



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2013 #30

August 23, 2013

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**FDA Rationalizes Malaria Deferral Criteria, Relaxes Malaria Deferral for Travel to Mexico**

More than 66,000 blood donors are deferred annually for travel to Mexico in compliance with Food and Drug Administration regulations to reduce the risk of malaria transmission by transfusion, despite a decreasing malaria risk in Mexico over the last several years. A recently published FDA guidance on malaria deferral includes an exception that will lessen this burden by allowing thousands of people who traveled to Quintana Roo and Jalisco, Mexico to donate blood. FDA also provides explicit definitions of terms relevant to the assessment of malaria risk in donors that will improve clarity in donor rooms. This is the culmination of more than a decade of discussion between FDA and the blood community.

The new guidance finalizes the draft guidance published in June 2012, “Recommendations for Donor Questioning, Deferral, Reentry, and Product Management to Reduce the Risk of Transfusion-Transmitted Malaria,” and replaces the original guidance from 1994 (see *ABC Newsletter*, 6/13/12). FDA recommends that blood centers defer donors for potential exposures where malaria is endemic, as clearly defined in the Centers for Disease Control and Prevention’s *Health Information for International Travel*, commonly called the Yellow Book. (Donor centers should review the detailed deferral criteria, available at <http://1.usa.gov/13P16yh>.)

America’s Blood Centers and the American Red Cross (ARC) have supported a more rational malaria deferral for travel to Mexico, especially to Quintana Roo, for a number of years. Based on a very low and declining incidence of malaria, FDA’s Blood Products Advisory Committee voted on Nov. 16, 2009 in favor of allowing blood collection without any deferral from US residents who have visited Quintana Roo, and discussed extending that policy to other malaria-endemic states of Mexico with low transmission rates. Quintana Roo and Jalisco include many popular tourist destinations such as Cancun, Cozumel, Puerto Vallarta, and Guadalajara.

A study by Retrovirus Epidemiology Donor Study-II (REDS-II) researchers published in *Transfusion* in November 2011 showed that more than 70 percent of malaria deferrals for travel to Mexico were for travel to Quintana Roo, which was estimated to pose a malaria risk of one transfusion-transmission in the US every 125 years. In 2005, 81 percent of visitors to Quintana Roo visited areas with zero risk for malaria.

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## OUR SPACE

ABC President Dave Green

### Why do we do What we do?

Yes, I know the primary reason that we “do what we do” is to help connect donors and patients by providing life-saving blood products. In this case, I’m asking a less meaningful, but in some ways perhaps more provocative, question – How are blood centers organized and will that organizational structure allow us to continue to “do what we do” best? I’ve been in blood banking for nearly a quarter century, yet I did not really seriously wrestle with this question until recently. Perhaps my reticence stemmed from needing a certain a level of predictability in how I saw our role in the community, or that previous challenges did not require us to tackle these types of questions. However, I believe those answers are critical now.

In reality, many ABC centers have already faced this question, as evidenced by decisions to outsource infectious disease donor testing, form an effective insurance company to serve the participating centers, or form effective group purchasing organizations. Some centers have formed alliances or partnerships with fellow blood centers to deliver a function or service within their operations more effectively and efficiently. These are great examples of working together in the spirit of cooperating to compete, and support the notion that some of our functions are more easily “scalable” in their delivery.

I suppose what I am really wondering is if there are some dramatically different solutions that should be assessed as we attempt to figure out how to best deliver on our mission. Are there other companies or organizations outside of blood banking specializing in one or more of the functions we perform, with which we could pursue a broad-based partnership? For instance, perhaps blood centers could work with a logistics or management company to handle movement of test tubes and delivery/rotation of blood products. Or maybe there are other organizations that could benefit from our expertise, such as our years of experience in maintaining a healthy donor population. This expertise might be useful as hospitals shift from delivering healthcare to sick people, to keeping communities healthy.

Despite the angst I know many of us feel as we face the challenges ahead, I am truly excited to see what creative solutions come out of the associations’ member blood centers. The spirit of innovation and the incubation of ideas among members are trademark characteristics of ABC’s collaborative efforts and reflect the continued collegial tendencies that exist in an extremely competitive environment.

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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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FDA Malaria Guidance (continued from page 1)

“This outcome represents a major improvement to the existing screening requirements. The new guidance should improve clarity for both donors and collections staff and facilitate the recovery of thousands of donors with vanishingly small risk,” said Bryan Spencer, a research scientist at the American Red Cross and lead REDS-II investigator. “The FDA’s thoughtful approach to this challenging issue is evident in the document and greatly appreciated.”

The new guidance explicitly defines several key terms regarding malaria deferral.

- **Malaria-endemic area:** Any area where CDC recommends anti-malarial chemoprophylaxis in the current CDC Yellow Book at the time the donor is screened.
- **Malaria-endemic country:** Any country having an area or areas with malaria where CDC recommends anti-malarial chemoprophylaxis in travelers in the Yellow Book at the time the donor is screened.
- **Residence in a malaria-endemic country:** A continuous stay of longer than five years in a country or countries having any malaria-endemic area.
- **Travel to a malaria-endemic area:** Any travel to or through a malaria-endemic area or areas, as identified by CDC. The duration of travel is defined as more than 24 hours to less than five years.

The use of a CDC recommendation for chemoprophylaxis as the threshold for malaria endemicity will make judgments regarding donor eligibility much clearer than they have been in the past, and the 24-hour threshold will recover many donors with very brief exposures, which pose minimal risk for malaria infection.

With regard to the standards’ impact upon the donor health history questionnaire (DHQ), Allene Carr-Greer, AABB’s director of Regulatory Affairs and staff support for the Donor Health History Questionnaire Task Force, said, “The task force will begin the process of review of the current questionnaires (full-length and abbreviated) and flowcharts against the recommendations. The task force, which includes FDA liaisons, will begin work soon and we expect the process to move quickly and smoothly.” This will relieve collection facilities using the AABB UDHQs of the need to submit prior approval supplements before implementing the guidance.

The guidance can be accessed at <http://1.usa.gov/13P16yh>. ABC Newsletter readers are encouraged to read the guidance and forward questions or comments to ABC Executive Vice President, SMT, Louis Katz, MD, at [lkatz@americasblood.org](mailto:lkatz@americasblood.org).

**Citation:** Spencer B, *et al.* Deconstructing the risk for malaria in the United States donors deferred for travel to Mexico. *Transfusion*. 2011 Nov; 51(11):2398-410. ♦

### We Welcome Your Letters

The ABC Newsletter welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the ABC Newsletter. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

## AABB Announces New TRALI Risk Reduction Standards

AABB's Blood Bank/Transfusion Services Program Unit (BB/TS SPU) has announced new standards to reduce the risk of transfusion-related acute lung injury (TRALI), for AABB's 29<sup>th</sup> edition of Standards for Blood Banks and Transfusion Services. The Standards will become effective on April 1, 2014, however, specific requirements related to apheresis platelet products will be delayed until Oct. 1, 2014.

These standards follow an AABB Public Workshop in July when members of the blood banking community discussed the new TRALI risk-reduction strategies laid out in the proposed 29<sup>th</sup> edition of Standards (see *ABC Newsletter*, 7/12/13). BB/TS SPU took these and other comments into consideration to finalize the 29<sup>th</sup> edition of Standards. The new requirements also address criteria for the evaluation of donors implicated in a TRALI event or associated with multiple events of TRALI.

The Standards, once effective, require that high-plasma volume components for allogeneic transfusion come from males, females who have never been pregnant, or females who have been tested since their most recent pregnancy and determined to be negative for human leukocyte antigen (HLA) antibodies. In response to concerns that these new standards would cause disruption to the supply of apheresis platelets, implementation of the requirements for platelet components will be delayed until Oct. 1, 2014.

The final Standards also includes a glossary entry that clarifies the definition of high plasma volume components, specifying that "these allogeneic components are whole blood, un-manipulated apheresis platelets, and plasma products." Platelets with reduced volume due to use of an approved platelet additive solution (PAS) would not be considered a high plasma volume component and are excluded from this definition, said AABB in an announcement about the new Standards. This has caused some concern in the blood community. Acceptance of PAS use was specifically opposed by America's Blood Centers in comments submitted to the BB/TS SPU and presented at the workshop. ABC emphasized that data are lacking for currently available PAS to demonstrate that the 65 percent reduction in plasma content has an impact on the incidence or severity of TRALI, according to Louis Katz MD, ABC's executive vice president of SMT.

Members of the BB/TS SPU, TRALI task force, and AABB's Board of Directors are working closely together to develop an Association Bulletin with specific guidance on how to meet the new standards. The Association Bulletin will outline a number of strategies for TRALI risk reduction including donor qualification, HLA antibody testing considerations, donor re-testing, the use of PAS, and inventory management. More information is available at <http://bit.ly/18IpTHI>. Further questions and comments should be submitted to [standards@aabb.org](mailto:standards@aabb.org). (Sources: *AABB Weekly Report*, 8/16/13; AABB announcement, 8/16/13) ♦

### We Welcome Your Articles

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

## The FABC Working for You – Spotlight on Blood Systems’ ‘Recruiting African-American Donors’ Project

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

Blood centers across the country struggle with recruiting enough African-American donors to meet specific patient needs, especially for patients affected by certain hematologic disorders. Since receiving a grant from the Foundation for America’s Blood Centers (FABC) in 2012, Blood Systems has completed the fact-finding and attitudinal-surveying portion of its two-year FABC grant project called “Recruiting African-American Donors,” which seeks to address this issue.

ABC’s Multicultural Market Entry Plan shows that only an estimated 8 million African-Americans are potential eligible blood donors out of more than 40 million African-Americans who live in the US. Blood Systems therefore seeks to create a replicable plan that ABC members can implement to reach more African-American donors to meet the needs of frequently transfused patients, especially those with sickle cell disease, which disproportionately affects African-Americans. It is critical to closely match the phenotype of patient and donor to ensure that the patient receives the most compatible blood possible; many African-Americans have rare blood types not found in donors of other ethnicities.

Through a donor survey, Blood Systems found that 75 percent of African-American respondents feel it is very important to discuss and provide education about the transfusion needs of sickle cell patients when communicating with the African-American community regarding blood donation. In addition, the majority of the survey respondents said it is very important for them to receive wellness information as part of their donation experience. Blood Systems will build on these findings to create the African-American recruitment program to be shared with ABC’s member centers.

“It is vital that we educate the African-American community about the blood needs of sickle cell and other chronically-transfused members of the community,” says Fred McFadden, diversity recruitment specialist at Blood Centers of the Pacific. “If more African-Americans donate, the needed blood will already be on the shelf when these patients require a transfusion.”

In addition to often having rare blood types, African-Americans tend to experience a higher incidence of health issues compared with Whites, according to the Department of Health and Human Services’ Office of Minority Health. These health issues include an increased rate of high blood pressure, heart disease, stroke, cancer, and diabetes.

The goal of this project, in addition to increasing the overall number of African-American donors and their donation frequency, is to educate African-Americans about the importance of blood donation to help meet patient needs and to promote healthy living among this donor segment by offering cholesterol testing and wellness information after every blood donation.

To completely understand and map out the scope of this project, including the inherent challenges, Blood Systems created a Diversity Project Team, composed of experienced diversity recruitment, public relations, and management staff from Blood Systems’ national office, as well as the two blood centers participating in the project: United Blood Services in the Gulf South region (Louisiana and Mississippi) and Blood Centers of the Pacific, San Francisco. This team receives guidance from NextLevel Thinking,

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Recruiting African-American Donors (continued from page 5)

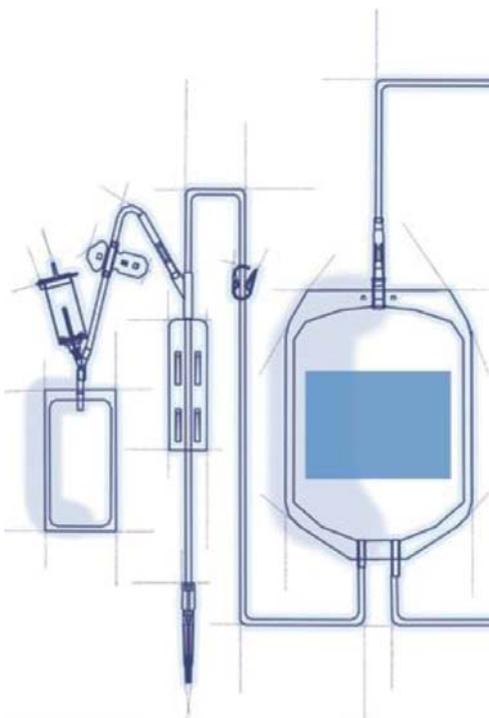
a marketing strategy firm that works with blood centers to create diversity recruitment initiatives that effectively address the unique needs of those communities.

“Ultimately, our hope for this project’s outcome is simple: that patients will benefit from an increased supply of antigen-negative blood, and donors will benefit from increased access to personal health data and healthy lifestyle information,” said Mr. McFadden. “I love to paraphrase one of our dedicated double red cell donors, who is African-American, because he totally captures the essence of what we’re trying to accomplish. He said, ‘Now that I know how much kids living with sickle cell disease need blood, I have no choice but to step up and help. Plus, donating regularly keeps me aware of how my personal health is doing. The mini-physical is a nice way to monitor my blood pressure, cholesterol, and iron levels between doctor visits. Being a regular blood donor makes for a healthier me and a healthier community.’”

“Recruiting African-American and other minority blood donors is vital to meeting the blood needs of patients with rare blood types, especially those affected by certain hematologic diseases,” said FABC Board Chair Francine Décary, MD, PhD. “The FABC is thrilled to fund a project that advances African-American blood donor recruitment among the ABC membership.”

To learn more about other grant projects funded by the FABC, please visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>.

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## INSIDE ABC

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

### **Last Call to get Your Boots on in 2013!**

*The following article was submitted to the ABC Newsletter by Patrick E. Hogle, senior partner of ProGuide Management Resources.*

The final BOOTS\* 2013 workshop, “Demand-Based Recruitment and Collections,” is scheduled to take place in Orlando, Fla. from September 17 to 19. This course always proves to be one of the most popular offerings and has the following learning objectives:

- Be able to define and describe how demand-based recruitment and collections will positively enhance the blood center’s adherence to collections and fiscal targets;
- Be able to describe the principle action steps necessary to implement more effective forecasting, planning, scheduling, and control in recruitment and collections operations to minimize waste;
- Be able to assemble teams to prosecute process modeling and facilitate process improvement initiatives in these critical raw material “sourcing” activities; and
- Gain skills necessary to lead cost per donor recruited and cost per unit collected improvement initiatives at the blood center in order to improve fiscal performance and become more competitive.

The target audience includes CEOs, executive directors, chief operating officers, recruitment and collections leadership, and hospital services management, supply chain management, and continuous improvement personnel (including LEAN/Sigma staff).

As is standard for the BOOTS program, each participant will commit to a takeaway project to undertake at his or her home blood center. Examples of projects that came out of the previous BOOTS workshop on this subject in March 2013 include:

- Determine how to balance recruitment needs at fixed sites against actual daily production demand;
- Improve quality of production forecasts in order to better align recruitment tactics and collections capacity;
- Improve contribution of collections coming from fixed sites in order to be able to reduce costlier mobile drives;
- Improve quality of promotions to get better turnout at fixed sites;
- Enhance fixed site donor re-booking rate;
- Improve reliability of fixed sites to collect targeted number of red blood cells annually;
- Implement Collection Operations Planning Sessions (COPS) in order to align the supply chain better with demand;
- Enhance projection accuracy in order to decrease the number of mobiles being conducted;
- Increase the participation rate of blood center staff who donate blood annually;

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**INSIDE ABC** (continued from page 7)

- Evaluate current import strategy to reduce them by utilizing more of own existing collections capacity; and
- Improve projection accuracy on mobiles to decrease the cost per unit collected.

Don't miss out on your chance to participate in the last BOOTS session of 2013! The BOOTS agenda is available at [http://bit.ly/BOOTS\\_Agenda](http://bit.ly/BOOTS_Agenda). Registration can be accessed online at <http://www.event.com/d/1cqxb5/1Q>.

**\*Blood Operations Optimization Training Sessions™** is an industry-specific program sponsored jointly by ABC and BCA in conjunction with ProGuide Management resources, a management consulting firm that has led improvement initiatives with more than 100 blood centers worldwide over the past two decades. ♦

### **Delta Blood Bank Acquired by American Red Cross**

Delta Blood Bank, headquartered in Stockton, Calif., announced on Tuesday that it will become a wholly owned subsidiary of the American Red Cross, thus ending Delta Blood Bank's membership in America's Blood Centers. The agreement is a mutual business decision benefiting both the Red Cross and hospitals served by Delta Blood Bank, according to a statement on Delta Blood Bank's website.

The acquisition will include all of Delta Blood Bank's collection facilities and employees. Delta Blood Bank CEO Benjamin Spindler, MD, will continue to oversee the blood bank's day-to-day operations. This decision was made in the face of decreasing demand for blood products and tough economic conditions for blood banks and hospitals. "The agreement between Delta Blood Bank and the Red Cross is an effort to reduce overall costs and better manage the blood needs of patients at hospitals throughout Northern California. Combining the organizational strengths of both the Red Cross and Delta Blood Bank will help meet these changing needs," noted Delta Blood Bank in the statement.

"This initiative is an effort by both organizations to control costs and to continuously improve operations and high-quality service," said Joan Manning, vice president of American Red Cross Blood Services Western Division. "Additionally, this transition will result in economies of scale and blood collection efficiencies, which will benefit patients, hospitals, large healthcare systems, and our communities as a whole."

Dr. Spindler added, "We are very excited to be working with Red Cross. We remain 100 percent committed to providing a wonderful experience for all Red Cross and Delta blood donors, while maintaining a safe and adequate blood supply for area hospitals."

Delta Blood Bank and the Red Cross note in the statement that they are committed to a smooth and seamless transition that ensures continued availability of blood and the specialized services needed to support hospitals and patients in need of blood transfusion. The statement and list of frequently asked questions can be found at <http://deltabloodbank.org/arc/FAQ/index.html>. (Source: Delta Blood Bank statement, 8/20/13) ♦



# SAVE THE DATE

America's Blood Centers'  
Medical Device Data Systems  
(MDDS) Workshop  
January 15-16, 2014 –  
Washington, DC

**DoubleTree Washington, DC - Silver Spring**  
**Negotiated hotel room rate: \$139 + tax**

#### 2014 Workshop Fees

**Member Registration:** \$375 (early bird); \$425 (regular)

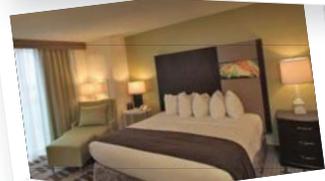
**Non-Member Registration:** \$745

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

Sponsorship opportunities available. Contact Abbey Nunes at [anunes@americasblood.org](mailto:anunes@americasblood.org) for details.

Medical Device Data Systems, or MDDS, are devices intended to transfer, store, convert data from one format to another according to preset specifications, or display medical device data. They function solely as a conduit through which medical device data flows, is stored, or displayed. MDDS are regulated by FDA. In 2011, the FDA issued a final rule reclassifying MDDS to Class I, the lowest of the three regulatory classifications which are based on the level of control necessary to assure the safety and effectiveness of the device. Though issued in 2011, the impact is just beginning to be felt in blood centers, hospitals and other areas where medical devices are used.

This workshop will look at the MDDS requirements from all sides: the FDA, medical device manufacturers, blood centers, hospitals, and industry experts, and will cover the effects of this change on blood centers and other impacted health care institutions as well as provide direction on implementation of the FDA guidance requirements. Participants will learn what an MDDS is, the actual requirements, and how to navigate FDA device inspections and development in a quality systems environment.



There are three convenient airports that service the Washington area – Dulles International Airport, Reagan National Airport and Baltimore/Washington International Airport – which are served by all major US airlines. Please note that the closest airport is National. Hotel is metro accessible.

## Letters from ABC Specialty Workshop Scholarship Recipients

Earlier this year, America's Blood Centers launched the ABC Specialty Workshop Scholarships Program, made possible by a grant from the Foundation for America's Blood Centers. This program provides 28 scholarships to professionals from ABC's member blood centers to supplement the costs for attendance at an ABC Specialty Workshop this fiscal year.

ABC held the Fund Development, Communications and Donor Management Workshop in San Antonio, Texas from June 18 to 21. Below are excerpts from letters to the editor from ABC members who received an ABC Specialty Workshop Scholarship to attend the Fund Development, Communications and Donor Management Workshop.

*"I really appreciated the opportunity to attend the Fund Development, Communications and Donor Management Workshop this year. The ABC Specialty Workshop Scholarship was a big help in covering my costs at a time when all blood banks are watching budgets closely.*

*I most enjoyed interacting face-to-face with my peers in the industry for the first time ... I learned a great deal by interacting with other attendees in the informal settings, such as break-out sessions and over meals where we could discuss common issues and solutions. But my most valuable takeaways were from the well-organized sessions.*

*I appreciated hearing the experience of other centers regarding Facebook advertising, staff interaction with social media, the future of blood banking, and particularly successful projects. What I learned at*

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Letters from Scholarship Recipients (continued from page 9)

*this workshop will benefit our blood center into the future, and for that I truly thank ABC for organizing the workshop and the FABC for supporting the ABC Specialty Workshop Scholarship.” – Carola Enriquez, Director of Community Development, Houchin Community Blood Bank.*

*“In June, I had the pleasure of participating in ABC’s Fund Development, Communications and Donor Management Workshop. Needless to say, it was an excellent opportunity to meet fellow blood center employees from across the nation. Blood centers large and small were represented, and through the conference, I learned that we share many common goals and struggles. We all strive to care for our communities, while emphasizing the importance of donating blood to save lives.*

*I was impressed to see how a singular focus can impact the success of a blood center ... The conference also highlighted other important avenues for community blood outreach – specifically high school and college targeted programs and social media ... Another emphasis of the conference dealt with the importance of strong media relationships.” – Lisa Hodges, Donor Recruitment Coordinator, Gulf Coast Regional Blood Center.*

*“I was thrilled to receive a scholarship to attend the ABC Fund Development, Communications and Donor Management Workshop ... At the workshop I enjoyed the time available to network with other participants ... I also found all of the presentations to be interesting and informative – I took something from every one that my organization can put to use to improve our operations.*

*... I came back with many questions for our center’s staff based upon what I learned about how others do things. I have shared my own notes and the presentations with our executive management team ... I am also excited about the new relationships and networking that is possible because of my workshop attendance.*

*The scholarship I received even inspired a colleague to apply for assistance to attend the ABC Financial Management Workshop, which she was recently awarded! This is really meaningful for us and our organization and will help us continue to grow and improve.” – Cyndi Anderson Roberts, Director, Fund Development, Cascade Regional Blood Services.*

*“I would like to thank the FABC and ABC for the scholarship that allowed me to attend the Fund Development, Communications and Donor Management Workshop in June. Due to budgetary restrictions at our blood center, travel would otherwise not have been an option due to the cost. Receiving the scholarship made my attendance possible. All of the presentations were excellent, and I found several to be especially valuable, particularly the ‘Measuring Social Media ROI,’ ‘Turning Tragedy to Triumph,’ and ‘Introducing your Blood Center to a New Service Area’ presentations.*

*... One of the best parts of being able to attend the conference was simply spending time with other people who are experiencing the same issues daily. No one understands the problems and pitfalls of blood banking like other blood bankers, so having the camaraderie of others in this field was energizing. – Dan Desrochers, Director of Marketing, Community Blood Bank of Northwest Pennsylvania.*

*“Being awarded an ABC Specialty Workshop Scholarship has been the highlight of the past 18 months that I’ve spent as LifeStream’s manager of donor recruitment, area representatives. Upon arrival at the workshop, I immediately felt comfortable and soon was asking question after question of each new acquaintance ... I gained insight on salaries, blood drive booking practices, how to streamline processes, interacting with high schools on a higher and more connected level, training for representatives,*

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Letters from Scholarship Recipients (continued from page 10)

*networking ideas, useful marketing materials, fundraising events designed to boost collections, telerecruitment support, and much more. ... I increased my industry knowledge – a special mention of Dr. Louis Katz’s presentation is appropriate here – and felt rejuvenated and confident to continue implementing procedures I had previously begun along with incorporating new ideas. I also felt the confidence of knowing that I could rely on sound feedback from my new-found peers regarding budgets, strategic outlines, and many other topics.”* – **Lisa Lewick, Manager, Donor Recruitment, Area Representatives, LifeStream.**

*“I so much appreciated the scholarship to the ABC Fund Development, Communications and Donor Management Workshop in June ... I enjoyed the opportunity to take (another) look at how we – as blood banking professionals – are working together to save lives. Most relevant to me were topics and conversations related to connection, education, flexibility, engagement, embracing change, and being prepared for the unexpected. I found fellow attendees eager to connect and talk about what was happening at their blood centers.*

*... Many attendees wanted to connect about particular topics. It is always fun to speak with others who understand the ups and downs of a particular organizational role. The networking event helped with this aspect. Thank you, once again, for the opportunity to attend this workshop.”* – **Vicki Wolfe, Manager, Communications, BloodSource.**

*“As a public relations professional within blood banking, my attendance of the ABC Fund Development, Communications and Donor Management Workshop has played a critical role in my professional development, as well as some of the programs and initiatives we have implemented here at Blood Assurance.*

*... This year’s workshop in San Antonio was no exception to the superb professional development opportunities that ABC continues to offer communications professionals. I was impressed to learn about the educational programs and accompanying materials made available through a grant from the Foundation for America’s Blood Centers aimed at decreasing deferral rates by further educating blood drive chairpersons.*

*... Finally, as a recipient of the scholarship program that made my attendance at this workshop possible, I want to extend my sincere appreciation to the staff at ABC and the FABC for their efforts throughout the year to make so many of these professional development opportunities possible. I feel better equipped to do my job because of the training that you provide.”* – **Lacey Wilson, Public Relations Coordinator, Blood Assurance.** 💧

**BRIEFLY NOTED**

**Hospira, Inc. announced a recall of certain blood sets used for the administration of blood and blood products, according to an announcement on the Food and Drug Administration website.** There have been reports from customers of instances in which the outer wall of blood bags were punctured with the piercing pin on certain Hospira blood sets during insertion of the pin into the blood bag. If the piercing pin on this product punctures the outer wall of the blood bag, it may result in spillage of the blood and blood products stored in the bag, resulting in a delay/interruption in therapy. The root cause of the punctures has been identified as the design of the new International Organization for Standardization (ISO)-compliant pin, which has a sharp point that can sometimes pierce the wall of non-ISO-compliant blood bags. At this time, there is no need for customers to discontinue use of, or return, Hospira blood

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**BRIEFLY NOTED** (continued from page 11)

sets. However, Hospira recommends users exercise extreme caution when piercing blood bags with the Hospira blood sets mentioned in the announcement and make sure that all instructions for use included with the blood bag and facility's protocol for spiking blood bags are completely followed in order to minimize the possibility of puncturing the outer wall of the blood bag. Customers should contact Hospira or their local representative for information about these sets. More information can be found at <http://1.usa.gov/19JKos3>. (Source: FDA Safety Information and Adverse Event Reporting Program, 8/14/13) ◆

**REGULATORY NEWS**

**The Food and Drug Administration has granted Blood Assurance, headquartered in Chattanooga Tenn., a variance allowing the center to distribute whole blood and blood components collected from individuals on prescription testosterone without indicating the condition requiring therapeutic phlebotomy on the container label.** Many blood donors are taking prescription testosterone, which can cause an increase in hemoglobin levels, for which their physicians often direct patients to undergo therapeutic phlebotomy. Because they are not clearly volunteer donors, they should be deferred, but many do not inform the blood center of their reason for donating. If the blood center discovers after the donation that it was for therapeutic purposes, it then has to recall the blood. FDA currently requires that blood drawn for therapeutic reasons be labeled as a "therapeutic donation." However, donors taking testosterone prescriptions are often healthy and otherwise qualified blood donors. Blood Assurance therefore submitted a Prior Approval Supplement to its biologics license application to distribute blood from these donors without labeling it as a therapeutic donation; FDA sent a letter approving the supplement on Aug. 12. "Many blood centers have discontinued therapeutic phlebotomy programs or now charge for this service and discard otherwise acceptable donations. This [variance] is a win-win solution that allows healthy donors to be drawn free of charge while the blood center recoups the cost of drawing the donor," said Blood Assurance Medical Director Liz Culler, MD. America's Blood Centers' staff has contacted FDA to explore the creation of a template for other blood centers to submit and receive similar variances. The *ABC Newsletter* will publish an update on the progress of this request. (Source: FDA letter to Blood Assurance, 8/12/13)

**The Centers for Medicare and Medicaid Services' (CMS) published a proposed 2014 rule for the Medicare Hospital Outpatient Prospective Payment System that includes some changes regarding payment for blood products.** The proposed rule includes relatively small changes to payments for most blood products, according to an AABB summary. However, the CMS is proposing significant revisions to the way many products and services – including some transfusion and stem cell processing procedures – are packaged into ambulatory payment classifications. AABB's summary of the changes can be found at [www.aabb.org/programs/reimbursementinitiatives/Pages/14hoppssrule.aspx](http://www.aabb.org/programs/reimbursementinitiatives/Pages/14hoppssrule.aspx). Comments on the proposed rule must be submitted to CMS by Sept. 6. The proposed rule can be found at <http://1.usa.gov/13RJult>. (Source: AABB summary, 8/16/13)

**The Centers for Disease Control and Prevention announced last week that it is awarding state health departments with funding to help them better face new infectious disease threats.** CDC has awarded about \$75.8 million to states through the Epidemiology and Laboratory Capacity for Infectious Diseases Cooperative Agreement (ELC). This funding helps states and communities strengthen core epidemiology and laboratory capacity needed to track and respond quickly to a variety of infectious diseases. Through ELC, CDC provides funding to all 50 state health departments, six local health departments, and eight territories or US affiliates. Funds provided through the ELC mechanism help pay

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**REGULATORY NEWS** (continued from page 12)

for more than 1,000 full- and part-time positions in the state, territorial, local, and tribal health departments. These positions include epidemiologists, laboratories, and health information systems staff. “The annual ELC investment provides public health officials with improved tools to respond to more outbreaks, conduct surveillance faster, and prevent more illnesses and deaths from infectious disease,” said CDC in the press release. The CDC statement can be found at <http://1.usa.gov/14gTRTq> and more information on ELC funding is available at <http://1.usa.gov/1dtsAR5>. (Source: CDC press release, 6/30/13) ◆

**INFECTIOUS DISEASE UPDATES****AUTOCHTHONOUS DENGUE IN FLORIDA**

Florida health officials reported last week that they have confirmed three cases of dengue fever in central Florida, according to the Associated Press. Dengue virus, which is a mosquito-borne virus, can be asymptomatic or can cause symptoms ranging from mild febrile illness, to life-threatening hemorrhagic fever, and in some cases, death. Dengue is uncommon in the continental US, but is endemic in Puerto Rico, along the border with Mexico, and in many popular tourist destinations in Latin America and Southeast Asia. The Florida Department of Health reported that the three infected patients are residents of Martin and St. Lucie counties. Officials say that the patients acquired dengue from mosquitoes in Rio, near Jensen Beach. None have traveled internationally recently. St. Lucie County has had no previous cases of locally acquired dengue virus, while Martin County had one case in 2011. Dengue transmission has very infrequently been reported from transfusion, but this may, in part, be related to lack of recognition during intense epidemics. Concern has been expressed that dengue transmission may become more common in the US, and that transfusion transmission may then become an issue, as it has for West Nile virus. (Source: Associated press, 8/15/13)

**MALARIA**

**An investigational malaria vaccine has been found to be safe, to generate an immune response, and to offer protection against malaria in healthy adults, according to an early-stage clinical trial published Aug. 8 in *Science*.** The vaccine, known as the PfSPZ vaccine, was developed by scientists at Sanaria Inc., Rockville, Md. The clinical evaluation was conducted by researchers of the National Institutes of Health’s National Institute of Allergy and Infectious Diseases. The PfSPZ vaccine is composed of live, weakened sporozoites of *Plasmodium falciparum*, the deadliest malaria-carrying parasite species. The Phase I trial, which was conducted at the NIH Clinical Center in Bethesda, Md., involved 57 healthy adults. Those vaccinated were split into groups, receiving two to six intravenous vaccine exposures at increasing dosages. No severe adverse events or malaria infections associated with vaccine were observed in seven days of monitoring. After vaccination, participants were exposed to five mosquitoes carrying the *P. falciparum* strain from which PfSPZ vaccine was derived. They were monitored as outpatients for seven days and then admitted to the NIH Clinical Center, where they stayed until they were diagnosed with malaria, treated with anti-malarial infection, or shown to be free of infection. The researchers found that the higher dosages of the vaccine were associated with protection against malaria infection. Only three of the 15 participants who received higher dosages of the vaccine became infected, compared to 16 of 17 participants in the lower dosage group. Among the 12 participants who received no vaccine, 11 became infected after the mosquito exposure. Jocelyn Kaiser writes in an accompanying editorial that while this study provides exciting proof of concept, many hurdles exist. For example, the vaccine is difficult to produce and administer, which is not ideal for use in resource-scarce

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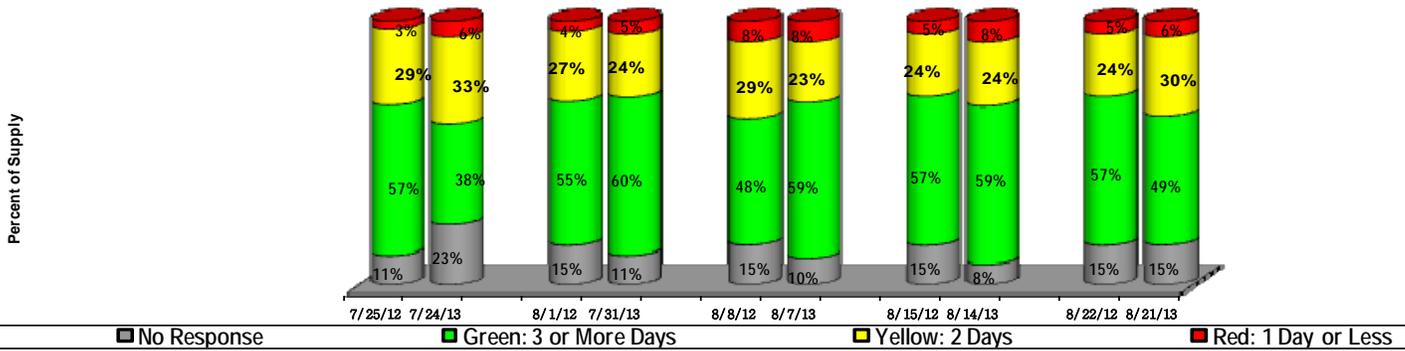
**INFECTIOUS DISEASE UPDATES** (continued from page 13)

countries, where malaria is prevalent. The investigators have a number of follow-up studies planned, including research to evaluate the alternative dose schedules, possible protection against other Plasmodium strains, and the durability of protection. They may also evaluate whether higher doses administered subcutaneously or intradermally provide the same level of protection found through intravenous administration in this study. (Source: NIH press release, 8/8/13)

**Citations:** Seder RA, *et al.* Protection against malaria by intravenous immunization with a non-replicating sporozoite vaccine. *Science*. 2013 Aug. 8. [Epub ahead of print].

Kaiser J. Infectious diseases. Unconventional vaccine shows promise against malaria. *Science*. 2013 Aug 9;341(6146):605. ♠

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



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

**GRANT OPPORTUNITITES**

The Health Resources & Services Administration announced a grant available for its program titled **Public Education Efforts to Increase Solid Organ Donation**. The mission of this grant program is to educate the public about the need for solid organ donation and to encourage positive deceased donation decisions, documentation, and family discussions. The purpose of this two-year grant program is to promote broader implementation and evaluation of interventions to increase public commitment to solid organ donation. There are four available awards, for which the following organizations are eligible to apply: public and state controlled institutions of higher education, non-profits, Native American tribal governments, city or township governments, county governments, private institutions of higher education, Native American tribal organizations, and state governments. Those interested must apply by Dec. 3, 2013. More information about the grant along with directions for applying can be found at <http://1.usa.gov/1d5qwB2>. ♠

## MEMBER NEWS

**The University of Illinois at Chicago (UIC) and the Institute for Transfusion Medicine (ITxM) announced on Monday that they have formed a strategic alliance for research, education, and transfusion medicine services at the University of Illinois Hospital & Health Science Systems.** The collaboration is the first of its kind in the Midwest and will establish a Center of Excellence for Transfusion Medicine, said ITxM in a statement. UIC has contracted with ITxM to provide a transparent academic partnership with university faculty and to provide hospital services that include transfusion medicine, blood components, donor services, and therapeutic hemapheresis services for UI Hospital patients. “Our division of pathology research has a translational focus,” said Frederick Behm, MD, a Frances B. Geever professor and head of pathology at UIC. “We are deeply engaged in serving our community, consistent with the mission of UIC.” ITxM President and CEO James P. Covert added, “Our expertise in transfusion medicine, therapeutic hemapheresis, and blood donor services will be key elements of our partnership with UI Health in realizing our common vision for leading transfusion medicine capabilities, related medical education, and research in Illinois.” Sally Campbell-Lee, MD, associate professor of pathology at UIC, will serve as medical director of the new Center of Excellence for Transfusion Medicine. “With more than 20 years of experience in the operation of centralized transfusion services, ITxM is highly regarded in the field of transfusion medicine,” said Dr. Campbell-Lee. “Our expertise and shared commitment to impacting patient care at the highest level and the advancement of transfusion science has made this an ideal partnership.” Integration will take place over the next several months and patient service will continue without interruption. The collaboration will “enhance donor services, research funding opportunities, the training of residents and fellows in transfusion medicine, and provide the latest technology to serve as a resource for the entire region,” said Dr. Campbell-Lee. (Source: LifeSource/ITxM press release, 8/19/13)



**To support the local Florida blood supply during the summer months, the Central Florida Hotel and Lodging Association and the City of Orlando hosted the “Give Life Orlando” blood drive with OneBlood on Aug. 15.** In support of the lifesaving event, Orlando Mayor Buddy Dyer proclaimed the day as “Give Life Orlando Day,” during which 106 pints of blood were collected. Mayor Dyer attended and helped out at the blood drive, held at Orlando City Hall Plaza. The blood drive with the hotel and lodging industry is held through Aug. 31, but this one-day event focused on the Downtown Orlando area. This blood drive is part of the Summer Blood Challenge, sponsored by the Central Florida Hotel and Lodging Association. This blood drive seeks to increase donations across Central Florida during the summer months when blood centers typically experience a dip in donations due to summer vacations. Thanks to special blood drives similar to this one-day challenge last summer, OneBlood collected more than 3,000 units of blood within four to five days of donation. (Source: OneBlood press release, 8/15/13)



Orlando Mayor Buddy Dyer volunteers at OneBlood's “Give Life Orlando” blood drive.

**The Community Blood Center of the Carolinas (CBCC) recently awarded \$25,000 to local high school students.** CBCC announced on Monday that 50 regional high schools qualified over the 2012-2013 school year to receive \$500 scholarships from CBCC to award to a student of their choice for their college education. “CBCC is committed to educating and recognizing its young donors while giving back to the local school systems,” said the press release. By hosting blood drives with CBCC, high school students gain recognition for their



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**MEMBER NEWS** (continued from page 15)

service and learn how blood impacts patients in the community. Ten area high schools also receive \$1,000 grants from CBCC each year. Each time a school sponsors a blood drive with CBCC, the school's name is entered into a drawing to win one of the grants. CBCC depends on high school students for about 25 percent of its local blood supply. (Source: CBCC press release, 8/19/13) ♦

**Correction**

In last week's *ABC Newsletter*, we published an Infectious Disease Update on page 14 regarding a fatal West Nile virus case in Colorado that was most likely transmitted through transfusion. This news brief contained a typo, stating that the "blood collection and testing agencies involved have **not** decided to discard all constituent units of reactive minipools when an [individually] reactive donation cannot be identified." It should have read that the "blood collection and testing agencies involved have **now** decided to discard all constituent units of reactive minipools when an [individually] reactive donation cannot be identified." We apologize for this error and thank our readers who bring such issues to our attention.

**MEETINGS****Oct. 7      FDA Public Workshop: Synergizing Efforts in Standards Development for Cellular Therapies and Regenerative Medicine Products, Silver Spring, Md.**

The Food and Drug Administration, Center for Biologics Evaluation and Research, will host a public workshop titled "Synergizing Efforts in Standards Development for Cellular Therapies and Regenerative Medicine Products" on Oct. 7 from 8:30 a.m. to 4:30 p.m. at the FDA White Oak Campus in Silver Spring, Md. The purpose of the workshop is to bring together a range of stakeholders to discuss current and future standards development activities involving cellular therapies and regenerative medicine products. Registration must be received by Sept. 23. More information about the workshop and registration can be found at <http://1.usa.gov/19kXecC>.

**Contact:** Sherri Revell, [CBERPublicEvents@fda.hhs.gov](mailto:CBERPublicEvents@fda.hhs.gov) or (301) 827-2000.

**Oct. 21-22      AdvaMed 510(k) Submissions Workshop, Arlington, Va.**

AdvaMed will hold a workshop on Food and Drug Administration 510(k) submissions from Oct. 21 to 22 at the Sheraton Crystal City in Arlington, Va. This workshop will provide information on current FDA updates to the 510(k) process, a step-by-step walkthrough of the 510(k) regulatory guidelines, planning and assembling a 510(k) submission, the review process, and more. More information and registration details can be found at [www.advamedmtli.org/go.cfm?do=Wercs.Show&WID=208](http://www.advamedmtli.org/go.cfm?do=Wercs.Show&WID=208). ♦

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: [mnorwood@americasblood.org](mailto:mnorwood@americasblood.org).

## POSITIONS AVAILABLE:

**EVP, Chief Medical & Scientific Officer (CMSO).** Blood Systems (BSI) is seeking an EVP, CMSO to join its executive leadership team in Scottsdale, AZ. Reporting to BSI's President and CEO, this key leader will serve as BSI's senior transfusion medicine and research executive responsible for ensuring that all clinical and research strategies, medical policies, practices and procedures support continuous improvement in donor and patient safety while advancing BSI's overall mission and purpose. Requires: AZ medical license/obtain, board certification in pertinent medical subspecialty, knowledge of federal, multi-state and local regulations pertaining to blood component manufacturing, transfusion and related services; understanding of research processes, research career development, and research funding, 10 years senior management experience in regulated environment to include five years as medical officer, two years research experience with publications and QA experience. Please submit resume by **September 6, 2013** to: [martha@kfasearch.com](mailto:martha@kfasearch.com). Pre-employment background check and drug testing required. EOE M/F/D/V

**President, Blood Center Division.** Blood Systems (BSI) is seeking to hire a President for its multi-state Blood Centers Division to join our leadership team in Scottsdale, AZ. Reporting to BSI's President and CEO, this leader will provide the vision and strategic direction to achieve outstanding service and product quality while assuring strong financial results. Thorough knowledge of healthcare or blood service operations, general and fiscal management practices, and strategic planning required, must have thorough understanding of working in a heavily regulated industry. Bachelor's degree required; MBA, MHA, or MD preferred. A minimum of 10 years operations management experience, to include five years at a senior management level and prior blood banking or healthcare operations management experience required. For consideration, please submit resume by **September 6, 2013** to: [martha@kfasearch.com](mailto:martha@kfasearch.com). Pre-employment background check and drug testing required. EOE M/F/D/V

**Vice President of Finance and Operations.** Unyts, a not for profit organization that specializes in organ, eye, tissue and blood donation in Western and Central New York, is seeking an experienced leader with a successful track record in financial and operations management. As

a member of our executive team, the individual will work closely with the CEO and senior management team to ensure the successful implementation of our corporate vision and mission while overseeing finance, IT, facilities, security and purchasing departments. Ideal candidate will possess five to 10 years experience in financial management including: business development, cost analysis/expense reduction, organizational systems, cash flow management, accounting, materials management and information technology. Minimum of BS in finance or accounting required. Advanced degree preferred. Experience in healthcare or the blood banking industry helpful. Excellent leadership, communication and interpersonal skills along with management experience required. Please visit our website at [www.unyts.org/about/careers](http://www.unyts.org/about/careers).

**Director, Donor Services - DS015 (South Texas Blood & Tissue Center).** Responsible for managing and coordinating all Donor Services operations and training for the collection of blood products including mobile operations, medical on-call, fixed sites, mobile support, and special/automated collections. The Director reports directly to the President/Chief Operating Officer. Experience: Bachelor's degree, five years management, blood bank/DS and/or transfusion service experience preferred. Three years with good driving record. MT (ASCP) or Registered Nurse (RN) preferred. Full time: Monday-Friday, and as required by position. E-mail resume to [hr\\_dept@bloodtissue.org](mailto:hr_dept@bloodtissue.org) include job code DS015.

**Manager, Red Cell Reference Lab.** ITxM has an opportunity for a Manager, Red Cell Reference Lab, at our Virginia Blood Services facility in Richmond, VA. Duties: Develop/maintain relationships with hospitals/customers, working with them to identify needs, meet expectations, and serve as a technical resource. Review/maintain all QC/QA records. Prepare required documentation/data collection for departmental/divisional QA. Provide direct operational support/supervision of RCRL staff. Provide training/competency in accordance with policies. Review/write/distribute timely and accurate RCRL

**POSITIONS** (continued on page 18)

**POSITIONS** (continued from page 17)

reports. Mentor/monitor/evaluate the performance of direct reports. Participate in strategic planning and budget development, supporting continuous improvement and expansion of Clinical Services. Develop/provide continuing education for hospital clients, MLT/MT students, residents and fellows. Requirements: BS degree with MT (ASCP) or BB (ASCP); SBB and/or master's degree in business/management; Minimum of four years supervisory/management experience; seven years reference laboratory or transfusion service experience. ITxM is an equal opportunity and affirmative action employer that does not discriminate in any terms and conditions of employment and ensures equal employment opportunity for all persons regardless of their race, color, religion, sex, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran. We offer a competitive salary and an excellent benefit package. Apply online at [www.vablood.org](http://www.vablood.org).

**Hoxworth Blood Center, Assistant Professor – Clinical Assistant Medical Director (213UC0359).** Responsibilities include shared medical coverage of the regional center; rotating call; working with a therapeutic apheresis service, an immunohematology laboratory, and transfusion services laboratory. May aid, support, provide medical advice and content in medically related activities involving Hoxworth. Assist with development of the Clinical Services budget, the education programs including Fellowship in TM/BB, Pathology resident rotation in BB, graduate degree programs, CLS program, Hematology-Oncology fellow rotations, medical student electives at Hoxworth and others as necessary. A faculty appointment, non-tenure, within the College of Medicine, University of Cincinnati commensurate with qualifications and experience is required. Candidates with a demonstrated record of scholar achievement and independent, extramural funding preferred. M.D. or D.O. licensed in the state of Ohio with training in blood banking/transfusion medicine required. Board certified in Blood Banking/Transfusion Medicine. Minimum five years' experience in blood banking/transfusion medicine, or completion of blood banking/transfusion medicine fellowship required. Apply online at <https://www.jobsatuc.com>.

**Director, Donor Relations (LifeSource, Rosemont, IL).** The Institute for Transfusion Medicine (ITxM) is one of the nation's foremost organizations specializing in transfusion medicine and related services is hiring a Director of Donor Relations. This position is responsible for directing the Donor Relations Department to ensure that departmental activities support the achievement of organizational goals and that the department policies and procedures are in compliance with regulatory agencies, in accordance with current good manufacturing practices and safety guidelines. The incumbent will oversee department administration; will direct process improvement and regulatory compliance. Responsibili-

ties also include management of supervisory staff and direction of management staff. Provides judgment and advice in department matters. Employs staff and resources to meet departmental goals. Ensures record and data integrity. Bachelor's degree, BSN or MT (ASCP); or equivalent certification is required. Master's degree preferred. Six years of management/supervisory experience and ten years of relevant work experience is required. Three years of management experience in a regional blood center, transfusion service or a related organization is preferred. Interested applicants may review this opportunity and apply at: <http://bit.ly/19xPzeC>.

**Executive Director.** The Community Blood Bank of Erie, Pennsylvania is a highly successful, growth-oriented, independent, not-for-profit organization serving hospitals in Northwestern Pennsylvania and Western New York. Focusing on quality, the blood bank prides itself on the ability to offer its products and services at competitive prices. Donor testing functions are performed in-house; there is one fixed donor site and four regional mobile teams. The incumbent will provide overall leadership, direction, and general management and will work closely with the organization's Board of Directors and its senior leadership to advance the organization's vision and to design and implement strategies to achieve those goals. Responsibilities include delivery of the blood bank's mission while maintaining the organization's financial viability. Requirements for this position include a bachelor's degree with five years' experience in a leadership position in blood banking, health care, life science or related field in a managerial capacity would be accepted. Candidates with an MBA or MHA are preferred. Candidates must possess exceptional strategic planning abilities coupled with strong interpersonal, financial and human resource skills. To be considered for this opportunity, email a resume with cover letter, a five-year salary history and three professional references to [jkocz@fourhearts.org](mailto:jkocz@fourhearts.org). CBB is an equal opportunity employer.

**Laboratory Services Director – GL005a.** QualTex Laboratories an affiliate of the South Texas Blood & Tissue Center (STBTC) seeks an individual to manage, supervise, and coordinate all activities for Infectious Disease and Donor Acceptability Testing (includes Pre-analytical, Serological, Nucleic Acid, Ancillary testing) for QualTex Laboratories. The position is based at the Norcross, GA facility. QualTex Laboratories at present screens millions of whole blood and plasma donations for infectious agents each year for biotechnology companies locally and across the globe. Qualifications required include a Bachelor's Degree in Science, Medical Technology, or related discipline, six years laboratory experience and extensive management

**POSITIONS** (continued on page 19)

**POSITIONS** (continued from page 18)

experience in laboratory operations. MT (ASCP) required, SBB certification preferred. Must have working knowledge of clinical laboratory techniques and current knowledge of regulatory/quality requirements (national and international, i.e. FDA, EU, GHA, ISO, OSHA, & cGMP). For information, call Human Resources at (800) 292-5534, Ext. 1559. To apply, e-mail resume to [hr\\_dept2@bloodtissue.org](mailto:hr_dept2@bloodtissue.org) or fax to (210) 731-5581. <http://bit.ly/ZpLpir>.

**Chief Medical Officer/Medical Director.** Supervises the medical activities of the San Diego Blood Bank. Oversees the operation of Laboratory Services, Non-transfusable and In-vivo Research Product Services. Essential Duties: The Chief Medical Officer reports to the Chief Executive Officer and is responsible for the following as essential job accountabilities: 1. The Chief Medical Officer provides general supervision for all medical activities and ancillary administrative duties relating to long term strategy and policies. 2. The Chief Medical Officer provides liaison between the San Diego Blood Bank and the medical community. 3. The Chief Medical Officer is responsible for the following: medical aspects of new product development, the preparation of grants, federal application, etc. and preparation of articles and abstracts for presentation and publication. 4. In conjunction with the Director of QA/Compliance, the Chief Medical Officer is responsible for the San Diego Blood Bank's Process Improvement Programs. 5. The Chief Medical Officer is responsible for donor counseling program. 6. The Chief Medical Officer must maintain active medical licensure and board certification. Education: MD or DO degree; subspecialty board certification in Hematology (IM) or Transfusion Medicine (Pathology). Certifications/Licenses: Active California Medical License. See education. Apply online at: <http://bit.ly/19xPmYU>. EOE

**Corporate Trainer.** Carter BloodCare, a large community blood center in Texas, seeks a qualified Trainer to join their staff. This position reports to the Director of Training. Responsibilities include research, design, development, and delivery of a variety of organizational, supervisory, and leadership training programs utilizing multiple delivery options such as instructor led facilitations, multimedia, and other appropriate training methodologies. Bachelor's degree preferred (preferably in Education or related field). Experience may take precedence. Presenter/Facilitator professional third party certification desirable (Myers Briggs, Achieve Global, DDI, ASTD, Kirkpatrick, etc). Three to five years' training delivery experience required. Previous experience in a regulated industry preferred. To apply, please visit [www.carterbloodcare.org](http://www.carterbloodcare.org).

**Manager – Donor Recruitment.** Come join our team of professionals at the Community Blood Center of Greater Kansas City, Mo. Supervises administrative staff, administers outcomes for fixed site collection

goals ensuring monthly/annual goals are achieved, trains/ manages/motivates department staff and serves in key recruitment/communication/ organizational roles, educates customers/general public about need for blood/blood products, manages computer-based recruitment and data management programs, develops/implements annual recruitment plan for meeting assigned collection goals. Prepares/assesses/responds to monthly forecast, develops program to support conversion of donors to automated/other new technologies, and establishes strategic goals for all assigned areas/staff, promotes positive image of the blood center. Education: bachelor's degree or equivalent education/experience in related field required. Three years sales/marketing experience. Management experience preferred. Skills and Knowledge: Good supervisory skills with ability to effectively motivate/develop staff, effective verbal/written communication skills, sales/territory management skills. Self-motivated/self-starter with good organization skills. Demonstrated successful sales skills. Ability to deal with change/unpredictability. Ability to work flexible hours including weekends/evenings. Proficient personal computer skills/Microsoft Office Suite. Valid driver's license and maintain a good driving record required. Application must be completed online [www.savealifenow.org](http://www.savealifenow.org). EEO/AA/M/F/D/V

**Macopharma USA West Coast Account Manager.** Develop and maintains relationships that lead to sales of blood bank filters, equipment, and related products. Requires 75 percent travel. Must live near a major airport in the Western US. Responsibilities: develops and implements strategies to maintain and expand sales within assigned territory, with an account by account plan. Forecasts demand for products within assigned territory, provides budget and sales activity reports, interfaces with the customer to understand the customer's overall objectives and requirements, contacts customers and potential customers on a regular basis to maintain account relationship, advise of new product and service offerings, and obtain feedback on products, provides post implementation support to customers, serves as point of escalation for issues that the customer encounters during product utilization, expedites resolution of problems/complaints, prepares/conducts technical/product presentations and demonstrations, participates in tradeshow, provides feedback for future product enhancements. Required experience: bachelor's degree from four-year college or university. Minimum five years' experience in blood banking or related industry; or equivalent combination of education and experience. Please send resume and salary requirements to [careers@macopharmausa.com](mailto:careers@macopharmausa.com); no calls. ♦