairs; and Diane de Coning, of AABB.

Ms. de Coning noted that often, well-intentioned organizations attempt to donate blood banking equipment that is unusable – either because it broke in the transfer process or because the clinicians receiving it lack proper training. She added that “We need a network where people can post what products they have to donate and those in need can also see what there is available.” Mr. Schallert agreed with this notion, stating that US blood centers must ensure that organizations abroad receiving donated products fully understand the cost of owning these devices.

Another vital point was the need to respect the culture and established processes in developing countries. “We need to enter these situations with cultural sensitivity, acknowledging that it’s not about us – it’s about what they want. One needs to enter these situations with the understanding that you may be threatening their ways of doing things,” said Dr. Gorlin. Ms. de Coning echoed this sentiment, stating, “Respect what they have, respect that they have pride in what they do, and respect that they know what they want. Just try to guide them. It takes longer this way, but I’ve found that’s the best way to go about these things.”

Collaborative International Blood Safety Efforts. The final presentations of the day focused on collaborative global blood safety projects being carried out by ABC blood centers and the Global Blood Fund (GBF), which is a non-profit organization focused on improving blood safety and sufficiency in low Human-Development-Index-(HDI)-countries. Gavin Evans, GBF’s executive director, discussed the organization’s project to develop an equipment exchange database, which would allow US blood centers to make an online posting about equipment available for donation, and would also allow low-HDI countries to express their equipment needs. This would help both parties better connect and find the most appropriate match. GBF is now moving into the configuration stages, which will be followed by testing, pilot, deployment, and operation stages, to be completed over the coming months.

John Armitage, MD, CEO of Oklahoma Blood Institute (OBI) and GBF president, presented another collaborative effort called the Open Arms project, which allows blood centers to provide financial support for the developing world as a “thank-you” to blood donors for giving blood. It enables donors to forgo the traditional small gifts, such as T-shirts or coffee mugs, and instead have a monetary donation made to the charity on their behalf. OBI also allows donors to put their donor loyalty points toward donations to the GBF through the Open Arms program. Open Arms offers altruistic donors another way to give, provides an alternative to the traditional donation gifts, and boosts morale, said Dr. Armitage.

“I found the IBSF to be quite an interesting event. The opportunity to hear in an organized forum about the challenges of blood transfusion medicine in developing countries and what a number of ABC members and Global Healing for example are doing to address the tremendous need was beneficial and inspiring,” said Tom Schallert, administrator at Northern California Community Blood Bank. “The

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IBSF (continued from page 10)

need for collaborative efforts was readily apparent and it was also clear that if ABC members can work together on some of these projects with groups like Global Healing and Rotary International, small effort can yield dramatic results in blood availability and safety. If we can help, we should.”

Mr. MacPherson made some closing remarks, noting that he feels the International Blood Safety Forum “moved the ball a little bit forward” by bringing together the blood centers, stakeholders, and other non-profit organizations working on these issues.

“Yet again, I am personally inspired at the willingness of the ABC membership and others engaged in this life-saving work around the world to roll up their sleeves and achieve collaborative, meaningful results. The International Blood Safety Forum was a success thanks to the contributions of so many exemplary individuals and organizations,” said Mr. Ifland. “It is just the first step of our collective efforts to achieve better, more effective results together. Global Healing is excited at the next steps. Many thanks to both ABC and Helmer Scientific for bringing our community together and giving us a voice.” ♦

Hatch Amendment Vote Signals More Bipartisan Support for Excise Tax Repeal

The Senate voted last week (3/21) to approve an amendment introduced by Sen. Orrin Hatch (R-Utah) that would create a “deficit neutral reserve fund,” ostensibly designed to offset the loss of billions in revenue in the event the 2.3 percent Medical Device Excise Tax were repealed.

News Analysis The amendment, which was inserted into a fiscal year 2014 budget resolution, itself was non-binding, or in the parlance of one Hill staffer, “gimmicky.” What matters most was the vote: 79 yeas to 20 nays. Among those Senators in support of the measure were 33 Democrats (vs. 19 Democrat nay votes). That means if a vote on an actual repeal bill were taken today, one could reasonably expect the same Democratic support, which would be enough to overcome cloture – a parliamentary procedure to end debate that requires 60 votes. That would be enough votes to override a veto by President Obama.

As the conservative *Wall Street Journal* pointed out, supporting Democrat senators did not come only “from device-making states like Massachusetts (Elizabeth Warren and Mo Cowan) or Minnesota (Al Franken and Amy Klobuchar) ... [t]hey included the Senate Budget Chairman, Patty Murray of Washington, and Illinois’s Dick Durbin, the Senate’s No. 2 leader. New York’s Chuck Schumer – Majority Leader in waiting – climbed aboard, as did otherwise conventional progressives like Maryland’s Barbara Mikulski and Connecticut’s Richard Blumenthal.”

The vote occurred just two days after a dozen or so members of America’s Blood Centers descended on Capitol Hill for meetings with Congressional staff during the organization’s biennial Legislative Day. All of them urged lawmakers to repeal the device tax or support a tax exemption for devices sold to blood centers.

Among those attending meetings was a trio of ABC members from Pennsylvania: Jacky Kocz, executive director of the Community Blood Bank of Northwest Pennsylvania & Western New York; Joseph Yelo, vice president of Administration and Risk Manager at Miller-Keystone Blood Center; and Patrick Bradley, CEO of Central Pennsylvania Blood Bank. The trio visited the state’s two Senators – Democrat Bob Casey and Republican Patrick J. Toomey. Both Senators, two days later, served as co-sponsors of the Hatch amendment, making Pennsylvania one of 23 states with at least one Democrat voting “yea.”

(continued on page 12)

Excise Tax Repeal Amendment (continued from page 11)

In a thank-you letter to Casey staffer Sara Mabry, Ms. Kocz said, “We know that this is just a first step, but we are gratified by the strong support demonstrated by Sen. Casey on this issue.”

Despite the help from Democrats like Casey on the amendment, the bipartisan Senate repeal bill itself continues to face somewhat more of an uphill battle. First, there still is no real mechanism to offset the projected \$29 billion in revenue over 10 years generated by the excise tax, which was authorized by the Patient Protection and Affordable Care Act of 2010.

Most Republicans and a few Democrats cringe at the thought of healthcare reform, and a good number of Republican governors have refused to expand Medicaid or participate in State Health Insurance Exchanges. But the revenue from the excise tax is important to leaders from both parties looking to reach a grand bargain on deficit reduction. Secondly, supporting a message amendment like this one might give a Democratic lawmaker some political coverage among job-hungry constituents, but that is not the same as supporting an actual repeal bill or a vote to override a veto from the leader of your party.

Still, many are wondering what the bipartisan nature of the vote – 45 Republicans, 33 Democrats, and one Independent – says about the 113th Congress. Could this be the first real crack in the gridlock that has gripped lawmakers for the past decade? And with five of the eight freshman Democrat senators voting for the amendment, are the newcomers inspiring this movement toward sanity?

On March 19, for example, *The New York Times* used the device tax repeal as a focal point in a story headlined “In Shift, Lobbyists Look for Bipartisan Support to Repeal a Tax.” The story featured a photo of Rep. Cheri Bustos (D-17th/Ill.), a freshman Congresswoman, who told a group of officials from healthcare device maker Cook Medical that she would consider working to repeal the tax. That was strange talk for a company to hear from a lawmaker it had tried to defeat in the general election (Cook had backed her opponent, Rep. Bobby Schilling). “If current laws are holding businesses back from hiring locally, I’m open to looking into ways to improve and fix them,” Rep. Bustos was quoted as saying in the story, written by Eric Lipton.

Rep. Bustos, one of 85 lawmakers in the freshman class, spoke last week before independent blood center officials attending ABC’s Annual Meeting. A former newspaper reporter who covered health care as well as a public relations spokesman for two healthcare systems, Rep. Bustos had a firm grasp on the business challenges of healthcare reform and listened intently to concerns of blood centers. She not only promised to help ABC encourage blood donation, but she vowed to reach across the party aisle to get things done.

“Don’t forget that the freshman class makes up one-fifth of Congress, and many of us are as tired as you are about what’s been going on,” she told ABC members.

(Author’s postscript: In February, Sens. Hatch and Amy Klobuchar (D-Minn.) introduced the Medical Device Excise Tax repeal bill, S. 232, with 28 cosponsors, including five Democrats. The bill was referred to the Senate Finance Committee, where Sen. Hatch serves as ranking member. As of today (3/29/13), the committee had not yet scheduled a hearing. The bill is a companion to H.R. 523, the Protect Medical Innovation Act, introduced by Reps. Erik Paulsen (R-Minn.) and Ron Kind (D-Wis.) with a bipartisan group of 175 original cosponsors, including 20 Democrats. The bill was referred to the House Ways and Means Committee, which also has yet to set a hearing date. The same day as the amendment vote, Democrat Rep. Dan Maffei of New York, entering his second term, introduced his own tax repeal bill.) (Sources: *The New York Times*, 3/19/13; *The Wall Street Journal*, 3/22/13)



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Contact Lori at lbeaston@americasblood.org for more information or to obtain one of the offered benefits.

2013 BOOTS Schedule and Topics

Session 6: Ensuring a Quality Approach on Your LEAN Journey; April 9-11, 2013

Session 7: Evolution of the Blood Bank Culture & Enterprise; April 16-18, 2013

Session 8: Mergers & Acquisitions in the Blood Industry *NEW*; April 23-24, 2013

Only \$995, scholarship included.

Session 9: "4P" Supply Chain Optimization; May 14-16, 2013

Session 10: Canceled

Session 11: Demand-Based Recruitment and Collections *NEW*; September 17-19, 2013

Hotel: Grand Bohemian Hotel; Orlando, FL

Rate: \$195 + tax; single/double

For group code and reservation link, please see registration information below. Group reservation deadlines are Mondays three weeks prior to each session start date.

Registration Details & Fees

ABC and BCA members, and ABC's international partners: \$2,500 per session

All other registrants: \$4,375 per session

To view agenda, go to http://bit.ly/BOOTS_Agenda

To register, go to <http://www.cvent.com/d/1cqxb5/1Q>

Through a generous grant from Terumo BCT, ABC is able to provide \$1,000 educational scholarships to BOOTS participants. Scholarships are limited and offered on a first-come, first-served basis. Information available upon registration.



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ABC and the FABC's 16th Annual Awards of Excellence: A Night in Photographs



Dan Waxman, MD, ABC's immediate past president (left), and Byron Buhner, Indiana Blood Center's president and CEO (right), present AABB CEO Karen Shoos, JD, (center) with ABC's Thomas F. Zuck Lifetime Achievement Award.



Dr. Waxman (left), presents Tom Schallert, the administrator of Northern California Community Blood Bank (right), with ABC's President's Award.



Al Whitney (left), platelet and blood donation advocate, accepts ABC's National Partner of the Year Award for his Platelets Across America Campaign from Dr. Waxman (right).



Dr. Waxman (second left), presents Mac McClure (second right), of Flights for Life, with ABC's Outstanding Humanitarian Service Award, joined by Mark Gaulke (left) and Pat McEvoy (right), of United Blood Services, which nominated Flights for Life for this award.



Larry Frederick (center) presents Scott Van Duzer (left) with ABC's Larry Frederick Award, joined by Don Doddridge (right), of OneBlood, which nominated Mr. Van Duzer.



Dr. Waxman (left) presents Mary Dooley (center), of Outback Steakhouse, with the ABC Corporation of the Year Award, joined by Don Doddridge (right), of OneBlood, which nominated Outback for the award.

(continued on page 14)

Awards of Excellence Photos (continued from page 13)



Kathy Dunagan (second left), of WEAR ABC 3, accepts ABC's Media of the Year Award from Dr. Waxman (second right), joined by Don Doddridge (left) and Susan Forbes (right), of OneBlood.



FABC Board Chair Francine Décary, MD, PhD, (left) presents the family of Gargi Pahuja with the FABC's 2012 Volunteer of the Year Award, which was awarded to Ms. Pahuja posthumously.



Dr. Décary presents Kevin Belanger, president and CEO of Shephard Community Blood Center, with the FABC President's Award.



Diane Merkt (left), ITxM's vice president of Administration and chief compliance officer, presents Kathy McKibben (right), manager of the Manufacturing Department at LifeSource (a division of ITxM) with the ITxM Award for Excellence in Technical Operations. ♦

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TSEAC Discusses Risk of vCJD From Red Blood Cell Transfusion

The Food and Drug Administration's Transmissible Spongiform Encephalopathies Advisory Committee (TSEAC) met on March 14 to discuss the preliminary results of an assessment regarding potential risks from red blood cells of transfusion-transmitted variant Creutzfeldt-Jakob disease (TTvCJD), presented by staff of the Center for Biologics Evaluation and Research's (CBER) Office of Biostatistics and Epidemiology.

CBER's model is built using a multistep process of hazard identification, consideration of a dose-response relationship, and estimation of the potential frequency of exposure integrated into a risk characterization to produce models of vCJD risk in US blood donors and recipients. The TSEAC was asked to evaluate the models' assumptions and inputs, allowing CBER to make necessary refinements.

CBER used two data sources to construct low-and-high prevalence models that produce very different quantitative assessments. This divergence, caused by uncertainties in the data used for model inputs, dominated the committee's discussion. Inputs in the low-prevalence model were derived from the recognized transmissions of vCJD to red blood cell (RBC) recipients in the UK since the onset of the Bovine Spongiform Encephalopathy (BSE) epidemic in 1980 and recognition of vCJD in 1996 to present: three clinical cases of vCJD and one of asymptomatic infection discovered at autopsy.

The high prevalence model used data from immunohistochemical examination of more than 30,000 archived appendectomy specimens in the UK, from which prevalence was estimated to be 1 in 2,000. Additional inputs were consistent in the two models. The models included factors such as, parameters to describe the temporal courses of the BSE and vCJD epidemics, risks associated with donor travel to vCJD-affected countries, infectivity of donor blood, incubation periods, the high mortality from underlying diseases, states of transfusion recipients, and the efficacy of current donor acceptability criteria. Monte Carlo simulations were performed to produce probabilistic outputs of interest.

In the low prevalence scenario, the point estimate for the predicted risk of vCJD infection and clinical disease with transfusion of one RBC unit is 1 in 134 million units (2.5 to 97.5 percentile: 0 to 1 in 8.7 million). With the higher prevalence, the point estimate is 1 in 480,000 units transfused (1 in 4.3 million to 1 in 110,574). This 279-fold difference between the two estimates was the focus of extended discussions about the uncertainty of the models. For example, the low-prevalence estimate was criticized for including only clinically recognized transmissions, discounting missed cases or the potential for clinical presentations not characteristic of vCJD, and the impact of prolonged incubation periods that might be associated with genetic polymorphisms in the prion protein gene. The immunohistochemical prevalence from the appendix study was criticized most particularly for the lack of any negative control population, without exposure to vCJD, to establish the specificity of the assay.

FDA requested formal votes from the committee on two questions:

- "Does the Committee agree that the validation exercises (predictions of primary vCJD case in the US and clinical TTvCJD cases in the UK and France) support FDA's conclusion that outputs of the FDA risk model based upon the low prevalence estimate of vCJD in the UK is likely to be more reliable than those based on the appendix survey?" Final vote: 10 yes, 2 no, with 1 abstention.
- "Does the Committee agree with FDA's interpretation that the risk of clinical TTvCJD in the US, while highly uncertain, is likely to be very small, based upon the results of the Risk Assessment Model in the context of other available evidence?" Final vote: 12 yes, 1 no, with no abstentions.

(continued on page 16)

TSEAC Meeting (continued from page 15)

ABC Executive Vice President, Louis Katz, MD, attended the meeting. He noted that no blood policy questions were posed by FDA, nor was there any significant discussion of them by the committee. In the face of the divergence of the two models, the committee members agreed the low-prevalence result is closer to reality. However, they felt that FDA could not ignore the high prevalence data. It should be made a priority to determine the performance characteristics of the immunohistochemistry methods underpinning the findings of the high prevalence estimate, added Dr. Katz.

The issue summary and draft report from this meeting are available at <http://1.usa.gov/16skl4d>. ♦

ABC and ProGuide Offer M&A Workshop Tailored for Blood Banking Community

Given all the consolidation underway currently within the US healthcare market, it is not surprising that this conversation is also a hot topic among blood banking executives. ProGuide Management Resources, which has partnered with America's Blood Centers and BCA to offer the BOOTS (Blood Bank Operations Optimization Sessions) with the support of Terumo BCT, has participated in several mergers over the past 17 years. As a result of ProGuide's active involvement and knowledge base surrounding mergers and acquisitions (M&A), ABC has asked ProGuide to devote one of the BOOTS courses to this subject.

"We have been extensively immersed in the recent dialogue surrounding affiliations, alliances, mergers, and partnerships within blood banking," said Patrick Hogle, senior partner at ProGuide.

Accordingly, on April 23 and 24 in Orlando, Fla., ProGuide will lead a comprehensive discussion centered on the specific topic of M&A for the blood banking community. Like all the BOOTS workshops, this course will be more of a participative discussion rather than a two-day lecture.

"As you can see on the agenda, the course will certainly touch on many must-knows regarding M&A activity. However, what ABC believes will be the most valuable attribute of this session is the conversation that will be led by those within blood banking, who have participated in merger activity," said Matt Granato, executive vice president of Operations at America's Blood Centers. "Peers will discuss why they developed an acquisition strategy, how their diligence process took place, what pitfalls were encountered, what they'd do differently if given a chance to repeat the exercise, whether the anticipated synergies were achieved, and so on," he added.

The session will feature Dan Connor, president and CEO of Blood Systems; Jim Covert, president and CEO of the Institute for Transfusion Medicine (ITxM); Robert Carden, PhD, formerly president and CEO of Virginia Blood Services (now a subsidiary of ITxM); and Bobby Grigsby, executive vice president of Strategic Alliance at Carter BloodCare. They will discuss their experiences regarding mergers, acquisitions, and affiliations. David Perez, president and CEO of Terumo BCT, will discuss his company's experience related to two mergers over the past decade and the lessons learned that can be applied to blood banking.

"In today's ever-changing healthcare environment, it is important to be knowledgeable of mergers, affiliations, expansion, diversification, etc., in the blood banking arena," said Mr. Grigsby. "Now that such change is more commonplace, all blood center leaders should be involved with the M&A 'boot camp' to learn as much as possible about the topic."

(continued on page 17)

M&A BOOTS Workshop (continued from page 16)

ABC has invited CEOs, chief operating officers, chief financial officers, and board chairpersons to this event, and there are 15 slots still available for this larger-than-normal BOOTS session (up to 40 registrants). The price has been lowered to \$995, thanks to a grant from Terumo BCT, in order to allow more of ABC's member centers to participate in this vital discussion. ABC encourages any interested parties to register as soon as possible, as it is expected that the last few spots will fill up quickly.

Registration can be accessed at <http://www.cvent.com/d/1cqxb5/1Q> (please, register by April 12), and the agenda can be viewed at http://bit.ly/BOOTS_Agenda. ♦

ABC Announces Workshop Scholarship Program Supported by the FABC

America's Blood Centers' members are still dealing with the effects of a shaky economy and, like many organizations in healthcare, must continue to tighten their belts in this evolving environment. According to the SEQuaLS member satisfaction survey conducted by ABC in late 2012, 41 percent of ABC member respondents said that they did not attend an ABC specialty workshop or meeting in the past 24 months. This is an increase from 34 percent who responded similarly in 2008. The No. 1 reason for not attending: they did not have the funds. However, the majority of members who have attended a meeting or workshop through ABC in the past found them to be very helpful and useful in their operations and feel they are one of the most valuable aspects of ABC membership.

As a result of this analysis, ABC has applied for and been awarded a \$27,000 grant from the Foundation for America's Blood Centers (FABC) to provide a total of 28 scholarships spread out among five ABC workshops of different disciplines.

"The FABC's main role is to support the members of America's Blood Centers and meet their needs in order to continue helping them maintain a safe and adequate blood supply," said Francine Décary, FABC board chair. "After reviewing the SEQuaLS results, it became evident [to the FABC board] that supporting education and professional development of members was in line with our mission. The board moved quickly to fill an unmet need by providing these scholarships to the members, allowing them to take advantage of ABC's educational programs and helping them stay on top of current trends and issues in blood banking" said Dr. Décary.

The first scholarships available will be for the Technical/Lab Directors and Quality Workshop set to take place this May in Atlanta. Nine \$1,000 scholarships will be available to members who meet the criteria and apply by April 10. Awardees will be selected by the ABC Membership Committee from applications that meet the criteria. Scholarships will be evenly distributed by both blood center size (small, medium, and large) and between those who have and have not attended a workshop in the past. Scholarships will cover meeting registration fees, as well as supplement travel and lodging costs.

Additional scholarships will be awarded throughout the year for the following workshops:

- Fund Development, Communications and Donor Management;
- Financial Management;
- Medical Directors;
- One TBD workshop.

(continued on page 18)

ABC Workshop Scholarship Program (continued from page 17)

The scholarship application requests information about the applicant and blood center, as well as ABC meeting attendance history, a brief essay about why the applicant deserves the scholarship, and an agreement to write a report at the conclusion of the workshop describing the applicant's experience and benefits received.

"We truly hope that any member who wishes to attend an ABC workshop, but is restricted by the economy and tight budgets will apply for an FABC workshop scholarship. The FABC wants to ensure that ABC members can attend ABC meetings, increase their skills and knowledge, and network with their peers, as well as with industry experts," said Jodi Zand, the FABC's director of development.

In addition to the workshop scholarships funded by the FABC, ABC will also be offering more webinars, which provides a cost-effective educational resource for those who cannot attend the workshops.

For more information on the program, please contact Abbey Nunes at anunes@americasblood.org or visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=215>. ♦

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2013 Workshop Schedule

Technical Director Topics: May 7

Joint Topics: May 8

Quality Topics: May 9

2013 Workshop Fees (early bird/regular)

2-day registration: \$375/\$425

3-day registration: \$440/\$490

Registration is now open! Contact Lori Beaston at lbeaston@americasblood.org for registration information. Please direct all workshop event and program inquiries to Leslie Norwood at mnorwood@americasblood.org.

For sponsorship opportunities, please contact Abbey Nunes at anunes@americasblood.org.

"LifeSouth Community Blood Centers is proud to be a part of this meeting which brings Quality and Technical professionals together. The workshop provides both educational updates and an opportunity for networking. The value of different perspectives enriches this event and provides a platform for the discussion of issues that cross common boundaries."

Nancy Eckert, CEO, LifeSouth Community Blood Centers



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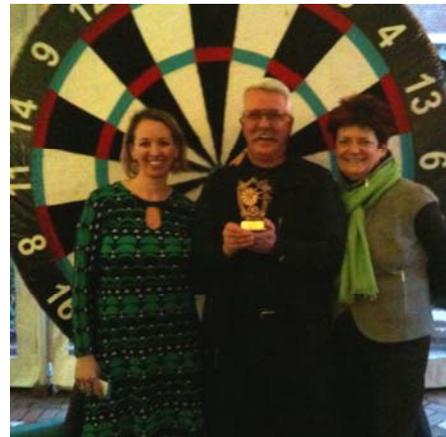
The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified. ♦

ABC Annual Meeting Guests Compete in Dart Tournament to Benefit the FABC

In the spirit of St. Patrick's Day, the Foundation for America's Blood Centers held a Luck of the Draw Dart Tournament and reception during the ABC Annual Meeting in Washington, D.C. to benefit the Foundation. More than 30 representatives of ABC's member blood centers and other attendees tried their luck at the dart throwing competition, raising \$3,000 to further the FABC's mission of supporting a safe and adequate blood supply through grants to ABC members.

On March 17, ABC blood center executives, supporters of the FABC, and vendors came together at Washington's historic Decatur House on Lafayette Square for an Irish pub-themed dart throwing tournament and reception. Attendees enjoyed hors d'oeuvres and tours of Decatur House, which features views of the White House and is the home of the National Center for White House History.

Once the guests had arrived and settled, the dart-throwing game got underway, with an audience gathering around the large inflatable dart board to see who would have the "luck of the draw." The tournament consisted of three rounds, with the highest scoring players advancing to the next round. The final round came down to two contestants – Larry Frederick, an avid blood donation advocate and founder of the Life Across America bike tours, and Chris Gresens, MD, BloodSource's senior medical director and vice president of Global Medicine.



Jodi Zand (left), the FABC's director of development, and FABC Board Chair Francine Décarry, MD, PhD, (right) present Larry Frederick (center) with the Luck of the Draw Tournament trophy.

In the end it was Mr. Frederick who took home the coveted Luck of the Draw Dart Throwing trophy and a gift card. Friends and colleagues from ABC's member blood centers congratulated Mr. Frederick, joking that the competition "must have been rigged" in his favor.

The FABC would like to thank everyone who came out in support of the life-saving work that the foundation funds through ABC's member blood centers. It is thanks to these types of contributions that the FABC is able to support programs that work to improve the safety and quality of the blood supply through ABC members. Most recently, the FABC has committed to fund scholarships for ABC workshops to allow more ABC members to attend these events (see page 17 for more information). To learn more about the FABC's programs and initiatives, visit www.thefabc.org. ♦

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.

Q&A with ABC's *Communications & Member Services Department* **America's Blood Centers' Staff Answers your Questions**

America's Blood Centers recently conducted its SEQuaLS assessment, a customer service survey that solicits feedback from member blood centers on ABC's activities. Through this assessment, members were able to pose questions to the ABC staff. Each ABC department will respond to these questions through this weekly Q&A column in the Newsletter.

Q: When is the next PR/Recruitment/Communications Workshop?

A: America's Blood Centers will hold the annual Fund Development, Communications and Donor Management Workshop in San Antonio, Texas, June 18-21, 2013, with the support of host member South Texas Blood & Tissue Center.

This workshop is a great opportunity for both seasoned blood banking professionals and newcomers alike to share, network, and learn with their peers from across the country. The workshop program includes educational sessions on topics such as transitioning blood drives into fundraising events, online fundraising, measuring social media ROI, increasing community presence, reputation management, streamlining processes in telerecruitment, hot topics in the SMT forum, and college blood drive best practices.

The workshop format allows attendees to not only hear presentations from experts in the field, but also conduct group work at roundtable sessions and have interactive discussions with a panel of speakers. In addition, multiple networking opportunities are available including a reception at the Hotel Valencia Riverwalk and a meet and greet dinner at the historic Mi Tierra Restaurant & Bakery.

Registration for this workshop will open on April 3. As previously announced (see page 17), member blood center staff have the opportunity to apply for a scholarship to attend as part of the America's Blood Centers Specialty Workshop Scholarship Program. This program is made possible by a grant from the Foundation for America's Blood Centers. For more information on the scholarship program visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=215>. ♦

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. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.

RESEARCH IN BRIEF

An article published on March 18 in *EMBO Molecular Medicine* reports the biochemical and genetic basis of the Vel blood group antigen, which has been a “vexing mystery for many decades,” according to the researchers. Lionel Arnaud, PhD, of the National Institute of Blood Transfusion in France, and colleagues from France and the University of Vermont, identified the protein that carries the Vel antigen to be a small integral membrane protein 1 (SMIM1), a previously uncharacterized membrane protein. The Vel negative phenotype is present in about 1 in 2,500 people, depending on the population, and production of anti-Vel results in severe hemolysis with transfusion of Vel-positive RBCs. “This is an important discovery,” according to Connie M. Westhoff, PhD, director of Genomics and Immunohematology at New York Blood Center (NYBC). Researchers have been trying to better understand the Vel antigen since it was discovered in 1953 by Leon Sussman, when a patient (Mrs. Vel) had a hemolytic transfusion reaction at Beth Israel Medical Center in New York. Vel-negative individuals have a 17 base-pair deletion in the coding sequence of the gene. Dr. Westhoff noted that other research groups are working on this subject, and their findings are expected to support and potentially expand these insights. “The ‘amazing race’ for the Vel antigen has been notoriously difficult, with several dead ends and misleading clues,” added Dr. Westhoff. In the current study, the protein carrying the Vel blood group antigen was biochemically purified from red blood cell membranes. Mass spectrometry-based *de novo* peptide sequencing identified the SMIM1 protein. A cohort of 70 Vel-negative individuals was found to be uniformly homozygous for a 17 nucleotide deletion in the coding sequence of SMIM1. The genetic homogeneity of the Vel blood type, suggesting a common origin, facilitated the development of two highly specific DNA-based tests for rapid Vel genotyping, which should be easily integrated into extant blood group genotyping platforms, said the authors. Although not involved in this study, NYBC has been screening for Vel-negative donors since the 1970s and has nearly 100 frozen Vel-negative units, however many were incompatible with patients who make anti-Vel. “The reason is now revealed with the observation that red blood cells from donors who are heterozygotes, i.e., have one normal and one gene deletion allele, often test Vel-negative, but actually have low levels of the Vel antigen,” added Dr. Westhoff. Blood bankers can now significantly narrow the search for compatible blood, and importantly, greatly improve patient care with the discovery of the gene and the ability to test for Vel by DNA-based methods, said Dr. Westhoff. The study is available for free at <http://onlinelibrary.wiley.com/doi/10.1002/emmm.201302466/pdf>.

Citation: Arnaud L, *et al.* Disruption of SMIM1 causes the Vel-negative blood type. *EMBO Mol Med.* 2013 March 18. [Epub ahead of print]

The AABB Bacterial Contamination Task Force recently published in *Transfusion* the results of a 2011 survey of US blood centers and hospitals regarding methods used to detect bacterial contamination of platelets. The survey found substantial variability in culture methods and release time after culture inoculation of apheresis platelets (AP), while use of whole blood-derived platelets (WBPCs) decreased after implementation of AABB Standard 5.1.5.1.1. In 2004, AABB introduced Standard 5.1.5.1, requiring that blood bank or transfusion services shall have methods to limit and to detect bacterial contamination in all platelet products. Later research in the US documented decreases in platelet-associated bacterial sepsis and death since the effective date of the standard. On Jan. 31, 2011, AABB implemented Standard 5.1.5.1.1, requiring that bacterial detection methods for all platelet components use assays either approved by the Food and Drug Administration or validated to provide sensitivity equivalent to FDA-approved methods. The task force conducted an internet survey among its 1,053 AABB member institutions from May-June 2012, and 40 of 99 blood centers (40.4 percent) and 184 of 954 hospital blood banks or transfusion services (19.3 percent) responded. Sixty-four respondents manufactured platelets. APs were predominantly screened with the BacT/ALERT system (89.5 percent), and the majority (95.2 percent) were cultured with at least 8 mL of product. There was substantial variation in the

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RESEARCH IN BRIEF (continued from page 21)

minimum incubation time of cultures before release of platelets, ranging from 0 to 24 hours. Recalls of released AP for possible bacterial contamination were largely successful (67.3 percent), and successful interdiction before transfusion was associated with culture incubation for more than 12 hours before platelet release from the collection facility. After Standard 5.1.5.1.1 was implemented, there was a decrease in production of WBPCs. Point-of-issue (rapid) immunoassays were used to screen a substantial proportion of WBPC platelets, but were rarely used as secondary tests for previously cultured APs; less than 3 percent of transfusion services performed the test on APs. The authors conclude, "It is hoped that the identification of the variability in culture methods will lead to studies to demonstrate the optimal methods of culture for specific operational standards."

Citation: Brecher M, Jacobs M, Katz L, *et al.* Survey of methods used to detect bacterial contamination of platelet products in the US in 2011. *Transfusion*. 2013 March 5. [Epub ahead of print] ♦

BRIEFLY NOTED

A group of researchers from Memorial Sloan-Kettering Cancer Center recently reported in *Science Translational Medicine* that a treatment, which genetically alters a patient's own immune cells to fight cancer, has, for the first time, produced remissions in adults with relapsed B cell acute lymphoblastic leukemia. The treatment is experimental, has been used only in a small number of patients, and did not work for all of them. However, experts consider it a highly promising approach for a variety of malignancies, including other blood cancers and tumors in organs like the prostate gland, reported *The New York Times* on March 20. The new study was conducted in five adults with acute lymphoblastic leukemia in whom chemotherapy had failed; there is only about a 40 percent cure rate in adults with this type of cancer. The treatment in the study has been used before in children with the same type of leukemia, however, it had never been tried in adults. The treatment uses the patient's own T-cells, which are run through a machine that extracts the T-cells and returns the rest of the blood to the body. The researchers then conduct genetic engineering: they use a disabled virus as a vector to carry new genetic material into the T-cells, which reprograms them to recognize and kill any cell that carries a particular protein on its surface. The protein, called CD19, is found on B-cells, which are part of the immune system. Once in remission, four of the patients received bone marrow transplants. Another patient had medical issues that made the transplant impossible; he later relapsed and died. The authors continue the research in hopes of understanding whether the T-cell treatment alone will be enough for some patients, or whether the bone marrow transplantation is necessary. (Source: *The New York Times*, 3/20/13)

Citation: Brentijens RJ, *et al.* CD19-targeted T-cells rapidly induce molecular remissions in adults with chemotherapy refractory acute lymphoblastic leukemia. 2013 March 20;5(177)ra38. ♦

REGULATORY NEWS

Fenwal Inc., a Fresenius Kabi company, announced on March 19 that it has received clearance from the Food and Drug Administration for a functionally closed disposable set used on the Fenwal Autopheresis-C system to collect plasma for processing into fresh frozen plasma. The closed design of the new set allows thawed plasma to be stored for up to an additional four days, according to the Fenwal press release. The Autopheresis-C system labeling allows for the collection of up to 885 ml of plasma from qualifying donors, providing up to four therapeutic doses. (Source: Fenwal press release, 3/19/13)

REGULATORY NEWS (continued on page 23)

REGULATORY NEWS (continued from page 22)

The Food and Drug Administration has granted approval for Omrix Biopharmaceuticals and Ethicon's EVAREST product, a fibrin sealant patch. The product has been approved for use with manual compression as an adjunct to hemostasis for soft tissue bleeding during open retroperitoneal, intra-abdominal, pelvic, and non-cardiac thoracic surgery when control of bleeding by standard surgical methods of hemostasis (e.g. suture, ligature, cautery) is ineffective or impractical, according to FDA. The FDA approval documents can be viewed at <http://1.usa.gov/11TaGRS>.

The Food and Drug Administration published this week its final guidance titled "Blood Establishment Computer Validation in the User's Facility." The guidance, dated April 2013, finalizes the draft published in October 2007. It is intended to provide assistance to blood establishments in complying with 21 CFR requirements for validating computer systems, including the development of validation plans, software validation, quality assurance, and current good software engineering practices. The guidance document does not deal with validation requirements for software manufacturers, or 501(k) premarket approval requirements. The guidance can be accessed at <http://1.usa.gov/YdEVCo>. While this is a final guidance, comments can be submitted to FDA at any time. America's Blood Centers asks that any member centers with concerns, to submit them to Ruth Sylvester, ABC's director of Regulatory Services, at rsylvester@americasblood.org, to ensure that FDA is made aware of these concerns. (Source: FDA guidance for industry, 3/28/13) 💧

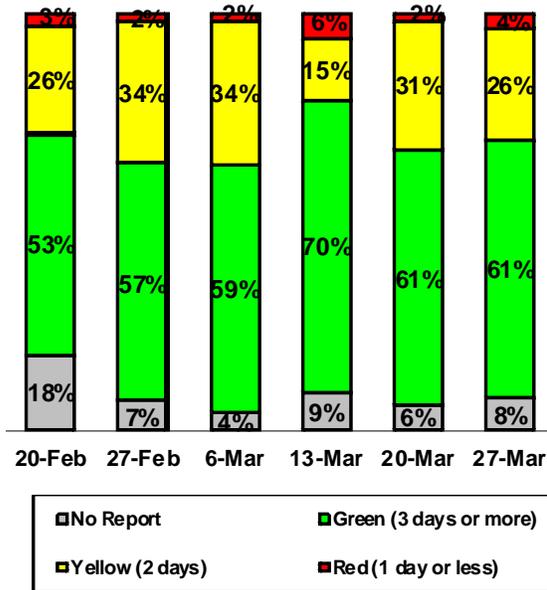
INFECTIOUS DISEASE UPDATES

Joanna Regan, MD, and colleagues of the Centers for Disease Control and Prevention (CDC), reported in *Clinical Infectious Diseases* on March 19 a confirmed *Erlichia ewingii* likely acquired through platelet transfusion. Ehrlichiosis is a tick-borne disease that ranges in severity from asymptomatic infection to fatal sepsis. The case identified was likely transmitted by transfusion of leukoreduced platelets. To date, no transfusion-transmitted cases of Ehrlichiosis have been documented. In mid-July 2011, a 9-year-old Georgia boy with a history of acute lymphoblastic leukemia and anemia secondary to chemotherapy presented to his oncologist with fever, fatigue, malaise, vomiting, diarrhea, and petechial rash. Despite empiric antibiotic therapy, the boy's condition worsened, and on the 11th day of symptoms, an alert medical technologist identified morulae in granulocytes on a peripheral blood smear. The patient was started on doxycycline and samples were sent to the Mayo Clinic for testing. Real time polymerase chain reaction (PCR) testing was positive for *Ehrlichia ewingii*, which was confirmed by CDC. The boy's fever went down within 48 hours of doxycycline initiation; he rapidly improved and was discharged. Due to the boy's condition, he had not participated in recent outdoor activity or had contact with an animal, where a tick-bite may occur. As he had many transfusions during the previous month, CDC investigated the possibility of a transfusion-transmitted infection. The blood products were identified to have come from Florida, and the Florida Department of Health was notified. The collection facility conducted trace-back investigations. One donor who reported frequent tick attachment in his home was seropositive by indirect fluorescent-antibody (IFA). The donor had regularly donated platelets or plasma one to two times per month. He reported no febrile illnesses in the two months prior to and following the suspect donation. The authors note that there currently is no appropriate blood donor screening method for *E. ewingii*, and screening by PCR of unknown utility. Screening for symptoms would not have been useful in excluding the infected donor in this case. "Early reporting of suspected transfusion-related infections to the blood collection agency and the public health authorities is of key importance so that potentially infectious components may be tracked and quarantined, and the infected donor and recipients can be treated," write the authors.

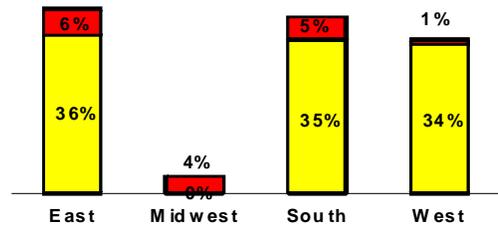
Citation: Regan J, *et al.* A confirmed *Erlichia ewingii* infection likely acquired through platelet transfusion. *Clin Infect Dis.* 2013 March 19. [Epub ahead of print] 💧

STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, March 27, 2013



Percent of Total ABC Blood Supply Contributed by Each Region
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily Updates are available at:
www.AmericasBlood.org

MEMBER NEWS

Blood Bank of Delmarva recently recognized an important milestone – the center has been offering diabetes screening to blood donors for five years. In 2007, Blood Bank of Delmarva launched its innovative diabetes screening program for all donors. The blood bank tests the glucose levels of blood donors who choose to have the screening. In five years of testing, 269,315 donors were screened and 13,679 (as of Oct. 1, 2012) had elevated levels and were encouraged to see their personal physicians. “We are truly proud to say that we not only positively affect the health of so many Delmarva patients each day, but we are also able to help keep our donors informed about their wellbeing,” said Michael Waite, director of Marketing and Community Relations for Blood Bank of Delmarva. “The more than 13,000 donors who were alerted to having elevated glucose levels may not have known their health was at risk if they had not had this free screening. We are happy to make a difference in their lives.” The *ABC Newsletter* recently reported a study by M. James Lenhard, MD, and colleagues, published in *Transfusion*, which suggested that screening blood donors for diabetes is accurate, convenient, and inexpensive (see *ABC Newsletter*, 3/8/13). This study is based upon Blood Bank of Delmarva’s screening program. (Source: Blood Bank of Delmarva press release, 3/14/13) 💧



PEOPLE

Linda Myers has been selected by the board of the holding company of South Texas Blood & Tissue Center (STBTC) and affiliates to be the president and CEO of the organization, announced Board Chairman Dennis Stahl in a statement on Wednesday. Ms. Myers, who has served as interim president and CEO since January (see *ABC Newsletter*, 2/1/13), joined STBTC in 1994 and, after rising to the position of executive vice president, moved in 2007 to its QualTex Laboratories affiliate. Since 2011, she has been president and CEO of QualTex, which is now the nation's largest independent, non-profit testing laboratory for whole blood and plasma donations. "Linda has a thorough knowledge of South Texas Blood & Tissue Center, QualTex Laboratories, and GenCure, our newest affiliate, which focuses on services and opportunities within the regenerative medicine sector," said Mr. Stahl in the press release. "She has been successful across the board in her career here and especially over the past two years in guiding the growth and increased national presence of QualTex. She has excellent leadership skills and we have full confidence that she will execute the strategic plan for the overall organization," he added. Ms. Myers stated, "I have been a part of this organization for 19 years, and it is an honor and thrill for me to move into this leadership position. We have an outstanding team of more than 700 employees who have built a long track record of service and innovation. In the process, we have become a key player in San Antonio's bioscience industry and we will be entrepreneurial in seeking new partnerships and opportunities." Ms. Myers' career has focused on non-profit organizations, with more than 37 years in management roles. She played a significant role in the South Texas Blood & Tissue Center's initiative to achieve ISO 9002 certification, and the Center became the first blood bank in the US to achieve ISO certification in 1996. She holds accreditations for clinical sciences and quality control. She is an active member of Quality Texas Foundation Board of Directors, BioMed SA, and the American Society of Quality. Prior to coming to the center, she was the blood bank director for Scott and White Hospital in Temple, Texas. In 2012, STBTC's board created a holding company to oversee its operating units. While the company has yet to be named, the board's intent is that it will serve as a means to grow the enterprise. (Source: STBTC press release, 2/27/13) ♦



COMPANY NEWS

Immucor, Inc. recently issued a recall for Capture-P Indicator Red Cells, and has confirmed reduced reactivity with the weak positive control. Immucor has notified the blood centers affected by this recall. Immucor is working to correct this issue and is committed to keeping this product on the market. Immucor encourages America's Blood Centers' members to reach out to their local reference labs for options to send out this test. Immucor has also verified with LabCorp that it has a "platelet antibody profile" available for platelet screening, and Quest has a "platelet antibody, indirect" test for platelet screening. LIFECODES offers a platelet screening test, as well, according to Immucor representatives; blood centers interested in this product should contact their Immucor representatives. Any further questions on this matter should also be directed to the blood center's Immucor representative. "We appreciate Immucor's proactive approach to this problem and its commitment to the product," said ABC Executive Vice President Louis Katz, MD.

Terumo BCT announced in a press release on March 20 that it has acquired Medservice, a distributor of medical products and services to blood banks and hospitals in Poland. Medservice has been a Terumo BCT distributor to blood banks in Poland since 2006. The acquisition provides Terumo BCT a

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COMPANY NEWS (continued from page 25)

direct relationship with Polish blood banks to drive further adoption of blood transfusion technologies in Poland, said the release. “The acquisition of Medservice underscores our global commitment to deliver technology that provides safer blood and improves the quality of blood components and further strengthens our global offerings,” said Vincent Gaspar, senior vice president and general manager EMEA of Terumo BCT. “We plan to build on Medservice’s strong reputation for customer service, quality and collaboration, and provide customers with a broader portfolio of products and services.” (Source: Terumo BCT press release, 3/20/13) ♦

MEETING**May 31 EBA Master Class: Business Process Improvement in Blood Banking, Amsterdam.**

The European Blood Alliance (EBA) has invited America’s Blood Centers’ members to attend the EBA Benchmarking Group’s Master Class in Business Process Improvement, to take place on May 31, immediately before the ISBT Congress in Amsterdam. This event will benefit CEOs, directors, and managers, with responsibility for operational improvement in the blood supply chain, and will allow networking opportunities with colleagues who are facing similar challenges. The class is rooted in eight years’ experience in EBA benchmarking and knowledge-exchange. There will be a range of international speakers, who have used benchmarking and other related techniques to improve the performance of their organizations. There are 150 spaces available in the Master Class, and applications will be accepted on a “first come, first served” basis. For more information or to register, please e-mail the EBA Secretariat at eba@sanquin.nl. ♦

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 \$279 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.

EQUIPMENT AVAILABLE:

For Sale. Tecan/Tigris System – performed Ultrio and WNV Assays. In use from 6/29/09-11/25/12. To make an offer, please contact Bobby Merrill at (859) 519-3763 or bmerrill@kybloodcenter.org.

For Sale. TANGO@optimo Automated Blood Bank Analyzer – purchased from Bio-Rad in August 2011. Only used for antibody screen testing from Jan. 3, 2012 – Nov. 25, 2012. Less than 100,000 tests performed. To make an offer, please contact Bobby Merrill at (859) 519-3763 or bmerrill@kybloodcenter.org.

For Sale. Abbott Prism. Purchased new from Abbott and used two to three days per week by a small blood center. In excellent condition. Contact Janet Howard with Western Kentucky Regional Blood Center at (270) 684-9296 or janet@wkrbc.org.

POSITIONS AVAILABLE:

CEO, America's Blood Centers. See page 3.

Director, Technical Services (United Blood Services, Lubbock, Texas). This position serves as the technical subject matter expert and is responsible for the technical oversight of the community blood center. This position is also responsible for the management of component manufacturing and the immunohematology reference lab. Requirements: Bachelor's degree in a related field, certification as a Medical Technologist, five years Laboratory experience and three years supervisory experience. Preferred: BB or SBB and previous blood bank or blood center experience. The incumbent needs to have the ability to promote a work team environment and have excellent communication, interpersonal and organizational skills. Must have good supervisory skills with the ability to utilize and develop personnel to execute job tasks. Must have the ability to analyze situations and take appropriate action, which may be under strict deadlines, and be able to conceptualize computer software applications and equipment automation. Qualified and interested candidates, please submit resume to UBS-HR, 2523 48th Street, Lubbock, TX 79413, Fax (480) 675-7587 or hsnodgrass@bloodsystems.org by **Friday, April 12th**. EOE M/F/D/V. Employee Drug Testing Required

Quality Assurance Assistant Director. QualTex Laboratories, an affiliate of the South Texas Blood & Tissue Center (STBTC), seeks an individual to provide QA managerial support for technical and business activities. Exhibit leadership and maintain knowledge of regulatory/quality requirements. Maintain excellent communication with all personnel for the Batch Release department for QualTex Laboratories. The incumbent must have a working knowledge of clinical laboratory techniques. Must maintain current knowledge of regulatory/quality requirements (national and international, i.e. FDA, EU, GHM, ISO, cGMP, and cGTP). Qualifications required include bachelor's Degree in Science or related discipline required. Masters degree in related field preferred. Five years laboratory experience required. Two years supervisory experience required. Computer experience required. Certification: MT/CLS (ASCP) preferred. Texas Operators driver's license required. Offering competitive salary, benefits, and relocation package. E-mail resume to hr_dept2@bloodtissue.org or fax to (210) 731-5581. For information, call Human Resources at (800) 292-5534, ext. 1559. For further information, visit our website <http://www.southtexasblood.org/Employment/HowtoApply.aspx>.

Medical Director. The American Red Cross Northern California Region in Oakland, Calif., is seeking a Medical Director to join us in this exceptional opportunity. The Medical Director is responsible for providing over-

sight on all medical aspects of the regional blood center operations, including the reference laboratories, research, medical community relations and collections. You will develop and implement medical policies and procedures for the blood region as needed; coordinate communications between the blood services region, the local and national medical community and National Headquarters; and provide timely medical and technical consultation in transfusion medicine to operation units and customers as appropriate. Qualified candidates will have a M.D. or D.O degree with postgraduate training including completion of a blood banking/transfusion medicine fellowship or a minimum of five years' experience in blood banking/transfusion medicine. State licensure is required. Candidates must have board certification or eligibility in internal medicine, pediatrics or clinical pathology. Certification or eligibility in blood banking/transfusion medicine is highly desirable. Experience as an associate medical director or a medical educator is preferred. We offer excellent benefits, including health/dental/vision insurance, 401(k) and 403(b) and tuition reimbursement. For more information and to apply, please visit www.americanredcross.apply2jobs.com/index.cfm?fuseaction=mExternal.showJob&RID=31304. EOE, M/F/D/V.

Lab Supervisor. The Main Laboratory has an immediate opening for a full time 2nd shift supervisor of Testing. This position is responsible for the safe and efficient operation of the Testing Laboratory. This position supervises qualified staff in the execution of required testing for the blood center as well as outside collection sites. The position also has general management responsibilities such as scheduling staff, training, and ordering supplies. Educational Requirements: Current Rhode Island license required as Clinical Laboratory Scientist; ASCP MT, SBB, BB, NCA CLS certification; must meet requirements for Supervisor in Immunohematology, Hematology, Diagnostic Immunology and Chemistry as described in the Clinical Laboratory Improvement Act of 1988. Experience/Qualifications: At least two years of donor center testing experience; and ability to make sound judgments following FDA AABB standards. Please apply on line at www.ribc.org. Follow the links to "About Us" and "Careers" for an online application. Only applicants who are selected for interviews will be contacted directly. JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!! We are an Equal Opportunity Employer.

Accreditation Manager (Full-time, Exempt Employee). The Accreditation Manager oversees the American Association of Tissue Banks (AATB) Accreditation Programs for its institutional members. He/she serves as the primary liaison to the Accreditation Committee. The

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POSITIONS (continued from page 27)

Accreditation Manager is responsible for all aspects of the Accreditation Program, including the creation, revision, and implementation of all necessary policies, procedures, forms and databases. The Accreditation Manager oversees the work of the Accreditation Program inspectors as directed by the Chief Policy Officer. He/she also oversees compliance of member institutions with relevant AATB accreditation policies, and standards. The qualifications and requirements for the Accreditation Manager include: Bachelor's degree or equivalent experience; Graduate degree or post-graduate certification in business management, quality management, or science-related field preferred; strong oral and written communication skills; and ability to maintain confidentiality and discretion. As a member of the AATB staff, the Accreditation Manager responsibilities include: attends meetings of the entire AATB staff as convened by the CEO; attends team meetings convened by the Chief Policy Officer, supports the Board of Governors as assigned and participates in an annual performance planning process developing goals and metrics for the position to be evaluated by the Chief Policy Officer on an annual basis. Visit <http://jobcenter.aatb.org/job> to view the full job description. Send your resume to: aatb@aatb.org.

Associate Medical Director. BloodCenter of Wisconsin seeks physician to join growing Transfusion Medicine (TM) service of the Medical Sciences Institute. Physicians in TM direct transfusion services within three healthcare systems in Milwaukee area; provide direct patient care for therapeutic apheresis; consult with physicians regarding transfusion medicine issues and bleeding disorders; promote blood management; provide medical direction of specialized laboratories; and participate in on-call responsibilities. More than 110,000 blood products are transfused annually and nearly 2000 therapeutic apheresis and stem cell collection procedures are performed at the institutions directly served. Suc-

cessful candidate expected to participate in clinical and/or applied research. BloodCenter has Transfusion Medicine Fellowship and SBB Program. MD or DO degree and board-certification in Pathology, Internal Medicine or Pediatrics required, as well as board certified/eligible in Blood Banking/Transfusion Medicine. We offer a competitive salary and excellent benefits. Apply online: www.bcw.edu/careers. We embrace and encourage diversity in our workforce. EEO/AAP

Chief Medical Officer/Vice President Medical Affairs. The medical director shall actively participate in the operations of The Blood Connection (TBC) and be available at such times and to such extent as is necessary to assure that the medical, technical, and scientific activities of TBC comply with regulations and standards that are applicable to such activities of TBC. Education: Graduation from a school of medicine accredited by the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine or the foreign equivalent of same. Satisfactory completion of AOA or AMA approved residency program. Licensure: Have passed the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX). The MD shall at all times maintain a South Carolina, North Carolina and Georgia Doctor of Medicine or Doctor of Osteopathic Medicine license. Although board certification or eligibility in transfusion medicine is preferred, other acceptable certifications include but are not limited to clinical pathology, infectious diseases, emergency medicine, oncology, hematology, and immunology. Experience in a blood center or transfusion service desirable. Send your resume to: pgarrett@thebloodconnection.org or The Blood Connection, 1099 Bracken Road Piedmont, SC 29673. **Closing Date: 3/30/2013.** Employee Drug Testing Required. EOE M/F/D/V. Fax: (864) 271-4437 ♦

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) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2013

April 9-11. **BOOTS Session 6: "Ensuring a Quality Approach on Your LEAN Journey," Orlando, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

April 10-11. **FDA Public Workshop: Application of Advances in Nucleic Acid and Protein Based Detection, Bethesda, Md.** Registration is free, but early

registration before April 1 is recommended to secure a spot. More information is available at <http://1.usa.gov/15Ui2Xn>.

CALENDAR (continued on page 29)

CALENDAR (continued from page 28)

April 16-18. **BOOTS Session 7: "Evolution of the Bloodbank Culture and Enterprise," Orlando, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

April 17. **FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting, Rockville, Md.** Background materials will be made available at www.fda.gov/AdvisoryCommittees/default.htm. The Federal Register meeting announcement is available at <http://1.usa.gov/14XQr4e>.

April 18-21. **South Central Association of Blood Banks 2013 Annual Meeting, Baton Rouge, LA.** For more information please visit <http://scabb.org/annual-meeting/general-information/>.

April 21-22. **2013 Advanced Immunohematology & Molecular Symposium (AIMS), Baton Rouge, LA.** For more information please visit <http://scabb.org/scabb-education-events/aim-symposium/>.

April 23-24. **BOOTS Session 8: "M&A in the Blood Industry," Orlando, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

April 23-24. **IPFA/PEI 20th International Workshop on "Surveillance and Screening of Blood Borne Pathogens," Helsinki, Finland.** Visit www.ipfa.nl/events/ipfa-pei-workshop-2013-20th-anniversary for more information and registration details.

May 7-9. **Technical/Lab Directors & Quality Workshops, America's Blood Centers, Atlanta, Ga.** Attendance restricted to ABC members and invited guests. Contact: Leslie Norwood. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: mnorwood@americasblood.org.

May 14-16. **BOOTS Session 9: "4P' Supply Chain Optimization," Orlando, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

June 2-5. **23rd Regional Congress of the ISBT, Amsterdam, The Netherlands.** For more information please visit www.isbtweb.org/amsterdam.

June 11-12. **2013 Plasma Protein Forum, Reston, Va.** More information and registration can be accessed at www.pptaglobal.org/pptaregistration/home.aspx.

June 18-21. **Fund Development, Communications and Donor Management Workshop, America's Blood Centers, San Antonio, Texas.** Attendance restricted to ABC members and invited guests. Contact: Abbey Nunes. Phone: (202) 654-2980; fax: (202) 393-1282; e-mail: anunes@americasblood.org.

June 27-29. **Immune Deficiency Foundation 2013 National Conference, Baltimore, Md.** More information and online registration can be accessed at <http://idfnationalconference.org/>.

July 29-31. **18th Annual GMP By The Sea, Chesapeake Bay, Md.** More information is available at www.pharmaconference.com/index_pharm.htm.

Aug. 3. **Medical Directors Workshop, America's Blood Centers, Milwaukee, Wis.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 4-5. **Interim Meeting, America's Blood Centers, Milwaukee, Wis.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Sept. 17-19. **BOOTS Session 11: "Demand-Based Recruitment and Collections," Orlando, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 12-15. **AABB Annual Meeting and CTTXPO, Denver, Colo.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx.

2014

June 5-8. **5th International Monoclonal Antibody Workshop, New York, N.Y.** Contact: Gregory Halverson, New York Blood Center. Phone: (212) 570-3026; e-mail: ghalverson@nybloodcenter.org.

Aug. 5 Tuesday (note: new date and day) **Medical Directors Workshop, America's Blood Centers, Seattle, Wash.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 6-7 Wednesday-Thursday (note: new dates and days) **Interim Meeting, America's Blood Centers, Seattle, Wash.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 25-28. **AABB Annual Meeting and CTTXPO, Philadelphia, Pa.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx. ♦