



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Practice Makes Perfect – the Value of Developing, Practicing Disaster Plans

Just in the last year, blood centers have responded to two disasters in which victims sustained serious injuries – the Boston Marathon bombing and the Texas fertilizer plant explosion – occurring within days of each other last April. In October 2012, Hurricane Sandy ripped through the Northeast leaving millions without power for weeks and flooding the homes and businesses of thousands throughout New Jersey and New York City. While America’s Blood Centers’ member centers did not sustain major damages during Sandy, the storm did affect collections due to cancelled blood drives.

As the blood community has seen in the past, these events highlighted the importance of blood center disaster planning. Whether it was providing blood for injured victims, communicating with the public about blood needs, or making alternate blood delivery plans, the centers affected by these disasters referred to their disaster plans to guide their respective responses to the emergencies at hand.

“No one can predict when a disaster, either natural or man-made, is going to occur and impact a blood center’s operations, facilities, or staff. The success of an organization’s ability to respond to and recover from a disaster hinges on the preparedness of the organization,” said ABC’s Director of Regulatory Services Ruth Sylvester, who also coordinates disaster preparedness and response efforts for ABC members.

While most blood centers realize the value of disaster preparedness, some may still be wondering exactly how to create such a plan. Forming a disaster plan that encompasses the wide range of potential risks can be a daunting task for blood centers and other healthcare organizations. The Association of Schools of Public Health (ASPH), the South Central Preparedness & Emergency Response Learning Center (SCPERLC), and the Centers for Disease Control and Prevention recently hosted a webinar discussing an efficient method of creating one type of disaster plan called a Continuity of Operations Plan (COOP). Although not specific to blood centers, this method may be useful to centers seeking an effective disaster planning tool.

Continuity of Operations Plans. A COOP is a supplement to an emergency operations plan and ensures that an organization is able to continue performing essential functions and to fully recover after a disaster. This plan seeks to reduce

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OUR SPACE

FABC Director of Fund Development Jodi Zand

Change for the Better

There has been a whole lot of talk about change lately – nationally, locally, and even personally, change has been a common subject of conversation. Our national healthcare system is embarking on some of the most drastic changes in history. Lately, my Facebook page has been filled with endless posts of what may be considered the quintessential symbol of change in the lives of parents and children – the first day of school picture. And of course, as everyone in blood banking knows, our industry is changing at a fast and furious pace, with many discussions among blood bank leaders focusing on what we can do to keep up.

All these changes can be daunting and make me think of the famous musical “Stop the World I Want to Get Off” – a sentiment I am sure many of you have experienced in the rapidly evolving blood banking environment. I too experienced that feeling this past fall when we started a strategic planning process for the Foundation for America’s Blood Centers (FABC). After coming on board with the FABC in March 2012, I felt I had finally hit my groove in this position and was frankly a little uneasy about the possibility of having to learn the job all over again.

Then I realized – talk of change does not mean we’ve been doing it all wrong. It simply means that every once in a while, we need to stop, look around, and make sure that what we are doing makes sense in terms of meeting our organization’s goal. The FABC’s goal is pretty simple. The name really says it all – The Foundation *FOR* America’s Blood Centers – we strive to serve the members of America’s Blood Centers.

So really, we are not changing a single thing. We are merely seeking to improve our mission of serving ABC’s member blood centers. The best way to do this is to align ourselves more strategically with the ABC Core Values, providing more grants to support the programs that ABC members value the most.

However, amid a world of change, one thing seems to remain constant – people need blood. The FABC remains committed to providing patients with that lifeline to a second chance. By embracing change and refocusing our efforts to better meet the needs of the ABC membership, we are enabling ABC’s member centers to continue providing life-saving blood products. Perhaps all these changes will even lead us closer to our ultimate goal of providing safe blood for every person who needs it. Now that’s a change for the better.

jzand@americasblood.org ♦

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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Disaster Planning (continued from page 1)

disruptions to operations, achieve a timely and orderly recovery to full service, and protect essential facilities, equipment, records, and other assets.

“The primary usefulness of a COOP is to have a plan in place should an organization need to reduce operations, or be forced to operate with fewer resources, primarily people or facilities. [Through COOP,] you list the priorities that are essential to the mission of that organization,” said webinar presenter Andrew C. Rucks, PhD, a professor in the Department of Health Care Organization and Policy and the Executive Director of the Survey Research Unit at the University of Alabama-Birmingham’s School of Public Health. “[Creating a COOP] is saying, here’s what we’re going to do if we have to operate without certain resources, as opposed to just doing it *ad hoc*.”

One blood center safety officer notes that this type of planning is often challenging. “Continuity of operations is probably the most difficult aspect of our disaster planning. Pinpointing all the intricacies and scenarios that could cause disruption to the business is a challenge, but starting somewhere and expanding upon that is important,” said Katherine H.D.W. Weaver, director of Administrative Services and the safety officer, at Northern California Community Blood Bank.

A plan focusing on maintaining essential functions is especially important to blood centers, which provide life-saving blood products to hospitals. “We are a critical resource industry,” said Brian Gannon, CEO and president of Gulf Coast Regional Blood Center. “As a blood center, you are an important part of emergency services in your area and it is your responsibility to have a plan in place. To me, it is an absolute must.”

During the webinar, Dr. Rucks and his colleague, Peter M. Ginter, PhD, also a professor at the University of Alabama’s School of Public Health, specifically discussed Focused Continuity of Operations Planning (FCOOP), which is a managerial approach to developing a COOP in a streamlined process with the goal of developing a 90 percent complete COOP in a one-day work session. FCOOP streamlines the development process by breaking the COOP down into several parts, while also relating those parts back to the big picture.

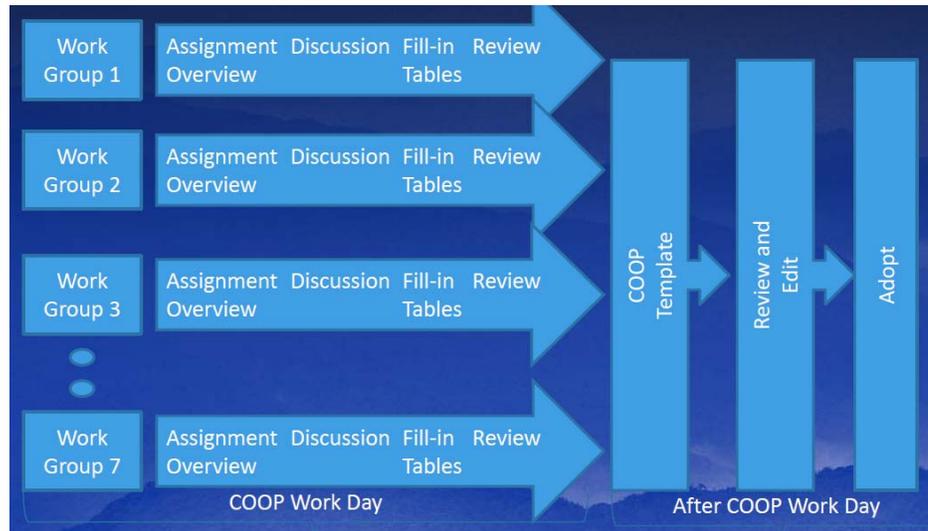
How FCOOP Works. A team of experts convenes for a one-day COOP planning session; the team is broken down into seven workgroups that each develop a key component of the COOP. Session participants should include subject-matter experts, key organizational decision makers, and functional area managers. FCOOP sessions may be held with as few as five participants to as many as 35, although Drs. Rucks and Ginter recommend about 20 participants. The organization must also choose a facilitator to lead the overall COOP development and the one-day session. He or she is responsible for:

- Providing a process for the COOP;
- Assisting in starting the discussion;
- Recapping and summarizing key points;
- Helping build consensus;
- Assuring that everyone participates;
- Keeping the process on schedule; and
- Helping to document the process.

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Disaster Planning (continued from page 3)

Some blood centers may feel it is difficult to convene a large enough FCOOP team or to commit staff members to an all-day planning session, particularly smaller blood centers. However, Dr. Rucks notes that even small organizations have used the FCOOP process. He suggests that smaller organizations consider working with a group of other blood centers, allowing the centers to share resources and expertise for the COOP development. “It is likely that many blood centers face similar situations and have similar needs,” he added.



Source: Webinar presentation by Andrew C. Rucks, PhD, and Peter M. Ginger, PhD, Aug. 13.
The graphic above illustrates the FCOOP process to develop a COOP.

Dr. Rucks said that organizations creating a COOP can use the Federal Executive Management Agency’s (FEMA) continuity plan guidance document and template to guide the FCOOP process. The FEMA “Continuity Guidance Circular 2” (<http://1.usa.gov/12LrThv>) breaks the COOP down into 12 basic plan components and eight functional annexes. FEMA’s “Continuity Plan Template Instructions for Non-Federal Entities” provides a COOP template and various tables to record vital information (<http://1.usa.gov/nntJvi>).

The COOP participants are broken down into workgroups organized by assignment, each group completing a different part of the plan. Below is a workgroup breakdown suggested in the webinar:

- Workgroup 1: Develop statements of purpose, scope, and define the assumptions made during the planning process;
- Workgroup 2: Define essential functions and personnel;
- Workgroup 3: Develop list of all applicable federal, state, and local statutes, rules, and policies that apply to the organization’s operations;
- Workgroup 4: Identify how the COOP will be activated, define the method and means by which alerts and notifications will be issued, and define the order of succession for key positions within the organization;
- Workgroup 5: Identify all vital records and databases used by the organization, the location, format, person responsible, security issues, and accessibility from an alternate location;
- Workgroup 6: Identify methods of communications used by personnel; and
- Workgroup 7: Assign responsibility for maintenance of critical elements of the COOP.

As the workgroups complete each of these assignments, they fill out tables provided by the facilitator (organizations may use the FEMA templates or create their own tables). Each workgroup then reviews the information it has compiled. Following the COOP work day, the facilitators prepare a draft of the

(continued on page 5)

Disaster Planning (continued from page 4)

COOP using the information compiled during the work day. Key personnel within the organization then review and edit the draft. The facilitators finalize and deliver the completed COOP.

Dr. Rucks recommends that blood centers interested in creating a COOP begin by viewing the FEMA continuity of operations guidance document and associated templates, as well as the slides from the recent webinar, available at <http://members.americasblood.org/go.cfm?do=FileCenter.Get&fid=4491>. He adds that blood centers should consider working with the hospitals they serve in developing the COOP to ensure that the blood center and hospital disaster plans fit together.

Blood Center Disaster Planning Experience. The FCOOP methodology provides a useful guideline for efficiently and effectively creating a disaster plan, however, it is just one of a number of useful resources available to blood centers. “There is a plethora of disaster response and preparedness resources available for free on the web,” said Ms. Sylvester. “The first place to stop is www.ready.gov, which is provided by FEMA and offers disaster preparation assistance for both organizations and individuals. Another good resource is the Small Business Administration’s Emergency Preparedness material at www.sba.gov/prepare.”

Brian Gannon witnessed just how vital disaster planning is when Hurricane Katrina struck The Blood Center in New Orleans in 2005, during which time he was the center’s president and CEO. He listed several components of a complete disaster plan:

- Establishes teams to respond to an emergency;
- Assigns roles and responsibilities;
- Addresses all hazards;
- Includes a communications plan;
- Outlines department emergency procedures;
- Matches resources to needs; and
- Includes plans for training.

He added that the disaster plan must be reviewed and updated, and emphasized that blood centers must not just form a plan, but practice it regularly through table-top exercises. “Of course, we absolutely had a plan in place [prior to Hurricane Katrina] and it is one that we did table-top drills of every year.” Thanks to exercises and implementing the plan in other flooding situations, The Blood Center staff “flawlessly followed that plan,” evacuating the building, removing critical inventory to safe areas, setting up alternate communications systems, and carrying out other necessary operations, said Mr. Gannon.

Another key to The Blood Center’s successful navigation through Hurricane Katrina was the help of fellow blood centers. “Make certain that your plan is not independent of other organizations – that it is not just egocentrically focused only on your blood center. You need to include support from others,” said Mr. Gannon. Carter BloodCare and Blood Systems provided administrative support and laboratory services to help The Blood Center maintain operations, while Blood Centers of America (BCA) helped to ensure that hospitals in the New Orleans area continued to receive the necessary blood products.

“One of the most important things for a blood center is to work with local emergency management agencies before an event occurs, because getting out there and letting these organizations know that the blood center is an important part of emergency response will ensure that they get the backup needed when disaster occurs,” said Wendy Trivisonno, director of Strategic Biologics Sourcing and Logistics at BCA. ABC and BCA represent their member blood centers on the AABB Interorganizational Task Force on

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Disaster Planning (continued from page 5)

Domestic Disasters and Acts of Terrorism (<http://bit.ly/Zn2sBu>), working to communicate with blood centers affected by a given emergency and coordinating blood shipments across the country if needed. Blood centers should engage local emergency management agencies, disaster planners/responders, and one another in their disaster planning, added Ms. Sylvester.

Northern California Community Blood Bank operates according to the California Blood Bank Response Guidelines, which is heavily incorporated into the blood center's own disaster plan and provides a statewide emergency plan for blood centers, said Ms. Weaver. The center's disaster preparedness and response efforts also incorporate area hospitals, the local Voluntary Organizations Active in Disaster forum, and public health emergency planning committees.

When creating a disaster plan it is vital not only to encompass all of the necessary stakeholders outside of the blood center, but also to include all key players within the blood center. Kathryn Manchester, the director of Information Technology at Rhode Island Blood Center (RIBC), said that the entire management team, including senior leaders, played a part in forming RIBC's disaster plan. She added that the plan encompasses a wide range of components, but is flexible enough to be applied to various types of emergencies. From weather-related emergencies to the Boston Marathon bombing, this plan has assisted RIBC by ensuring that each employee knows his or her role during an emergency and disseminating information quickly to staff.

"I think the most important part of any [disaster] plan is communication, particularly, making sure that your infrastructure has several layers of communications available," said Ms. Manchester. RIBC has a phone tree in place to communicate information quickly during an emergency and has several types of backup communication should the regular phone lines go down or be interrupted. "Once you communicate, you can respond [to the disaster]. No one can afford to be cut off from that link," especially during an emergency. She added that the staff meets daily during any crisis situation to discuss that day's plan, because many emergency situations are fluid.

While disaster planning is critical for blood centers, there are always some unexpected hitches because every situation is different, which was evident following Hurricane Katrina. "We had become expert evacuators prior to Katrina. People plan to evacuate, but they don't have a lot of plans for what you do when you can't go back to that building. If the counties are closed because of looting and dangerous conditions, then what do you do? That part was not quite perfected," said Mr. Gannon. The Blood Center lost its component laboratory during the hurricane, another unanticipated issue, which Mr. Gannon suggests that other blood centers consider when creating disaster plans. Blood centers may want to work with the Food and Drug Administration to create an approved solution in the case that the center's component lab becomes unusable, he said.

"A disaster plan is the first step in preparing an organization because it identifies the most likely risks an organization faces and walks the leadership through the process of assessing and mitigating the risks. But the plan is only one piece; no plan will ever cover all contingencies or scenarios, *it is the planning process* that is invaluable in preparing leaders and organizations to respond when something occurs. The plan is simply the point at which you start when a disaster occurs," said Ms. Sylvester.

ABC members may visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=6> for more disaster preparedness resources. Blood centers can find more information on AABB's disaster preparedness web page at <http://bit.ly/Zn2sBu>. (Source: Webinar presentation: Focused Continuity of Operations Planning: A Management Approach, 8/13/13) ♦



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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. ♦

The FABC Thanks Dr. Celso Bianco Lecture Series Endowment Contributors

The Foundation for America's Blood Centers would like to thank those who have contributed to the Dr. Celso Bianco Lecture Series. Your generous contributions ensure that we will be able to continue to honor Dr. Bianco's achievements in blood banking through funding a lectureship series on emerging issues in transfusion medicine to be given by a different industry expert each year at ABC's Annual Meeting. We are half way to our goal of \$75,000. To make a personal contribution to the Dr. Celso Bianco Lecture series, please visit <http://bit.ly/19Qyt8B>. Thanks to the following contributors:



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ABC to Host Quality Education Webinar on Value-Added Services

America's Blood Centers' Quality Education Committee announced that it will hold a Quality Education webinar titled "Providing Value-Added Services to Your Hospital Customers" on Sept. 30 at 3 p.m. EDT.

During the webinar, ABC member blood centers will share their initiatives and experiences providing a wide variety of value-added services to their hospital customers. More information and login details can be accessed at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4490>. ♦



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RESEARCH IN BRIEF

A study published in the August *Transfusion* suggests anemia after coronary artery bypass graft surgery (CABG) is not associated with hospital readmission. Anemia in patients undergoing cardiac surgery has been associated with increased morbidity and mortality. Some studies suggest maintenance of higher hemoglobin (Hb) concentrations is beneficial for these patients. Adverse events can result from transfusion and some studies have suggested that transfusion leads to worse outcomes following surgery. Nadine Shehata, MD and colleagues, of Mount Sinai Hospital in Toronto, Ontario, Canada, assessed the impact of postoperative Hb concentration by determining the association of postoperative anemia with readmission rate following CABG. Readmissions after cardiac surgery are often indicative of delayed complications of surgery and may identify components of care that are actionable. The researchers conducted a single-center retrospective study of 2,012 patients who had CABG, using information from an administrative database located at the Institute of Clinical Evaluative Sciences in Ontario. In a multivariate analysis, they asked whether a lower Hb level at discharge was associated with 30-day hospital readmission, readmission secondary to cardiac disease, and 30-day mortality. Of the 2,012 patients, 224 (11 percent) were readmitted within 30 days of hospital discharge. Of patients discharged, 48 percent were discharged with a Hb level between 8 and 10 g/dL and 42 percent between 10 and 12 g/dL. Pre-discharge Hb concentration was not an independent predictor of any of the outcome variables. There was no difference in readmissions in the 48 percent of patients discharged with a Hb concentration between 8 and 10 g/dL and those with Hb concentration between 10 and 12 g/dL. Greater comorbidity, surgical site

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RESEARCH IN BRIEF (continued from page 8)

infections, and renal failure were predictors of readmission. “We did not demonstrate an association between the pre-discharge Hb concentration nor transfusion and readmissions from all causes and readmissions secondary to cardiac disease,” wrote the authors. The authors note that their study has several limitations including the small sample size and lack of preoperative Hb concentration measurement. In addition, the study is retrospective, observational and thus subject to unmeasured confounding. “Overall ... this study supports the concept that after cardiac surgery, patients may not require higher Hb concentrations to decrease adverse event rates and can tolerate lower Hb levels as previously described,” write the authors. They note that further studies are needed to determine whether intervention is needed to prevent anemia in these patients.

Citation: Shehata N, *et al.* Does anemia impact hospital readmissions after coronary artery bypass surgery. *Transfusion* 2013. Aug;53(8):1688-1697. ♦

BRIEFLY NOTED

The Association of Donor Recruitment Professionals (ADRP) is encouraging its members to celebrate International Donor Recruitment Professionals Day on Sept. 18 to increase national and global appreciation of the recruiters who encourage people to donate blood. ADRP promotes the third Wednesday of September as an annual day of recognition to honor blood donor recruiters. To help promote this event, ADRP has developed materials that member blood centers can use to publicize the day and any events in their state or community. Materials including a press release, proclamation, and certificate template can be downloaded from www.adrp.org/news-events-media/recognizing-recruitment/. ADRP is also selling pens and pad-folios to blood centers interested in another mode of promoting this day. ADRP encourages members to nominate recruiters for the ADRP Recruiter of the Year Award, which was established in 1982 to help recognize an outstanding donor recruiter in blood banking. The recruiter selected for this award receives a complimentary registration to ADRP’s Annual Conference. More details about the award are available at www.adrp.org/awards-and-scholarships. (Source: ADRP press release, 8/26/13)

AABB and Fenwal, Inc., will collaborate to launch the ninth annual Blood Collectors week from Sept. 8 to 14, announced the AABB Weekly Report on Aug. 23. This celebratory week recognizes blood collection professionals for their role in helping to secure a safe and adequate blood supply for patients. Local blood centers may register to participate in this national program. Registered centers are eligible to receive promotional information and submit stories about exemplary blood collection professionals. A number of America’s Blood Centers members have participated in past Blood Collectors Week activities. More information can be found at www.bloodcollectors.com. (Source: AABB Weekly Report, 8/23/13) ♦

ABC Newsletter to Accept Unpublished Research Articles

The *ABC Newsletter* is pleased to announce that it will now be accepting original research and informational articles that have not been previously published by a peer reviewed journal. The Newsletter will not include the entire original article, but will publish a news brief in the Briefly Noted or Member News section describing the article with a link to the full manuscript, which will be housed on the ABC’s member’s website. There is **no** guarantee of publication upon submission of the article, which is subject to review by the editor and relevant subject matter experts selected by the editor. Complete publication criteria can be found at <http://bit.ly/1dtyBi4>. Anyone interested in making a submission should complete the submission form, available at <http://bit.ly/1dtyEum>, and contact Newsletter editor Betty Klinck at newsletter@americasblood.org.



America's Blood Centers®
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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 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.

REGULATORY NEWS

AABB updated its full-length and abbreviated donor history questionnaire (DHQ) materials – version 1.3 Medication Deferral Lists and flowcharts corresponding to the use of medication lists – to include two additional isotretinoin-containing medications, Myorisan and Zenatane. Three isotretinoin-containing drugs from the existing list, Amnesteem, Claravis, and Sotret, were added to the additional information section of the Medication Deferral List and to the flowchart questions referencing this list. The full-length and abbreviated DHQs can be found at <http://bit.ly/15jTjyS>. (Source: AABB SmartBrief, 8/27/13) 💧

GLOBAL NEWS

Global Healing announced on Monday that it will assume leadership of the Latin American Blood Alliance, or the Alianza Latinoamericana de Sangre (ALAS), from America's Blood Centers. ABC launched the ALAS project with a grant from the Foundation for America's Blood Centers, and now that the exploratory phase is completed, ownership of the project is being transferred to Global Healing for implementation. Global Healing is working with the Grupo Cooperativo Iberoamericano de Medicina Transfusional (GCIAMT) to integrate the alliance into its activities and ensure long-term coordination after Global Healing completes its strategic planning role. The alliance will serve to improve the quality and availability of the blood provided in Latin America, as well as the effectiveness and efficiency of

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GLOBAL NEWS (continued from page 10)

operations within Latin American blood services. The model will follow the proven effectiveness of similar alliances, such as the Asia Pacific Blood Network (APBN) and the European Blood Alliance (EBA). The alliance will seek to help national blood systems in Latin America to increase blood collections from voluntary non-remunerated blood donors, improve transfusion medicine practices, and create innovative systems to communicate best practices with one another. “Alliances like America’s Blood Centers, EBA and, more recently, APBN, have proven to be extremely effective at transferring best practices between countries,” said Jim MacPherson, previous ABC CEO and volunteer project manager for the Global Healing ALAS initiative. “The experience in blood banking alliances is that ‘a rising tide lifts all boats,’ and we expect that experience can translate to ALAS,” he said. GCIAMT President Graciela Leon, MD, added, “The GCIAMT is pleased to welcome ALAS-GH’s integration as an institutional member since it offers an excellent opportunity for carrying out interesting projects in Latin America.” Global Healing President Luke Ifland notes that “Collaboration is the key to overcoming some of the most pressing challenges we face together. The infrastructure and tools that we put in place will enable Latin American blood systems to solve their regional challenges in creative and cost effective ways.” (Source: Global Healing press release, 8/26/13) ♦

INFECTIOUS DISEASE UPDATES**WEST NILE VIRUS**

An article published in the September issue of the Centers for Disease Control and Prevention’s *Emerging Infectious Diseases* sheds some light on how West Nile virus (WNV) has evolved in Houston during the past decade. Alan D. Barrett, PhD, and colleagues, used surveillance data from the Houston area and conducted genomic sequencing of 14 WNV isolates collected from 2010 to 2012 from resident birds in Harris County, Texas. This testing revealed four independent genetic groups distinct from historical strains circulating in the greater Houston region since 2002. This suggests that WNV strains circulating in Houston over the past three years may be derived from strains circulating elsewhere rather than those that had previously been observed in the Houston area. “Phylogenetic and geospatial analyses of the 2012 WNV isolates indicate closer genetic relationships with 2003-2006 Harris County isolates than more recent 2007-2011 isolates. Inferred monophyletic relationships of these groups with several 2006-2009 northeastern US isolates supports the potential introduction of a novel WNV strain in Texas since 2010. These results emphasize the need to maintain WNV surveillance activities to better understand WNV transmission dynamics in the US.” ABC Executive Vice President, SMT, Louis Katz, MD, notes that this paper illustrates that the virus evolves and the blood community must ensure that WNV screening tests evolve with the virus to maintain optimal performance characteristics. The article can be viewed at wwwnc.cdc.gov/eid/article/19/9/13-0377_article.htm.

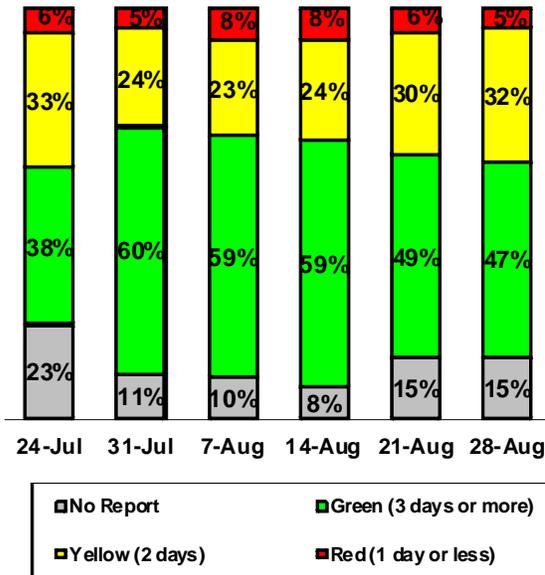
Citation: Mann BR, *et al.* Continued evolution of West Nile virus, Houston, Texas, USA, 2002-2012. *Emerg Infect Dis.* 2013 Sep; 19(9): 1418-27. ♦

We Welcome Your Letters

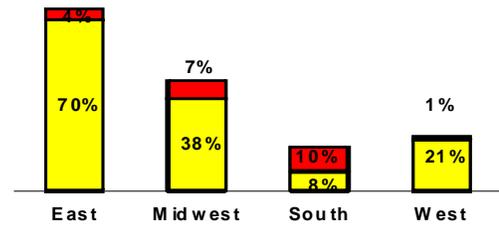
The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Betty Klinck at newsletter@americasblood.org 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.

STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, August 28, 2013



Percent of Total ABC Blood Supply Contributed by Each Region
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily Updates are available at:
www.AmericasBlood.org

MEMBER NEWS

The only public cord blood bank in Canada, operated by Héma-Québec since 2004, has increased its activities at a sustained pace since last year, reported Héma-Québec in a press release on Monday. In its cord blood bank update, Héma-Québec noted that it has been offering its cord blood units to the international community since September 2012 through Bone Marrow Donors Worldwide, a group of 71 stem cell donor registries and 49 cord blood banks throughout the world. During the first seven months of this year, Héma-Québec has already more than quadrupled its shipments of cord blood compared to last year, delivering units for 17 patients waiting for stem cell transplants, including four in Canada and 13 abroad. To date, the public cord blood bank has received more than 100 requests for compatible units from abroad. “Héma-Québec has adopted qualification criteria among the strictest in the world by requiring a higher cell concentration per bag of cord blood. The higher the cell concentration is, the better the chances are for a successful transplant,” explained Diane Roy, manager of the Stem Cell Donor Registry. She noted that this high standard is likely not unrelated to the growing popularity of Héma-Québec’s cord blood bank. Héma-Québec manages the only public cord blood bank in Canada and has qualified close to 8,000 cord blood donations since 2004. (Source: Héma-Québec press release, 8/26/13)



MEMBER NEWS (continued from page 12)

Lane Blood Center and FOOD for Lane County announced on Wednesday that they are partnering so that each blood donor can have twice the positive impact on the community. The two organizations are launching an initiative called “3 Lives – 3 Meals.” On behalf of each person who registers to donate blood at any blood drive in Lane County during September, Lane Blood Center will provide three meals for the community through FOOD for Lane County. September is traditionally a difficult time to collect enough blood with students returning to school and people getting back to their busy fall routines, said Lane Blood Center in the press release. It is also a difficult time to collect enough food for the families in need in Lane County. Lane Blood Center and FOOD for Lane County are encouraging local residents to donate this September to help our community solve both problems. (Source: Lane Blood Center press release, 8/28/13) ♠



PEOPLE

Theo Evers, senior and former executive director of the International Plasma Fractionation Association (IPFA), will retire from the association in September 2013, Paul Strengers, MD, executive president of IPFA, announced in a statement on Aug. 27. Mr. Evers' career at IPFA spans 21 years during which time he has made a formidable and wide ranging contribution to the work of IPFA and the plasma product industry, according to the statement. “Gifted with an analytical mind and a naturally diplomatic and cooperative nature, Mr. Evers has established an extraordinary wide ranging network of international professional colleagues and friends – they will remember him for his passion and commitment to the principles and values of IPFA. His relentless energy, contributions, good counsel, and above all his genuine friendships will be missed by all those who had the good fortune to work with him,” said Dr. Strengers. Mr. Evers commented, “After 21 exciting and fascinating years, I will retire from my duties at IPFA. I would like to thank the IPFA members, my colleagues, and IPFA contacts for their great support during those years. Your personal friendship and your interest in the European Plasma Fractionation Association and IPFA and its principles and aims have greatly contributed to the many achievements in the field of blood and plasma products. Differences of views and opinions have, at the end, not prevented us from constructive dialogues towards practical and acceptable solutions. I am a fortunate man to have worked with so many wonderful friends and colleagues. Thank you!” (Source: IPFA press release, 8/27/13)



Shirley Nimsky was recently named by the Association of Donor Recruitment Professionals (ADRP) as the new executive director. Ms. Nimsky has served as the executive director of the International Society of Endovascular Specialists for the past 18 years. Her list of accomplishments include the development of several international medical education conferences and programs; collaboration with medical device companies to produce award winning education programs with industry professionals; procurement of more than \$1 million in grants; and the establishment of a virtual office network that provided cost and time savings to the organization. “The ADRP executive committee and board of directors are extremely excited about Shirley’s depth of experience and the skills and abilities she brings to ADRP. We believe she will be a great asset to the organization,” said Darrin Greenlee, 2013-14 ADRP president. “I am so pleased to be working for an organization of professionals who make such a tremendous contribution to the lives and well-being of so many



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PEOPLE (continued from page 13)

Through my personal experience with transfusions, I can appreciate the importance of the work in this area. The work ADRP members do on behalf of families and their communities is truly special. I look forward to helping ADRP continue to meet its important mission through the invaluable commitment, vision, and focus of the organization's leadership and members. I look forward to getting to know each of you," said Ms. Nimsky. She assumed her new position on Aug. 15. (Source: ADRP announcement, 8/26/13) ♦

IN MEMORIAM – JOHANNA PINDYCK STEINER, MD

Johanna Pindyck Steiner, MD, a previous CEO of New York Blood Center (NYBC) and renowned HIV/AIDS researcher, passed away on Aug. 18. NYBC released the following statement on Dr. Steiner's passing: "Dr. Pindyck was a respected leader at NYBC and throughout the blood banking community. She not only helped lead the organization at a time of significant growth in operations, but was a major influence during the onset of the HIV/AIDS epidemic and its impact on blood collection and transfusion. Perhaps her greatest achievement – one she noted herself – was developing the means to safeguard the blood supply while at the same time protecting the confidentiality of blood donors. The Confidential Unit Exclusion process allowed donors who felt their blood might not be safe for transfusion to a recipient, to indicate that their blood be used for research. In this way, donors could protect the blood supply without having to publically declare that their blood might be unsafe. Dr. Pindyck led the development of new laboratories to support NYBC in the context of AIDS, including flow cytometry and leukocyte immunology. She was a compelling presence at NYBC as Aaron Kellner, MD, served his last few years at the helm of the organization. We value her historic contributions to our lifesaving mission, and extend our sincere condolences to her family." America's Blood Centers also offers its condolences to Dr. Pindyck's family. ♦

CLASSIFIED ADVERTISING

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

POSITIONS AVAILABLE:

Medical Director. Blood Systems is searching for a full-time clinically-focused Medical Director which will sit at its affiliate office at Inland Northwest Blood Center (INBC) in Spokane, Wash.. The ideal candidate will have broad expertise in Clinical Transfusion Medicine, Transfusion/Quality Committee activities and Transfusion Service Management. The position will be part of the INBC leadership and will work directly with Blood Systems' Medical Affairs to ensure that patients in hospitals served by INBC receive state-of-the-art transfusion medicine and therapeutic apheresis/cellular therapy support. Responsibilities include the provision of routine and specialized transfusion medicine services, medical direction for centralized cross-match laboratory and hospital transfusion services, patient blood management, consultation, blood collection and therapeutic

apheresis activities. The candidate should have experience with hospital transfusion service management. Candidates should be board certified or eligible in Transfusion Medicine, and board certified or eligible in AP/CP, hematology and/or oncology. Three years in the field of transfusion medicine preferred. **This position will be open until filled.** For consideration, please submit resume to: jobs@bloodsystems.org ATTN: HR/2013/84. Blood Systems offers a competitive benefits package, including: affordable medical/dental insurance, education assistance, matched 401(k), relocation, and much more! Pre-employment background

POSITIONS (continued on page 15)

POSITIONS (continued from page 14)

check and drug screen is required. Visit our website at: www.bloodsystems.org. EOE M/F/D/V.

Reference Lab Technologist (MT). Are you looking to make a difference? If so, we invite you to join the American Red Cross in Tulsa, Okla. as a Reference Lab Technologist (MT). This is a FT position working approximately 4 p.m. - 12 a.m. Monday – Friday and on call every 3rd week. On Call hours: 12 a.m. to 7 a.m. and all day Saturday and Sunday. Job Summary: From antibody workups to ZZAP, you will provide full scale reference lab blood bank testing services to our partners in transfusion medicine. As part of a premier nationwide team for complex testing, this opportunity offers tremendous job growth and career advancement opportunities. Qualifications: MT(ASCP) or BB(ASCP) with four years experience, bachelor's degree - major in biological science or chemistry plus six years blood banking experience, or MLT(ASCP) certification plus four years blood banking experience. MT(ASCP) and/or BB(ASCP) preferred. Benefits: The Red Cross is a nonprofit organization that offers employees growth and development, opportunity for advancement, team spirit, competitive salaries and a comprehensive benefits package to include: Medical, Dental, Vision, Automatic 401K Contribution and Matching contribution, PTO, Health and Dependent Care Savings Accounts, and more. Apply: www.americanredcross.apply2jobs.com Requisition #: BIO34541. EOE

Region Recruitment Manager. Puget Sound Blood Center is seeking a strategic leader to manage the departments responsible for donor group and volunteer recruitment goals. Responsibilities include: providing leadership and motivation to staff teams; developing systems and program analysis tools; improving communications enhancing community relationships to encourage donor and volunteer participation; positioning the Blood Program as a volunteer supported organization. Ideal candidates will have over eight years' experience direct recruiting, marketing, relationship-building or volunteer management experience and five years in a supervisory capacity. Requirements also include demonstrated familiarity with marketing and planning systems; strong data analysis skills, demonstrated written, verbal and interpersonal communication skills; proficiency with PC software. Bachelor's degree in a related field or equivalent work experience. Blood recruitment industry experience a plus. This exempt, full-time position is based in Bellevue, Wash.. Submit resume to Puget Sound Blood Center via email at humanresources@psbc.org; fax: (866) 286-8495; USPS: Human Resources, Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104-1256. Reference Job #7032. **Closes September 20.** For disability/accommodation assistance with the application process contact HR at humanresources@psbc.org, or at (206) 292-6500, or at 921 Terry Avenue, Seattle, WA. 98104. AA.EOE.

Vice President of Business Development. LifeServe Blood Center is seeking candidates with senior-level experience for the position of Vice President of Business Development. Ideal candidates will increase customer value, and drive operational excellence. Objective: Responsibility for the formulation of business strategies. This includes working with teams to identify new business opportunities and to expand LifeServe's customer base in specific markets. This position is responsible for management of a team focused on business development while providing service to our customers and overall support to build a qualified pipeline of new business opportunities. Responsibilities: Solidify and grow customer relationships, develop growth strategies through identification of new customers and markets, strategic planning and marketing to meet growth objectives, manage third-party relationships that support the organization's long-term goals and develop contracts, pricing, and risk-sharing proposals for hospitals and blood center partners. Experience: BA in Business Administration, Healthcare or related field, master's degree preferred, five- to seven-years Healthcare Management experience, experience in hospital supply chain, purchasing, laboratory or administration preferred. Offers of employment are contingent on the successful completion of drug testing and background checks. Applications should be submitted online at www.lifervebloodcenter.org. EOE

Night Manager, Laboratory Services. LifeStream, a \$53M healthcare organization providing blood service to more than 80 hospitals in Southern California, is searching for a Night Manager, Laboratory Services. This position performs, reports, and reviews test results for Reference and Quality Control procedures in an accurate and timely manner in compliance with Federal and State Regulations, AABB Standards, Manufacturer's recommendations, and internal operating procedures. Demonstrates proficiency, competency and understanding of fundamental principles of the immunohematology, hematology and microbiology laboratory procedures. Requirements: Four-year Bachelor of Science degree in Clinical Laboratory Science or related field (e.g., Medical Technology). Minimum two years as a Generalist required. Five years' experience preferable focused in areas of hematology and transfusion medicine. Current California Clinical Laboratory Scientist License. (Must pass pre-employment background check, drug-screen, and physical exam.) Apply online: www.LStream.org. LifeStream is an Equal Opportunity Employer, M/F/D/V.

EVP, Chief Medical & Scientific Officer (CMSO). Blood Systems (BSI) is seeking an EVP, CMSO to join its executive leadership team in Scottsdale, Ariz. Reporting to BSI's president and CEO, this key leader will

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POSITIONS (continued from page 15)

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 **Sept. 6, 2013** to: 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, Ariz. 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 **Sept. 6, 2013** to: 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 experi-

ence required. Please visit our website at 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 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 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.

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 immunoematology laboratory, and transfusion services laboratory. May aid, support, provide medical advice and content in medically related

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POSITIONS (continued from page 16)

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. Responsibilities 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 10 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, Pa 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. 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 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, e.g. 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@bloodntissue.org or fax to (210) 731-5581. <http://bit.ly/ZpLpir>. ♦

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail (lnorwood@americasblood.org) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2013

Sept. 5. **CLSI Workshop, Atlanta, Ga.** More information and registration can be accessed at <http://bit.ly/10TIYFr>.

Sept. 17-19. **BOOTS Session 11: "Demand-Based Recruitment and Collections," Orlando, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Sept. 18. **32nd Annual Symposium: Immunohematology & Blood Transfusion.** Advanced registration is required before Sept. 1. More information and a link to registration can be found at www.cc.nih.gov/dtm/research/symposium.html.

Sept. 19. **NIH Red Cell Genotyping 2013: Clinical Benefits, Bethesda, Md.** More information and registration can be accessed at www.bcw.edu/rcg2013.

Sept. 19-20. **Financial Management Workshop, America's Blood Centers, Dallas, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Sept. 21. **11th Annual Canadian Blood Services International Symposium - Utilization of Blood Products: A Focus on Platelets, Toronto, Ontario.** More information can be found at <http://bit.ly/ZTj8mf>.

Oct. 7. **FDA Public Workshop: "Synergizing Efforts in Standards Development for Cellular Therapies and Regenerative Medicine Products," Silver Spring, Md.** Registration information (including name, title, firm name, address, telephone, and fax numbers) must be sent to CBERPublicEvents@fda.hhs.gov. More information is available at <http://1.usa.gov/15EYdE2>.

Oct. 12-15. **AABB Annual Meeting and CTTXPO, Denver, Colo.** For more information: <http://bit.ly/ZRPM2b>.

Oct. 21-22. **AdvaMed Workshop: 501(K) Submissions, Arlington, Va.** More information and registration details are available at <http://bit.ly/128X2rF> Contact: skinchen@advamed.org (for group discounts).

Oct. 22-23. **FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting, Silver Spring, Md.** More information is available at <http://1.usa.gov/15qddkV>.

Oct. 23. **AdvaMed Workshop: IDE Submissions, Arlington, Va.** More information and registration details can be found at <http://bit.ly/174SUdb>.

Nov. 14. **FABC Joint Gala with WFH-USA at Biltmore Hotel, Phoenix, Ariz.** Contact: Jodi Zand. Phone: (202) 654-2994; e-mail: jzand@americasblood.org.

2014

Jan. 15-16. **Medical Device Data Systems (MDDS) Workshop, America's Blood Centers, Washington, DC.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Mar. 22. **Annual Links for Life Golf Tournament at Desert Willow Golf Course, Palm Desert, Calif.** Contact: Jodi Zand. Phone: (202) 654-2994; e-mail: jzand@americasblood.org.

Mar. 22-25. **Annual Meeting, America's Blood Centers, Palm Springs, Calif.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

May 11-15. **WFH 2014 World Congress, Melbourne, Australia.** For more information and to register, visit <http://bit.ly/1227maC>.

June 5-8. **5th International Monoclonal Antibody Workshop, New York, N.Y.** Contact: Gregory Halverson, New York Blood Center. Phone: (212) 570-3026; e-mail: ghalverson@nybloodcenter.org.

June 17-20. **Fund Development, Communications, and Donor Management Workshop, America's Blood Centers, Sacramento, Calif.** Contact: ABC Meetings Dept. Phone (202) 654-2901; fax (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 5 Tuesday (note: new date and day) **Medical Directors Workshop, America's Blood Centers, Seattle, Wash.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

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CALENDAR (continued from page 18)

Aug. 6-7 Wednesday-Thursday (note: new dates and days) **Interim Meeting, America's Blood Centers, Seattle, Wash.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 25-28. **AABB Annual Meeting and CTTXPO, Philadelphia, Pa.** For more information: <http://bit.ly/ZRPM2b>. 