



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2013 #40

November 8, 2013

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Blood Center Survey Results Reveal Trends in Collaboration

As blood centers continually search for ways to improve operational efficiency and reduce costs, many have sought partnerships with outside companies or organizations that perform services that would otherwise be carried out by blood center personnel. The results of a survey recently conducted by the Alliance of Blood Operators (ABO), a network of six national blood systems and multinational networks, sheds light on opportunities for blood centers in the area of outside collaboration and partnerships.

ABO is comprised of America's Blood Centers, the American Red Cross, the Australian Red Cross Blood Service, Blood Systems, Inc., Canadian Blood Services, the European Blood Alliance, and the NHS Blood and Transplant (England and North Wales). Earlier this year, ABO members identified a need to investigate current collaborations within blood banking to identify further opportunities. The survey results, presented at an Oct. 12 ABO meeting held during the AABB Annual Meeting in Denver, showed that most blood center partnerships involve the provision of transportation, testing, and building/equipment maintenance services.

The survey garnered responses from 22 ABO members who elaborated on current arrangements with companies offering alternate, cost-effective solutions to complete activities that would otherwise be performed by blood center staff. They also indicated whether these partnerships provide contingency services, support day-to-day activities, or replace internal activities. The respondents included 13 US blood services and nine international blood services.

Partnerships were found to be most common in the area of support services, particularly building and equipment maintenance, with only four blood centers reporting that they do not outsource those services to some extent. IT services and consumable purchase/joint purchasing activities are also outsourced fairly often. On the other hand, staff recruitment and training, new employee orientation, and payroll/financial management are rarely outsourced.

Within the area of manufacturing, storage, and distribution, the survey revealed that the transportation of products from the blood center to hospital customers is highly outsourced, with all respondents relying on some level of collaboration and 15 fully outsourcing this activity. Very few blood centers reported outsourcing blood product processing, storage/warehousing, or inventory and distribution (taking/packing orders).

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OUR SPACE

ABC President Dave Green

What's Our Community ROA?

A cursory review of recent blood banking operations literature points to a rather dramatic shift (or decline, if you prefer) in core blood product demand and many speculate we will see more of the same over the next few years. If this is true (and I happen to believe it is), then we have an obvious problem of over-capacity. In the for-profit world, such a dilemma typically triggers industry leaders to investigate two questions: What does the demand characteristic of the future look like (in other words, how much change, how fast, and what impact will it have on our breakeven point?) – and – What are the barriers to exit should we need to move resources to another purpose? I will leave the challenges that blood banking faces with using dated national market information for a subsequent article. But I want to tackle the second question by asking how non-profits in general, and blood banks in particular, evaluate the exit question.

The for-profit world generally employs a return on assets (ROA) analysis to determine the best use of (or return on) its capital. In the non-profit world, the question of “return” is less clear, because non-profit governing boards do not rely primarily on a financial ratio to evaluate alternatives for the organization’s capital and the possibility of “exiting” their mission; rather, they seek to understand a more ambiguous, but in no way less important, measure of their value to their constituents and how best to sustain their mission in difficult times. This is not to suggest that financial realities are unimportant. And we all understand our stewardship responsibility to the population we serve. But I would argue that deciding on a clearly defined measure of community value may be a worthy undertaking for us and help inform our decision-making on how best to serve our community, regardless of our long-term structures.

An examination of the history other industries faced with circumstances similar to ours suggests that some managed changes in demand rationally, while other industries devolved into counterproductive and eventually quite hostile environments. An inclusive discussion to clarify our community value proposition in our current environment will help maintain effective dialogue crucial to managing the capacity challenge we face.

I further believe ABC is the appropriate venue for this discussion and look forward to the opportunity to exchange ideas and hone what we already sense is our community value proposition.

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.

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Blood Center Collaborations (continued from page 1)

Testing is another common area that is outsourced by respondents, with many blood services in North America engaging in such partnerships. All of the responding ABC members have partnerships with companies that support, provide contingency for, or replace blood service testing activities. In contrast, the majority of respondents with partnerships in collection activities are based in Europe, while very few North American blood services outsource these activities. The most common collection activity outsourced was the transport of products from blood collection sites to processing or testing centers.

Few respondents partner with companies to provide communication services, with only four blood services outsourcing the collection of customer feedback/complaints or communications to donors, hospitals, and other stakeholders. ABO noted that “given the complexity of the blood sector and importance of stakeholder engagement ... this does offer opportunities for joint activities.”

ABO said in the report presented at the meeting that the survey results “may be used by members to review existing activities and consider if there are opportunities to explore delivering some activities through partnership or collaborative arrangements, particularly in the areas of transport, testing, and joint purchasing.” An ABO committee will further review these results and discuss potential opportunities.

“The results of the ABO survey demonstrate the increasing trend toward creative collaborations and partnerships designed to deliver on our mission more efficiently, while showcasing the value of information sharing within the ABO network,” said ABC President Dave Green.

ABC members can access the full ABO report in MCN 13-146 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4614>. ♦



SAVE THE DATE

Human Resources & Employee Training/Development Workshop

Houston, TX – April 29 - May 1, 2014

Hosted By:  Gulf Coast Regional Blood Center

Negotiated hotel room rate: \$169 + tax
www.hotelderek.com

2014 Workshop Schedule

Human Resources topics: April 29
Joint HR & Employee Training/Development topics: April 30
Employee Training/Development topics: May 1

2014 Workshop Fees (early bird/regular)

2-day registration: \$390/\$445
3-day registration: \$460/\$515

Sponsorship opportunities available. Contact Abbey Nunes at anunes@americasblood.org for details.

“Gulf Coast Regional Blood Center is excited to host ABC members in Houston for the 2014 Human Resources & Employee Training/Development Workshop. We look forward to a dynamic exchange of new ideas and best practices from across the country. I hope to see you in Houston in April!”

- Brian G. Gannon
President and CEO
Gulf Coast Regional Blood Center

Scholarship opportunities are available to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.



George Bush Intercontinental Airport (IAH) is served by most major US airlines. It offers non-stop service to nearly 200 domestic and international destinations; check www.fly2houston.com for more information on this airport, as well as Hobby International Airport (HOU).

Michigan Blood Becomes Third Affiliate of CTTM

The Center for Transfusion and Transplant Medicine (CTTM), a blood center alliance, announced on Wednesday that Michigan Blood, headquartered in Grand Rapids, Mich., will become the third affiliate of CTTM. Since CTTM was founded in 2012, BloodCenter of Wisconsin (BCW) and Heartland Blood Centers (HBC), which operates in Illinois and Indiana, became affiliates, with the mission of improving patient care by providing innovative transfusion medicine solutions for healthcare systems.

As part of the alliance, Michigan Blood will be locally operated with a separate board of directors, retaining their local identity and staying closely connected to the Michigan community. Michigan Blood's affiliation with CTTM is expected to be in full effect in early 2014.



CTTM, a national organization of affiliated blood centers, provides transfusion and transplant medicine solutions, diagnostic lab services, medical and scientific expertise and cellular therapies. The collective efforts of CTTM affiliates result in improved patient outcomes, higher quality services, and reduced cost of care for healthcare systems served on a national and regional scale, said the CTTM press release.



“This is an incredibly important and positive step for Michigan Blood,” said Bill Rietscha, president and CEO of Michigan Blood. “It allows us to offer a wider range of services to our hospital partners, and broadens our access to blood products to support our growth. This partnership with other blood centers is exactly what we need to assure the future of Michigan Blood, and the timing could not be better because of the changes now occurring in the healthcare industry.”



BCW President and CEO Jacquelyn Fredrick added, “CTTM is delighted to be partnering with one of the country's outstanding blood service organizations, which shares our values and commitment to the community. The addition of Michigan Blood also marks a milestone in CTTM's effort to provide innovative transfusion medicine and transplant solutions for health systems that span across multiple states. As new affiliates join CTTM, greater opportunities are presented through sharing expertise and resources, while reducing operational costs. These benefits make each affiliate stronger and better able to serve our communities' healthcare needs.” ♦

CBCO Founding Executive Director Don Thomson Announces Plans to Retire

After serving for 18 years as the executive director for the Community Blood Center of the Ozarks, Don Thomson announced his plans to retire on June 19, 2014. He shared the announcement with the board of directors in September, and plans are underway for selecting his replacement, according to a statement from the center.

“Don is an extraordinary leader, whose vision and commitment to our community helped make the dream of a community blood center possible,” said Margaret Janssen, MD, current Community Blood Center of the Ozarks board chair. “He helped guide the blood center through the challenging startup years to become an



(continued on page 5)

Don Thomson to Retire (continued from page 4)

organization respected nationwide for an outstanding track record in quality, service, and efficiency in our industry. We owe him a big debt of gratitude for his dedication and passion and wish him well in his retirement.”

Under Mr. Thomson’s leadership, the blood center has become the sole-provider of blood products to 38 hospitals throughout the Ozarks area of Missouri. In 2009, he led the move to the current operational headquarters at Plainview and Campbell in Springfield, Mo., which more than doubled the organization’s capacity and provided the resources that the center needed to respond to the rapidly changing healthcare environment.

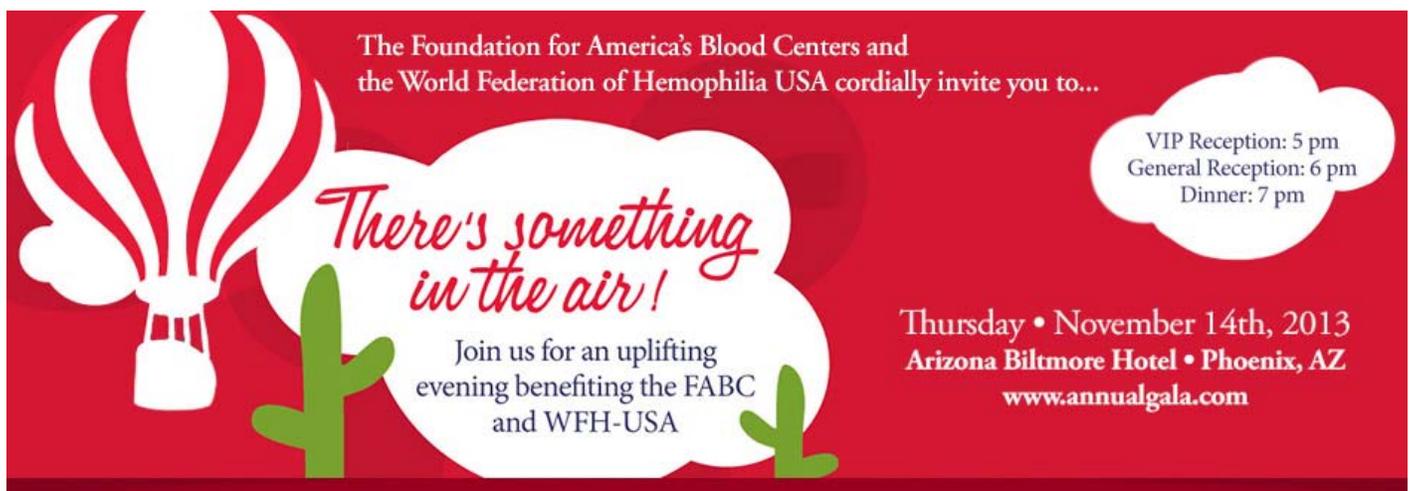
“When our community made the decision to start our own blood center back in 1995, we committed ourselves to a mission built on the premise of accountability to the people of the Ozarks. Today, after serving more than one and a half million donors and countless patients, we remain true to that founding principle. I am proud of what we have accomplished here in the Ozarks and look forward to watching the blood center continue our mission of saving lives for many years to come,” Mr. Thomson said in the statement.

The center’s board of directors has appointed an executive search team to seek candidates for Mr. Thomson’s replacement. The team consists of the current board executive committee and includes Steve Edwards, CEO and president of CoxHealth.

“As a member of the search team, I will work closely with the other members of the board to identify a new executive director,” said Mr. Edwards. “However, it will be a challenge to replace Don, because he is in rarefied air ... among the best leaders I have ever known. The organization is extremely well-run, with an excellent staff, and Don has agreed to stay in his role until the new executive assumes these duties.”

William Coenen, ABC’s vice president of Finance, notes that his history with Mr. Thomson goes back well before he became executive director of Community Blood Center of the Ozarks. “Don’s central focus and commitment has always been to the patients and his staff in assuring that they provided the best blood program possible. During his career, he never compromised his honesty or integrity. Don’s retirement brings about the loss of another great leader in our field,” said Mr. Coenen.

“We, of course, wish Mr. Thomson the best in retirement, but Don’s directness, common sense, and wise counsel will be missed by those of us at ABC who have relied on them for so many years,” added ABC’s Executive Vice President, SMT, Louis Katz, MD. (Source: Community Blood Center of the Ozarks press release, 11/16/13) ♦



The Foundation for America’s Blood Centers and
the World Federation of Hemophilia USA cordially invite you to...

*There’s something
in the air!*

Join us for an uplifting
evening benefiting the FABC
and WFH-USA

VIP Reception: 5 pm
General Reception: 6 pm
Dinner: 7 pm

Thursday • November 14th, 2013
Arizona Biltmore Hotel • Phoenix, AZ
www.annualgala.com



America's Blood Centers®
It's About *Life*.

INSIDE ABC

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

Fresenius-Kabi Makes \$7,500 Contribution to the FABC

The Foundation for America's Blood Centers recently received a \$7,500 contribution from Fenwal, a Fresenius-Kabi company, which provides a range of transfusion medicine technologies including products for whole blood collection and processing, as well as for transfusion medicine and cell therapies.

Financial contributions to the FABC like that from Fenwal, a Fresenius-Kabi company, allow the foundation to award grants to America's Blood Centers members that support initiatives to improve the safety and availability of blood for patients in need. These grant projects are then shared among all of ABC's member blood centers to ensure that the outcomes benefit all ABC members.



As part of the FABC's mission to improve blood safety and availability by supporting ABC member blood centers, the foundation often provides grants that fund educational programs for ABC members. For example, the ABC Specialty Workshops Scholarship Program, funded by the FABC, provides nearly 30 scholarships to ABC member blood centers to allow staff to attend ABC's educational workshops, many of which allow attendees to obtain P.A.C.E. credits. Financial contributions made to the FABC also allow the foundation to sponsor speakers at select ABC continuing education webinars, as well as a key-note speaker to address executives at the ABC Annual Meeting.

Education is one of ABC's core values, and the FABC strives to provide ABC members with many educational opportunities to help them stay on the cutting edge of blood banking and to continue to provide a safe and adequate blood supply to all who need it.

“When you are part of a dynamic industry, staying informed and learning is critically important for growing as individuals, providing the best possible outcomes for patients, and ensuring a safe and adequate blood supply,” said Dean Gregory, president of Medical Devices North America for Fenwal, a Fresenius-Kabi company. “We are pleased to support the foundation in its many efforts to provide continuing education and scholarships for America's Blood Centers.”

The FABC would not be able to support projects like these without the help of organizations and individuals who support the foundation. The FABC would like to thank Fenwal, a Fresenius-Kabi company, for its generous contribution and continued dedication to helping the FABC improve blood safety and availability.

ABC members can find more information about FABC grant awards at <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>.

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INSIDE ABC (continued from page 6)

Don't Miss Part 2 of ABC's Webinar Series on E-Learning Authoring Tools

America's Blood Centers' Member Employee Training and Development Committee will hold the second webinar of the two-part series titled "E-Learning Smack Down: Finding a Winner in Authoring Tool Contenders" on Nov. 14 from 2 to 3:30 p.m. EST.

In Part-1 on Oct. 24, ABC speakers presented two available authoring software products in use at their centers and lessons learned in the selection process. During the second part of the series, ABC speakers will present examples of e-learning programs created at their centers.

ABC members can find webinar details in MCN 13-144 at:

<http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4602>.

National Blood Collaborative Donates \$10,500 to Support FABC Gala

The National Blood Collaborative (NBC) recently committed to a sponsorship worth \$10,500 in support of the Foundation for America's Blood Centers (FABC) annual gala, hosted jointly this year with the World Federation of Hemophilia-USA (WFH-USA). The "There's something in the air!" gala will take place on Thursday, Nov. 14 at the luxurious Arizona Biltmore Hotel in Phoenix.

The NBC is a partnership of seven community blood centers (all ABC members) committed to excellence in service, supply, and innovation focused on the unique and evolving transfusion medicine and related needs of healthcare networks (more information available at: <http://bit.ly/16Ji31H>). The seven NBC centers are LifeServe Blood Center, LifeSouth Community Blood Centers, San Diego Blood Bank, Kentucky Blood Center, Community Blood Center of the Carolinas, Blood Bank of Delmarva, and Innovative Blood Resources.



Financial contributions made toward the annual gala support the life-saving missions of both the FABC, which seeks to improve blood safety and availability, and the WFH-USA, which strives to ensure that all patients with bleeding disorders have access to the necessary blood products and treatments. The support of organizations like the NBC helps to ensure that the FABC and WFH-USA are able to continue their work on behalf of patients in need of blood products.

The FABC would like to thank the NBC and the seven centers that comprise this organization for their continued support of the FABC's efforts to ensure that a safe and adequate blood supply is available to all patients who need it. To buy tickets or sponsor the annual gala, please visit www.annualgala.com, or contact Jodi Zand at jzand@americasblood.org for more information. ♦

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. 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.



BLUE PLATELET SPECIAL

Lauren Ward Larsen

Best. Pick-up Line. Ever.

When asked how her first training session to be an English tutor went, my friend Cathi – then a college sophomore – told her mom it was fine, but added, “I have to work with this totally loud and obnoxious guy though.”

A week or so later, Cathi ran into Albro – Mr. Loud and Obnoxious – at a fraternity party and the two spoke briefly. While Cathi still felt he was rather loud, she was able to move past her initial assessment of him as obnoxious. Then Albro moved in for the kill: “Do you want to work on the UCLA Blood Drive Committee with me?” he asked, explaining that he was chairing it. Albro had donated blood regularly ever since one of his high school teachers, Mr. Poe, called it a “valiant act” and explained how it saved lives. Knowing that his father had died while on a search and rescue mission during the Vietnam War, Albro decided to follow his dad’s example of saving lives, and he chose blood donation as his vehicle.



Cathi agreed to help Albro with the UCLA blood drive, which allowed him to secure her phone number, setting in motion a series of events that neither could fully appreciate at the time. But what Cathi neglected to share with Albro was how utterly terrified she was to give blood herself. A year earlier she had participated in her dorm’s blood drive, which had resulted in severe chills, vomiting, and two hours of post-donation oversight by the blood drive’s attending nurse. While lying on a stretcher off to the side, Cathi overheard another student ask, “Is she going to die?” After that experience, Cathi decided there was no way she would ever subject herself to another blood donation needle.



Until 30 years later, that is, when Albro told his family – his daughter Neva, three sons Albro IV, Ian, and Alden, and wife Cathi – that the only gift he wanted for Christmas that year was for the family to go to the local blood center and donate together. And so they did. The three eligible children were not at all nervous, as they had each already taken the initiative to become blood donors on their own. Cathi, however, steeled herself for her second donation attempt ever, and after one failed try with her right arm, she was – fortunately – successful with the left.

As for Albro, with the exception of being deferred following a few surgeries and some international travel, he has donated blood consistently for 36 years – wherever he can and with whomever he can: the Red Cross, Torrance Memorial Medical Center, UCLA Blood and Platelet Center, and church blood drives. And while his loudness has been tempered (slightly) with age, he can still frequently be overheard promoting the merits of blood donation to others.

Soon, Cathi and Albro will celebrate 30 years of marriage thanks to the best pick-up line ever. At America’s Blood Centers, we like to say *It’s About Life*. But sometimes, it’s about *love*.

Lauren Ward Larsen is the author of “Zuzu’s Petals: A True Story of Second Chances,” which shares her story of her path to becoming an international blood donation advocate. More of her stories can be found at <http://laurenlarsenslovelightlaughter.blogspot.com>. She can be reached at Lauren@LaurenWardLarsen.com. ♦

RESEARCH IN BRIEF

A high ratio of fresh-frozen plasma (FFP) to packed red blood cells (RBCs) was associated with significantly lower risk of fatal hemorrhage in massively transfused pediatric trauma patients, according to the results of a small retrospective study presented at the American Academy of Pediatrics' National Conference last week. No fatal hemorrhages occurred in 24 patients who received high-ratio transfusions, compared with three fatal hemorrhages in 14 patients who received low-ratio transfusions. The results mirror those seen in adult trauma patients who received high-ratio transfusions. "A high ratio of FFP to packed RBCs when transfusing massive volumes may be associated with improved survival," Ruth Hwu, MD, of Washington University in St. Louis, reported at the American Academy of Pediatrics meeting. "The survival benefit appears greater in patients without severe traumatic brain injury," she added. Acute hemorrhage tops all other causes of death in the first six hours after a traumatic injury. Improved survival with high-ratio transfusion has been demonstrated in adult military and civilian studies, but a survival benefit among pediatric patients has yet to be shown. To see if they could find such a benefit, Dr. Hwu and colleagues performed a retrospective chart review of pediatric trauma patients treated from 2006 through 2012 at a level-I pediatric trauma center. They identified patients younger than 18 who received massive transfusions, defined as ≥ 40 mL/kg of packed RBCs or ≥ 80 mL/kg total blood product during the first 24 hours after injury. They grouped eligible patients according to the blood product ratio of the transfusions. High-ratio transfusion defined as plasma-red cell ratio $\geq 1:2$. Low ratio transfusion was anything less than 1:2. The researchers included 38 patients in their analysis, 24 who received high-ratio transfusion and 14 who received low-ratio transfusions. In the high-ratio group, the ratio of FFP to packed RBCs averaged 0.81 compared with 0.31 in the low-ratio group. The 24-hour mortality did not differ significantly but was lower in the high-ratio group. Overall mortality also did not differ significantly. Survival between the groups did not differ when all patients were considered. Exclusion of patients with traumatic brain injury resulted in a significant survival difference in favor of the high-ratio group. Dr. Hwu noted that "larger multicenter studies are needed in order to definitively demonstrate improved survival from high-ratio transfusion during massive transfusion in children." The abstract can be viewed at <https://aap.confex.com/aap/2013/webprogram/Paper21929.html>.

Citation: Hwu RS, *et al.* High blood product ratio may increase survival in pediatric trauma. AAP 2013; Abstract 2129. ♦

BRIEFLY NOTED

The World Health Organization (WHO) recently published a revised version of the WHO Model Lists of Essential Medicines, which now includes whole blood and red blood cells (RBCs). This list, first compiled in 1977, aims to guide countries in providing access to cost-effective medicines that are vital to public health. It is updated every two years and shapes national drug policies in many countries; until this recent revision, it did not include whole blood and RBCs. AABB, the American Red Cross, Canadian Blood Services, and ISBT submitted an application to WHO on Dec. 14, 2012, explaining why RBCs and whole blood should be added to the WHO Essential Medicines List (available at <http://bit.ly/1eIP8W7>). "Our organizations strongly believe that the placement of important medicines on the Essential Medicines List result in a higher quality of care for patients, better management and use of medicines, and more cost-effective use of health resources. The provision of safe, adequate, and cost-effective whole blood and red blood cells that are appropriately transfused is a key component of the public health infrastructure in every country," wrote the organizations in their application. America's

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BRIEFLY NOTED (continued from page 9)

Blood Centers also wrote a letter to WHO in support of this application (available at <http://bit.ly/1880KVi>). In an editorial published in *The New England Journal of Medicine* on Jan. 17, Harvey G. Klein, MD, of the National Institutes of Health, explained that adding whole blood and red blood cells to the list would underscore governments' responsibility to invest in the necessary infrastructure to support a safe, adequate, and accessible blood supply, thereby improving global health (see *ABC Newsletter*, 1/25/13). The updated list can be viewed at www.who.int/medicines/publications/essentialmedicines/en/, and the transcript of the 19th Expert Committee on the Selection and Use of Essential Medicines can be found at www.who.int/selection_medicines/committees/expert/19/en/. (Sources: WHO Essential Medicines List, 10/31/13; WHO 19th Expert Committee on the Selection and Use of Essential Medicines, 10/31/13; Application for the addition of Whole Blood and Red Blood Cells to the WHO Model Essential Medicines List and the WHO Model Essential Medicines List for children, 12/14/12)

A session at the 2013 AABB Annual Meeting held last month in Denver, Colo. highlighted that blood bankers can often be resistant to change, which presents barriers to implementing new technologies that can help transfusion medicine professionals increase work efficiencies and improve process control. J.P. Potter, from Oklahoma Blood Institute, started off by emphasizing that sometimes the way things have "always been done" may be second nature, but can possibly be done in a better way. Mr. Potter discussed technologies that can be used in donor services and product handling, such as a technology that allows donors to go online and select their donation times and locations, as well as start and perhaps finish the donor screening process. The donor then prints a barcode that he or she can bring to the donation site. Mr. Potter also described electronic fingerprinting and other technologies to streamline the donor check-in process, as well as technologies for tracking the donation process, obtaining signoffs, and tracking adverse events. In terms of product handling, Mr. Potter also discussed the use of radiofrequency identification (RFID) tags to track all product movements. He noted that it would be advantageous to help hospitals initiate blood orders through web-based systems to eliminate duplicate entering. Christie Jones from Coffee Memorial Blood Center shared how her organization is using technologies to better address the storage of donor records. She explained that her center uses the Donor ID system to assess each donor. Currently, the center is printing the donor record for the donor to sign the informed consent. The center then maintains the hard copies, and accumulates approximately 30,000 donor records annually. The records are organized, but the boxes in which they are stored in can be quite heavy, making it difficult to access the records. To overcome this challenge, her center is using a SQL database to collect data from Donor ID and link the information to the individual PDF files that were generated from scanning. They obtain unique visit identifier barcodes based on a data value the Donor ID system creates. Jones explained that their document imaging system picks up the unique visit identifier barcode when it is scanned, links the image with its corresponding data and sorts the donor record by date and blood drive. She noted that while it takes some time to scan and review the donor records, it is much easier and less monotonous than going through boxes to find each individual record. A summary of this session is available on the AABB website at <http://bit.ly/17wLJ2>.

The American Red Cross (ARC) will close its Red Cross National Testing Laboratory in Detroit in February 2014, according to a statement from ARC spokesperson Karen Stecher. "The difficult decision to close the Red Cross National Testing Laboratory in Detroit was caused by tough financial conditions brought on by a declining demand for blood. Like the rest of the blood banking industry, the Red Cross must adjust our operations so we can continue to provide lifesaving blood to hospitals and patients in the future," said Ms. Stecher. Other Red Cross testing labs will assume the activities now done in Detroit. The closure of the Detroit testing lab will lead to the loss of 119 jobs, according to the

(continued on page 11)

BRIEFLY NOTED (continued from page 10)

statement. “The Red Cross is committed to doing the most it can to make this transition as smooth as possible for affected employees by offering severance packages and outplacement services,” said Ms. Stecher. ARC will continue to supply blood products to 43 hospitals in the Detroit area. (Source: ARC statement, 11/6/13)

Earlier this week, multiple local news outlets in California and Florida published news stories relating to the cost of blood. These articles describe the costs associated with blood products for hospitals, but they contain inaccuracies and misrepresentations that may confuse and misinform readers. The articles can be found at <http://cbsloc.al/1h56uIS> and <http://bit.ly/17DFHO1>. America’s Blood Centers became aware of these stories and sent a notice to its member blood centers containing links to talking points to assist with any media inquiries. ABC members can find talking points on service fees at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4605>. Talking points for additional topics are always available to ABC members at http://members.americasblood.org/go.cfm?do=Page.View&pid=18#Talking_Points. (Sources: CBS local SF Bay Area, 11/1/13; News Channel 5 WPTV, 11/1/13) ♦

REGULATORY NEWS

The Food and Drug Administration’s Blood Products Advisory Committee (BPAC) met on Nov. 1 and was asked to consider allowing MP Biomedical’s HTLV Blot 2.4 assay to be interpreted as negative under circumstances where only bands to *gag* (core) proteins are detected. Since HTLV donor screening began in the US in 1988, multiple FDA-licensed screening tests with varying specificities have been used, and, with no licensed confirmatory/supplemental test available, blood centers have deferred more than 200,000 donors for false positive screening. MP Biomedicals’ HTLV-I/II Western Blot (WB), version 2.4 is the only confirmatory assay submitted to FDA during these 25 years of HTLV screening. Instead, blood centers have used research assays to counsel donors, and, in the absence of a licensed supplemental test, the donors are being given the mixed message that while they are not infected with HTLV and at risk for their associated diseases, they are nevertheless permanently excluded from blood donation. A joint statement from America’s Blood Centers, AABB, and the American Red Cross (ARC) urged the committee to accept the negative, as opposed to indeterminate, interpretation of these “*gag* only” band patterns (false positives), which would facilitate both unambiguous donor counseling and the development of reentry algorithms for the affected and clearly uninfected donors. The committee did not unanimously recommend that approach, with split votes on two related questions. This was despite the use of this confirmatory assay and those interpretations internationally for many years and what the blood organizations consider more than adequate evidence that these donors are uninfected with HTLVs, posing no risk to the blood supply and having no recognized risk of adverse donor outcomes. The MP Biomedicals WB, version 2.4 often results in donor samples exhibiting non-specific reactivity to *gag* proteins, unrelated to HTLV infection. The relevant patterns, when evaluated by a variety of techniques including PCR and virus isolation, have never indicated any risk of HTLV infection or other viral infection, according to the statement and evidence presented by numerous speakers throughout the meeting. Accordingly, MP Biomedicals deems donors with such results to be negative, rather than indeterminate. Susan Stramer, PhD, executive scientific officer at ARC Biomedical Services, explained that according to ARC and other data, there is no evidence that US donors found to be repeat-reactive on licensed screening assays with *gag* only WB results ever evolve into HTLV-positive blots, except if envelope bands are present on the index blot. ABC, AABB, and ARC therefore encouraged “FDA licensure of MP Biomedicals, version 2.4 WB as an HTLV confirmatory test to be used for donor counseling and

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REGULATORY NEWS (continued from page 11)

from which to develop a donor reentry algorithm.” They added that “licensure allows better oversight of production, less reliance on complex algorithms, more assurance of a continued supply chain, improved turnaround times, and gives manufacturers the message that developing a confirmatory test for the US market is a worthwhile endeavor.” The committee largely agreed that for blood donors with repeatedly reactive results on an HTLV antibody screening test and non-*env* bands only detected on the MP Diagnostics Blot 2.4, the data are sufficient to conclude that (despite the presence of non-*env* bands only), these individuals are *unlikely* to be infected with HTLV-I/HTLV-II, but voted that donors with such results should not be considered negative instead of indeterminate (yes: 6; no: 7; abstain: 2). Conversely, with multiple *gag* bands, the committee voted in favor of considering such a result to be negative, rather than indeterminate (yes: 10; no: 3; abstain: 2). To convince FDA that WB results with *gag* bands in the absence of *env* bands should be called negative, ARC has agreed to include HTLV polymerase chain reaction (PCR) in the follow-up algorithm that it is using as part of the open investigational new drug application with the MP WB 2.4 (in addition to the two licensed screening tests). The background material for this meeting can be viewed at <http://1.usa.gov/19D0ilO>. The joint statement is available at www.aabb.org/pressroom/statements/Pages/statement110113.aspx.

The Food and Drug Administration released last week a strategic plan and a proposed rule that aim to resolve drug shortages, expanding certain reporting requirements to biologics, including blood. FDA has required sole manufacturers of certain drugs to notify the agency of discontinuances of drug products since 1997. This new strategic plan and proposed rule come in response to a continued rise in interruptions of the supply of drugs. The proposed rule, “Permanent Discontinuance or Interruption in Manufacturing of Certain Drug or Biological Products,” expands FDA’s early notification requirements to biologics and implements the expanded notification requirements called for under the FDA Safety and Innovation Act (FDASIA), which became law in July 2012. (The proposed rule can be viewed at <http://1.usa.gov/HAuyTO>.) The changes made in this rule relate to reporting and addressing interruptions in manufacturing or permanent discontinuances of certain drug products and now biologics, including blood and blood components. Key components of the proposed rule include:

- Expansion of applicability from *sole* manufacturers to *all* manufacturers of drugs that are “life-supporting, life-sustaining, or intended for use in the prevention or treatment of a debilitating disease or condition, including any such drug used in emergency medical care or during surgery;”
- Requirement for manufacturers to notify FDA at least six months prior to the date of permanent discontinuance in the manufacture or interruption likely to lead to a meaningful disruption of the drug or biologic, when practical and no longer than five days after occurrence; and
- Application of the notification requirement to blood product and component manufacturers that produce a “significant percentage” of the US blood supply.

FDA defines a “significant percentage” as 10 percent or more of the US blood supply, equated to greater than 1.5 million units of whole blood annually or 125,000 units monthly. Interruptions requiring FDA notification include those that lead to a 20 percent or more reduction of the applicant’s own supply (not overall national supply) of blood or components over a one month period that would “substantially affect” the ability of the manufacturer to meet its demand. The proposed rule acknowledges America’s Blood Centers’ daily blood supply reporting system, Stoplight, as well as the AABB Interorganizational Task Force on Disasters for successfully monitoring the day-to-day inventory, but states that those processes are not designed to predict large-scale or nationwide disruptions in the blood supply. While both systems are based on voluntary participation, the proposed rule would make FDA notification mandatory

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for those manufacturers that meet the significant percentage definition. Comments on the proposed rule (Docket No. FDA-2011-N-0898) must be submitted by Jan. 3, 2014 either electronically to www.regulations.gov, or in writing to Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. ABC will be reviewing the proposed rule in depth and preparing comments. ABC members should send comments to Ruth Sylvester at rsylvester@americasblood.org. (Source: FDA proposed rule, 11/4/13)

The Food and Drug Administration published a guidance this week titled “Use of Donor Screening Tests to Test Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/P) for Infection with *Treponema pallidum* (Syphilis). Current regulations require that HCT/P establishments test donor specimens for evidence of *T. pallidum* infection using appropriate FDA-licensed, approved, or cleared donor screening tests, in accordance with the manufacturer’s instructions, unless an exception to this requirement applies. This draft guidance clarifies that FDA does not consider diagnostic tests or pre-amendment devices (which have not been licensed, approved, or cleared) to be adequate for use in donor testing for *T. pallidum* infection under the criteria specified in the federal regulations. The recommendations in this guidance, when finalized, will supersede those recommendations for testing HCT/P donors for evidence of *T. pallidum* infection contained in guidance document titled “Eligibility Determination for Donors of HCT/Ps,” dated August 2007. Comments on this draft guidance must be submitted by Feb. 3, 2014 either electronically at www.regulations.gov, or in writing to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. The draft guidance can be accessed through the Federal Register announcement at <http://1.usa.gov/1fmwV8E>. (Source: Federal Register, 11/5/13) ♦



SAVE THE DATE

America's Blood Centers'
52nd Annual Meeting
March 22-25*, 2014 – Palm Springs, CA
Omni Rancho Las Palmas Resort & Spa

2014 Annual Meeting Schedule

- Saturday, March 22: FABC Links for Life Golf Tournament
GSABC Member/Vendor Reception
Hospitality/Networking
- Sunday, March 23: Scientific, Medical and Technical Forum
ABC Members Meeting
Reception co-hosted by LifeStream and
Blood Systems
Hospitality/Networking
- Monday, March 24: Blood Center Leadership Forum
ABC 17th Annual Awards of Excellence
Banquet
Hospitality/Networking

*March 25 meetings are by additional invitation only.

“The ABC Annual Meeting offers us the chance to discuss emerging issues in our field, exchange ideas and celebrate the excellent work of the membership throughout the year. The greater the attendance – the greater the value to all involved. Your engagement in ABC matters!”

– Dave Green, MSA
ABC President

Registration Fees

ABC Annual Meeting: \$725
Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation and registration fees and information.

Sponsorship opportunities available.
Contact Abbey Nunes at anunes@americasblood.org for details.



Palm Springs International Airport (PSP) is served by most major airlines. Additional nearby airport options include: Los Angeles International Airport (LAX) - 140 miles; Ontario Airport (ONT) - 80 miles; and John Wayne Airport, Orange County (SNA) - 110 miles.

GLOBAL NEWS

NHS Blood and Transplant (NHSBT), the blood and tissue provider of England and North Wales, recently received the Grand Prix award at this year's UK Social Media Communications Awards for its campaign to gain 100,000 donors in 100 days. In addition to taking home the top award, NHSBT also picked up the "Best Use of Facebook" award for the campaign, overcoming competition from brands such as O2, Cancer Research, Defra, and Heinz. It is the first-ever dedicated social media win for an NHSBT campaign. Mamta Ruparelia, NHSBT's head of digital, said "Facebook is providing an increasingly powerful communications tool for all industries and sectors and is a hotly contested forum for attracting followers, donors, and engaging audiences. For this reason, the award is a particularly welcome recognition of NHSBT's work using social media." During the campaign, NHSBT's blood page on Facebook saw an increase of 40 percent in "likes," increasing from 174,842 to 244,827. (Source: E-mail from NHSBT, 10/30/13) ♦



NHS Blood and Transplant collecting the Grand Prix award. From left to right are Vicky Griffin (NHSBT stakeholder manager), Mamta Ruparelia (NHSBT head of digital), and one of the judges.

INFECTIOUS DISEASE UPDATES

MALARIA

Malaria cases in the US have reached a 40-year high, according to data published in a supplement of the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report* (MMWR). In 2011, 1,925 malaria cases were reported in the US, the highest since 1971. This is a 14 percent increase since 2010. Five people in the US died from malaria or associated complications in 2011. More than two-thirds of the cases were imported from Africa, and nearly two-thirds of those were acquired in West Africa. For the first time, India was the country from which the most cases were reported. Cases showed seasonal peaks in January and August. "Malaria isn't something many doctors see frequently in the US thanks to successful malaria elimination efforts in the 1940s," said CDC Director Tom Frieden, MD. "The increase in malaria cases reminds us that Americans remain vulnerable and must be vigilant against diseases like malaria because our world is so interconnected by travel." The report described one case of transfusion-transmitted malaria infection in a 76-year-old male who got malaria due to a transfusion of blood from a donor who likely contracted malaria while living in Liberia for the first five years of his or her life, but had no other travel history. The Food and Drug Administration currently requires blood centers to defer donors who report having traveled to or lived in certain malaria-endemic areas with a specified time frame. CDC emphasized in a statement that malaria is preventable, and that all US travelers should consult a healthcare provider prior to international travel to receive the necessary information, medications, and vaccines. The full MMWR can be viewed at <http://1.usa.gov/HoWj1J>. (Source: CDC MMWR, 11/1/13; CDC press release, 10/31/13)

DENGUE VIRUS

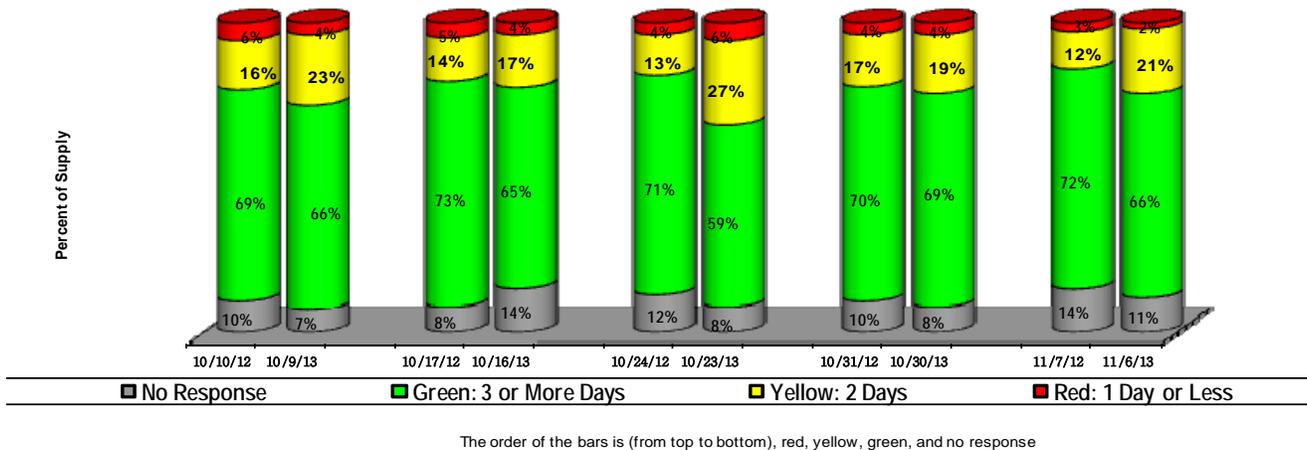
Scientists have discovered a new type of dengue virus, a mosquito-borne virus that is prevalent in many tropical and sub-tropical areas of the world, reported *Science Insider*, a news website published by the journal *Science*. This new find, announced at the Third International Conference on Dengue and Dengue Hemorrhagic Fever on Oct. 21, will likely complicate efforts to develop a vaccine against this disease,

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INFECTIOUS DISEASE UPDATES (continued from page 14)

which is becoming more pervasive globally. Researchers, led by Nikos Vasilakis, PhD, a virologist at the university of Texas Medical Branch in Galveston, were screening dengue viral samples when they found a virus collected during an outbreak in Malaysia’s Sarawak state in 2007 that they suspected was different from the original four serotypes. They sequenced the virus and found that it is phylogenetically distinct from the other four types. Experiments found that monkey antibodies produced against the new type differed genetically from those resulting from the previously known dengue viruses. “We discovered a new dengue serotype,” announced Dr. Vasilakis. What this fifth type of dengue virus means for controlling the disease is still unclear, reported *Science Insider*. So far, dengue 5 has been linked to only one outbreak in humans, and Dr. Vasilakis suspects that it is circulating, possibly among macaques in the forests of Sarawak. He notes that if it spreads, it could make human vaccine development more challenging. The *Science Insider* article can be viewed at <http://bit.ly/17EWUTm>. (Source: Science Insider, 11/2/13) ♦

STOPLIGHT®: Status of the ABC Blood Supply, 2012 vs. 2013



MEMBER NEWS

LifeStream, headquartered in San Bernardino, Calif., has signed a letter of intent and is in the negotiation stages of finalizing an affiliation agreement with Blood Systems, headquartered in Scottsdale, Ariz. “This partnership will help both LifeStream and Blood Systems provide improved service to patients, physicians, blood donors, donor groups, and the general public,” Rick Axelrod, MD, president and CEO of LifeStream, said in a statement. “This affiliation will provide access to the advantages and economies of scale that Blood Systems – as a larger, national organization – enjoys. At the same time, we retain our local identity, independence, and decision-making. This is not a merger, nor is it a purchase, but an opportunity to partner with one of the finest blood service organizations in our nation.” Last year, LifeStream and Blood Systems formed a collaboration to create Desert Blood Services to meet the needs of patients and donors in the Coachella Valley area of California. Dr. Axelrod added, “It is important to the board and to me that Blood Systems’ values match well with LifeStream’s values. Both LifeStream



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MEMBER NEWS (continued from page 15)

and Blood Systems are built on a foundation of dignity, respect, integrity, teamwork, and excellence, and we share a solid commitment to quality and extraordinary service to donors and patients.” Blood Systems President and CEO Dan Connor commented, “LifeStream and Blood Systems have been neighbors for more than 60 years. At times, we’ve been competitors but more recently, we’ve been collaborators. We admire LifeStream’s leadership in supporting transfusion medicine initiatives at Southern California hospitals and in developing programs that strengthen the communities that depend on them. We are very pleased and honored to have the opportunity to work together to deliver extraordinary service to donors and patients in the years ahead.” (Source: LifeStream press release, 11/7/13)



GSABC, a group purchasing organization, announced on Thursday that it has entered a new agreement that provides American Association of Tissue Bank (AATB)-accredited organizations the opportunity to receive access to GSABC’s group purchasing savings. Now, instead of negotiating their own individual contracts based only on their volume, AATB-accredited tissue banks can leverage the full volume of GSABC members to receive lower prices on a wide array of products and services, according to a GSABC press release. By becoming members of GSABC, AATB-accredited



tissue banks can reduce their operating costs on many items they use in their day-to-day operations. “We are excited that GSABC will be able to offer savings to our accredited tissue banks on such a wide array of products and services,” said AATB CEO Frank S. Wilton. A committee comprised of staff members from both organizations conducted a comparison of items used by both GSABC blood centers and AATB-accredited tissue banks and concluded that many items were either identical or similar and that AATB-accredited tissue banks would benefit from combining volumes with GSABC members. “It only makes economic sense for both memberships to combine purchasing volumes to achieve the greatest savings for everyone,” said GSABC President Jerry Haarmann. AATB-accredited tissue banks interested in enrolling can call GSABC at 1-800-794-2490 or e-mail GSABC at info@gsabc.com. (Source: GSABC press release, 11/7/13)

The Illinois Coalition of Community Blood Centers (ICCBC) recently presented Fire Chief Tim Sashko the 2013 State’s Most Innovative Blood Drive Coordinator Award. ICCBC is a statewide organization of non-profit blood centers (all members of America’s Blood Centers) that seek to increase awareness of the importance of volunteer blood donation through public education and advocacy. The award ceremony took place in conjunction with the Mundelein Fire Department’s Fall Blood Drive, held in collaboration with LifeSource. “Though there are many honors for blood donors, the volunteers who work behind the scenes organizing the blood drives are often overlooked, which is why the Illinois Coalition of Community Blood Centers launched their *Blood Drive Coordinator Recognition Program* in 2010,” explained Margaret Vaughn, ICCBC



Pictured left to right: Patrick Gallagher (former Waukegan Fire Chief), Chief John Christian (Grayslake FD), Lindsey Berry (LifeSource), Margaret Vaughn (ICCBC), Jennifer Sashko, Chief Tim Sashko, Marie Pinetti (LifeSource), Gloria Lenard (LifeSource), Lt. Bill Wright (Homewood FD).

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MEMBER NEWS (continued from page 16)

government affairs director. Since that time, Illinois Governor Pat Quinn has issued proclamations declaring July as Blood Drive Coordinator Month and the ICCBC holds an annual statewide competition in the summer in which blood centers from across the state submit nominations in various categories. LifeSource nominated Chief Sashko in the “Most Innovative Blood Drive Coordinator” category. Chief Sashko developed the Firefighters Blood Donor Challenge, a friendly blood donation competition between fire departments, which he has grown 700 percent in just five years. “What impressed us about Chief Sashko was not only did he work to increase donations at his own fire department drive, but he has also motivated fire departments from multiple counties to host drives, as well as his local high school and outside community groups,” said Ms. Vaughn. Chief Sashko commented, “It’s an honor to receive this award, and many thanks go to LifeSource, as well as the numerous fire departments who participate in the program. It’s all about teamwork and giving forward, hoping we can make a difference in the lives of others.” In addition to the award, Chief Sashko received a copy of Illinois General Assembly House Resolution 611, honoring his achievements, introduced by Illinois State Rep. Ed Sullivan (R-Mundelein) and a Senate congratulatory certificate on behalf of Sen. Dan Duffy (R-Barrington). (Source: ICCBC press release, 10/21/13) ♦

PEOPLE

Michael Busch, MD, PhD, vice president of Research and Scientific Affairs at Blood Systems, gave a talk titled “Emerging Viral Infections and Blood Safety: Moving from Reactive to Proactive Responses” on Oct. 31 at the National, Heart, Lung, and Blood Institute’s Global Health Seminar Series. Dr. Busch began his talk by highlighting the special themed issue of *Transfusion* published last month, titled “Thirty Years of Progress since Recognition of Transfusion-Associated AIDS,” which includes an editorial introducing the piece authored by Dr. Busch and Paul M. Ness, MD. This special issue is “focused on the enormous impact that transfusion AIDS (HIV) and hepatitis (HBV and HCV) have had on diverse aspects of the blood community,” they wrote. The issue includes several commentaries written by regulatory and patient advocacy experts who describe the beginning of the AIDS epidemic and the changes in blood safety that have evolved over the last 30 years. The special edition also explores transfusion-transmitted emerging infectious diseases, describing some of the proactive monitoring, evaluation, and response to known and emerging infectious disease threats to the blood supply. It is this proactive approach to monitoring and responding to emerging infectious threats to the blood supply that Dr. Busch highlighted throughout his talk. He emphasized that while there have been many successes and advances in the prevention of transfusion-transmitted diseases, such as the response to West Nile virus, it is important to ensure continued investment in the monitoring and response to such infectious threats. He explained that the increase in global travel has caused movement of hosts and vectors that carry infectious diseases, causing certain diseases to emerge in areas where they were previously not present. Dr. Busch emphasized the value of blood donor sample repositories that have been established through various research, such as the Retrovirus Epidemiology Donor Study (REDS), in evaluating transfusion-transmission of known and future agents. He noted that it is important for government agencies and research facilities to continue investing in maintaining such repositories. His talk also addressed the response to dengue virus, which is becoming more prevalent and appearing in parts of the world where dengue was previously not a concern. He concluded by reviewing some goals that should be achieved in monitoring transfusion-transmitted viral infections in the blood supply, such as broadening the monitoring of donors for transfusion-transmitted viral infections and conducting risk factor interviews for donors who “passed” the donor health history questionnaire but tested positive for HIV, hepatitis C, or hepatitis B. He also highlighted the importance of leveraging infrastructures established to conduct the REDS-II Transfusion-Transmitted Viral Infections risk factor prevalence/incidence study. ♦

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.

POSITIONS AVAILABLE:

Donor Services Director. The Blood Alliance (TBA), a progressive, growing company, is now looking for someone to be our Donor Services Director. This is a position that requires an assertive problem solver who loves a fast-paced environment, and who can motivate people to do their best. Candidates must possess exceptional interpersonal skills, be organized, energetic and have a record of exceeding regulatory and quality standards, optimizing customer values, prioritizing patient and donor care and safety. Responsibilities include, but are not limited to, strategic direction of assigned departmental functions, goals, objectives, and process improvement initiatives; supervisory responsibility for multiple levels of management and staff; the development and effective administration of departmental operating and capital budgets. In addition the Director is responsible for day to day judgment, decisions, and actions to prioritize and ensure compliance with applicable standards, regulations, and TBA specifications. Bachelor's degree in Business Administration, Medical Technology or Nursing in addition to seven to ten years of related operations management experience, five of which in a senior leadership role is required. Excellent written and oral communication skills, focused on training, presentations, customer maintenance, and group dynamics are required. Please visit our website www.igiveblood.com to apply today.

Director of Quality Assurance. Central California Blood Center in Fresno, Calif. is recruiting for a Director of QA. Successful candidate will be medical technologist, CLS preferred, with five years' experience in blood banking and/or operations in regulated industry. Responsible for review of regulatory/guidance documents for application; hosts external auditors/inspectors as needed; performs internal audits; assists with management of licenses and certificates; reviews error reports and corrective actions. Fosters strong process control through appropriate SOP review and participation in validation activities as needed. Excellent working knowledge of industry regulatory and accreditation standards required; previous experience in auditing and/or technical writing preferred and excellent organizational/ interpersonal communication skills. Minimum of five years of progressive leadership experience in quality management field required. Minimum five years progressive experience in Quality Systems preferred. CCBC offers a competitive salary and benefit package for this position that is a vital member of our

Senior Management Team. To apply please fax resume to (559) 224-1310, or post www.donateblood.org or mail to Central California Blood Center, 4343 W. Hernndon Ave, Fresno, CA 93722. EOE

Account Executive. The Rhode Island Blood Center (RIBC) is seeking an account executive for our Marrow Donor Program. The account executive will be responsible for relationship development and increasing the size and diversity of the National Marrow Donor Program (NMDP) Registry, develop plans/strategies and oversee implementation to achieve annual NMDP recruitment and retention goals, provide information, including presentations to donors, community groups, businesses, media, and the medical community in appropriate forums, interact with family, corporate, community, and minority groups interested in recruiting marrow donors, build professional and positive relationships, schedule, coordinate and follow up donor recruitment drives, attend drives throughout CT, and coordinate staff and volunteer support at drives. Bachelor's degree required. Significant work experience may be considered in lieu of formal education. Proficiency at an intermediate level with Microsoft applications and database management software. Please apply online 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 Affirmative Action Employer, maintain a drug-free workplace, and perform pre-employment substance abuse testing. We participate in E-Verify to confirm work authorization.

Sr. Donor Management Specialist. The Rhode Island Blood Center (RIBC) is seeking a senior donor management specialist for the Marrow Donor Program. Donor Management Specialist will facilitate the marrow stem cell donation process in accordance with the requirements of the NMDP and RIBC; keep current with knowledge of bone marrow, peripheral blood stem cell transplantation and donation processes; evaluate information about marrow donation given to the public, donors, patients, families, community groups and businesses; determine donor eligibility; research specific conditions when necessary; defer donor when

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POSITIONS (continued from page 18)

appropriate, in a professional manner; and serve as primary contact for the donor through full cycle donation process; and serve as central liaison between donor, NMDP Case Management, Transplant Center, Collection Center and Apheresis Center throughout donation. Associate's in health-related field or significant work experience. Proficiency with Microsoft applications and database management software required. Please apply online 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 Affirmative Action Employer, maintain a drug-free workplace, and perform pre-employment substance abuse testing. We participate in E-Verify to confirm work authorization.

Manager of Stem Cell Laboratory. Make a life-saving difference by joining the dedicated Medical Services Team at Michigan Blood. This management position will oversee all facets of the Cord Blood and Stem Cell laboratories including staffing, procedures, testing, donor recruitment, clinician education and training, marketing, outcome data collection, and budgeting. This role is responsible for developing and maintaining standard operating procedures (SOPs) to assure compliance with regulatory agencies, validating and monitoring procedures and equipment, serving as a liaison with hospitals, and supervising six people which includes stem cell technologists and laboratory support staff. The ideal candidate will demonstrate remarkable service in technical and customer services and professional communication skills. MT(ASCP) certification; or bachelor's degree (BA/BS) from four year college or university plus two years of blood banking or cell therapy experience required. Prior management experience required. We offer a competitive salary and benefit plan. If you want to be part of a lifesaving organization, please apply via our website www.miblood.org. EOE

Laboratory Technician. Rock River Valley Blood Center, Rockford, Ill. is seeking an experienced lab tech who likes to work in a specialized environment paying close attention to detail, problem solving and exercising sound judgment to produce accurate quality work. Position handles specimen processing, test performance, reporting results, handling equipment and instrumentation along with maintaining quality control standards. Hours are Monday-Thursday 1-9 p.m., Friday 9-5 p.m. rotating weekends and holidays. MLT/MT required with

BS degree and one-plus years clinical laboratory experience. We provide excellent benefits and wages in a culture where employees are recognized for quality work and are key to our success. Apply online at www.rrvbc.org and email your resume to jobs@rrvbc.org. EOE, M/F/D/V

Medical Technologist (Blood Bank of Delmarva, Newark, DE). Be Someone's hero. Give Blood. We are a non-profit, community blood bank serving hospitals in Delaware and on Maryland's Eastern Shore seeking a full-time Medical Technologist to join our team, accurately performing laboratory procedures on all whole blood and blood products and other samples to ensure quality and safety. Must have either ASCP certification and/or Medical Laboratory Technician designation from an accredited institution with one or more years work experience in a Medical Lab. Our mission is to serve our community by meeting the needs of patients, hospitals and members for safe, high quality blood products and related services. Our culture is fantastic! Applications should be submitted online at <http://cb.com/170suhr>.

Lead Executive, Business Development (Blood Bank of Delmarva, Newark, DE). Be Someone's hero. Give Blood. We are a non-profit, community blood bank serving hospitals in Delaware and on Maryland's Eastern Shore seeking a Lead Executive, Business Development. This individual is responsible for the development and implementation of overall business strategies to drive growth, customer and blood donor retention and community reputation for the Blood Bank of Delmarva (BBD). This includes directing a team that will be involved in the identification of new business opportunities to expand the BBD's customer base for blood products and lab services, to increase the BBD's membership and blood donor base, conducting effective fundraising campaigns, and building community awareness of the BBD. Education and Experience: Bachelor's degree in Business Administration, Healthcare or related field. Master's degree a plus. 15 plus years business development experience in the healthcare or pharmaceutical industries; blood bank experience a strong plus. Proven success in the areas of business growth, customer retention and enhancing community reputation. Applications should be submitted online at <http://cb.com/169g6LM>. 💧