

2014 #13

April 11, 2014

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OneBlood Creates State-of-the-Art Simulation Training Centers

Imagine entering a blood center to find what looks like a large blood donation bus inside the center, but instead of actual donors giving blood inside, there are blood center employees undergoing life-like simulated training. These simulation training centers have become a reality for employees at OneBlood, located in Florida, as part of a new comprehensive training program created by OneBlood's Regulated and Business Application Training (RBAT) team.

RBAT strives to provide cutting edge training and education technologies for blood center staff and is currently building a new approach for training staff in a regulated environment. The team seeks to move away from the traditional on-the-job training to incorporate a blended learning design that includes online, simulation, and field training components.

Through this new training concept, employees first undergo basic training that moves away from the conventional instructor-led classroom, beginning with an online training module that provides employees more control over their learning of standard operating procedures (SOPs). In the second stage of training, employees practice their skills and apply knowledge gained in the previous training stage in a safe, yet extremely life-like training environment through the new simulation training centers. This method allows new employees to learn at their own pace and become comfortable with their new skills before entering the final stage, field training.



A view of one of OneBlood's new state-of-the-art simulation training centers.

To facilitate the online training component, the RBAT team has created multiple online learning modules using a Learning Management System (LMS). With more than 2,000 employees and a service area that spans most of Florida and parts of south Georgia and Alabama, this virtual training component is critical to offer

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OUR SPACE

ABC Executive Vice President Louis Katz, MD

Not Much Happening in the Real World, So I'll Update You On Mine

Chikungunya virus – named from a word in the Kimakonde language meaning “to become contorted,” describing the stooped over appearance of its victims crippled with joint pain. This acute mosquito-borne infection of African origin has caused titanic epidemics in the Indian Ocean and South Asia during the past decade. Since early December 2013, more than 20,000 cases have been detected in the Caribbean and northern South America. There is no reason not to expect it to land on the US mainland, where competent vectors are common. The AABB Transfusion Transmitted Disease (TTD) Committee’s Emerging Infections subgroup and FDA’s Division of Emerging and Transfusion Transmitted Diseases (<http://bit.ly/1ILKfth>) have all been following the Caribbean outbreak closely.

Are we looking at the next West Nile virus (WNV), something more benign, or worse? The rate of asymptomatic infections, those posing risk to blood recipients, is about 20 percent, compared to around 80 percent for WNV. Devastating infection is very unusual compared to WNV, but debilitating symptoms can persist for months. Despite millions of cases in the Eastern Hemisphere, there have been none attributed to transfusion. That said, the virus is present in the blood during the incubation period, and parenteral transmission to monkeys has been demonstrated. How should we be responding?

Our options are:

1. Do nothing and watch, as we did before the emergence of WNV in summer 2002, responding if and when transfusion-transmission risk is demonstrated.
2. Enhance our ability to identify the approximately 80 percent of donors who would be expected to have symptoms, by effectively eliciting call-backs by donors who get sick after a donation, so that we can recall their products. This strategy is in progress through the TTD committee.
3. Understand donor travel and temporal donation patterns following travel, allowing us to model the impacts of a short-term deferral for travel to affected areas. While operationally challenging, this may mitigate many acute tropical virus “sins.” Discussions on this option are underway.
4. Engage our test builders to have “on-the-shelf” nucleic acid assays to detect Chikungunya using available test platforms. These conversations are occurring, but testing companies want to know the return on investment – currently hard to know.

So what should we do? I am not sure, but preparedness is a lesson we should have learned over the past 30 years. I am sure you will follow this unfolding issue with me as we try to engage in risk-based decision making (<http://bit.ly/1joffMv>).

lkatz@americasblood.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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OneBlood Training Program (continued from page 1)

staff increased flexibility and reduced travel for training, said blood center staff. The learning modules provide education and technical training in a standardized and consistent model.

With its simulation training component, OneBlood has become the first center in the country to create realistic, simulation training centers in key locations across the company. The training centers house a working blood center environment with a functional mobile bus for the phlebotomy, donor center with apheresis equipment, biologics manufacturing, blood distribution, and reference and transfusion services laboratories. Five training centers are currently in operation and OneBlood is planning on building two more.

“The new training centers are an essential component to the training program and provide a safe place to learn where trainees are removed from the stresses of the workplace,” said Awilda Orta-Gerber, OneBlood’s vice president of RBAT. “The new training centers allow staff to focus on the job of learning SOPs, gaining confidence, and receiving individual training from the instructors.” They will be better prepared for the field training component of the program. At this point, staff is very familiar with the SOPs and equipment, and can now experience the workplace environment with an expanded knowledge base, added Ms. Gerber.

“This approach ensures that all employees will meet a minimum, but very high standard of performance before they go into the field, preparing them for the realities of the job, reducing mistakes, promoting staff retention, increasing morale, and creating a continuous pipeline of ready-candidates at all times,” said Ms. Gerber.

The state-of-the-art training centers were established as the result of a massive collaboration across OneBlood departments and efforts to utilize existing equipment with minimal construction and change to the inside of the training centers. OneBlood incorporated input from blood center trainers and trainees to ensure the training process would be true to a real working environment.

The concept of simulation training centers was born out of the OneBlood RBAT team’s visit with the University of Central Florida Institute for Simulation Training in 2012. The RBAT team also researched other institutions with expertise in simulation training in the healthcare environment, such as the Harvard Medical School, the Yale School of Medicine, and Columbia University.

As part of their research, the OneBlood RBAT team realized that simulation training techniques are a key component in a variety of programs designed to enhance the skills of healthcare providers, such as nurses and physicians. “Once the center’s training team realized that the possibilities and more importantly, the simplicity of what a simulation training center should look like, we were inspired to bring this cutting-edge training concept to OneBlood,” said Ms. Gerber.

With integration of the new training program already underway, Ms. Gerber notes that it will become a vital component to the success of bringing all staff onboard with standardized, compliant, and focused training. ♦

The FABC Working for You: FABC Grants Support Donor-Related and Educational Initiatives

The Foundation for America's Blood Centers (FABC) funds initiatives that improve the availability, quality, and safety of blood to save, extend, or enhance the lives of patients. The FABC works through funding projects spearheaded by America's Blood Centers' members, as well as ABC initiatives that benefit its member blood centers.

The Foundation for America's Blood Centers recently announced this year's ABC member grant recipients. These FABC-funded programs include a broad range of initiatives from expanding donor diversity to improving blood center education on current good manufacturing processes (cGMPs).



Through its Member Grants Program, the FABC funds initiatives and programs carried out by ABC's member blood centers that seek to improve the availability, quality, and safety of the blood supply. After completion of the project, the materials and outcomes of the FABC-funded grant programs are then shared with the entire ABC network so that all of the centers can benefit from these projects.

The FABC received a number of quality applications this year. The applications were reviewed by an independent grants committee that selected the following proposals to award grants.

- America's Blood Centers (on behalf of ABC's cGMP Video Development Working Group) will receive \$10,000 for its "ABC cGMP Education Video Project."
- The Blood Center, headquartered in New Orleans, La., will receive \$12,500 for its "Heart2Heart: Empowered to Save Lives" program.
- Indiana Blood Center (on behalf of the ABC Working Group for Donor Education and Communication) will receive a \$20,000 grant for its "Creating Model Donor Education Materials" program.
- Puget Sound Blood Center (PSBC) and New York Blood Center (NYBC) will receive \$17,500 for its "Uncommon and Rare Donors in the Cloud" project.

"There were a number of grant requests this year exhibiting the broad talent base of ABC members. It was challenging for the grants review committee to choose which of the applicants would receive funding this year," said Stephen Eason, MBA, director of Carter BloodCare's Foundation and chair of the FABC's Grant Review Committee. "The four recipients chosen represent projects that when complete will provide the most benefit to the largest number of ABC members."

cGMP Training Video. Because the blood products provided by blood centers are so critical to the health of patients, there is little room for errors or deviation from accepted, approved procedures used in the processing and administration of these products. To help ensure that blood centers maintain public safety by adhering to proper processing procedures, the Food and Drug Administration strictly enforces operating requirements known as cGMPs. Training blood center employees on cGMPs is vital to ensure compliance with these regulations.

A 2013 survey of ABC members on the Employee Training and Development group showed that the majority of members are currently using one of two extremely outdated educational videos, mostly on VHS cassette, to train employees on cGMPs. In response to ABC members expressing a need for an updated video, members of ABC's Employee Training and Development Committee formed the ABC cGMP Video Development Working Group to create a more current cGMPs training. The ABC cGMPs

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THE FABC WORKING FOR YOU (continued from page 4)

Video Development Working Group will use the FABC grant money to create a new 30-minute educational video on cGMPs principles. Subject matter experts will write the script, with the working group overseeing the project and incorporating input from ABC member blood centers. The video will be filmed and produced by the OneBlood Marketing and Communications Team. The working group will also design and develop supporting materials including a pre- and post-test, instructor/facilitator guide, and collateral materials/handouts. The working group seeks to rollout the final product to ABC members in November 2014, distributing the materials to blood centers through digital download.

Expanding Donor Diversity. According to 2012 US census data, New Orleans is home to the highest percentage of African Americans of any city in the US, making the issue of increasing donor diversity particularly critical in this region. In 2013, 44,818 donors gave blood and blood products at The Blood Center and of those, only 6,705 were African-American. While 60 percent of the population of New Orleans is African-American, only 15 percent of The Blood Center's donors are African-American, the blood center noted in its grant application.

The Blood Center is well-positioned to develop best practices regarding donor diversity and stands to make significant gains by increasing the number of African-American donors to more appropriately serve the diverse population, according to the center's grant application. The Blood Center will use the FABC grant to continue its ongoing, and already successful, efforts to increase the number of minority donors. Specifically, the grant will support the center's Heart2Heart program, which works to engage, educate, energize, and empower the people in neighborhoods with large minority populations.

Heart2Heart works to build relationships and trust within high-minority communities to change the cultural perception of blood donation and to communicate how important minority donations are for health issues that commonly affect minorities, like sickle cell disease. The FABC grant money will support the expansion of this program, including the development of posters, banners, T-shirts, brochures, and other promotional materials to help educate adults in the African-American Community.

Improving Donor Education. Approximately 50,000 potential blood donors present to give blood in the US each day, and it is the responsibility of blood centers to ensure that donors receive educational materials about the blood donation process. This helps donors make informed decisions when consenting to give blood. The "Creating Model Donor Education Materials" program, being conducted by ABC's Working Group for Donor Education and Communication (WG-DEC), seeks to refine model blood donor education materials.

The need for a minimum, standardized education document was proposed during an April 2011 meeting of the Food and Drug Administration's Blood Products Advisory Committee (BPAC) after the committee reviewed the proposed written statement of understanding (WSU) to be used for blood donors. Current donor education materials are complex and focused on transfusion-transmitted infection, rather than adverse donor reactions, such as vasovagal reactions.

In 2013, the FABC provided a \$20,000 grant to Indiana Blood Center, on behalf of the WG-DEC, to support the creation of an understandable model donor education document that addresses the elements suggested by BPAC. The final document will be presented to BPAC as a replacement for the WSU and the current Blood Donor Education Materials. This single document will then be made available for all ABC and other blood collection centers to adapt for their use. To date, the group has created the

(continued on page 6)

THE FABC WORKING FOR YOU (continued from page 5)

educational document, conducted focus group sessions with potential donors, and revised the document (see *ABC Newsletter*, 2/14/14). The renewed FABC funding will allow the WG-DEC to continue its development of these donor education materials by funding field testing of the document at blood centers and more focus groups.

Uncommon and Rare Donors in the Cloud. All red blood cell (RBC) transfusions are matched to the recipients' ABO and RhD blood type, but there are more than 300 RBC antigens, some of which can cause patients to experience an adverse immune response following transfusion. This reaction – alloimmunization – occurs in about 3 to 5 percent of transfused patients and is more common among women who have been pregnant and the chronically transfused, such as sickle cell disease patients. Alloimmunized patients require antigen-negative RBCs and while some hospitals phenotype blood on their shelves for common antigens, it can be difficult to find blood that is negative for multiple combinations of these antigens.

The FABC grant awarded to PSBC and NYBC assist the centers in a project that seeks to develop a cloud-based online system that will make it easier for hospitals to locate and request blood units from blood centers for patients with uncommon blood types. The American Rare Donor Program (ARDP), managed by the American Red Cross with support from AABB, was established decades ago to address the unmet need for rare blood donors. This program requires hospitals to request rare blood types by phone or fax from blood centers. The reliance on manual processes may cause a delay in getting the needed blood to the patient. Moreover, some requests for uncommon blood types can go unanswered. The ARDP system focuses more on the very rarest blood types, leaving a bit of a gap when it comes to obtaining uncommon blood types.

PSBC and NYBC hope to fill some of the gaps in the current system with their Uncommon Donors in the Cloud project by creating an electronic online ordering system that is easily accessible to hospitals and helps more patients receive the blood types that they may need. The centers have built the online ordering system and are currently conducting pilot tests of the system within NYBC and PSBC. The renewed FABC funding will support a national pilot study at seven different sites throughout the US, including blood centers and hospitals, as well as the system's national rollout. 💧

RESEARCH IN BRIEF

A study published in the March issue of *Transfusion* shows that less experienced surgeons were more likely to administer blood transfusions in non-cardiac surgery. Some observational studies have suggested an association between blood transfusions and adverse outcomes in surgical patients. Despite several studies that have shown no adverse impact on morbidity and mortality with a more restrictive transfusion policy, there is wide variation in blood use among surgical patients. The researchers of the current study hypothesized that a majority of this variability in blood use among surgical patients may be due to differences in operative blood loss caused by differences in surgeons' technical skills. To investigate this theory, Laurent G. Glance, MD, and colleagues of the University of Rochester Medical Center in New York, examined the association between surgical resident participation and intraoperative blood transfusion, 30-day mortality, and other complications among patients undergoing non-cardiac surgery. They compared resident blood use with that of attending surgeons, who are more experienced. They identified 491,083 patients who underwent non-cardiac surgery using data from the American College of Surgeons National Surgical Quality Improvement Program database, of which they analyzed 381,036 patient records. The results showed that the participation of a senior surgical resident in

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RESEARCH IN BRIEF (continued from page 6)

operative procedures is associated with an approximately 60 to 80 percent higher odds of blood transfusion compared to attending surgeons working without a resident, after controlling for surgical complexity and patient risk. Resident involvement was not associated with an increased risk of 30-day mortality, but was associated with a slightly increased risk of complications. “Intuitively, operative involvement of surgical trainees, even with close supervision by attending surgeons, could be expected to result in increased operative blood loss and greater need for blood transfusion,” wrote the authors. “The increased blood utilization observed with resident participation may suggest that one of the drivers of the variability in surgical blood use may be the technical skill of the operating surgeon, in addition to differences in the clinical judgment with respect to the need for blood transfusion (i.e., triggers),” added the authors. They note that blood use may be an indirect measure of surgeon technical quality, which could lend itself to improving performance measures related to appropriate blood use. However, they caution that despite growing efforts to reduce unnecessary transfusion, clinicians must remember that blood transfusion can also be lifesaving under the right circumstances.

Citation: Glance LG, *et al.* Association between surgical resident involvement and blood use in noncardiac surgery. *Transfusion*. 2014 March;54(3):691-700.

A meta-analysis and systematic review in the *Journal of the American Medical Association (JAMA)* suggests that a restrictive approach to red blood cell (RBC) transfusion is associated with fewer healthcare associated infections than a liberal strategy. In a meta-analysis of 18 randomized trials, the researchers evaluated the association between a liberal transfusion strategy vs. a restrictive strategy and the risk of hospital acquired infections, comparing these strategies among 7,593 patients. Jeffrey M. Rhode and colleagues report that the absolute rates of hospital-associated infection were 16.9 percent in the liberal transfusion group and 11.8 percent in the restrictive group. The number needed to treat with a restrictive transfusion strategy to prevent serious infection was about 38 patients. Most of the trials defined a restrictive transfusion strategy as one using a 7 or 8 g/dL hemoglobin transfusion trigger, while liberal was defined as transfusing once hemoglobin levels drop below 10 g/dL. Observational studies have shown high risks of infections associated with RBC transfusions. “However, observational studies evaluating RBC transfusion are prone to bias and can overestimate the risk associated with transfusion because patients who receive transfusion are typically sicker than patients not transfused,” notes Jeffrey L. Carson, MD, of Rutgers Robert Wood Johnson Medical School, in an accompanying editorial. He notes that a number of studies have shown that a restrictive transfusion strategy is generally not harmful to patients, emphasizing that “the ideal transfusion threshold at which the benefits of transfusion outweigh the risks may differ depending on the predominant pathophysiology of the underlying disorder.” Dr. Carson adds that “It is likely that transfusion is life-saving, but not across the entire range of hemoglobin thresholds currently used to trigger a transfusion.” Most trials have suggested that a hemoglobin threshold of 10 g/dL is too high, while further research is needed to determine whether a threshold of 7 to 8 g/dL, or lower, is appropriate, said Dr. Carson. “For many years the practice of increasing hemoglobin levels in the face of anemia was questioned. However, accumulating data suggest that in many circumstances this is not warranted and may be harmful. The study by Rhode *et al* confirms another potential adverse outcome associated with transfusion: serious infectious disease,” wrote Dr. Carson. He added that clinical trials are needed to determine the optimal transfusion thresholds, provide more information about risks and benefits of transfusion, and determine how best to use RBC transfusion.

Citations: Rhode JM, *et al.* Health care-associated infection after red blood cell transfusion: a systematic review and meta-analysis. *JAMA* 2014 Apr 2;311(13):1317-26.

Carson JL. Blood transfusion and risk of infection: new convincing evidence. *JAMA* 2014 Apr 2;311(13):1293-4. ♦



America's Blood Centers®
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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. ♦

ABC Announces Awardees of Human Resources & Employee Training/Development Workshop Scholarship

America's Blood Centers Specialty Workshop Scholarship Program, made possible by a grant from the Foundation for America's Blood Centers, was established last year to provide scholarships to ABC members to supplement costs for attendance to an ABC Specialty Workshop.

ABC has announced the recipients of the Specialty Workshop Scholarships for the Human Resources & Employee Training/Development Workshop set to take place April 29 to May 1 in Houston, Texas. The awardees are listed below.

- **Laurie Dennee**, Director, Human Resources, Community Blood Center (Appleton);
- **Lynn Emmert**, Organizational Training Manager, Puget Sound Blood Center;
- **Jessica Ewoldt**, Manager, Regulated Training & Field Compliance, Mississippi Valley Regional Blood Center;
- **Donna Hyder**, Human Resources Manager, Cascade Regional Blood Services;
- **Nicole Koblesky**, Human Resources Director, Rock River Valley Blood Center;
- **Marianne Lazorick**, Training Supervisor, Donor Services, Blood Bank of Delmarva;
- **Kiffany Lee**, Human Resources Manager, Mississippi Blood Services; and
- **Kate Weaver**, Director, Administrative Services, Northern California Community Blood Bank.

ABC congratulates all of the workshop awardees. Abbey Nunes may be contacted with any questions at anunes@americasblood.org. ♦

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,000 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.



REGISTRATION NOW OPEN

America's Blood Centers' Fund Development, Communications & Donor Management Workshop

Sacramento, CA – June 17-20, 2014

Hosted by:  BloodSource

NEGOTIATED HOTEL ROOM RATE: \$149 + tax
http://bit.ly/the_citizen_sacramento

2014 WORKSHOP SCHEDULE

Fund Development topics: June 17

Fund Development & Communications topics: June 18

Communications & Donor Management topics: June 19

Donor Management topics: June 20

2014 WORKSHOP FEES (early bird/regular)

2-day registration: \$390/\$445

3-day registration: \$460/\$515

4-day registration: \$515/\$565

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

BloodSource looks forward to hosting the annual FDCDM workshop in Sacramento. We anticipate dynamic speakers, informative workshops, and invaluable networking opportunities. We hope to see you in June!

– *Mitzy P. Edgecomb*
Senior Vice President
BloodSource

There are seven (7) \$1,200 scholarships available to ABC members to cover the cost of registration fees and help with travel expenses. Application link and additional details included in registration.

For additional registration details, contact Lori Beaston at lbeaston@americasblood.org.



Sacramento International Airport (SMF) is served by most major US airlines, including discount carriers Southwest Airlines and JetBlue. Please visit www.sacramento.aero for further information.

BRIEFLY NOTED

President Obama made a proclamation on March 28 recognizing March 31 as Cesar Chavez Day, 2014, to “celebrate one of America’s greatest champions for social justice.” Mr. Chavez was an American farm worker, labor leader, and civil rights activist, who with fellow activist Dolores Huerta, co-founded the National Farm Workers Association in 1962. Unrelated to the proclamation, several of America’s Blood Centers members have worked with the Migrant Student Foundation since 2009 to hold the annual National Cesar E. Chavez Blood Drive Challenge to celebrate Mr. Chavez’s legacy by engaging college students to promote health education, health science careers, civic engagement, and saving lives. Pres. Obama issued the March 28 proclamation to recognize Mr. Chavez’s civil rights accomplishments on behalf of farm workers. “Raised into the life of a migrant farm worker, he toiled alongside men, women, and children who performed daily backbreaking labor for meager pay and in deplorable conditions. They were exposed to dangerous pesticides and denied the most basic protections, including minimum wages, health care, and access to drinking water. Cesar Chavez devoted most of his life to correcting these injustices, to reminding us that every job has dignity, every life has value, and everyone – no matter who you are, what you look like, or where you come from – should have the right to get ahead,” said Pres. Obama. He declared March 31, 2014 as Cesar Chavez Day. “I call upon all Americans to observe this day with appropriate service, community, and education programs to honor Cesar Chavez’s enduring legacy,” he said. The proclamation can be viewed at <http://1.usa.gov/1h4dpvQ>. Blood centers wishing to learn more about how they can carry on the work of Mr. Chavez through the National Cesar E. Chavez Blood Drive can visit www.chavezchallenge.org/community/blood-centers/. (Source: Presidential Proclamation, 3/28/14) 💧

REGULATORY NEWS

The Food and Drug Administration has released a Guidance for Industry titled “An Acceptable Circular for Information for the Use of Human Blood and Blood Components,” for immediate implementation. This guidance was issued to make a technical correction to the “Circular of Information for the Use of Human Blood and Blood Components” dated November 2013 with regard to an error in the stated storage conditions for Plasma Frozen with 24 Hours After Phlebotomy (PF24). The sentence with the incorrect storage conditions has been deleted. Additionally, a new subsection, titled “Components Available,” was added, containing information on storage conditions for PF24 from both whole blood and apheresis. These changes are on pages 25 to 26 of the Circular. The corrected Circular, dated November 2013, is available at <http://1.usa.gov/1hEpfgn>. AABB has indicated that the updated Circular will be available on its website within a few days and the availability of printed copies will be announced shortly. (Source: FDA Circular for Information for the Use of Human Blood and Blood Components, 4/8/14)

The Food and Drug Administration updated its requirements for approval of an exemption under 21 CFR 640.120 (variance) that was previously approved for therapeutic donors using prescription testosterone. Under the updated requirements, only red blood cells collected from donors on prescription testosterone can be used for transfusion, while their platelets and plasma may not be used. This variance allows “individuals on prescription testosterone to donate blood and blood components more frequently than every eight weeks without examination or certification of health by physician at the time of donation, provided that the donor is referred with a prescription by a physician containing instructions regarding frequency of phlebotomy and hematocrit/hemoglobin limits and to be exempt from placing special labeling about the donor’s disorder on the blood components,” according to the FDA website. Prescription testosterone can cause an increase in hemoglobin levels, for which these patients’ physicians often recommend therapeutic phlebotomy. Because they are not clearly volunteer donors, they should be deferred, but many do not inform the blood center of their reason for donating. Prior to the variance, blood centers would have to recall such donations and label them as “therapeutic donations.” This variance allows blood centers to collect from such donors without the labeling restrictions. The variance can be viewed at <http://1.usa.gov/1j9uKd0>. Blood Assurance, headquartered in Chattanooga, Tenn., was the first center to receive this variance in August 2013 (see *ABC Newsletter*, 8/23/13). (Source: FDA exceptions and alternative procedures webpage, 4/8/14)

AABB announced in its *Weekly Report* on April 4 that the Centers for Medicare and Medicaid Services (CMS) granted deemed status to AABB as an accrediting organization in two new activities – Cellular Therapy and Molecular Testing for Red Cell, Platelet, and Neutrophil Antigens. The association also received renewal of its deemed status for two accreditation programs, Blood Banks and Transfusion Services, as well as Immunohematology and Reference Laboratories. AABB will have deemed status for these four programs for six years. CMS may grant deeming authority to an accrediting organization if the organization’s requirements are equivalent to or more stringent than the applicable regulations of the Clinical Laboratory Improvement Amendments of 1988. Facilities accredited by a deemed accrediting organization are exempt from agency surveys to determine compliance. More information about deemed status can be found at www.cms.gov/. (Source: AABB Weekly Report, 4/4/14)

AABB prepared an update on changes to coding and reimbursement policies for molecular testing services, announced the *AABB Weekly Report* on April 4. As outlined in the document, the American Medical Association issued new current procedural terminology (CPT) codes for molecular testing. In addition, the Centers for Medicare and Medicaid Services revised its billing and reimbursement policies for such codes. AABB noted it is actively monitoring developments in this arena and will continue to advocate for improved reimbursement for molecular testing related to transfusion medicine. (Source: AABB Weekly Report, 4/4/14) ♦



SAVE THE DATE

America's Blood Centers' Summer Meeting

August 5-7, 2014 – Seattle, WA

Hosted by



Negotiated hotel room rate: \$195 + tax
www.westinseattle.com

2014 Summer Meeting Schedule and Fees

Medical Directors Workshop and Summer Meeting: Aug 5-7 (\$725)

Summer Meeting: Aug 6-7 (\$625)

Medical Directors Workshop and SMT Forum: Aug 5-6 (\$445)

Medical Directors Workshop: Aug 5 (\$415)

Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for registration fees and details.

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

What could be better than summer in Seattle? Sunshine, mountains, islands, the ocean, and the opportunity to interact with your colleagues to learn how we can better move our field forward through sustainable growth and service to our communities.

– James AuBuchon, M. D.
 President & CEO

There are four (4) \$800 scholarships available to ABC members attending the Medical Directors Workshop to cover the cost of registration fees and help with travel expenses. The application form and details will be made available once registration opens in May.



Sea-Tac Airport (SEA) is served by all major airlines.
 Visit www.portseattle.org/sea-tac/pages/default.aspx for more information.

THE WORD IN WASHINGTON

America's Blood Centers was represented when **Jonathan (Jon) Blum, principal deputy administrator at the Centers for Medicare & Medicaid Services (CMS), presented an executive branch update on Medicare and the health care delivery system in Washington D.C. on Tuesday.** ABC CEO Christine Zambricki, DNAP, CRNA, FAAN, briefed Mr. Blum on the important work of ABC's member centers. Dr. Zambricki also took this opportunity to gain guidance from Mr. Blum on next steps to advance reimbursement models that assure the continued source of safe blood and population health. Mr. Blum is responsible for coordinating CMS's policy centers and offices to develop and execute strategies to improve payment and the delivery of care across the agency, impacting national Medicare, Medicaid, and health insurance marketplace policy.

America's Blood Centers CEO **Christine Zambricki, DNAP, CRNA, FAAN, recently attended a conference at which Rep. Jan Schakowsky (D-IL) spoke on the Affordable Care Act and the next steps in implementation.** Following the conference, Dr. Zambricki and Rep. Schakowsky spoke about ABC, its members, and the important work that ABC members do around the US and in Rep. Schakowsky's home-state of Illinois to ensure that the public has access to a safe and adequate blood supply. An eight-term member of Congress, Rep. Schakowsky serves in the House Democratic leadership as chief deputy whip. She is also a member of the House Energy and Commerce Committee where she is the ranking member on the Commerce, Manufacturing, and Trade Subcommittee. 💧



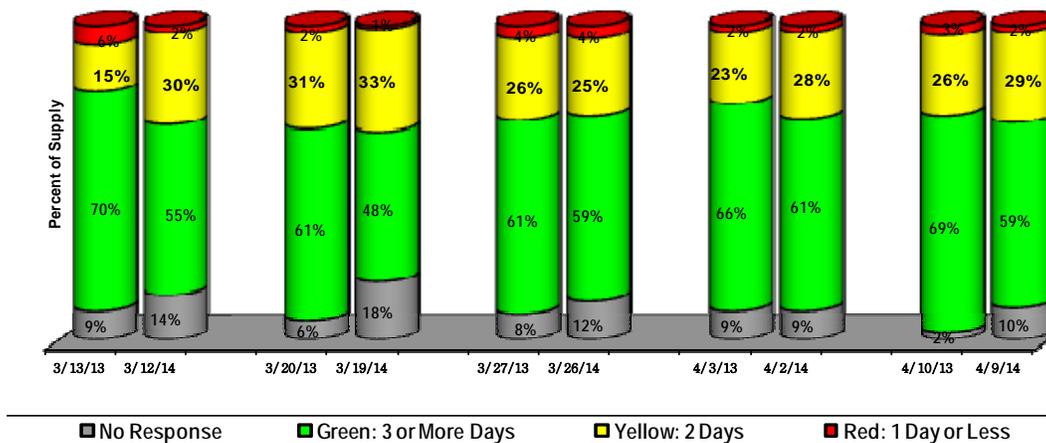
ABC CEO Christine Zambricki (left) meets with US Rep. Jan Schakowsky (right).

INFECTIOUS DISEASE UPDATES

HEARTLAND VIRUS DISEASE

The Centers for Disease Control and Prevention in collaboration with health officials in Missouri and Tennessee have identified six new cases of people sick with Heartland virus: five in Missouri and one in Tennessee. The new cases discovered in 2012 and 2013, are in addition to two discovered in 2009 and are described in CDC's March 28 *Morbidity and Mortality Weekly Report* (MMWR). Heartland virus was first reported in two northwestern Missouri farmers who were hospitalized in 2009 with what was thought to be ehrlichiosis, a tick-borne disease. However, the patients failed to improve with treatment and testing failed to confirm ehrlichiosis. Working with state and local partners, CDC eventually identified the cause of the men's illness: a previously unknown virus in the *Phlebovirus* family now dubbed Heartland virus. Ongoing investigations have yielded six more cases of Heartland virus disease, bringing the total number of known cases to eight. All of the patients described were white men over the age of 50. Their symptoms began in May to September and included fever, fatigue, loss of appetite, headache, nausea, or muscle pain. Four of the six new cases were hospitalized and one patient died, although it is not known if Heartland virus was the cause of his death. Five of the six new cases reported tick bites in the days or weeks before they fell ill. CDC studies have shown that Heartland virus is carried by the Lone Star ticks, which are primarily found in the southeastern US. Additional studies are needed to confirm whether ticks can spread the virus to people and to learn what other insects or animals may be involved in the transmission cycle. CDC developed the blood tests used to confirm the new cases of Heartland virus disease. There is currently no evidence to suggest that Heartland virus poses a threat to the blood supply. The emerging infections group of the AABB Transfusion-Transmitted Disease Committee is monitoring these events. The MMWR can be viewed at <http://1.usa.gov/1fK3hcd>. (Source: CDC MMWR, 3/28/14) ♦

STOPLIGHT®: Status of the ABC Blood Supply, 2013 vs. 2014



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

MEMBER NEWS

More than 600 people attended a special event at the Dover Downs Hotel & Casino on April 3 to celebrate Blood Bank of Delmarva's (BBD) 60th anniversary. The non-profit organization was officially founded on Aug. 16, 1954 by a group of community leaders led by James F. McCloskey, a prominent insurance executive in Wilmington, Del. "BBD has a proud history of 60 years of helping save local lives," Roy Roper, president and CEO of BBD said in the press release. "We began with 5,000 charter members and now have more than 156,000 individual supporters and relationships with more than 1,900 businesses and organizations. We are pleased to provide blood to all 16 hospitals in the Delmarva region, ensuring that the 1.6 million residents in our community have blood when they need it." The anniversary event featured blood donors and recipients who shared inspirational stories of how blood donations directly affected their lives. In addition, BBD unveiled a video and a book commemorating the 60th anniversary. The video, "Celebrating 60 Years" gives highlights of BBD past and present. The book, "Giving Blood: Blood Bank of Delmarva's First 60 Years," was written by David Bonk, who retired from BBD after 29 years of service. All event attendees received a copy of the book. "BBD is truly grateful to the thousands of dedicated donors, hundreds of staff members, hospitals and community partners, and contributors who have made our first 60 years a great success," said Mr. Roper. "We look forward to 60 more years of service to our community." (Source: BBD press release, 3/28/14)



Delaware's Lt. Gov. Matt Denn (left), ABC CEO Christine Zambricki (center), and BBD President and CEO Roy Roper (right)



PEOPLE

Ian Trenholm has been appointed the chief executive of NHS Blood and Transplant (NHSBT), the blood and tissue provider of England and North Wales, announced the European Blood Alliance in its March Newsletter. He will begin his new position on July 1, succeeding Lynda Hamlyn, who announced her retirement in December 2013. He joins the organization from the UK's Department of Environment, Food, and Rural Affairs (Defra), where he has been director general and chief operating officer since June 2012. "Assuring the safe supply of blood and increasing the number of organ donors so that more lives are saved and improved is an incredibly worthwhile job. I am excited about the opportunity ahead and look forward to working with colleagues from NHSBT to build on their success and address challenges," said Mr. Trenholm. He first worked in government as a project manager, before joining Buckinghamshire County Council as the strategic director in 2003. He was then appointed the chief executive of the Royal Borough of Windsor and Maidenhead. He joined Defra as chief operating officer in June 2012, where he led the corporate services team and was responsible for 7,000 employees. Ms. Hamlyn officially retires in August. (Source: EBA Newsletter, 4/4/14)



The Advanced Medical Technology Association (AdvaMed) announced on March 26 that José "Joe" E. Almeida, chairman, president and CEO of Covidien, has been named chairman of

(continued on page 14)

PEOPLE (continued from page 13)

AdvaMed's board of directors for a two-year term. Mr. Almeida has been an active member of AdvaMed's board since 2005 and its executive committee since 2010. He served as a former chair and vice chair of the association's International Board Committee and immediate past chair of its Ethics Committee. Mr. Almeida also was chair of the *AdvaMed 2012* Conference and Exhibition Committee, overseeing the association's most well-attended annual meeting to date. "It is a great honor to be chosen to lead and represent an organization that distinguishes itself by promoting life-changing innovations for patients worldwide," said Mr. Almeida. "Advances in medical technology are allowing patients to live better, longer lives. Yet the challenges of getting medical devices and diagnostics into the hands of patients and physicians are still formidable, highlighting the imperative for AdvaMed and continued industry partnership." Mr. Almeida's priorities include working with FDA to ensure progress on improving timelines of medical technology reviews; advancing pro-innovation and pro-competition tax policies and support repeal of the medical device excise tax; and pursuing global regulatory harmonization initiatives. AdvaMed also announced several new board of directors members; more information about the new members is available at <http://bit.ly/1h9H6je>. (Source: AdvaMed press release, 3/26/14) ♦

IN MEMORIAM – DR. GEORGE GARRATTY

George Garratty, PhD, FRCPath, a leading immunohematologist with more than 50 years of experience in the field, passed away on March 17 in his home near Los Angeles. Dr. Garratty was set to retire this month from his position as scientific director of the American Red Cross Blood Services, Southern California Region, as he had been battling illness over the past couple of years. He was also a clinical professor of pathology and laboratory medicine. He began his blood banking career in the UK and came to the US in 1968 to carry out grant-based research, which he conducted for 10 years before entering the American Red Cross as the scientific director in Los Angeles to start a research program. Dr. Garratty eventually worked his way up the ranks to become the director of the Southern California Region. Dr. Garratty noted in an October 2012 interview with the South Central Association of Blood Banks (SCABB) that he was passionate about research to develop laboratory approaches to help physicians arrive at the correct diagnosis and select the best blood for patients who are experiencing immune hemolytic anemia. He also worked on developing a test to predict clinically significant alloantibodies, and spent more than 40 years pioneering research on drug-induced immune hemolytic anemia. He said in the SCABB interview that he was proudest of his accomplishments in educating people through his lectures, scientific publications, and textbooks. Dr. Garratty served on several national committees throughout his career including the Standards Committee of AABB, as well as president of the California Blood Bank Society. He also represented North America on the International Society of Blood Transfusion Council. He published more than 300 scientific papers and authored several textbooks. "I had known George for more than 30 years. I recall our early encounters when I went to work at the American Red Cross in Los Angeles as a donor recruiter," said Tom Schallert, the administrator of Northern California Community Blood Bank. "Dr. Garratty took time to meet anytime, with anyone who had questions regarding the magic or mystery of immunohematology, and believe me, to a brand new donor recruiter, it truly was a mystery. Later when I became part of the senior management team, I found he was brilliant, had great wit, and would let you know where he stood on issues affecting the organization." Mr. Schallert added, "He was very committed to the organization's success ... He will be sorely missed." (Source: SCABB interview, 10/1/12) ♦



COMPANY NEWS

Johnson & Johnson (J&J) announced last week that it accepted the \$4 billion offer from the Carlyle Group LP made in January to acquire J&J's Ortho Clinical Diagnostics division (see ABC Newsletter, 1/17/14). The acceptance comes after consultation with relevant work councils and trade unions, New Brunswick, N.J.-based J&J said in a statement on March 31. The Ortho Clinical Diagnostics division, a major provider of blood tests and reagents for blood centers, had about \$1.89 billion in sales last year, or about 6.26 percent of J&J's revenue. J&J has said that its goals are to be the first or second biggest in areas where it competes or to own businesses complementary to other J&J units. Carlyle, based in Washington, D.C., plans on operating the medical diagnostics business as a stand-alone company, reported Bloomberg on March 31. The deal should close near the middle of this year, according to J&J's statement. (Source: Bloomberg, 3/31/14)

Terumo BCT announced in a March 31 press release that it is seeking applicants for a new \$10,000 award to support the advancement of apheresis and patient care. Through the Advancing Apheresis Award, Terumo BCT will recognize and support the efforts of clinicians, physicians and operators who are furthering the practice of therapeutic apheresis and cell collections. Applications for the Advancing Apheresis Award will be accepted beginning May 12 and must be received by Sept. 5. "Together with our customers, Terumo BCT is advancing apheresis to ultimately benefit the patients we all serve. With this award, we support the efforts of those making a difference in the practice of apheresis," said Tom Jordan, executive vice president of Global Commercial Operations at Terumo BCT. "We look forward to learning more about those organizations in our global community who are showing this significant influence in their daily endeavors." Interested applicants can learn more about the award, eligibility criteria, conditions, and how to apply by visiting www.terumobct.com/advancingapheresis. (Source: Terumo BCT press release, 3/31/14) ♦

MEETINGS

May 6 **New York Blood Center's 36th Annual Alexander S. Wiener Lecture, N.Y.**

New York Blood Center (NYBC) will hold the 36th Annual Alexander S. Wiener Lecture on May 6 in NYBC's auditorium in New York, N.Y. The lecture will feature Colleen Delaney, MD, MSc, as its keynote speaker; she will present on "Ex-Vivo Manipulation of Cord Blood Derived Hematopoietic Stem and Progenitor Cells for Clinical Application." Dr. Delaney's research interests focus on the *ex vivo* expansion of hematopoietic stem and progenitor cells for clinical application. Specifically, she has focused on the role of the Notch signaling pathway in hematopoietic stem cell regulation and ex-vivo expansion of umbilical cord blood stem cells, resulting in the development of novel expanded hematopoietic progenitor cell therapies for use to enhance engraftment following myeloablative cord blood transplant. The event is open to medical and scientific professionals free of charge. More information and registration details can be found at <https://support.nybloodcenter.org/wiener> ♦

AABB Issues Call for Abstracts for 2014 Annual Meeting

AABB has issued its call for abstracts to be presented at the 2014 AABB Annual Meeting in Philadelphia from Oct. 25 to 28. AABB encourages individuals to submit abstracts online to share knowledge with colleagues, advance patient and donor care, and increase professional visibility. Abstracts are due to AABB by May 7, and individuals will be notified by June 30 if their submitted abstracts are accepted. Those with questions about the abstract process may contact professionaldevelopment@aabb.org. More information and submission instructions can be found at www.aabb.org/events/annualmeeting/attendees/Pages/abstracts.aspx

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. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Medical Director. Reporting to the President/CEO, excellent opportunity for medical professional to provide leadership, direction and implementation for medical programs needed to support hospital relations, product management, donor and stem cell collections, manufacturing and laboratories, quality assurance, donor counseling and the national marrow program. LifeStream has an AABB accredited immunohematology laboratory, successful NMDP program, provides therapeutic apheresis and outpatient transfusion services and has partnered with many of its hospital clients to implement successful blood utilization management programs. Candidates should have a strong transfusion medicine background including experience with hospital transfusion service support and be comfortable serving on client hospital transfusion committees. Candidates should be board certified in a primary medical specialty and board certified/eligible in Transfusion Medicine. The candidate must possess an active or be eligible for a California Medical License. We serve 80 hospitals with 200,000 blood products annually. The region offers a high quality of life, offering year round outdoor activities as well as easy access to large city offerings in Los Angeles, San Diego and Palm Springs areas. LifeStream has an excellent compensation & benefits plan. Apply online @ www.Lstream.org or fax cover letter, resume and salary history to (909) 386-6813. LifeStream is an Equal Opportunity Employer, M/F/D/V.

RN Team Leader (East Orange, NJ). The Blood Center of New Jersey, located in East Orange, NJ is the oldest community blood bank in the state serving the needs of many New Jersey hospitals. We seek NJ licensed RN's who are team players with strong leadership skills to supervise blood drive collection team members. The Team Leader is charged with ensuring smooth operation of the blood drive while complying with regulatory guidelines and providing proactive customer service. The ideal candidate will have: A NJ RN license; Prior supervisory or leadership experience; Strong communication and interpersonal skills; Strong customer services orientation; Ability to work a fluctuating schedule and to travel to mobile sites; and a current driver's license with a clean driving record. Formal training in phlebotomy or phlebotomy experience is desirable. We are an equal opportunity employer and offer a comprehensive package. To be considered please visit www.bloodnj.org. (M/F/D/V)

Manager of Blood Collections Training. Kentucky Blood Center, located in Lexington, Kentucky seeks enthusiastic healthcare professional to be responsible for overseeing training and proficiency of Blood Collections (BC) staff to assure safe and pleasing donation experiences for donors and safe blood products for recipients. Oversees and assists with maintaining staff competency by conducting continuing education sessions and assuring administration of annual competency and skills proficiency tests. Assists with other training, as appropriate. Bachelor of Science in Adult Education or Instructional Systems or related experience required. Five years management experience; five years of training program management/experience in the field of adult learning to include training needs assessment, curriculum and module design, organizational development, and delivery preferred. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Chief Executive Officer. Mississippi Valley Regional Blood Center (MVRBC) is seeking a dynamic, strategic leader for the role of Chief Executive Officer. The CEO is responsible for leading operations to ensure effective, beneficial affiliations, provide oversight in compliance, and ensure ongoing financial strength. The ideal candidate will possess demonstrated leadership motivating a strong team, promoting individual accountability while developing talent and ensuring successful execution of MVRBC's business/strategic plans. The CEO will promote and represent MVRBC on local, national and international levels, seeking opportunities to partner and educate individuals and organizations about our mission and philosophy. The CEO will serve on the Board, providing input and insight to governing and regulatory matters. Successful candidates must possess a bachelor's degree in business or related field (master's degree preferred); minimum of 10 years senior level management experience in blood banking or transfusion service

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POSITIONS (continued from page 16)

with progressive management responsibilities; comprehensive knowledge of regulations and laws governing blood banking; and successful leadership skills in areas of financial management, long-range planning and human resources utilization. Frequent travel required. Submit resume, cover letter, salary history, or questions to Jennifer Feeney, Chief People Officer, jfeeney@mvrbc.org, (563)823-8917, www.bloodcenter.org. **Application deadline April 25, 2014.**

Director, Quality Assurance (East orange, NJ). The Blood Center of New Jersey is the oldest community blood bank in the state, serving the needs of many New Jersey hospitals. We have an excellent opportunity for a Director of Quality Assurance to design, implement and monitor a Quality Assurance Program to meet the regulatory agencies specifications. Maintain Safety Program, ensures adherence to all federal, state, local regulations and voluntary accreditation standards. The successful candidate will possess a bachelor's degree in a biological science or medical technology required; MT (ASCP) required, SBB preferred. Minimum of five years progressive responsible related experience. Working knowledge of AABB, FDA, OSHA, and other applicable regulatory requirements. Must demonstrate excellent verbal and written communication skills. Ability to problem solve, analyze and formulate solutions and be detailed oriented with excellent organizational skills. Position located in East Orange Headquarters convenient to Rtes 280, 78 and GSP. We are an equal employer M/F/D/V and offer a comprehensive package. Full details available and to apply please visit www.bloodnj.org.

Associate Medical Director, Transfusion Services (Duke University Health System, School of Medicine, Department of Pathology). The Department of Pathology at the Duke University School of Medicine seeks a full-time academic transfusion medicine physician to serve as Associate Medical Director of the Transfusion Services (TS) at Duke University Hospital, an 850 bed tertiary care teaching hospital. The TS issues 36,000 red blood cell units and 15,000 platelets annually, and holds AABB accreditation for both Blood Banks/Transfusion Services and Immunohematology Reference Laboratories. The TS supports programs for solid organ transplantation, adult/pediatric oncology, hematopoietic progenitor transplantation, neonatal intensive care, high risk obstetrics, cardiothoracic surgery, and Level 1 Trauma. The successful candidate must be board certified or eligible by the American Board of Pathology in Clinical Pathology and Blood Banking/Transfusion Medicine and eligible for licensure in North Carolina. This position will be a full-time faculty position in the Department of Pathology, at the level of Assistant Professor or above commensurate with experience. Please forward curriculum vitae and the names of three references to: Salvatore Pizzo, MD, PhD Professor and

Chairman, Department of Pathology, Duke University School of Medicine, Box 3712 DUMC, Durham, NC 27710. Phone: (919) 684-3528; Fax: (919) 684-8689. E-mail: Salvatore.pizzo@duke.edu.

QA Director (QA006). In accordance with the BioBridge values of Respect, Integrity and Excellence, this position is responsible for the coordination and management of the blood operation's quality plan, quality assurance/regulatory audits activities and policies as they relate to blood, blood components, and associated testing services. In addition, this position will direct the blood center's quality assurance personnel to meet the organization's strategic plan goals and will review operational procedures for regulatory compliance as well as all quality control programs and the Quality Improvement Reporting System. Bachelor's degree in medical technology, applied science or related discipline required. Five years of management experience required. Hands-on regulatory experience required. Must have experience with electronic error management systems. Three years driving experience with good driving record required. Blood banking, transfusion service, or pharmaceutical manufacturing quality assurance experience preferred. Six Sigma and LEAN manufacturing experience preferred. MT (ASCP), SBB/BB, ASQ- CQA or CMQ/OE certifications preferred. Submit resumes by email hr_dept@biobridgeglobal.org or fax to (210) 731-5581.

Consultation Lab Tech III (Gulf Coast Regional Blood Center). The Blood Center of East Texas is currently seeking a Consultation Laboratory Tech III. Under moderate supervision of the Technical Services Manager, this individual prepares special blood components and performs patient and donor tests. This position involves frequent contact with internal and external customers. This position requires an MLT plus minimum two years of advanced and recent (within past one to two years) blood bank and immunohematology experience; or MLS with recent (within past one to two years) blood bank and immunohematology experience; or MLS new graduate eligible to take certification exam; certification must be obtained within six months of employment. The successful candidate must have a valid Texas Driver's License plus acceptable driving record. Gulf Coast Regional Blood Center is a non-profit 501(c)(3) organization and is accredited, licensed, and inspected by the Food and Drug Administration (FDA), AABB as well as local and state authorities. The blood center is a proud member of AABB, America's Blood Centers, Blood Centers of America, South Central Association of Blood Banks, and the Texas Medical Center. Please visit our website for more information about our organization and to apply online: www.giveblood.org, Lori Pireu, Recruiter (Phone: (262) 289-2056; lpireu@giveblood.org).

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POSITIONS (continued from page 17)

Region Recruitment Manager. Puget Sound Blood Center is seeking a strategic leader to manage the departments responsible for donor group and volunteer recruitment goals. Responsibilities include: providing leadership and motivation to staff teams; developing systems and program analysis tools; improving communications and enhancing community relationships to encourage donor and volunteer participation; positioning the Blood Program as a volunteer supported organization. Ideal candidates will have over eight years' direct experience recruiting, marketing, customer relationship management or volunteer management experience and five years in a supervisory capacity. Requirements also include demonstrated familiarity with marketing and planning systems; strong data analysis skills, demonstrated written, verbal and interpersonal communication skills; and proficiency with Windows PC software. Bachelor's degree in a related field or equivalent work experience. Blood recruitment industry experience preferred. This exempt, full-time position is based in Bellevue, WA. Submit resume to Puget Sound Blood Center via email at humanresources@psbc.org; fax: (866) 286-8495; USPS: Human Resources, Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104-1256. Reference Job #7032. Open until filled. For disability/accommodation assistance with the application process contact HR at humanresources@psbc.org, or at (206) 292-6500, or at 921 Terry Avenue, Seattle, WA 98104. AA.EOE.

Director of Development. Puget Sound Blood Center is seeking a visionary, multifaceted fundraising professional to provide strategic leadership and hands-on implementation of all fund development activities. As a member of the Leadership Team, the director will work collaboratively with the Executive and Leadership teams, development staff and partner organizations to cultivate donor opportunities and implement a comprehensive development plan. Eight to 10 years' experience in development or sales preferred. Experience working with philanthropic individuals, companies, and foundations in Western Washington is required. Candidates must have five years' management experience, including knowledge of strategic planning, budget management, and negotiation as well as demonstrated achievement of fundraising goals, non-profit board development, and cultivation of productive relationships with volunteer boards and other volunteer-supporting groups. Experience with organizations of a similar size/complexity is highly desirable. A bachelor's degree is required. Applicants: send materials to HumanResources@psbc.org or fax to (866) 286-8495. Must reference job number 7185. For more information please visit www.psbcc.org.

Assistant Director (Quality Assurance) – QA005. Responsible for assisting the Director of Quality Assurance in the management and implementation of the organizational Quality Plan. Monitors regulatory compliance in all areas of operation and reviews new and

revised regulations and standards for Biologics, including but not limited to blood products and HCTPs. Assists in the management of corrective and preventative action, change control, including validation, document control, record storage, equipment, technical training, and competency assessment and testing. Bachelor's degree in laboratory science or related discipline. Five years experience in blood bank or transfusion service preferred. Management experience required. Must have working knowledge of PC software applications using Windows, Microsoft Word, Excel and other software programs as required. Three years with good driving record required. MT (ASCP) SBB/BB and ASQ certification preferred. Submit resumes by email hr_dept@biobridgeglobal.org or fax to (210) 731-5581.

Special Services Technologist. We are seeking a licensed Clinical Laboratory Scientist to join us as a Special Services Technologist in providing specialized testing services to the Rhode Island community. You will be responsible for the knowledge of and proficiency in testing procedures utilized in the Reference, HLA / DNA, and Parentage laboratories as assigned. Bachelor's degree in Medical Technology or related field required - MT (ASCP) required. MLT (ASCP) with five years of hospital blood bank experience would be considered in lieu of MT. Rhode Island License for Clinical Laboratory Scientist required which can be gained within six months of employment. At least two years of clinical laboratory experience is required. We have earned an excellent reputation as an employer of choice, and our culture enables our staff members to perform at their best. We have one of the most competitive benefits and compensation programs available and we offer relocation. PLEASE APPLY ONLINE AT WWW.RIBC.ORG. JOIN THE TEAM THAT GIVES THE GIFT OF LIFE! We are an Equal Opportunity Employer.

Laboratory Manager – Testing (GL009). QualTex Laboratories a subsidiary of BioBridge Global is currently seeking a skilled Manager for the Laboratory Services Testing department at our Norcross, GA location. The ideal candidate will have experience providing production lab testing, viral testing, and managing support for technical and business activities. Must be able to prioritize, reprioritize, and handle deadlines and emergency requests. QualTex Laboratories is the largest, independent non-profit testing laboratory in the U.S. for blood and plasma products. Qualifications include three years laboratory experience in a high-throughput testing laboratory, supervisory experience, and three years of good driving record, and a bachelor's degree in Applied Science. Must be MT/CLS or MLS (ASCP). For further

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POSITIONS (continued from page 18)

information, visit our website www.qualtexlabs.org. Please include job code from website on all submissions. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer and maintain a Tobacco & Drug-Free Workplace. Salary will commensurate with your experience, certification, and education. Offering competitive salary and benefits. E-mail résumé to hr_dept2@bloodntissue.org or fax to (210) 731-5581. For information, call Human Resources @ (800) 292-5534, ext.1559. For further information, visit our website www.qualtexlabs.org.

Laboratory Trainer. Are you a decisive self-starter who can motivate people and loves a challenge? We are currently accepting resumes for the position of Laboratory Trainer. This is a position that requires an assertive problem solver who loves a fast-paced environment, and can motivate people to do their best. This position is responsible for training design and development, competency assessment, and development of staff for all of our laboratory positions. Provides recommendations to Department Manager on employee's ability to comply with and perform trained functions. In addition, ensures all laboratory instructors and mentors are qualified and maintain qualification. Associate's degree or Bachelor's degree from four-year college or university preferable with a degree in Medical Technology or related field with at least two years experience. Florida State License in Immunohematology, Hematology, Serology, and/or Blood Bank is required. National registration of medically recognized organization a plus. We need a take-charge person who is not afraid to drive their company to be number one. To apply go to our website www.igiveblood.com.

Reference Lab Manager. The Blood Alliance is now taking applications for the position of Reference Laboratory Manager. This person will be responsible for supervising and providing technical direction and support in the daily operation of the medical technologists and related projects. This analytical, independent, deci-

sive, "doer" will put a premium on accuracy, follow-up on details and complete projects on time. Oversees completion of all ancillary duties including reporting of test results, sample handling, reagent preparation, record keeping, product Qc testing and quality control. Bachelor's degree from four-year college or university with a degree in Medical Technology or related field and five years experience in the blood bank field. Specialist in Blood Banking certification is highly desirable. Must have a Florida Technologist license in the following divisions: Hematology, Immunohematology, Serology, and/or Blood Bank. Florida Supervisor license in Immunohematology, Hematology, Serology, and/or Blood Bank, Certification of Specialist in Blood Banking (SBB), national registration of medically recognized organization a plus. If you are a precise, aggressive, take-charge leader, we need to talk to you. The Blood Alliance will reward your initiative and drive to accomplish things by paying you a good salary and promoting you as far. Apply on our website www.igiveblood.com.

Transfusion Testing Medical Technologist. Transfusion Testing Medical Technologist will accurately performs laboratory procedures on all whole blood and blood products and other samples as requested to ensure their quality and safety in the Laurel, Maryland area. Performs manual procedures such as blood typing, sickle testing, and identification procedures as required to determine the presence/identity of clinically significant blood group antibodies and documents findings. Position requires flexibility to work day, evening, and on-call hours. Combined education and experience which leads to working knowledge of medical laboratory equipment, procedures, and techniques equivalent to the attainment of ASCP Medical Technologist registration or a designation from an accredited institution with one to two years additional work experience in a medical laboratory. Prefer five plus years experience in blood banking and distribution, SBB preferred. See full ad <http://cb.com/11SVMDW>. 💧