A number of concerns were raised at the latest Food and Drug Administration’s (FDA) BPAC meeting in regards to the iron status of blood donors and blood donation policies for teenagers. Testing the blood supply for Zika virus was a topic of discussion as well.

On November 17, BPAC heard presentations and discussed managing the risk for iron deficiency in blood donors. Prior research (principally REDS STRIDE and HEIRS) was reviewed to support the notion that many blood donors can have a normal range of hemoglobin and yet still have low iron stores (e.g., ferritin levels lower than 26 ng/mL)—this is especially true for frequent donors and premenopausal women. The high prevalence of iron storage depletion was described from STRIDE and HEIRS demonstrated that iron supplementation is associated with more rapid iron repletion than extension of interdonation intervals. Donor notification of low iron stores and recommendations for iron supplementation were also effective. The committee votes demonstrated a high level of concern about the prevalence of iron depletion in donors and there was substantial discussion about its clinical impact that centered on alleged cognitive abnormalities that might impact academic, parenting, and employment performance. Unpublished new data from the “Comparison of the History of Donation and Iron Levels in Teen Blood Donors” (CHILL) study documented a high prevalence of iron deficiency in young donors, 16 to 18 years of age.

ABC comments recognized the importance of this issue and the need to compare multiple mitigation strategies in our centers to develop a “menu of best practices.” Regulation was not seen as appropriate at this time, assuming that centers move forward with programs that will address the issues raised.

Two AABB proposals, in response to the May 2015 donor final rule, to allow female donors with hemoglobin levels 12.0 to 12.5 gm/dL were presented, one included and one excluded a requirement for ferritin testing. The subsequent committee discussion suggested they will need further consideration before picking a proposal. However, it was clear that BPAC favored a laboratory assessment of iron stores, i.e. ferritin.

(continued on page 3)
Last week has been key in setting future policy for sustainability of the U.S. blood supply. ABC President Susan Rossmann, MD; CMO Louis Katz, MD; and CEO Christine Zambricki, DNAP, CRNA FAAN, represented ABC members at several regulatory meetings that could severely impact blood centers, donors, and the communities we serve.

On November 14, the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) Subcommittee on Blood System Sustainability met to provide feedback on the recently completed RAND report “Towards a Sustainable Blood Supply.” As members of the subcommittee, Dr. Katz and I had the opportunity to vigorously critique the RAND report prior to its public viewing. ABC members have also had a chance to review and comment on the report just in time for the ACBTSA meeting on November 28 and 29. ABC leadership will be in attendance and our members can view the meetings live via these webcast links: November 2016 (Day 1); November 2016 (Day 2).

On November 15, Dr. Katz and I met with the Acting Assistant Secretary for Health, Karen DeSalvo, MD, to ensure continuity of essential ABC initiatives with the new administration. We wish to recognize the work of Dr. DeSalvo and staff members Jim Berger and Rich Henry in providing renewed focus on the blood industry’s issues. Dr. DeSalvo was particularly interested in our reaction to the RAND report and the alternative recommendations we proposed. Dr. DeSalvo’s department has requested our assistance in preparing the transition materials for the new administration as it relates to the blood industry.

The Blood Products Advisory Committee (BPAC) held full sessions on November 17 and 18, to discuss iron management of blood donors, considerations for female donors with hemoglobin levels between 12.0 to 12.5 g/dL, and blood collection and adverse events in teenage blood donors. Committee members deliberated about the full range of recommendations before finalizing their votes. Some of the ideas discussed showed little understanding of the complex nature of blood center operations, such as the suggestion that blood centers contact donor’s primary care physicians to manage administration of over the counter iron supplements. The full report of their deliberations is contained elsewhere in this issue, including links to ABC’s public comments to both the iron management and adverse reactions in teenage donors issues are available.

It’s important to keep in mind that policy and guidance development is an iterative process. The time last week was well spent for a myriad of reasons, not the least being the important work of maintaining a safe and available blood supply in the future; one that incorporates surge capacity, safety innovations, and the insurance value of blood.
The Committee returned in the afternoon to discuss adverse reactions and iron status in 16 to 18 years old donors. The U.S. is one of few countries that allows the collection of blood from 16 year olds. In many European countries, donors must be 18 years old or older. Of the greatest concern are vasovagal reactions (VVR), which are disproportionately frequent in this age group over any other donor age group. For those who experience VVR, prior research shows they experience a higher chance of injuring themselves. Still, parental consent is not required in some states for high school students to donate.

Strategies were described to mitigate VVR, such as restricting donation to those above a given estimated blood volume (EBV); drinking water and/or electrolyte solutions; distraction techniques; techniques to allay donor anxiety about the process; and coping strategies to empower teenage donors. No optimal set of strategies has been characterized from the multiple options.

One presentation during the meeting was from the American Red Cross (ARC). The ARC data suggested that deferring teenagers for low EBV did not have a significant effect on VVR, neither did muscle tension exercises, nor water loading. ABC member center Blood Systems, Inc.’s data showed, however, that there was significant reduction (as much as 24 percent) in loss of consciousness if teen donors were given water, used muscle tension exercises, and did not stand up immediately after donating. The best strategies and their combinations remain unknown, especially recognizing our lack of understanding achievable levels of adherence to various strategies in real world settings.

ABC Chief Medical Officer Louis M. Katz, MD, commented on behalf of the association, addressing both iron and reaction issues. He showed data from his former center (graph above) that is being recapitulated in early data reported to the ABC Data Warehouse, describing the bimodal distribution of donor ages in the U.S., and demonstrating peaks appearing in the high school and late middle age groups. Dr. Katz asserted that the donation trough from high school graduation to a second peak in the sixth decade (50 to 60 year olds) will need to be addressed as we undertake interventions for both iron depletion and addressing reaction rates in young donors in order to maintain an adequate blood supply.

BPAC unanimously voted to recommend strategies to mitigate or decrease the adverse reaction rates for teen donors without recommending specific strategies or providing any sense of what tolerable rates might be.
On November 18, 2016, the Committee reconvened for an informational session on Zika virus and blood safety in the U.S. After a brief history on the emergence of Zika (see graph below), the conversation shifted to Zika test performance characteristics. Both Roche and Hologics reported sensitivities and specificities above 99.9 percent. Of the 564,571 total blood donation units tested in the U.S. states (not territories), Roche representative and Director Of Clinical Research for Blood Screening Lisa Pate noted her company found 36 initial reactive units for Zika. Somewhat less than half appear to be true positives, but complete confirmatory testing is pending for many. Fewer data were available for the Hologics assay, but four apparent true positives were all associated with travel outside the U.S.

Members of BPAC noted they would like to see more public information disseminated when a donor tests reactive for Zika, to which Susan Stramer, PhD, vice president of Scientific Affairs for the ARC, noted there is an AABB Zika Virus Biovigilance Network with the most current statistics; however the definitions in the investigational new drug and network are not identical. Time lags in reporting from state public health departments were also noted.

Dr. Stramer presented a joint statement for AABB, ABC, and ARC critiquing a lack of transparency and risk-based decision-making at FDA as the agency formulated and announced the August mandate on universal Zika testing mandate.

“We…were not consulted during development of the guidance,” she noted. “Despite our concerns we have risen to the challenge, and for that we should be commended, but (this situation) should be viewed as a unique response.” Dr. Stramer went on to add that she feared the universal testing mandate for Zika—which she said was costing blood centers upwards of $100 million annually to implement—may set a precedence for future infectious disease testing. Additional testing on this scale is not sustainable, she said. Members of BPAC countered Dr. Stramer’s comments saying they felt the evolving Zika outbreak was developing too rapidly and created too much of a potential public health risk to involve discourse with the blood centers and the transfusion transmissible arbovirus task force before creating the mandate.

The day continued with a description of the current status of Transfusion-Transmitted Infections Monitoring System (TTIMS) and reopening of the HIV guidance with specific reference to men who have sex with other men (MSM) 12-month deferral policy. The FDA will be gathering data on how the 12-month MSM deferral policy has affected donations nationwide and then evaluate materials collected during this open-comment period. ABC, ARC, and AABB will submit comments to the docket on this issue.

The talks ended with a summary of the FDA Workshop on Pre-Clinical Evaluation of Red Blood Cells for Transfusion. ✽
RAND Study Says Current Blood Supply System is Sustainable

The Department of Health and Human Services (HHS) will be publicly releasing a report from Santa Monica, Calif.-based nonprofit research institute RAND Corporation on the sustainability of the U.S. blood supply today. The report, “Toward a Sustainable Blood Supply in the United States: An Analysis of the Current System and Alternatives for the Future” was released internally last week to the blood community following the November 14 HHS Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA).

In the report, RAND researchers identify trends affecting blood sustainability in the U.S., alternative business models, and make seven recommendations toward keeping the blood supply system safe and sustainable. The final report will be available to the general public before the August 28 to 29 full committee meeting. ABC’s member center voting representatives and the ABC Board of Directors have been provided the report and their comments solicited for a position statement to be delivered at that latter meeting.

The report is an attempt to identify trends in the blood industry that are adversely affecting sustainability and to suggest remedial strategies. RAND used focus groups, conducted structured interviews with blood centers, hospitals, and vendors to describe the status quo and make recommendations for the blood community and HHS involvement. The current blood supply system is safe and effective, notes the report. However, the financial environment for many blood centers and their suppliers is difficult. The costs of regulatory compliance are significant, and coupled with the decline in red blood cell demand and a deteriorating donor-base, many blood centers do not feel as though the status quo is sustainable. According to RAND, the competition in the blood community has had both positive and negative impacts, but the data set available was not seen as adequate to prescribe specific new policies at this point.

After examining varying payment policy alternatives, RAND did not see a strong argument for establishing a nationalized system like those in many other developed countries. Rather, RAND suggested that most blood centers are already consolidating, and this is likely to continue in the near future.

Overall, RAND made seven recommendations:

1. Blood centers and stakeholders need to release their financial and blood use data to the government.
2. Blood centers should establish what an appropriate supply level is for surges and emergency response planning purposes.
3. The government should pay blood centers for maintaining that surge capacity.
4. HHS should help to set up and maintain a blood safety net through fostering relationships with brokers and other entities.
5. HHS should build and implement a value-framework for new technologies with significant benefit from the societal perspective.
6. The government should pay directly for new technologies where there is no private business case for adoption, for example Zika testing.
7. HHS, through the FDA, should implement emergency use authorization and contingency planning for key supplies and inputs.

The ACBTSA Subcommittee on Blood System Sustainability will provide alternative recommendations to the full committee, which will then formulate recommendations to the Assistant Secretary of Health based on a synthesis from that input and public responses.
ADRP Opens Registration for 2017 Annual Conference

ADRP subscribers may now register for the 2017 ADRP Annual Conference located in Chicago, Ill. The conference is a three-day event being held in the historic Chicago Hilton on Michigan Avenue. ABC has joined forces with ADRP to provide educational opportunities for blood donor recruitment, donor experience, management and collections professionals during this internationally-recognized conference. Some of the topics in next year’s conference include: the international Missing Type campaign, engaging millennials in the workforce, and social media: how we communicate with donors continues to evolve.

Register before December 31, 2016, for only $485 as a subscriber, non-subscribers pay $650. Click here to register now. The subscription model for ADRP has changed slightly from years past due to the new partnership with ABC, click here to find out more on how that subscription model has changed and what the costs will be going forward.

We look forward to seeing you all in Chicago! ♦

Here are what past attendees had to say about the ADRP Conference:

*The 2016 ADRP Conference was a perfect blend of Recruitment & Collections content. The thrill to hear leaders in our industry, from around the world, share best practices was priceless. The opportunity to network with professionals in our unique field and know that the networking will continue after the conference is amazing! If you haven't attended, you must!* – Pamela B. Rascon, Director, Community Resources - Shepard Community Blood Center, Ga.

*I was able to walk away from the 2016 conference refreshed, renewed and ready to face a challenging environment with new vigor!* -- Karina Holcombe, Consultant/Recruiter - Carter BloodCare, Texas

*What a great opportunity to step away from the office to engage with other individuals, explore ideas, gain a fresh perspective and support, and most importantly, get energized!* – Brittany Sigel, Regional Donor Recruitment Manager - United Blood Services, Rapid City, SD
ABC CMO Louis Katz to Be On HHS Committee

Louis Katz, MD, chief medical officer for ABC, has accepted an appointment to the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA), a federal advisory committee of the Department of Health and Human Services (HHS). Dr. Katz accepted the two-year term as one of nine blood, tissue, and organ representatives to the committee. The ACBTSA is a 31-member federal advisory committee that provides advice to the Secretary of Health and Human Services through the Assistant Secretary for Health on a range of policy issues related to blood, blood products, and tissues. His appointment starts on December 6, 2016.

RESEARCH IN BRIEF

“Young plasma” transfusions beneficial in mouse model of Alzheimer Disease (AD). Researchers from California performed a four-year study on mice with the mutant APP gene (which causes AD) and connected them with a parabiotic model and/or infused them with plasma from younger or older animals. Mice with AD-like symptoms experienced a reversal of some of the extracellular receptor kinase signaling damage done by the disease. Young plasma treatments also improved hippocampus-dependent associative learning and memory.


There was no statistically significant decreased mortality when convalescent plasma was given to West African Ebola patients, noted a recent letter to the *New England Journal of Medicine* editor. The letter provided additional data from a previously published study on Ebola patients treated with plasma from Ebola survivors. Most patients received plasma with anti-Ebola virus IgG antibodies, but levels of neutralizing antibodies were low in many donations. However, no association of outcomes could be found correlating to the estimated doses of neutralizing antibodies received.


BRIEFLY NOTED

A new plasticizer for blood bags had similar hemolysis protection to that of di-(2-ethylhexyl) phthalate (DEHP). BloodCenter of Wisconsin announced results in a trial comparing DEHP and bis-(2-ethylhexyl) terephthalate (DEHT) in similar preservative solutions and compared the hemolysis of the red blood cells on days 0, 35, and 42 at storage temperatures of 1 through 68 degrees Celsius. While DEHT is structurally and functionally similar to DEHP, which has been associated with some adverse health effects, DEHT does have distinct metabolic and toxicological effects, noted the authors, and can undergo complete hydrolysis. At day 42, none of the bags exceeded the U.S. 1.0 percent hemolysis criteria or the 0.8 percent hemolysis criteria for the E.U. The clinical trial findings were presented at the 2016 AABB Annual Meeting in Orlando, Fla., by Sharon Graminske, manager of applied research laboratory at BloodCenter of Wisconsin. Eastman Chemical Company was the producer of the DEHT plasticizer used in the trial. (Source: BloodCenter of Wisconsin press release, November 14, 2016)


(continued on page 8)
RESEARCH IN BRIEF (continued from page 7)

The Harvard Business Review (HBR) published a new “How To” article on beating managerial burnout. With nonstop work and high-pressure deadlines, stress can lead to managerial burnout. HBR found that 7 to 85 percent of managers, dependent on their profession, feel burned out. The three components listed in the article for burnout syndrome are: exhaustion, cynicism, and inefficacy. The author advocates for prioritizing self-care, addressing the root cause of the burnout, making necessary changes/reduce exposure to job stressors, and making more interpersonal connections in and out of the workforce. “The sense of being overwhelmed is a signal, not a long-term sentence,” writes the author. (Source: HBR, Beating Burnout. November 2016.)

INFECTIOUS DISEASE UPDATES

The Walter Reed Army Institute of Research (WRAIR) began Zika vaccinations this month. In a phase one, human clinical trial with 75 adults, WRAIR began testing the efficacy and safety of a Zika purified inactivated virus vaccine (ZPIV) earlier this month. Some of the volunteers will be first vaccinated against yellow fever and Japanese encephalitis and then with ZPIV. An earlier preclinical study found that rhesus monkeys that were vaccinated with ZPIV developed a strong immune response and were protected against two strains of Zika virus, noted the press release. (Source: WRAIR press release, November 7, 2016.)

Blood donations testing positive for Zika virus are still rare. All blood centers across the continental U.S. were mandated to begin testing each blood donation for Zika by last week. So far, from approximately 800,000 blood donations tested across the country in the past six months, only 40 were initially positive for the virus with complete confirmatory testing pending on most of these to allow their classification as true or false positive. The costs for testing each unit of blood ranges from $6 to $10 a unit, Susan Rossmann, MD, chief medical officer at Gulf Coast Regional Blood Center in Houston, told the New York Times. “It’s not inconsiderable, that’s for sure.” said Dr. Rossmann. (Source: New York Times, Zika Infection in U.S. Is Still Rare So Far, Blood Donations Indicate. November 14, 2016.)

We Welcome Your Articles

We at the ABC Newsletter welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer’s name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.
**STOPLIGHT®: Status of the ABC Blood Supply, 2015 vs. 2016**

The order of the bars is (from top to bottom), red, yellow, green, and no response.
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**ABC’s Got Talent**

**Season II Is Coming**

**MARCH 27, 2017**

Start Practicing & Stay Tuned for Details!

America’s Blood Centers
It’s About Life.
INTERNATIONAL PLASMA FRACTIONATION ASSOCIATION (IPFA) ESTABLISHED A NEW LEADERSHIP TEAM LAST MONTH. At the board meeting of the IPFA last month, the executive board unanimously elected Rob Van Tuyle, CEO of BloodSource, as the new IPFA president. In addition to Mr. Van Tuyle’s appointment, the board also elected Christian Béchon, chairman and CEO of LFB in France, as vice-president for Europe; Dr. Peter Flanagan, medical director of the New Zealand Blood Service, as vice-president of Asia; and Benjamin Méry, managing director of CAF-DCF in Belgium, as treasurer of IPFA. The outgoing executive President, Dr. Paul Strengers, who has for the last four years also carried out the duties of executive director, was reappointed as executive director. (Source: IPFA press release, November 14, 2016.)

Jackie Fredrick, president and CEO of BloodCenter of Wisconsin (BCW), has been named a 2016 Healthcare Hero by BizTimes Media, Milwaukee, Wis. The annual BizTimes Media Health Care Heroes Awards salute the impact and accomplishments of people and organizations who are making a positive difference in Milwaukee on the front lines of health care. “The award truly reflects Jackie’s outstanding leadership of Versiti and BloodCenter of Wisconsin, as well as her tireless commitment to our mission. On behalf of our board members, I congratulate Jackie on a well-deserved community recognition,” said Versiti and BloodCenter Board Chair Dick Fotsch. A total of 20 community healthcare leaders and organizations were selected as “Healthcare Heroes” in 10 different categories. Ms. Fredrick will receive the award in the Executive Leadership category at an awards ceremony on December 8. (Source: BCW press release, November 15, 2016)

IN MEMORIAM

Alfred J. Grindon, MD. It is with deep sorrow that we announce the passing of a renowned leader in our field, Alfred J. Grindon, MD. Trained as a hematologist at the University of Rochester, certified in internal medicine through St. Louis University, and blood banking/transfusion medicine at Johns Hopkins University, and completing postgraduate work at the National Institutes of Health, Dr. Grindon was commissioned as Officer, United States Public Health Service, serving both Walter Reed Army Hospital and the Bethesda Navy Hospital, and elected as a fellow of the American College of Physicians.

For more than 40 years, Dr. Grindon was a highly-respected leader with the American Red Cross Blood Services (ARCBS) while also serving as director of the Division of Blood Bank and Immunology at Hopkins and later director of Grady Memorial Hospital Blood Bank. He moved to Atlanta in the late 1970s and became executive director/CEO of the Southern Region ARCBS, followed by principal officer and then senior principal officer, all the while serving as a professor and later professor emeritus at Emory University School of Medicine until his unexpected death.

Dr. Grindon’s contributions and service to patients, the transfusion community, and the field of transfusion medicine were vast, including, most notably, serving on the many Department of Health and Human Services, NIH, ARC, and AABB committees as well as the AABB Board of Directors for over 10 years. He authored over

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IN MEMORIAM (continued from page 11)

100 articles and book chapters in books and journals such as Transfusion, the Journal of the American Medical Association, and the New England Journal of Medicine, including two landmark papers on HTLV-3 (later known as HIV). In 1988, he was honored with the AABB John Elliott Memorial Award and the ARC’s highest blood banking honor, the Charles R. Drew Award.

Dr. Grindon was a great leader, teacher, mentor, and friend to a great many of us. He was a rare blood banker, physician, and humanitarian. He will be missed and long remembered.

MEMBER NEWS

The San Diego Blood Bank (SDBB) is looking to extend the shelf life of red blood cells (RBCs). SDBB announced earlier this month that it is partnering with Sinopia Biosciences, Inc., a San Diego-based computational biology company, to develop a solution that will improve transfusion efficacy and extend the shelf life of donor RBCs. “We are excited to partner with Sinopia on this breakthrough project,” said David Wellis, PhD, chief executive officer of SDBB. “Deep molecular characterization of the aging of whole blood may provide molecular and biochemical targets to pursue for modulation of shelf life.” Eventually, Sinopia and SDBB plan to extend the studies to include platelets. (Source: SDBB Press Release, November 4, 2016.)

GLOBAL NEWS

Ireland is in critical need of more blood donors. Minister for Health Simon Harris announced, “Only 3 percent of the eligible population of Ireland are active blood donors, yet one in four people will require a blood transfusion at some time in their lives,” last week. The Irish Blood Transfusion Service (IBTS) issued an appeal to their citizens for more blood donations and noted that last month their national supply plunged to only three days. The IBTS aims to sign up 15,000 new donors by next year. (Source: Irish Mirror, Urgent blood appeal as shocking figures show only 3% of Irish donate, November 10, 2016.)

A Chinese medical group is the first to use CRISPR technique on a human. A team of medical professionals from Sichuan University, led by oncologist Lu You, injected cells containing genes edited using the CRISPR-Cas 9 technique on October 28. The patient was part of a clinical trial at West China Hospital and has aggressive lung cancer. The group extracted a protein from the patient’s immune cells, cultured them to increase their number, and then reinjected them back into the patient with the hope that the extra immune system response would help defeat the patient’s cancer. The patient is reportedly doing well and will receive a second injection. Some speculate this could lead to a biomedical duel with China for the advancement of CRISPR techniques and therapies. (Source: Nature, CRISPR gene-editing tested in a person for the first time, November 15, 2016)

COMPANY NEWS

The Food and Drug Administration recently gave clearance for the ORTHO VISION Max Analyzer, an automated blood analyzer for high-volume transfusion medicine labs, to be commercially available in the

(continued on page 13)
COMPANY NEWS  (continued from page 12)

U.S. The ORTHO VISION Max supports complex immunohematology testing such as serial dilutions for titration studies, reflex tests, and selected cell antibody identification. Routine samples and STAT orders can be performed individually rather than waiting for a complete batch, and has a max load of about 150 units per day. The Max is part of a suite of offerings from ORTHO and includes the ORTHO VISION analyzer, which is geared more for the small-to-mid-level blood centers. (Source: Ortho Clinical Diagnostics press release, October 22, 2016) ♦

CALENDAR

2016

Nov. 28-29: HHIS Advisory Committee on Blood and Tissue Safety and Availability, Crystal City, Va. Find out more information here.

2017


Mar. 24-28. Annual Meeting, America’s Blood Centers, Washington, D.C. Contact: ABC Meetings Department. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Mar. 25. Board Meeting, America’s Blood Centers, Washington, D.C. Contact: ABC Meetings Department. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

May 1 -3. ADRP 2017 Annual Conference, Chicago, Ill. More information is available on the website.


Aug. 1-4. Summer Meeting, MD Workshop & Golf Tournament, America’s Blood Centers, Providence, R.I. Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 3. Board Meeting, America’s Blood Centers, Providence, R.I. Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.


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 Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lmaundy@americasblood.org.
**POSITIONS**

**Quality Assurance Manager.** The Community Blood Center, Appleton, WI is seeking a Quality Assurance Manager to lead our team of quality assurance professionals. This position develops, oversees, maintains and continually improves the organization’s quality plan, ensures that cGMP requirements and quality standards are recognized, understood and maintained across the organization, and is responsible for maintaining the organizations deviation management systems. Candidates should be able to demonstrate strong leadership, communication, and interpersonal skills. Requirements: Bachelor’s degree or equivalent experience in medical technology or a clinical, allied health field. Certified Quality Auditor (CQA) and/or Specialist Blood Bank (SBB) desired. Previous experience required in a regulatory environment with a minimum of three years in a management position in quality/compliance/regulatory environment with a minimum of three years in a management position in quality/compliance/regulatory/audit department, preferably in lab, blood services or healthcare industry. Working knowledge of cGMP, AABB, CLIA and CFR blood banking requirements. To apply and view complete job description of this position, go to [www.communityblood.org](http://www.communityblood.org). The Community Blood Center is an Equal Opportunity Employer M/F/Disability/Veteran.

**Manager, Donor Operations (Location: La Quinta, CA (Greater Palm Springs area); Schedule: Full-time; Monday through Friday, 8:00 am to 4:30 pm).** Oversees donor operations including Manual, Special Services, and Automated Donation processes, and also advanced procedures where applicable. As needed, will be trained to perform Collections Technical Procedures. Responsible for overseeing, evaluating, making decisions regarding issues of customer service and compliance to cGMP Standards, equipment monitoring and Quality Control, staff training, assignments, scheduling daily breaks, and performance. Also, responsible for monitoring and trending Productivity and Facility/Equipment Management. Education and Experience: Bachelor’s degree in Business Administration, Human Resources, Nursing or Medical Technology or RN with relevant supervisory/management experience. Or three to five years Supervisory experience in a Blood Bank setting. Experience with supervising people and processes; managing and prioritizing multiple assignments requiring a high level of problem-solving and organizational skills; possess excellent written and oral communication skills. Current CPR Certification. Current California Driver’s License. For further information and to apply online please visit: [www.LStream.org](http://www.LStream.org). Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V.

**Associate Area Representative (Location: San Bernardino, CA; Schedule: Monday through Friday; 8:00 am to 4:30 pm).** The essential element of the Associate Area Representative position is to assist Area Representatives through the development of specific territories with the community; maintain, and expand professional relationships with community businesses and organizations through quality customer service; contribute to departmental objectives with the goal of adding donations from new groups and increasing donations from existing groups. The Associate Area Representative will have access to all field territories for supplemental support. Under the direction of Management, the Associate Area Representative is responsible for all aspects of the blood drive recruitment process within various territories in order to ensure successful drives and achieve the goals of the blood drive. The ideal candidate will have a bachelor’s degree (BA) in Business, Marketing, Public Relations, or related field preferred. Three to four years of direct experience in the Art of Persuasive Communication, with a strong background in Customer Service. Sales and Marketing experience is strongly preferred. Current California driver’s license. For further information and to apply online please visit: [www.LStream.org](http://www.LStream.org). Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V.

**Senior Collection Operations Director (Oklahoma Blood Institute; Oklahoma City, Oklahoma, USA).** This position will provide leadership and direction over all aspects of the Donor Services collection team for both
miles and fixed site operations. It is responsible for assessing, developing and implementing strategic plans to achieve donor services objectives and goals. Create a friendly competitive environment to motivate staff to achieve high system wide standings on all key performance metrics (loss rates, errors, 2RBC conversion, Global Blood Fund, etc.). Conduct routine meetings to communicate organizational vision, updates, and changes and recognize outstanding staff performance keeping morale high. Maintain adequate staffing levels. Make frequent visits to both fixed and mobile collection sites. Actively participate in internal and external assessments/inspections including corrective action plans and effectiveness checks as needed. Track and monitor inventory and collection goals, which include whole blood, automation rates, and WB conversion data. Analyze data and make adjustments to increase productivity. This includes working closely with recruitment to ensure projections are met. Prepare and manage department annual budgets. Qualifications: Bachelor’s degree in management or medical field, Masters helpful. Minimum of five years’ leadership/management experience, and valid driver’s license. Salary: Competitive salary and excellent benefits package. How to apply: http://obi.org/careers/.

Blood Center Optimization Director (or Associate Director, based on experience). (Company: Cerus Corporation; Location: Continental United States, near major airport) This new role will focus on assisting key blood center customers increase availability of INTERCEPT treated products to match their demand. Develop mechanisms to support blood centers looking to optimize donation targeting, increase INTERCEPT compatibility, decrease cost, improve inventory management, improve staff and donor schedule, and forge stronger partnerships with blood-consumers to advance patient blood management and enlist blood-consumers as collection partners. In order to accomplish the aforementioned, candidates will have experience within multiple aspects of blood banking, lean manufacturing and full-life-cycle project management leadership, leading to a culture change. Candidates should possess the skills required to both personally assist and develop tools to indirectly assist centers: project plan, gaining buy in at all organizational levels, execute, monitor progress and close out projects that have long-term organizational change impact. Positioned as a strategic advisor, work alongside business leaders and in the weeds to help determine how and why goals can be developed and met. Bachelor’s degree with 10 plus years of experience in Blood Bank practice (quality, hospital relations, blood product preparation, apheresis techniques). For full JD and to apply visit http://www.cerus.com/Careers/curren-topenings-usa/ and select link for job title.

Reference Laboratory Technologist. Mississippi Valley Regional Blood Center (MVRBC) is offering a full time opportunity to join our team in our St. Louis facility. MVRBC is the exclusive provider of blood products and services to 85 hospitals in IA, IL, WI and MO. Our aim is to provide world-class blood products and services to communities in need. To achieve this, we need passionate, talented professionals to join our team. This individual will be performing antibody testing, antigen typing, and providing consultation to hospital staff as needed. This position is full time with a working schedule of, Monday through Friday 4:00 p.m. to 12:00 a.m., including on-call rotation for weekends and holidays. Candidates will possess MT/MLS certification with ASCP or equivalent. SBB is a plus, but not required. Ideally candidates will have three years of blood banking experience in the past five years. MVRBC offers an opportunity to be a part of a dedicated team that makes us a recognized leader in the blood center industry, an environment that makes work/life balance a priority with a generous paid time off account, a fantastic benefit package and a competitive salary. Pre-employment drug screen and background check required. Interested candidates may visit https://www.localjobnetwork.com/apply/add/21199153 to apply. EOE: Minorities, Women, Veterans, Disabilities

Director, Blood Collections. The director assists with overseeing and coordinating operational functions of the Nursing & Community Wellness Department in conjunction/consultation with the COO and CIO. A key function of this position involves monitoring and developing metrics and benchmarks to ensure effectiveness, standardization, and regulatory compliance of collection processes. A crucial function of this role requires working cooperatively with other members of management and with department heads, to achieve the overall goals of the organization. RN Preferred, not required. Please apply online at: https://sandiegobloodbank.applicantpro.com/jobs/483582.html. San Diego Blood Bank is an Equal Opportunity Employer. EEO/Minority/Female/Disability/Vets

Serologist II. (Location: St. Paul, MN; Status: Full-time, 1.0FTE (40 hours per week), and Non-Exempt; Shift: 3rd Shift and call Friday 23:30 to 06:00 Saturday) Join our team of lab professionals! In this role, you will precisely and accurately perform and interpret technical procedures to satisfy hospital referrals and requests. Complete all ancillary duties including reporting of test results, sample processing, reagent preparation, and record keeping. Serve as a consultant regarding resolution of patient testing, assist in development of new procedures, and participate in continuing education. To apply, please go directly to our website with an updated resume: https://home2.eease.adp.com/recruit2/?id=19180342&t=1.

Operations Supervisor Logistics. (Department: Collections Drivers Metro; Status: Full-Time, 1.0FTE (40 hours per week), and Exempt; Location: St. Paul, MN; (continued on page 16)
POSITIONS (continued from page 15)

benefits: Medical, Dental, Vision, 401K, PTO and EST to name a few!) To ensure collections operations (mobiles) are run in a manner that results in safe and compliant blood products and service that consistently delights donor and sponsors. To ensure a working environment for staff on the applicable team that is supportive and productive through recognition, feedback, coaching and development. To apply, please go directly to our website with an updated resume: https://home2.eease.adp.com/recruit2/?id=19174332&t=1

Hospital Services Supervisor. Bloodworks Northwest in Renton, WA is seeking an experienced supervisor to contribute to the productivity of the department, while supporting Bloodworks’ operational goals. The incumbent will guide the performance of 10 employees by providing explanatory information and operational expertise. This position monitors and controls the inventory of the Renton Branch and collaborates with Transfusion Services management to ensure that satellite lab inventory levels are adequate. It also provides routine and emergency support to Blood Services hospitals in the regional vicinity, performs training and quality control procedures, develops SOP’s and represents Blood Service Laboratories to internal and external customers. Requirements: B.S. or equivalent combination of education and work experience: demonstrated leadership in a position at another Blood Center, in the health care industry or in a laboratory environment, or equivalent people management experience in a fast moving customer service-oriented industry. Visit our careers page at http://www.bloodworksnw.org. Bloodworks Northwest is an AA/EEO Employer. ♦