

2012 #30

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ABC's Interim Meeting Explores Challenges & Opportunities

Last week, more than 120 blood center leaders and transfusion medicine professionals came together in Buffalo, N.Y. for America's Blood Centers' 50th Interim Meeting and Medical Directors Workshop, where attendees discussed current challenges facing blood centers, as well as emerging opportunities. Guests at this year's meeting, hosted by Unyts, were treated to dinner at the Burchfield Penny Art Center and sightseeing at Niagara Falls.

Medical Directors Discuss Emerging Issues.

The meeting kicked off on Sunday, Aug. 4 with the Medical Directors Workshop where attendees were welcomed by moderator, Richard Gammon, MD, chair of the ABC SMT committee and the medical director of Florida's Blood Centers, a division of OneBlood. Jeffrey L. Carson, MD, of UMDNJ-Robert Wood Johnson Medical School in New Brunswick, N.J., began the morning's presentations with a discussion of new AABB Guidelines for red blood cell (RBC) transfusion, published recently in the *Annals of Internal Medicine*. Dr. Carson emphasized that the risk of adverse effects from transfusion are comparable to many other medical and everyday risks. He stressed that controlled clinical trials analyzing the efficacy of transfusion have generally suggested that a more restrictive transfusion policy is safe while many lower quality observational studies have suggested that allogeneic transfusions are associated with adverse outcomes. In this setting, the aggregate evidence suggests that a policy of restrictive transfusion is consistent with the medical dictum "primum non nocere" (first do no harm), and should be considered the standard of care.



ABC Interim Meeting attendees enjoy views of Niagara Falls and take some photos.

The AABB guidelines emphasize the restrictive transfusion policy for populations that have been properly studied, but qualify the recommendation for conservative transfusion by reminding clinicians that hemoglobin level alone should not dictate

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OUR SPACE

ABC CEO Jim MacPherson

When I'm 64

Traveling through my seventh decade isn't always fun, but it sure is interesting. It started with being successfully treated for prostate cancer and then losing much of my hearing (too many '60s rock concerts). Then there is the increasing day-to-day struggle to stay fit and keep joints limber. While we go through "passages" in every decade of life, knowing that there is far less life and productivity ahead of you than behind you sure changes your priorities. Family, always first, now begins to take the forefront, including reestablishing links with those long-lost cousins – even your once obnoxious brother. Friendships, too, become more important, as do renewed spiritual connections.

It's also my second anniversary of joining Facebook. Originally, I joined, in trepidation, as a way to extend my Our Space blogging (for those who cared). Indeed, the majority of my Facebook friends are from the blood community, including those from a dozen different countries, but the next largest group of friends are those I went to high school with who sought me out. Suddenly, I am in daily contact with scores of people my exact age with whom I've shared a lifetime of experiences, even though I haven't seen most in more than 40 years. And while friends told me to join to follow my adult kids, it's even better because I get to share in their wider circle.

Some people hitting their mid-60s begin to think about leaving a legacy, beyond family, be it money or having created some program or initiative that they can look back upon with pride. For me, it is putting more effort into little things, like mentoring and always asking, "With the time I have available (in my job, volunteer work, etc.), where can I have the most impact for good?"

I'll be around this field and in this job that I love for years to come; you are among my greatest friends and that will be my motivation for directing many of my energies toward the blood community. And like many of you, I have gotten far more out of my 41 years in the blood community than I could ever put in. So, what can I do today to move the field forward?

jmacpherson@americasblood.org 💧

Visit Jim on Facebook: www.facebook.com/JimMacPhersonABC. 

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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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ABC's 50th Interim Meeting (continued from page 1)

whether a patient receives a transfusion. Rather, a careful physiologic assessment of the patient should be implemented. He concluded saying that “we need to base our transfusion policies off of randomized clinical trials.”

Following Dr. Carson, Jeannie L. Callum, MD, director of Transfusion Medicine at Sunnybrook Health Sciences Centre, in Ontario, Canada, spoke about plasma transfusion for severe hemorrhage. Dr. Callum discussed some of the causes for disturbance of coagulation in massively bleeding patients. Despite numerous studies being published over the last several years that support aggressive plasma transfusion in massively bleeding patients, Dr. Callum explained there are still many unanswered questions regarding plasma dosage and efficacy. She reviewed alternatives to plasma, concluding that tranexamic acid is the only alternative known to change outcomes. Dr. Callum emphasized that healthcare facilities need to have a protocol for plasma transfusion in severe hemorrhage, and that the use of protocols to standardize communication and transfusion may be more important than the specific ratio of plasma to RBCs in the improved outcomes being described with aggressive plasma transfusion.

Arthur W. Bracey, MD, of St. Luke's Episcopal Hospital in Houston, Texas, and chair of the AABB Bacterial Contamination Task Force, discussed an issue recently addressed at an AABB public conference – bacterial contamination of apheresis platelets (see *ABC Newsletter*, 7/20/12) and the utility of secondary testing for bacteria at the point of release in the hospital. Dr. Bracey reviewed the risk of bacterial contamination in apheresis platelets that have tested negative with an early culture-based test, the rate of septic reactions caused by bacterial contamination, and alternative strategies to reduce platelet-associated sepsis. “Really, my take-away message, is that there is room for improvement,” concluded Dr. Bracey, adding that while point-of-release tests for bacterial contamination may be helpful, there should be multiple methods at work, ultimately including pathogen reduction, which is already being used in a number of European countries.

Mary J. Townsend, MD, from Amarillo, Texas, chief medical officer in the southern region of Blood Systems, presented DonorHART, a donor hemovigilance system that tracks adverse reactions among blood donors in order to improve donor safety. With this system, blood center staff electronically enter the donor's reaction and can benchmark their blood center against others in the system to find areas for improvement. Dr. Townsend shared a specific example in which one blood center was able to use the benchmarking tool to effectively implement interventions that reduced the number of loss of consciousness events among young donors from 83 in the 2009-2010 school year, to six events in the 2010-2011 school year.

Orieji C. Illoh, MD, from the Division of Blood Applications of Office of Blood Research and Review (OBRR) at FDA, discussed iron depletion in blood donors and optimal hemoglobin levels. Regulators and transfusion medicine experts have had several meetings since 2001 discussing the importance and prevention of iron depletion in blood donors, including changes in the acceptable hemoglobin level which donors can donate. Dr. Illoh provided insight into how FDA is approaching this issue and discussed future studies investigating this issue.

Paul D. Mintz, MD, of the Center for Biologics Evaluation and Research's OBRR at FDA, provided the audience with an insider's perspective of FDA's hematology division and the responsibilities of each office. Penelope Meyers, MA, MT(ASCP)SBB, of the Centers for Medicare & Medicaid Services in Baltimore, Md. reviewed “what every lab director should know” in regards to CLIA regulations.

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ABC's 50th Interim Meeting (continued from page 3)

Concluding the day's presentations, Kevin J. Land, MD, chief medical officer of United Blood Services, then shared a philosophical view of a donor center physician's decision to defer a donor. He explored some of the forces guiding donor center policy and discussed how to frame donor deferral policy issues from the physician's perspective.

Members Meeting and FABC Grants. On Sunday, Aug. 5, ABC President Dan Waxman, MD, welcomed attendees to the Interim Meeting and gave his president's report. ABC CEO Jim MacPherson then offered his CEO report, emphasizing progress in implementing the Appropriate Inventory Management-II (AIM-II) software at more than 200 hospitals, as well as beginning to analyze data in ABC's Data Warehouse. Gilles Folléa from the European Blood Alliance (EBA) provided an update on EBA's activity, noting several accomplishments and initiatives that have come out of ABC's collaboration with the EBA.

Francine Décary, MD, PhD, MBA, who recently became Board chair of the Foundation for America's Blood Centers, provided FABC updates, highlighting the upcoming Unity Gala in collaboration with the Sickle Cell Disease Association of America (see *ABC Newsletter*, 5/25/12) and the *Links for Life* Golf Tournament (see *ABC Newsletter*, 7/27/12). Carol Brugman, a marketing and communications specialist at Blood Systems, presented the "Recruiting African-American Donors" project funded by the FABC, which will focus on better understanding and overcoming barriers to gaining more African American blood donors using survey data from the African-American community.

Louis Katz, MD, executive vice president of Medical Affairs at Mississippi Valley Regional Blood Centers, shared a joint FABC-funded project with Memorial Blood Centers called "Iron Depletion and Replacement in Blood Donors." This program seeks to enroll 1,000 donors from each center to confirm that iron replacement reduces iron depletion in blood donors outside of a research setting, to confirm the utility of ferritin testing in determining blood donor iron stores, and to develop model standard operating procedures for donor iron supplementation programs. More information about the FABC grant programs is available at <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>.

SMT Forum. Beginning this forum, Jennifer Jones, a consumer safety officer at FDA, reviewed processes and FDA guidance documents useful to blood centers undergoing establishment changes, such as mergers and acquisitions. She stressed the importance of contacting a consumer safety officer at FDA early in the merger or acquisition process and to reference the appropriate FDA guidance documents. More information and a list of references is available in Ms. Jones' presentation on ABC member's website.

Jacques Lacroix, MD, a professor at the Université de Montréal in Canada, presented an update about the Age of Blood Evaluation (ABLE) study and other age of RBC studies. Dr. Lacroix noted that there are two main questions in the debate of older blood vs. fresher blood: "Is older blood harmful" and "Does fresher blood benefit the patient?" The ABLE study, he added, seeks to answer the second question. He reviewed the possible clinical impact of RBC storage lesions. He gave an overview of randomized clinical trials studying the relationship between length of storage of RBC units and clinical outcomes of transfused patients.

Mark Yazer, MD, assistant medical director at the Institute for Transfusion Medicine (ITxM), presented electronic enhancements implemented to improve patient safety and blood management at the hospitals to which ITxM provides centralized transfusion services. ITxM's advanced centralized transfusion database has helped to improve patient safety by storing patient information, such as blood type and antibody

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ABC's 50th Interim Meeting (continued from page 4)

history, that can be accessed from multiple hospitals as patients move from one hospital to another. The database also sends notifications to physicians ordering blood reminding them of the transfusion triggers, as to encourage appropriate use of blood and blood products.

Before wrapping up with a “hot topics session,” Dr. Katz took the stage to commemorate Celso Bianco, MD, who is retiring as ABC’s executive vice president in October. “I can’t believe that this is Celso’s last ABC meeting – I don’t know what we can say to thank you, Celso. Words just won’t do ... we know that in your retirement, you will remain available to us in the blood community as a leader, teacher, and friend,” said Dr. Katz, who will be transitioning into Dr. Bianco’s position at ABC in late September. Ruth Sylvester, Toni Mattoch, and Leslie Norwood presented Dr. Bianco with a gift to thank him for his skillful leadership of ABC’s SMTQR department. Dr. Waxman announced that the FABC has decided to fund an annual lectureship in Dr. Bianco’s name to be given at ABC’s Annual Meeting.

Blood Center Leadership Forum. On Monday, Aug. 6, attendees listened to presentations at the Blood Center Leadership Forum, beginning with keynote speaker, John Bartimole, the president of the Western New York Healthcare Association. Mr. Bartimole’s discussion focused on the Affordable Care Act’s (ACA) impact on the healthcare system and on hospital providers, including blood centers. As hospitals take on additional costs, there will be more pressure on blood centers and other suppliers to continue providing quality products at lower costs. He explored value-based purchasing, which is a CMS program designed to reward hospitals with incentive payments for quality care.

Martha M. Kendrick, a partner at Patton Boggs, LLP, discussed blood centers and healthcare liability reform. Ms. Kendrick covered the Supreme Court’s recent decision on the ACA, medical device tax implementation status, and how today’s political landscape will affect healthcare. ABC and the American Red Cross have been actively advocating with the IRS and FDA to exempt blood centers from a medical device tax that could add \$2 to the cost of each blood collection, explained Ms. Kendrick. She also covered the Medical Device User Fee Amendments and other legislative issues affecting blood centers.

Although there are challenges ahead facing blood center leadership, there are also emerging opportunities for growth, including regenerative medicine. Richard M. Gronostajski, PhD, professor of Biochemistry at the University at Buffalo and director of the Western New York Stem Cell Culture and Analysis Center, highlighted opportunities afforded by regenerative medicine in his presentation. He explained that “cell based healing,” uses stem cells, such as those found in bone marrow, peripheral blood, or cord blood, to treat various diseases. Blood centers might get involved by partnering with companies to create new therapeutics, performing basic research into stem cells, and collaborating with stem cell centers for research or therapeutic goals.

The Interim Meeting concluded with a presentation by Kellie Kerr, ABC’s vice president of Analytics, showing information residing in ABC’s Data Warehouse. Ms. Kerr shared many graphs, including one displaying the percentage of donations by ethnic group from January 2010 to April 2012 among centers reporting to the Data Warehouse. Currently, there are 28 blood centers providing data to the Data Warehouse, which represents 53.2 percent of ABC member collections. Ms. Kerr also described AIM-II data, which provides insight into patient-specific blood utilization information and outcomes. She emphasized that with AIM-I and AIM-II, blood centers and hospitals will have access to a vein-to-vein monitoring system.

ABC would like to thank the meeting host, Unyts, and the sponsors that made this year’s Interim Meeting in Buffalo a success. ♦



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Al Whitney Completes Mission to Donate Platelets in All 50 States

Al Whitney, 74, often called the “pied piper of platelets,” recently visited Montana and Wyoming, accomplishing his goal of donating platelets in all 50 states as part of his “Platelets Across America” campaign. However, Mr. Whitney is quick to point out that he’s not done yet. “Let the blood centers know that I am still continuing my journey, and I will visit any blood bank that wants me,” Mr. Whitney told the *ABC Newsletter*.

Although Mr. Whitney embarked on his “Platelets Across America” mission in 2007, he has been an active blood donor and blood drive coordinator since 1965 when he was encouraged to give blood for the first time by a sign outside a local drive in Avon Lake, Ohio. He has since donated five gallons of whole blood and coordinated countless community blood drives in Ohio, holding 56 drives a year between 1985 to 2000. It was Mr. Whitney’s phlebotomist who, in 1970, inspired him to begin donating platelets, which are often used to treat cancer patients and burn victims.

“Donating platelets is a thrill,” said Mr. Whitney after donating at his 47th state, Hawaii, in June. “When you realize that your platelets are probably going to save a life of a cancer patient within four days, how can it not be a thrill?”

While donating platelets in the fall of 2007, Mr. Whitney thought to himself “I can do more,” and so he embarked on “Platelets Across America,” seeking to raise awareness of the need for blood and platelets, he said. Mr. Whitney donated in his 49th state at a United Blood Services (UBS) donation center in Billings, Mont. and donated in his 50th state at a UBS center in Casper, Wyo., which marked his 708th platelet donation.

When asked about how he felt donating platelets in his 50th state, Mr. Whitney said, “In a way, it feels anticlimactic – but that’s only because I know that I’ve got a lot more work ahead of me. I’ll still be visiting other places to keep on recruiting more blood donors.” Throughout his visits to the 50 states, Mr. Whitney has worked to encourage regular whole blood donors to become platelet donors and to inspire those who have never given blood to give it a try.

“Do you know one of the main reasons that people don’t donate blood?” asked Mr. Whitney. “It’s because nobody ever asked them to. That’s one of the main things that I push with blood banks – to go out and just ask people to donate.” Mr. Whitney added that on a couple of occasions he has successfully encouraged strangers to give blood, simply by asking if they are blood donors. He noted, however, that it is important not to make anyone feel pressured into donating blood, because donors are more likely to return and become regular donors if they make the decision to give blood on their own.

Mr. Whitney’s trip to UBS is not his first visit to a Blood Systems donation center, and the staff was more than happy to help him out again. “Al’s visits to so many of our centers inspired donors, blood drive coordinators, the community, and our staff,” said Pat McEvoy, president of Blood Systems’ Blood



Al Whitney donates platelets at United Blood Services in Billings, Mont., marking the 49th state in his “Platelets Across America” campaign.

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Al Whitney Hits 50 States (continued from page 6)

Centers Division, UBS's parent organization. "His mission – 'I can do more' – motivated many people to dedicate themselves to platelet donation and many more to look for ways that they, too, could 'do more' to make a difference in their communities. All of us at Blood Systems congratulate and thank Al as he completes his first national tour."

Although he has completed his 50-state mission, Mr. Whitney said, "This is not an ending – it's a beginning." Blood centers interested in a visit from Mr. Whitney may contact him at plateletsusa@kellnet.com, or visit his website at www.plateletsacrossamerica.com/. ♦

Bryan Krueger Named Bonfils Blood Center's New President and CEO

Bryan Krueger was recently named the next president and CEO of Bonfils Blood Center and will assume his new role as of Aug. 20, Bonfils announced in a press release. Mr. Krueger succeeds Thomas C. Puckett who announced his retirement in July 2011 (see *ABC Newsletter*, 7/22/12) and has served as the blood center's CEO for 14 years.



"Bryan brings a wealth of knowledge of and experience in the healthcare industry to Bonfils, and we are thrilled to have him as the next leader of the blood center," said Tina M. Hogeman, chair of Bonfils Blood Center's board of trustees. "The board of trustees and senior management team are confident that Bryan is the right person to carry out the long-term strategic plan that serves as the guiderail for the organization to continue to benefit patients in need and maintain Bonfils' place as one of Colorado's top non-profits."

Mr. Krueger has more than three decades of experience in the healthcare field, including blood management, said the release. He comes to Bonfils most recently from Gambro Renal Products where he served as vice president, Americas of the Chronic Business Unit at the medical device company for the past two years. Previously, he served as the senior vice president of Global Corporate Sales, as well as Marketing and Customer Support with CaridianBCT (now Terumo BCT).

Bonfils' board of trustees formed a search committee last summer and evaluated and interviewed several candidates before selecting Mr. Krueger as the future leader of Bonfils, said the release. ♦

Sept. 4 Sponsorship Deadline for Unity Gala Rapidly Approaching

The deadline is quickly approaching to show your support for sickle cell disease patients by sponsoring the Unity Gala on Thursday, Sept. 27, hosted by the Sickle Cell Disease Association of America (SCDAA) and the Foundation for America's Blood Centers (FABC). The event will be held in Baltimore, Md.'s lively Inner Harbor and will support the life-saving work that the FABC and the SCDAA do to help sickle cell disease patients and those in need of blood transfusions. In order to properly recognize the gala sponsors in the program, those interested must register for sponsorship by **Sept. 4**. Please visit www.thefabc.org/gala/unitygala_sponsorships.html to sign up for a sponsorship and for more details. More information about the Unity Gala is available at www.thefabc.org/gala/index.html.



A Word From The FABC

Jodi Zand

Exit Through the Gift Shop

Just last week, I brought my family to Buffalo with me for ABC's Interim Meeting, while my in-laws drove up from Cleveland for some quality time with our son, Oliver. On Saturday evening, we decided it was time for Oliver to ride the famous Maid of the Mist boat to get an up-close view of the falls.

After waiting in long lines on a bridge with hundreds of hot, sweaty tourists and very little personal space, it was finally time to don our complimentary blue ponchos and board the boat.

The boat ride was exhilarating! Except for the few people who seemed a little green from their lack of sea legs, the general feel of the crowd was happiness and awe.

As with most tourist attractions, you are guided to the exit through a gift shop, where the merchant is hoping to strike while the thrill of your experience is fresh and you are compelled to buy any of the numerous tchotchkes as a keepsake.

Within a couple minutes in the store, the skies opened up out of nowhere and a torrential thunderstorm began. Instinctually, more people scurried into the gift shop for cover, causing the store to be more crowded than anyone would like, but not unbearable. The feeling was one of calmness and almost amusement about the sudden change in weather. However, after about ten minutes, the sales clerks became quite verbose in demanding that everyone must leave the shop. At first, nobody paid much attention, but the clerks became more and more adamant. Finally, one of the tourists spoke up and calmly said to the young woman, "You can't seriously expect us to go out in this storm, there is lightning out there and people could get hurt."

"That is not our responsibility," the clerk said, anger rising in her voice. "You have to go. We are over capacity. If you aren't buying something, you have to leave now."

"Not our responsibility." Those words struck me instantly. That mantra has always been the proverbial elephant in the room when it comes to blood donation. "It's somebody else's problem." "I've never needed blood." "Someone else will take care of it." I could list more excuses, but anyone in this business has heard them all. And many of us at one point or another have gotten caught up in the numbers and the goals and the logistics, and temporarily lost sight of why we do what we do.

But the thing is, it *is* our responsibility. It is our responsibility to make sure that we are relentlessly spreading the word about blood donation. It is our responsibility that we continue to support programs that break down the barriers and build a diverse blood supply that supports everyone's needs. It is our responsibility that we continue to develop and apply technology to make our operations and our usage as efficient as possible. And it is our responsibility to be global leaders and open our doors and our ideas to other nations who want to ensure a safe and adequate lifeline to their citizens.

In the end, after about 30 minutes (and two overpriced punching balloons thanks to Oliver demonstrating the "you try to inflate the balloon in the store, you buy it" policy), the weather cleared and so did the store. Tempers eased and the workers seemed to have relaxed a bit, hopefully having learned a lesson in common sense and compassion. What I hope everyone in that gift shop learned that night is that one never knows when or where a storm is going to hit and it is everyone's responsibility to band together and do what's right.

Jodi Zand is the Foundation for America's Blood Centers' director of Fund Development. If you would like to help the FABC continue to fund programs that help maintain a safe and adequate blood supply, please consider attending our Unity Gala on September 27 and/or the Links for Life Golf Tournament on Oct. 22. To learn more visit www.thefabc.org or contact Ms. Zand at jzand@americasblood.org ♦



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INSIDE ABC

Want to Learn More About Today's Ever-Changing IT Environment? Then Register for ABC's 2012 IT Workshop!

Most professionals in blood banking and many other industries have come to realize that IT is an essential component of any successful business or organization today. Whether it's using mobile devices on smartphones or cloud computing, IT plays a vital role in most organizations' day-to-day operations.

America's Blood Centers' IT Workshop from Sept. 19 to 20 in Fort Lauderdale, Fla. will provide an opportunity for attendees to dig into various IT hot-topics affecting blood banking, transfusion medicine, and healthcare. Those interested must register and reserve a hotel room by Aug. 24.

"The ABC IT Workshop is a two-day event that provides a summit where IT professionals, as well as other professionals, can engage in discussions and participate in presentations regarding many of the current and upcoming IT areas of concern and technology innovations. The workshop also provides a forum to discuss and collaborate on successful projects and implementations," said Cesar Flores, ABC's IT Planning Committee chair and the director of Information Services at Coastal Bend Blood Center.

Based on a survey from ABC members, this year's workshop will include discussion panels on IT security, business intelligence and forecasting, mobile computing and the use of smartphones, and electronic health questionnaires. Additionally, the workshop will feature roundtable discussions offering participants the chance to talk in small groups about cloud computing, social networking, Health Level Seven International (HL7), and AABB IT guidelines. Participants will be able to ask and respond to questions and share their experiences within each of these topics.

"Although this is an IT workshop, it is not limited to IT professionals but for anyone working with or interested in IT" said Mr. Flores. "We've had CEOs, CFOs, and other blood center professionals from different disciplines attend this workshop in the past. We welcome their attendance as they often provide feedback on their challenges, experiences, and expectations with IT that we sometimes don't see or hear in our day to day operations. This workshop is really an open forum."

For more information about the workshop, please contact Ruth Sylvester at rsylvester@americasblood.org. If you did not receive an e-mail invitation with a link to registration, please contact Lori Beaston at lbeaston@americasblood.org. Registration and hotel reservations must be made by **Aug. 24**. To learn about workshop sponsorship opportunities, please visit <http://bit.ly/opps2012>.

ABC Publishes Summer Blood Bulletin Issue – Resource to Share with Hospitals

America's Blood Centers' Scientific, Medical, and Technical (SMT) Publication Committee recently published the latest issue of the *Blood Bulletin* titled, "Alloimmunization of RhD following Platelet Transfusion." The *Blood Bulletin* is a quarterly publication for ABC member blood centers to use in their educational programs as a value-added service for hospital customers.

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INSIDE ABC (continued from page 9)

Patricia M. Carey, MD, Ajay Perumbeti, MD, and Mandy Flannery O'Leary, MD, MPH, of the University of Cincinnati wrote the article, and ABC's Scientific Publication Committee reviewed the article and provided comments. The *Blood Bulletin* is published in a Word document format so that blood centers can insert their logos and contact information into the blank space in the upper right corner of the first page. Blood centers may want to make this issue available to other members of the staff, including those responsible for medical education.

The committee is happy to accept suggestions from blood center staff on topics that would be useful in the center's educational programs, or to address frequent questions from hospitals that the blood center serves. Please contact the Scientific Publication Committee Chair Julie Cruz, MD, with questions or comments about the *Blood Bulletin* at jcruzmd@indianablood.org. The *Blood Bulletin* can be accessed at <http://members.americasblood.org/go.cfm?do=FileCenter.Get&fid=3808>. ♦

***Links for Life* Registration Deadline Extended!**

The deadline to register for the *Links for Life* Golf Tournament on Monday, Oct. 22, has been moved to **Sept. 4**. Don't miss your chance to participate in a one-of-a-kind golfing experience at a top-rated golf course with the opportunity to meet PGA players and support a worthy cause! Please visit <http://www.cvent.com/d/2cqpl5/1Q> to register. Additional questions may be directed to Jodi Zand (202) 654-2994 or jzand@americasblood.org.

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RESEARCH IN BRIEF

An article published on Aug. 7 in the journal *PNAS* highlights research showing nucleic acid-binding polymers are able to inhibit thrombosis without increasing bleeding. Anticoagulant drugs given to prevent thrombosis can increase the risk of bleeding. Recently, naturally occurring polyphosphates such as extracellular DNA, RNA, and inorganic polyphosphates have been shown to activate blood coagulation, write the authors. The researchers, therefore, sought to evaluate the anticoagulant and antithrombotic activity of nucleic acid-binding polymers *in vitro* and *in vivo*. Such polymers bind to polyphosphate molecules and inhibit polyphosphate-induced clotting and the activation of the intrinsic pathway of coagulation *in vitro*, write the authors. They described nucleic acid-binding polymers acting as molecular scavengers counteracting nucleic acid activation and inhibiting RNA- and DNA-mediated activation of Toll-like receptors and inflammation. The authors hypothesized that such scavengers may also be able to inhibit polyphosphate-mediated thrombosis. Therefore, they sought polymers that could bind all of these classes of polyphosphates with high affinity. In this report, the researchers screened a wide variety of nucleic acid polymers using *in vitro* clotting assays for their potential to inhibit activation of the coagulation cascade and act as potent and safe antithrombotic agents. Based on the results of *in vitro* experiments, they explored these properties of the nucleic acid-binding polymer, PAMAM G-3. *In vivo* observations using mouse models suggest it can inhibit coagulation without greatly increasing the propensity to bleed and anticipate they will be able to engineer novel nucleic acid-binding polymers with improved extracellular polyphosphate-scavenging properties and reduced toxicities. They conclude that future studies that evaluate the pharmacology and toxicology of nucleic acid-binding polymers for treating thrombotic diseases, as well as efforts to engineer novel nucleic acid-binding polymers for such applications are warranted.

Citation: Sullenger BA, *et al.* Nucleic acid scavengers inhibit thrombosis without increasing bleeding. *Proc Natl Acad Sci USA*. 2012 Aug. 7; 109(31): 12938-43. 💧

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INFECTIOUS DISEASE UPDATES

INFLUENZA A (H3N2v)

The number of cases of a variant strain of H3N2 influenza, commonly called “swine flu,” has jumped up to 153 cases detected from July 12 to Aug. 9, jumping up from 16 cases detected from July 12 to Aug. 3, reported the Centers for Disease Control and Prevention. This variant influenza A (H3N2v) was first detected in humans in July 2011 and had also been isolated in US swine and in many US states. The cases have been reported in Indiana (120 cases), Ohio (31), Hawaii (one), and Illinois (one), reported CDC in the Aug. 10 *Morbidity and Mortality Weekly Report* (MMWR). Of the 138 reported cases for which demographic information was available, 128 (93 percent) occurred in persons less than 18 years, and 10 (7 percent) occurred in adults. The median age of patients was seven years. The 152 patients reported from Illinois, Indiana, and Ohio all reported direct or indirect exposure to swine, mostly at agricultural fairs, reported CDC. Clinical symptoms have been consistent with seasonal flu symptoms, including fever, cough, pharyngitis, myalgia, and headache. There is a low level of concern about the uptick in cases because most of the infected individuals have had mild symptoms that resolved on their own. No deaths have been reported and only two people have been hospitalized during the most recent outbreaks – both recovered and were discharged. “CDC understands that people are concerned [about] the rapid jump in the number of H3N2 cases compared with last week,” said Joseph Bresee, MD, of the agency’s influenza division, during a conference with reporters last week. “At this point, there is no evidence of sustained, efficient human-to-human spread in the community. This is not a pandemic situation.” However, CDC is watching the situation closely, and has made recommendations for preventing infection with this flu strain. CDC has not recommended that fairs close their swine exhibits, but rather is advising the use of certain preventive steps, including hand washing both before and after exposure to pigs. In addition, people should not eat, drink, or put anything in their mouths when in animal areas, should not bring food or drinks into animal areas, and should avoid animals that look sick. Certain individuals who are at high risk for complications from H3N2 may want to avoid swine all-together, said Dr. Bresee, such as young children, those with underlying medical conditions, and the elderly. In the MMWR, CDC stresses that testing of the sensitivity of rapid influenza diagnostic tests (RIDTs) for detection of influenza A (H3N2v) produced mixed results regarding the detection capabilities of the individual tests. Therefore, healthcare workers should note that a negative RIDT should not be considered evidence of a lack of infection with influenza A (H3N2v). Dr. Bresee added that an A H3N2 candidate vaccine has been prepared and clinical trials are being planned for this year. CDC’s MMWR is available at <http://1.usa.gov/NsxjZs>. (Source: MMWR, 8/10/12; MedPage Today, 8/9/12)

MALARIA

The Centers for Disease Control and Prevention received reports that low level autochthonous transmission of *Plasmodium vivax* malaria has been identified in Greece. At present, the CDC recommends only standard mosquito avoidance measures and has not recommended prophylaxis. More information is available at www.cdc.gov/malaria/new_info/2012/malariagreece.html. (Source: CDC Malaria Greece Update, 8/9/12)

HEPATITIS C VIRUS

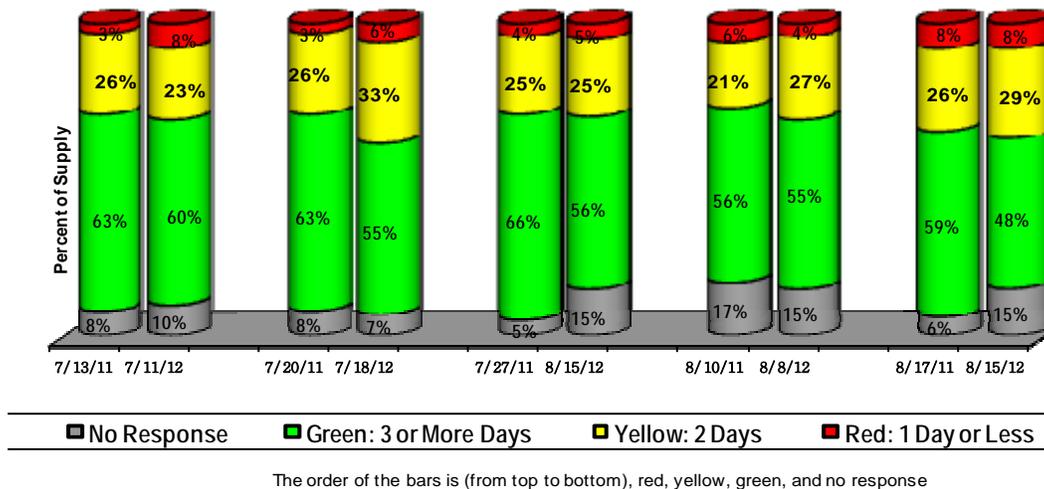
The Centers for Disease Control and Prevention published in the Aug. 17 *Morbidity and Mortality Weekly Report* (MMWR) new recommendations for identifying chronic hepatitis C virus (HCV) among people born from 1945 to 1965. CDC now recommends one-time testing without prior ascertainment of HCV

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INFECTIOUS DISEASE UPDATES (continued from page 12)

risk for this age group, as recent studies have shown this population to have a disproportionately high prevalence of HCV infection and related disease. Many of the 2.7 to 3.9 million people living with HCV infection are unaware that they are infected and do not receive care. CDC estimates that although people born during 1945 to 1965 comprise about 27 percent of the US population, they account for approximately three-fourths of all HCV infections in the US, 73 percent of HCV-associated mortality, and are at the greatest risk for hepatocellular carcinoma and other HCV-related disease. CDC’s complete recommendations are available at <http://1.usa.gov/NG6tta>. Testing people in this age group is designed to prevent further spread of HCV and allow healthcare professionals to begin providing care for HCV-infected individuals earlier, as to prevent more serious complications. (Source: CDC MMWR, 8/17/12) ♦

STOPLIGHT®: Status of the ABC Blood Supply, 2011 vs. 2012



MEMBER NEWS

The Scientist named Blood Systems Research Institute (BSRI) among the top 10 on its Best Places to Work in Academia Survey for 2012, reported Blood Systems in a press release on Aug. 10. For the past 10 years, *The Scientist’s* Best Places to Work in Academia Survey has asked academic researchers to respond regarding employment and research-related criteria. BSRI was named number 10 on the list this year. *The Scientist* bases its rankings on answers from more than 1,000 full-time life scientists related to aspects of work, such as infrastructure and environment, research resources, job satisfaction, and peer collaboration. BSRI scored in the 93rd percentile on teaching and mentoring. Michael Busch, MD, PhD, BSRI director and vice president of Research & Scientific Programs at Blood Systems, said “This honor highlights the fulfilling academic environment that our investigators, scientists, post-docs, and technical and administrative staff operate within as we focus on scientific and policy advances in transfusion medicine.” (Source: Blood Systems press release, 8/10/12)



MEMBER NEWS (continued from page 13)

Florida's Blood Centers Launches Election-Themed Blood Donation Campaign



Florida Congressman Bill Young (left), the longest serving Republican in the US House of Representatives, endorses the 'Elect Phillip A. Pint' campaign while Clearwater Mayor George Cretekos (right), a 44-gallon blood donor, cheers on his lifesaving ticket. Florida Blood Services (FBS), a division of OneBlood, recently launched an election-themed blood donation campaign asking blood donors to "elect Phillip A. Pint." "Because the need for blood is crucial to our community's health and well-being, FBS is launching a non-partisan campaign for donors," said the center in a press release. 💧

PEOPLE NEWS

Mary Beth Fisk recently left South Texas Blood and Tissue Center (STBTC), Dennis Fallen, CEO of STBTC and QualTex Laboratories, announced in a statement last week. Ms. Fisk has been with STBTC for about 18 years, having been promoted to president and chief operating officer in 2011. Mr. Fallen will continue to oversee STBTC operations until a replacement is named, said the statement. "STBTC's dedicated work force of more than 700 team members deliver extraordinary service to the communities we serve across 43 countries, and we are committed to continue providing south Texas with a safe and plentiful blood supply." (Source: STBTC statement, 8/13/12) 💧

COMPANY NEWS

The Kendrion Group, a developer of plasma derived products, has purchased Ortho Clinical Diagnostics' Rho(D) immune globulin (Human) RhoGAM and Rho(D) Immune Globulin (Human) MICRhoGAM ultra-filtered Plus products, reported *Medical Devices Business Review* on Aug. 1. RhoGAM Brand, the original Rh immune globulin product, has been helping Rh-negative women in the prevention of Hemolytic Disease of the Newborn (HDN) since 1968. Prior to the introduction of RhoGAM Brand, nearly 10,000 babies died each year in the US from HDN. This disease can develop when the Rh-negative blood of a pregnant woman comes in contact with the Rh-positive blood of her fetus. These Rh-negative women become sensitized and make antibodies that attack the blood of the Rh-positive fetus. Rh immune globulin products prevent the body from making antibodies that would destroy Rh-positive cells in future pregnancies and cause HDN to develop. Kendrion's acquisition will include the purchase of Ortho Clinical's subsidiary, Somerset Laboratories, a US Food and Drug Administration-licensed donation center that has collected plasma used in the manufacturing process of the RhoGAM brand. "Ortho Clinical Diagnostics will work with Kendrion to ensure a smooth transition so there are no changes in access to these life-saving products and services," said Kendrion Biopharma CEO Paolo Marcucci. (Source: *Medical Devices Business Review*, 8/1/12; Johnson & Johnson website, 2/9/09)

COMPANY NEWS (continued on page 15)

COMPANY NEWS (continued from page 14)

Baxter Healthcare Corp. has decided to discontinue manufacturing GAMMAGARD S/D [Immune Globulin Intravenous (Human)], a plasma-derived product, as of Dec. 2012, Blaine Forshage, vice president of Sales & Marketing of BioTherapeutics USA, announced in a letter to healthcare providers. GAMMAGARD S/D has been in very low demand relative to Baxter's other immune globulin offerings, GAMMAGARD LIQUID (Immune Globulin (Human)] 10% and GAMMABARD S/D lots with IgA <1 µg/mL, said the letter. Baxter plans to focus on meeting demands for these other immune globulin products. The company will continue to offer GAMMAGARD S/D with IgA < 1 µg/mL for patients who may need a low IgA immune globulin. GAMMAGARD S/D with IgA < 1 µg/mL has the same formulation as GAMMAGARD S/D, with a lower IgA content, and will continue to be offered. The company recommends evaluating appropriate alternative product options to ensure a smooth transition for patients. Those seeking more information may contact medinfo@baxter.com or (866) 424-6724. (Source: Baxter letter, 8/1/12)

Mediware Information Systems Inc. has agreed to acquire Indianapolis-based consulting firm that focuses on blood management, Strategic Healthcare Group LLC, reported *The Kansas City Star*. Mediware said that it would buy the assets of Strategic Healthcare Group and welcome its founder and CEO, Timothy Hannon, and the company's clinicians to Mediware. Terms of the transaction were not disclosed. Strategic Healthcare consults with blood centers and healthcare systems to help them improve blood use and reduce costs. Mediware's announcement said the deal includes Strategic Healthcare's analytics technology and data, which covers more than 8 million "patient encounters" of hospitals that have implemented blood management programs. (Source: *Kansas City Star*, 8/6/12) ♦

Correction: MDA in Bulgaria

In the Aug. 3 edition of the *ABC Newsletter*, we published an article in the Global News section on page 7 about Magen David Adom (MDA) sending blood and paramedics in response to the terrorist bombing of a bus in Burgas, Bulgaria. The article contained two errors. First, we misspelled MDA's full title as "Magden David Adom," while it should read "Magen David Adom." Also, we incorrectly stated that MDA is "the medical arm of the Israeli military that also facilitates emergency transit of blood, supplies, and medical personnel." MDA is actually a non-governmental organization that runs a national blood service and responds to emergencies in Israel and around the world. We apologize for these errors and thank our readers who bring such issues to our attention.

MEETINGS

Sept. 13 **Thirty-First Symposium of Immunohematology and Blood Transfusion, Bethesda, Md.**

The National Institutes of Health and the American Red Cross are hosting the Thirty-First Symposium of Immunohematology and Blood Transfusion in Building 10 at the NIH Clinical Center from 8:25 a.m. to 4:15 p.m. This program is designed to provide attendees with practical information about recent developments, current practices, controversies, and laboratory management issues relative to transfusion medicine. Registration is available online at www.cc.nih.gov/dtm/research/symposium.html.

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MEETINGS (continued from page 15)Sept. 14 **Red Cell Genotyping 2012: Clinical Applications, Bethesda, Md.**

The National Institutes of Health, in collaboration with the BloodCenter of Wisconsin, is hosting the Red Cell Genotyping 2012: Clinical Applications symposium, on Friday, Sept. 14 from 8:25 a.m. to 4:15 p.m. at the NIH Clinical Center in Bethesda, Md. This symposium will review the laboratory aspects and clinical benefits of red cell genotyping in patients and blood donors. More information and details about registration are available at <http://belearning.bcw.edu/course/category.php?id=11>.

April 23-24, 2013 **IPFA/PEI 20th International Workshop on “Surveillance and Screening of Blood Borne Pathogens,” Helsinki, Finland.**

The International Plasma Fractionation Association (IPFA) and Paul-Erlich-Institut (PEI) have recently announced the 20th International Workshop on “Surveillance and Screening of Blood Borne Pathogens” to be held from April 23 to 24, 2013 at the Crowne Plaza Helsinki, Finland. The 2013 event marks the 20th anniversary of the workshop and will be hosted by the Finnish Red Cross Blood Transfusion Service, where the first of these workshops was held in 1993.

Visit www.ipfa.nl/events/ipfa-pei-workshop-2013-20th-anniversary for more information and registration details. ♦

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$390 for non-subscribers. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: mnorwood@americasblood.org.

POSITIONS AVAILABLE:

Chief Executive Officer (CEO), Central Ohio Region. The American Red Cross is seeking a Chief Executive Officer (CEO) in Columbus, OH. The CEO leads region wide activities to accomplish goals and objectives for the Blood Region; works in a collaborative fashion on project teams and leads change initiatives; develops and implements projects and plans to increase collection efficiency and collection totals and to identify and exceed hospital customer expectations; and insures that all region activities are carried out in compliance with Red Cross, FDA, and other applicable Fed, state, and local regulations. Additionally, the CEO monitors budgets, forecasts, and operational results and takes appropriate actions. Qualified candidates possess a bachelor's degree/equivalent experience and ten years' experience in a multi-task operational environment with budget responsibility or a profit/loss focus. Ideal candidate holds a master's degree and has health care

experience. Occasional travel outside the region is required. To apply, visit www.americanredcross.apply2jobs.com and search for requisition number NHQ26169. EOE, M/F/D/V

Clinical Specialist – Field-East Coast. Working without significant direction, the Field Based Clinical Specialist designs, develops and delivers customer focused training and provides complex problem solving services in either a field or headquarters environment. Will provide pre-implementation and post-implementation support to Terumo BCT customers, and participate in product troubleshooting and optimization activities. Knowledge necessary to perform at this level

POSITIONS (continued on page 17)

POSITIONS (continued from page 16)

is generally acquired through a Bachelor's Degree or equivalent experience in a medical, scientific, or clinical field of study. Minimum five years of relevant technical or clinical experience required. RN, MT(ASCP) or equivalent. Apply at www.terumobct.com, requisition #VG-1189.

Medical Director. Seeking a Medical Director for our Arizona Region. This position will be based out of our Tucson, AZ facility. The position will primarily be responsible for Arizona but will assist with coverage for Utah, Idaho, Montana, Nevada, Oregon, and Washington. This position will be responsible for medical coverage of the regional blood center, including a reference laboratory and an active Clinical Services program with therapeutic apheresis and peripheral blood stem cell collections. You will coordinate medical communications between the blood services region, the local and national medical community, and ARC National Headquarters; support the goals and objectives of the organization by providing accurate and timely medical and technical consultation in transfusion medicine to all operational areas of the region and as appropriate to its customers; and promote Red Cross products to the regional medical community. Apply online at www.americanredcross.apply2jobs.com requisition BIO24762. EOE M/F/D/V

Medical Technologist. LifeSouth is currently seeking to fill the Medical Technologist position in Palatka, FL. This position is qualified by training and licensure to process patient specimens for Transfusion services and laboratory analysis and is responsible for performing and interpreting tests that require the exercise of independent judgment, reporting results in the specialties for which they are licensed, and isolating and discarding blood unsuitable for transfusion. Other responsibilities include: Ensure that test results and reports are legible, accurate, and precise as determined by the use of appropriate quality control, instrument maintenance, calibration, LifeSouth procedures, and reagent package inserts. Maintain CEU's for licensure as required by the State of Florida. Accurately record test results and QC. Maintain scientific and technical knowledge from current sources, such as AABB Technical Manual, AABB Quality Plan, and CFR Parts 211, 606, and 640. BS in Clinical Laboratory, Chemical or Biological Science required. Licensed as a Medical Technologist in the state of Florida with specialty in: Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunoematology, and/or Blood Banking (Transfusion services). Must be certified as: MT(ASCP), CLS(NCA), MT(AMT), MT(AAB), NRCC. This is a full-time position. Shifts may vary. Salary range \$19.00 - \$21.00 per hour. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Please click on the link to apply: <https://home.eease.adp.com/recruit/?id=648481>.

Medical Technologists. Puget Sound Blood Center, located in beautiful Seattle, is seeking MT/MLTs to work swing and graveyard shifts in the Transfusion Service Laboratories. Duties include conducting compatibility testing, receiving/processing orders, and complex secondary processing procedures (e.g., irradiation, pooling, leukofiltration, etc.). Requirements include: BS degree in CLS or equivalent; must meet CMS/CLIA requirements. MT(ASCP)/MLT(ASCP) or equivalent certification and prior BB experience preferred. Must be familiar with computers, able to rotate to area labs, and able to identify red, green, blue, and yellow. We are looking for excellent customer service skills and the ability to prioritize, reprioritize, and handle tight deadlines, stressful situations and emergency requests. A flexible schedule is required. See our website for details and application instructions: www.psbcc.org/careers/index.asp. Please indicate job #6787ABC on all correspondence.

Lab Supervisor. The Rhode Island Blood Center Main Laboratory has an immediate opening for a full-time third-shift supervisor of Testing. This position is responsible for the safe and efficient operation of the Testing Laboratory. This position supervises qualified staff in the execution of required testing for the blood center as well as outside collection sites. The position also has general management responsibilities such as scheduling staff, training, and ordering supplies. For more information on the position including responsibilities and the required qualifications, please go to www.ribc.org. 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. Our training programs, investment in technology, and commitment to innovation have enabled us to steadily grow over more than 30 years. As a blood center employee, you'll truly make a difference in the lives of Rhode Island residents. Please apply online at www.ribc.org. Follow the links to "About Us" and "Careers" for an online application. Only applicants who are selected for interviews will be contacted directly. JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!! EOE

Vice President, Quality. This position is part of the Rhode Island Blood Center (RIBC) Senior Management group and reports to the VP/Chief Medical Officer for all matters involved with QA/QC, medical, technical, and administrative. This position also reports to the President/CEO as the FDA authorized individual in matters related to regulatory compliance. The Vice President, Quality is responsible for all RIBC Quality functions, including Quality Assurance, Quality Control, Analytical Services, Quality Compliance, and Validation. Quality Assurance defines, implements, and manages the various quality programs needed to ensure

POSITIONS (continued on page 18)

POSITIONS (continued from page 17)

the Company's compliance with current Good Manufacturing Practices (cGMP), Good Clinical Practices, and Good Laboratory Practices. Quality Control ensures that the products manufactured by and for RIBC are tested and released in conformance with appropriate standards of identity, purity, and safety. For more information on the position including responsibilities and the required qualifications, please go to www.rIBC.org. 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. Our training programs, investment in technology, and commitment to innovation have enabled us to steadily grow over more than 30 years. As a Blood Center employee, you'll truly make a difference in the lives of Rhode Island residents. Please apply online at www.rIBC.org. Follow the links to "About Us" and "Careers" for an online application. Only applicants who are selected for interviews will be contacted directly. JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!! EOE

Reference Technologist. LifeStream, a \$53M healthcare organization providing blood services to more than 70 hospitals in Southern California, is searching for a Clinical Laboratory Scientist to resolve serologic problems and provide technical advice to hospital transfusion service personnel. Performs compatibility testing. Provides CMV screened, antigen screened, and hemoglobin screened donor units. Performs platelet antibody screens and cross match studies and selects potential platelet donors for a given patient. Requirements: Bachelor's of Science degree (BS) in Clinical Laboratory Science or related field (e.g., Medical Technology). Current California Clinical Laboratory Scientist License. One to two years experience in anti-

body identification and transfusion service to grasp the more complex testing procedures. LifeStream is an Equal Opportunity Employer, M/F/D/V. Bonus opportunity and excellent benefit package! Apply online: www.Lstream.org.

Manager, Blood Donor Recruitment. This position is responsible for the overall development, implementation, and management of our blood donor recruitment program. The primary focus of this program is the building and nurturing of meaningful relationships with our valued donors, prospective donors and sponsor groups. The Manager provides direct support and supervision to our Blood Donor Recruitment Specialists as well as our Blood Donor Recruitment Call Center personnel. Bachelor's degree and two years of relevant work experience; such as prior donor recruitment experience, public fundraising, public relations or sales/marketing experience. Understand and have the ability to reach and exceed targeted donation goals. Possess creativity. Must have the ability to drive and implement new and existing plans/ideas for the blood donor recruitment process. Should possess a high energy level and the ability to speak publicly in an extemporaneous manner. Requires a comfort level with television appearances, radio broadcasts, and newspaper interviews. For consideration, all interested candidates must complete an employment application. Applications can be submitted via our website (www.sbmf.org) or can be downloaded, faxed, or emailed. Contact Information: Human Resources Department, South Bend Medical Foundation, 530 N. Lafayette Blvd., South Bend, IN 46601. PH: (574) 236-1375/(800) 544-0925, Ext. 1331. Fax: (574) 280-4180. Email: jwalsh@sbmf.org.