



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2014 #4

January 31, 2014

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Blood Centers Cope with Stormy Winter Weather

Blood centers have become accustomed to ramping up blood donor recruitment efforts during the winter slump in donations – whether it’s the holidays, inclement weather, or the flu – many donors have a tough time making it to their local blood center during the winter months. However, blood donor recruiters and blood inventory managers are having a particularly challenging winter this year, as record low temperatures and snowy weather have caused blood drive cancelations and donor center closures across the US.

“Southern Louisiana typically has mild winters ... [But] late January has brought colder air than we have seen in many years and has caused icy roads, which has caused travel issues,” said Amanda Chittenden, manager of public relations at The Blood Center in New Orleans, La. The center was forced to suspend collections for two days as a safety measure for donors and staff, as travel restrictions were in place across the region with many roads and bridges closed due to ice. “As people prepared for the weather, schools and businesses were forced to close and thus caused them to cancel their blood drives,” said Ms. Chittenden.

Situations like this are being seen across the nation. Christopher Swafford, vice president of Operations at Blood Assurance, headquartered in Chattanooga, Tenn., said that snow and ice has made it difficult for donors to make it out to give blood and caused his center to cancel or reschedule certain blood drives and impose early closures or morning delays at donor centers. Blood Assurance issued a plea this week for O-negative donors to help replenish the blood supply depleted by weather-related disruptions. Type O-negative blood, the “universal blood type” often used in emergencies, and platelets, which have a limited, five-day shelf-life, are typically the first types of donations to be affected by collection disruptions.

While Midwestern donors may be more accustomed to harsh winters, temperatures well below zero and frequent snowstorms have caused blood drive cancelations throughout this region as well. A press release from the Illinois Coalition of Community Blood Centers noted that four days of regularly scheduled high school and college blood drives, as well as several corporate drives, have been canceled this month.

“This is the coldest it’s been in a while,” said Gretchen Schubert, hospital services product manager at Rock River Valley Blood Center in Illinois. “It’s really just caustic weather. Even if it’s not a creating a physical barrier, it’s just painful to get out and about.”

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OUR SPACE

ABC Executive Vice President Louis Katz, MD

A Personal Reflection

It must be unusual for a single generation of docs to witness the glorious progress we have seen in the ability to control conditions that helped define a clinical epoch. Last week, the *ABC Newsletter* reported on two studies in the *New England Journal of Medicine* that described a treatment administered once daily for HCV infection with very well tolerated, all-oral drug regimens; these stand to replace some dauntingly toxic, injectable standard cocktails. They afforded apparent cure of infection in more than 90 percent of enrolled patients. The responses were independent of virus strain and other predictors of a poor response. Many giddily predict that we are seeing the coffin lid nailed down on a bug that is a leading cause for liver transplantation in this country and of end stage liver disease worldwide. Similarly, stepwise improvements since the mid-1990s in the ability to control – if not cure – HIV infection, have turned an infection associated with millions of grizzly deaths into a chronic process that under the right circumstances is held at bay with a single daily pill.

These two infections influenced not only the lives of those of us who pursued infectious diseases careers, but also dominated blood banking and transfusion medicine. In the space of a few years, we went from being “good guys,” facilitating some of the signature achievements in late 20th century medicine – think heart surgery and treatment of cancer – to “vectors” in lethal epidemics. Reactions from the blood community, after some denial, were incredibly effective. They included better approaches to donor selection, the development of spectacularly successful *in vitro* tests, testing algorithms with computers to manage them, and integration into our genomes of good manufacturing practices (to the benefit of a larger range of issues than these two infections). Maybe as important for the future is our acute appreciation of the vulnerability of our core products to emerging agents. I hope that we are now anticipating and preempting or managing threats instead of always reacting.

But outside of our silo, what about the larger targets for the advances in our ability to treat these infections – the more than 150 million folks chronically infected with HCV and the 35 million with HIV infection, most living in the developing world? They lack access to these “miracles” that cost many tens of thousands of dollars. As is often true in medicine, the science was the easy part and the hard part will be mustering the political and economic will to provide access to the masses that currently have none.

A handwritten signature in black ink, appearing to read 'Louis Katz'.

lkatz@americasblood.org ♦

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

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Winter Weather Disruptions (continued from page 1)

Maintaining the Blood Supply. Blood center inventory managers and donor recruiters across the US are doing all they can to prepare hospital blood supplies before a given storm hits and to get donors in the door after the storm. As did Blood Assurance, many centers are issuing media releases and other pleas to donors, emphasizing the constant need for blood even during stormy weather. Blood Assurance and others are also using social media such as Facebook, Instagram, and Twitter to communicate center closures and hours during inclement weather and to recruit donors both before the storm and to replenish the blood supply after it hits.

One common thread among blood centers braving the winter weather is to plan ahead when inclement weather is in the forecast. “We have worked with our hospitals to ensure they have what they need during the storm ... we have worked with local media outlets to ensure the community is aware of the impact on the blood supply and that their support will be required once we thaw,” said Ms. Chittenden. The Blood Center, and many others, open donor centers for extended hours and hold additional blood drives once the storm has passed and roadways are deemed safe and reopened.

Similarly, when inclement weather is forecasted, Blood Assurance reaches out to attract donors to compensate for donations potentially lost during the storm. The center also books type-specific appointments and blood drives to ensure specific blood needs are met during and after the storm. Since Blood Assurance has several donor centers throughout Georgia and Tennessee, it is able to collect blood at locations not impacted by the weather and reallocate those resources, said Mr. Swafford.

Ms. Chittenden emphasized the importance of having and exercising weather emergency plans, noting that her center adapted their rain and hurricane contingency plans into winter weather plans, as the region does not normally experience harsh winters. “Have contingency plans in place that can be adapted to each weather event,” recommended Ms. Chittenden. “Work with local media outlets to explain any closures, the impact that the closures will have on the blood supply, and the importance of the community’s support once the weather has passed. Work with donor groups that can reschedule quickly and/or open to the public and extend hours of drives and centers when possible.”

National Networks Step In. Sometimes, despite excellent contingency planning, blood centers still struggle to replenish their inventories. That is where national organizations like America’s Blood Centers and Blood Centers of America (BCA) step in to facilitate the shipment of emergency blood units from centers with an ample supply to those centers in need.

Each of these national blood organizations collects inventory data reported by its member blood centers daily to enable them to quickly assess the status of the blood supply both on a national and regional level, said Ruth Sylvester, ABC’s director of regulatory services, who also handles disaster preparedness and response for ABC. Ms. Sylvester stressed that blood centers should continue reporting their inventory data daily, because this is what allows the national organizations to quickly ascertain which centers could potentially make emergency blood shipments to those centers affected by a given emergency or disruption. ABC and BCA work together to coordinate disaster response functions, since the two share many members, said Ms. Sylvester.

BCA operates one inventory reporting system for its member centers, while ABC operates another system, called Stoptlight, that also includes non-BCA members and can be viewed by the public (www.americasblood.org/stoptlight.aspx). “While this may seem like a duplication of effort, it is important that both systems get populated,” said Ms. Sylvester. “We do have future plans to collaborate and eliminate duplicative reporting.”

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Winter Weather Disruptions (continued from page 3)

“We share this inventory information on a daily basis, and that’s what is available to us when there is a real emergency or disaster. We can access that data and we can know with pretty good certainty what the status of the country’s blood supply is and how best to respond. I encourage blood centers to continue reporting,” said Lawrence Smith, CEO of Rhode Island Blood Center and chair of the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism.

The AABB task force collaborates to prepare for and respond to disasters, working together to ensure that a safe and adequate blood supply is in place at all times in preparation for disasters. Members include ABC, BCA, ARC, other blood and tissue organizations, and governmental agencies. The task force has not been fully mobilized to respond to inclement weather this winter, although individual members of the task force like ABC and BCA have worked to coordinate some blood shipments due to weather-related disruptions. Mr. Smith notes that blood centers can utilize media appeals, donor recruitment tactics, extended donor center hours, and their national blood organizations, such as ABC, before seeking to mobilize the task force.

An Unexpected Telecommunications Outage. The national blood organizations recently stepped in to assist Puget Sound Blood Center (PSBC) through an unexpected crisis – a telecommunications outage that downed both landline and digital connectivity. The major impact of the outage, which caused disruptions for CenturyLink customers in 40 states, seemed to be focused in the Seattle metro area, where PSBC is headquartered. CenturyLink, the third largest telecommunications company in the US, has still not provided a clear reason for the disruption. The outage began on the evening of Jan. 23, but the full extent was not evident until the following morning when collection sites were unable to communicate with the center’s blood establishment commuter software (BECS).

Because the backup telephone and computer systems continued functioning only at PSBC’s Seattle Central and Bellevue locations during the outage, all blood orders from hospitals in King County, Wash. were routed to the transfusion services lab at the Seattle Central location, which required extra time and transportation resources, said James AuBuchon, MD, president and CEO of PSBC. By mid-morning on Jan. 24, PSBC staff began switching all other locations from the primary to the backup server, which required all staff to logout and took about 90 minutes to complete. Donations were suspended during this period, leading the center to lose about 30 to 40 percent of that day’s donations. Transfusion support to King County hospitals was provided through cell phones and fax machines until the systems were restored.

“Now, this [switching to the backup server] is something we practice at least once every quarter for contingency planning purposes,” said Dr. AuBuchon. “But it’s a little different when you’re doing it on the fly, during normal operating hours while people are on the system.” Earlier this week, key blood center personnel met to discuss what went well and what could be improved in this type of situation.

PSBC immediately requested King County Hospitals to minimize blood use for 48 hours after the outage became apparent but only one elective surgery needed to be rescheduled as a result, said David Larsen, director of communications at PSBC. Despite losing about 300 blood units that would have normally been collected, the center had replenished its supply by the following Monday, Jan. 27 through holding extended weekend hours at its donation centers, additional blood drives, and putting out donor pleas in the media.

Dr. AuBuchon expressed his gratitude to the blood centers that shipped emergency blood units during the outage and to members of the AABB task force that helped coordinate shipments. “We were exceedingly

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Winter Weather Disruptions (continued from page 4)

pleased and grateful for the support we received from several other blood centers across the country,” he said. “It was very meaningful that they were able to do that for us.”

Mr. Smith, chair of the AABB task force, added that situations like this provide an opportunity for blood centers to think about how they might respond to a similar emergency. “In general, this situation is a good reminder for all blood centers, and hospitals as well, to always review and update your disaster preparedness plans. For those of us who may not have considered what would happen given a network outage of this type, it’s a good reminder to think about what type of contingency plans and backup systems should be in place.” ♦

ABC members can find disaster preparedness resources at <http://members.americasblood.org/go.cfm?do=Page.View&pid=6>.

AABB Association Bulletin to Assist in Meeting TRALI Risk Mitigation Standards

AABB published recommendations in a Jan. 29 association bulletin to help blood centers meet Standard 5.4.1.2, which outlines TRALI mitigation requirements, published in the 29th edition of *Standards for Blood Banks and Transfusion Services (BBTS Standards)*, see *ABC Newsletter*, 10/4/13).

Effective April 1, the standards state, “Plasma and whole blood for allogeneic transfusion shall be from males, females who have not been pregnant, or females who have been tested since their most recent pregnancy and results interpreted as negative for human leukocyte antigen (HLA) antibodies.” The association bulletin recommendations from AABB’s Standards Program unit and TRALI Task Force take into account comments and concerns raised by the blood banking community regarding the inclusion of platelets in the TRALI mitigation requirements, the performance characteristics of available HLA antibody assays, and other issues.

The document states that use of solvent detergent (SD)-treated plasma and use of 4-factor prothrombin complex concentrate (PCC) are acceptable TRALI mitigation strategies. A revision to the original standard published Sept. 27, 2013 removed platelets from the TRALI mitigation requirements; platelets are not addressed in the association bulletin (see *ABC Newsletter*, 10/4/13).

Most HLA antibody tests cleared by the Food and Drug Administration were developed for organ transplantation applications, not blood donor screening; the tests’ high sensitivity raised questions about appropriate cutoffs for HLA antibody tests used to qualify blood donors as part of TRALI mitigation strategies. The recommendations state that for HLA class I and II antibody assays not cleared as blood donor screening assays, a facility may either use the cutoff stated in the package insert or perform a validation process to demonstrate that the chosen cutoff is equivalent to the performance of the assay cleared by FDA for use in a blood donor population.

The recommendations define pregnancy history as a single-term pregnancy, excluding early terminations and miscarriages. AABB also discusses in more detail how antibody positive donors should be managed.

During a July 2013 AABB conference regarding the TRALI mitigation strategies, concerns were raised about certain blood services’ ability to meet the demand for AB plasma with only male donors. Among other suggestions to address this concern, AABB recommends in the association bulletin that group A plasma with a low level of anti-B may be considered as an alternative for untyped recipients in urgent settings or when type specific platelets and plasma are not available.

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AABB TRALI Mitigation Standards (continued from page 5)

The recommendations provided in the association bulletin are not considered standards. Association Bulletin #14-02 can be accessed with an AABB login at <http://bit.ly/1egXH3d>. Questions may be directed to standards@aabb.org. (Source: Association Bulletin #14-02, 1/29/14) ♦

ABC Member Centers, Congress Recognize National Blood Donor Month

During the month of January, blood centers across the US celebrate National Blood Donor Month to recognize volunteer blood donors and to encourage blood donation during the winter season when attracting donors can be difficult due to inclement weather, the holidays, and seasonal illness. Many members of America's Blood Centers participated in National Blood Donor Month activities, and members of Congress even honored this special month with a resolution.

US Reps. Mike Quigley (D-IL) and Barbara Lee (D-CA) and US Sens. Tammy Baldwin (D-WI) and Elizabeth Warren (D-MA) introduced a resolution honoring January as National Blood Donor Month and emphasizing the importance of volunteer blood donation to our nation's public health, announced the legislators in a Jan. 30 press release (<http://1.usa.gov/Lwnh9Q>). "Whether it's an emergency situation or an everyday medical procedure, volunteer donors save lives and play a substantial role in our healthcare system. I encourage every eligible donor to give blood to ensure that we have access to this vital, lifesaving resource when and where it's needed most," Rep. Quigley said in the release.

"I am proud to recognize National Blood Donor Month this January to honor the generosity of volunteer donors and the work of America's Blood Centers, AABB, and the American Red Cross, and to draw attention to the importance of blood donation, which is essential to protecting our nation's health," said Sen. Baldwin.

LifeServe Blood Center, headquartered in Des Moines, Iowa, invited local government officials to declare National Blood Donor Month in the center's service territories. Gov. Terry Branstad and mayors from several communities recognized this special month by visiting donor centers in their respective communities and signing proclamations recognizing January as National Blood Donor Month, which gained some media attention. Blood donor proclamations were read and signed at locations in Des Moines/Urbandale, Iowa; Marshalltown, Iowa; Mason City, Iowa; Waterloo, Iowa; Fort Dodge, Iowa; Ames, Iowa; Sioux City, Iowa; and Mitchell, S.D.

To recognize donors, Lifeblood, headquartered in Memphis, Tenn., featured several donors throughout January on its website, Facebook, Instagram, and Twitter accounts. The donors, who are nominated by family, friends, and Lifeblood staff, answered a series of questions providing insight into why they give blood. One Lifeblood story featured Ron Cooper, who began giving blood in 1993 after he donated two pints of his own blood to be used as replacement during a surgery to remove bone marrow that he donated to a woman in Australia. Mr. Cooper also lost his wife to breast cancer, which encouraged him to keep donating blood.



Ron Cooper has been an avid blood donor for 21 years and will donate his 50th gallon this year at Lifeblood.

Blood Bank of Delmarva, headquartered in Newark, Del., gave away small recognition items to donors

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National Blood Donor Month (continued from page 6)

on “Thankful Thursdays” throughout January and featured special signage and advertisements to thank donors. LifeSouth Community Blood Centers, headquartered in Gainesville, Fla. attracted media attention, with local news stations airing segments about the importance of blood donation in recognition of National Blood Donor Month.

Hoxworth Blood Center held its sixth annual Cincinnati Cyclones Blood Drive on Jan. 27 in honor of National Blood Donor Month. Partnering with the Cincinnati Cyclones minor league hockey team, Hoxworth Blood Center welcomed 376 donors and collected 362 units of blood products – the most productive Cincinnati Cyclones drive yet.

Community Blood Center (CBC), Dayton, Ohio, issued a press release paying gratitude to blood donors and encouraging others to consider giving blood. The center noted that it kicked off the new year with an ample supply of blood. “CBC blood donors save lives in our region every day,” said CBC Chief Operating Officer Jodi Minneman. “We couldn’t fulfill our mission without our donors and all the wonderful individuals who coordinate blood drives with our many partner organizations. They truly make lifesaving a habit, a very good habit.”

Bonfils Blood Center, headquartered in Denver, Colo., announced that this year marks a decade-long collaboration between the center and KUSA – the local NBC syndicate – in celebration of National Blood Donor Month. Bonfils also gave vintage-style T-shirts to presenting donors from Dec. 8 to Jan. 18 to bolster donations during the challenging winter months. Bonfils welcomed more than 14,000 donors and nearly 1,500 first-time donors over the holiday season and in celebration of National Blood Donor Month.

OneBlood, headquartered in Orlando, Fla., issued a press release recognizing donors during National Blood Donor Month, noting that the center had made several shipments of blood to centers affected by the recent inclement winter weather. OneBlood also noted that donors can decide the ideal type of donation to make by using the center’s *Target Your Type* program (www.oneblood.org/target-your-type/).

ABC would like to thank these centers and others that took the time to recognize blood donors during National Blood Donor Month. “Our community blood centers are always there to support the blood needs of this nation. We thank Congress for their efforts to encourage, recognize, and promote the lifesaving work of blood centers and donors,” said ABC CEO Christine Zambricki, DNAP, CRNA, FAAN. (Sources: Bonfils Blood Center press release, 1/22/14; Community Blood Center, Dayton, press release, 1/22/14; Blood Bank of Delmarva, 1/22/14; Lifeblood press release, 1/22/14; LifeServe Blood Center press release, 1/22/14; LifeSouth Community Blood Centers press release, 1/22/14) ♦

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.



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INSIDE ABC

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

ABC to Hold Webinar on Selecting, Developing Effective Blood Center Trainers

America's Blood Centers' Member Employee Training and Development Forum will hold a webinar on Feb. 26 from 2 to 3:30 p.m. EST titled "Selection, Development, and Evaluation are Key to Effective Trainers." During the webinar, Jenny Seitz of LifeSouth Community Blood Centers, and Catalin Hrisafiu-Josan, M.Ed., MBA, of LifeShare Blood Centers, will share their expertise in training programs for blood center trainers.

Webinar login details can be found in MCN 14-008 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4730>. Questions or concerns may be directed to Leslie Norwood at lnorwood@americasblood.org.

ABC Webinar to Discuss World Blood Donor Day 2014

America's Blood Centers will hold a webinar on Feb. 20 at 1 p.m. EST about World Blood Donor Day (WBDD) 2014. Laforce + Stevens (Nexcare's agency of record) will outline plans for this year's WBDD Nexcare *give* program.

This marks the sixth year that Nexcare Brand is partnering with ABC for WBDD to provide blood centers with limited-edition Nexcare *give* bandages to thank donors for giving blood. Established by the World Health Organization, blood centers around the world celebrate WBDD to raise awareness of the need for safe blood and to thank voluntary unpaid blood donors for their life-saving gifts. More information about the program will be discussed during the upcoming webinar.

Webinar login details can be found in MCN 14-006 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4728>. Questions may be directed to Abbey Nunes at anunes@americasblood.org. ♦

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 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. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.



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SAVE THE DATE

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

Sacramento, CA – June 17-20, 2014

Hosted by:  BloodSource

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

2014 WORKSHOP SCHEDULE

Fund Development topics: June 17
Fund Development & Communications topics: June 18
Communications & Donor Management topics: June 19
Donor Management topics: June 20

2014 WORKSHOP FEES (early bird/regular)

2-day registration: \$390/\$445
3-day registration: \$460/\$515
4-day registration: \$515/\$565

Scholarship opportunities available to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.

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

– Mitzy P. Edgcomb
Senior Vice President
BloodSource

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



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

RESEARCH IN BRIEF

A systematic review and meta-analysis of studies on the effectiveness of massive transfusion protocols (MTPs) recently published in the *ANZ Journal of Surgery* suggest that MTPs may not be associated with improved mortality. MTPs are designed to provide standardized delivery of blood, blood products, and recapitulate transfusion of relatively fresh whole blood, generally stipulating the delivery of relatively high ratios of fresh frozen plasma (FFP) to red blood cells (RBCs), platelets, and in some cases cryoprecipitate, to trauma patients being transfused with packed red blood cells (PRBCs). Over the past decade, MTPs have become the standard of practice for level I trauma centers, despite the absence of clear evidence of their benefit from optimal clinical trials. In studies showing improved mortality due to MTPs, a bias exists towards the group of patients that survived long enough to receive high ratios of blood products but may have been less critically injured than patients who died prior to being able to receive the required products. To avoid this bias, Biswadev Mitra and colleagues of the Alfred Hospital in Melbourne, Australia, compared the effect of an MTP on overall outcomes of resuscitation with outcomes in the absence of such protocols. Their systematic review of treatment of acutely injured adult patients evaluated the association between the institution of an MTP and mortality, when compared with practice without an MTP in the same setting. The review and meta-analysis, involving 1,858 trauma patients who underwent massive transfusions, found only two studies out of eight that demonstrated statistically significant mortality benefit from MTPs. A statistically significant benefit for the pooled primary outcome of mortality at hospital discharge could not be demonstrated. Multiple reasons for the failure of MTPs to be associated with apparent benefits may be postulated. All individual studies were

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RESEARCH IN BRIEF (continued from page 9)

underpowered to detect a significant change in mortality, added the authors. “In the current environment where the diagnosis and management of acute traumatic coagulopathy are rapidly evolving, MTPs need to be frequently evaluated and updated to ensure effectiveness during trauma resuscitation,” conclude the authors.

Citation: Mitra B, *et al.* Effectiveness of massive transfusion protocols on mortality in trauma: a systematic review and meta-analysis. *ANZ J Surg.* 2013 Dec;83(12):918-23. ♦

REGULATORY NEWS

The Food and Drug Administration announced Jan. 17 that it has provided 510(k) clearance for LifeSouth Community Blood Centers’ Integrated Blood Bank Information System (IBBIS). This clearance allows LifeSouth, headquartered in Gainesville, Fla., to market its blood establishment computer software (BECS) to other blood centers around the country. “We have built this system from the ground-up, improving and expanding its capability internally,” LifeSouth Software Development Manager Dan Simpson, said in a press release. “With the latest clearance, we can now share our system with other blood centers.” IBBIS was developed by a team of more than a dozen software developers and testers at LifeSouth’s headquarters and supports every step of the blood banking process. The initial IBBIS 1.0 received FDA approval in August 2008; after continuous testing and upgrades, IBBIS 2.0 was cleared in December 2009. IBBIS has allowed LifeSouth to convert to the international bar coding system, ISBT 128, while also improving management of donor needs and inventory, said the LifeSouth press release. The FDA approval documents can be viewed at <http://1.usa.gov/1guHZFb>. (Source: LifeSouth press release, 1/27/14; FDA approval documents, 1/17/14)

AABB announced this week that its Relationship Testing Standards Program Unit (SPU) has published a summary of significant changes to the 11th edition of Standards for Relationship Testing Laboratories. This summary is meant to assist the AABB membership with the implementation of these new standards. It contains the rationale behind all of the changes after the 10th edition. Responses from the Relationship Testing SPU to the comments received during the 60-day comment period for the Standards are also included within the summary. The Relationship Testing SPU has also provided information on instances where a change was not made. The summary can be found at <http://bit.ly/1hXfV9U>. (Source: AABB SmartBrief, 1/28/14)

The Food and Drug Administration’s Center for Biologics Evaluation and Research announced Jan. 23 that it approved the CliniMACS CD34 Reagent System. FDA has approved a humanitarian device exemption application for the CliniMACS CD34 Reagent System. This system is indicated for processing hematopoietic progenitor cells collected by apheresis from an allogeneic, HLA-identical, sibling donor to obtain CD34+ cell-enriched population for hematopoietic reconstitution. It is to be used following a myeloablative preparative regimen without the need for additional graft versus host disease prophylaxis in patients with acute myeloid leukemia in first morphologic complete remission. This device is now approved for commercial distribution. More information is available in the FDA approval documents at <http://1.usa.gov/1dSmC8U>. (Source: FDA approval letter, 1/23/14) ♦

GLOBAL NEWS

The World Health Organization (WHO) recently published two documents regarding the mission to achieve voluntary non-remunerated blood donation (VNRD) worldwide. Now available online, WHO has published a report titled “Towards Self-Sufficiency in Safe Blood and Blood Products based on Voluntary None-Remunerated Donation – Global Status 2013.” WHO has been at the forefront of a movement to improve blood safety and availability, including decreasing the risk of transfusion-transmissible diseases by ensuring a blood supply provided by VNRD worldwide. This document provides an overview of the 2013 status of the global supply of blood components for transfusion and plasma-derived medicinal products in terms of VNRD, safety, and availability. This report can be accessed at <http://bit.ly/1fhwLyx>. WHO has also made available “The Rome Declaration on Achieving Self-Sufficiency in Safe Blood and Blood Products, based on Voluntary Non-Remunerated Donation,” which was created during a WHO forum held Oct. 8-9, 2013 in Rome, Italy. The declaration again affirms WHO’s commitment to helping countries achieve a blood supply completely provided by VNRDs and expressing concern over the use of family/replacement and paid donors. This document is available at <http://bit.ly/1nvuMwl>. (Sources: WHO report, 1/27/14; WHO declaration, 1/27/14) ♦

INFECTIOUS DISEASE UPDATES

TRANSFUSION-TRANSMITTED HTLV

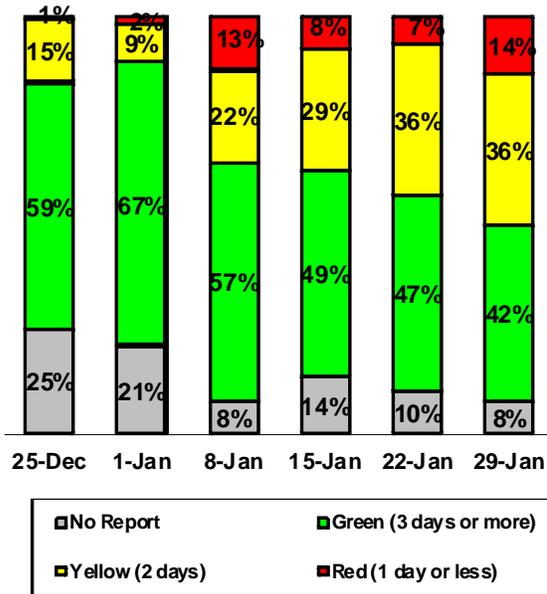
A study published this week in *The Journal of Infectious Diseases* reports for the first time since 2001 the seroprevalence of human T-lymphotropic virus types 1 and 2 (HTLV-1 and 2) among first-time US blood donors. Edward Murphy, MD, of Blood Systems Research Institute, and colleagues collected data on all first-time blood donors who donated at Blood Systems from 2000 to 2009, determined the prevalence of confirmed HTLV infection, and compared these data to that from the 1990s. They observed a downward secular trend in the combined prevalence of HTLV-1 and HTLV-2 infections, from 31.4 cases per 100,000 donors during 1991-1995 to 21.8 cases per 100,000 donors in the new data set. Within the 2000 through 2009 data set, there was little evidence of a continuing downward trend. Demographic associations were similar to those of earlier reports: female, black, Hispanic, and Asian donors had elevated rates of HTLV-1 and HTLV-2. The study confirms prior findings of geographic clustering of HTLV-2, with West Coast and southwest blood donors more likely to be seropositive. HTLV prevalence among the blood donors is highly age dependent, increasing from 1.3 to 9.3 per 100,000 for HTLV-2 either side of age 30 years, noted Lucy B.M. Cook and Graham P. Taylor, in an accompanying editorial. With 3.2 million first-time donors annually, the authors estimate that US blood banks still detect almost 700 HTLV infections per year. They conclude that “further studies of the origin of HTLV-2 infection in the US may wish to concentrate on the potential link to Amerindians in the southwestern US.”

Citations: Chang YB, *et al.* Seroprevalence and demographic determinations of human T-lymphotropic virus type 1 and 2 infections among first-time blood donors – United States, 2000-2009. *J Infect Dis.* 2014 Feb;209(4):523-31.

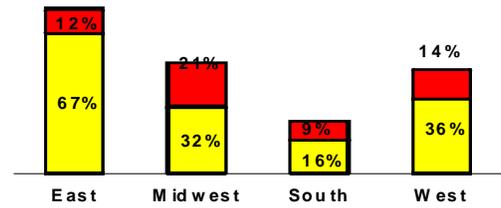
Cook LB, Taylor GP. HTLV-1 and HTLV-2 prevalence in the US. *J Infect Dis.* 2014 Feb;209(4):486-7. ♦

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, January 29, 2014



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



SAVE THE DATE

Human Resources & Employee Training/Development Workshop
 Houston, TX – April 29 - May 1, 2014

Hosted By: Gulf Coast Regional Blood Center

Negotiated hotel room rate: \$169 + tax
www.hotelderek.com

2014 Workshop Schedule
 Human Resources topics: April 29
 Joint HR & Employee Training/Development topics: April 30
 Employee Training/Development topics: May 1

2014 Workshop Fees (early bird/regular)
 2-day registration: \$390/\$445
 3-day registration: \$460/\$515

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

“Gulf Coast Regional Blood Center is excited to host ABC members in Houston for the 2014 Human Resources & Employee Training/Development Workshop. We look forward to a dynamic exchange of new ideas and best practices from across the country. I hope to see you in Houston in April!”

- Brian G. Gannon
 President and CEO
 Gulf Coast Regional Blood Center

Scholarship opportunities are available to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.



George Bush Intercontinental Airport (IAH) is served by most major US airlines. It offers non-stop service to nearly 200 domestic and international destinations; check www.fly2houston.com for more information on this airport, as well as Hobby International Airport (HOU).

MEMBER NEWS

Mississippi Valley Regional Blood Center (MVRBC) has successfully launched BloodHub's Chain of Custody (CoC) module at select donor centers with plans to deploy the system in all collection centers, announced BloodHub in a Jan. 24 press release. MVRBC worked with BloodHub, a blood supply chain automation platform, to develop the CoC module to better track blood units, test tubes, and donor cards from the donation through delivery to the blood center. Using wireless technology, MVRBC staff capture scanned barcodes from drawn blood units, test tubes, and donor cards along with the corresponding container barcodes. CoC logic then ensures that all containers and the items within are tracked and reconciled throughout the supply chain, with complete visibility and accountability. Real-time tracking of these products can lead to improved compliance, reduced product loss, rework reduction, and better production planning, said the release. "As a multi-site blood system, MVRBC has a number of individuals picking up, transporting, and delivering products, test tubes, and donor cards," said Jeannine McCullough, MVRBC's chief quality officer. "BloodHub's CoC coordinates these activities and automates end-of-drive reconciliation in an easy to use, intuitive way." Ms. McCullough explained that there is a supply chain gap between when a donation is drawn at a blood drive and when it is entered into the center's blood establishment computer software. The CoC module resolves this issue by immediately entering collected units into the system and providing a "Flight Board" that shows when blood units, tubes, and donor cards are processed, packed, sealed and picked up and by whom, allowing for real-time tracking of the units up through delivery to the manufacturing facility. "The CoC Flight Board gives our manufacturing team real-time visibility into the volume and timing of deliveries to our production operations. We will be able to coordinate production runs with shared, up-to-the-minute information from the field and proactively manage pick-ups that may have been missed." Knowing exactly when a unit enters the supply chain helps blood centers to more accurately manage their inventories and make supply projections. Michael Pandelakis, founder and CEO of BloodHub, explained that improving supply chain and inventory management is vital for blood centers to successfully contain costs because outdated or lost products are one of the largest controllable costs for blood centers. "In today's blood banking operations, cost containment starts with real-time data – that's the best way to optimize the supply/demand production equation," said Mr. Pandelakis. "Our CoC module stretches the system's awareness to include blood collections, the point of entry for products into the supply chain." More information about BloodHub is available at www.bloodhub.com. (Source: BloodHub press release, 1/24/14)

New York Blood Center (NYBC) is wrapping up its eight-month partnership with the 2014 Super Bowl Host Committee, sending a blood donor to the big game this weekend with a pair of tickets.

"More than a quarter of a million names were entered in the sweepstakes, representing everyone who donated blood with us from May 24 to Jan. 17," said NYBC Executive Director of Donor Recruitment Andrea Cefarelli. "An independent auditor chose Martha Fitzgerald – who donates at Young and Rubicam in New York City," she added. "We've been proud to encourage blood donation with this campaign," said Alfred F. Kelly Jr., president and CEO of the 2014 New York/New Jersey Super Bowl Host Committee. "Giving the gift of life through a blood donation is critically important so we knew this would motivate everyone who is eligible to roll up their sleeves and give blood." Mr. Kelly donated at NYBC headquarters on Jan. 17, the last day of the sweepstakes eligibility period. "Our community blood supply depends on thousands



Martha Fitzgerald of Brooklyn, N.Y., recently won two tickets to the 2014 Super Bowl by donating at New York Blood Center.

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PEOPLE (continued from page 13)

of volunteer donors each and every day,” said NYBC Vice President Rob Purvis. “Along with the knowledge that she’s saving lives, we’re thrilled that this civic-minded young woman will be going to the Super Bowl.” The winning donor, Martha Fitzgerald of Brooklyn, N.Y., said “I’ve given blood four times, because I know every donation helps hospital patients with cancer, leukemia, and those in emergency rooms after traffic accidents. Who knew that I’d end up going to the Super Bowl? I can’t wait!” (Source: NYBC press release, 1/27/14) ♦

PEOPLE

Betsy Jett recently joined New York Blood Center as the vice president of Quality and Regulatory Affairs. She comes to the center from the Food and Drug Administration’s Center for Biologics Evaluation and Research, Office of Blood Research and Review, where she was deputy associate director for regulatory affairs. Ms. Jett brings to NYBC a wealth of experience working with clinical laboratory technologists, information technology experts, and quality assurance and regulatory affairs personnel – most notably in several successive positions at the National Institutes of Health’s Clinical Center’s Department of Transfusion Medicine. She has authored journal articles, book chapters, and lectured on quality and disaster management topics. She is a graduate of the University of Pennsylvania and Temple University, did graduate course work and the NIH Senior Leadership Program at the University of Maryland in College Park, and earned several quality certifications. She was a volunteer with the Peace Corps in the Yemen Arab Republic, and her lifetime of civic participation includes involvement in the start-up of multiple nonprofit organizations, and service on their boards as an officer. Ms. Jett will be responsible for all quality and regulatory activities. (Source: NYBC announcement, 1/16/14)



Dirk W. Johnson, a 20-year veteran of the blood services industry, has been named chief operating officer of San Antonio-based QualTex Laboratories, the largest independent, non-profit blood and plasma testing laboratory in the US. The announcement was made Jan. 27 by Linda Myers, CEO of BioBridge Global, which was established last year as the nonprofit parent company for QualTex, the South Texas Blood & Tissue Center, GenCure, and the Blood and Tissue Center Foundation. QualTex Laboratories was spun off from the South Texas Blood & Tissue Center in 2007 to provide advanced testing services for blood and plasma screening, reference testing, and clinical research. Mr. Johnson comes to QualTex following 17 years in leadership positions at Sacramento, Calif.-based BloodSource, most recently as chief operating officer and senior vice president. His expertise in business development, productivity improvement, and client and community relations helped position BloodSource to become one of the top 10 service providers in the national market, according to the QualTex press release. “Dirk brings broad experience in developing and implementing strategic direction as well as operational improvements and internal team-building to QualTex,” Ms. Myers said in the release. “His leadership will be critical as we move forward with implementing our new strategic plan and pursuing additional partnerships and opportunities for continued growth.” Mr. Johnson received a Bachelor of Arts from California State University, Chico, and an MBA from the University of Phoenix, Sacramento. He has been active in the industry nationally, serving on the board of America’s Blood Centers and Blood Centers of America, and as president of the California Blood Banking Society. (Source: QualTex press release, 1/27/14) ♦



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: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Reference Laboratory Technologist. Community Blood Services has an exciting opportunity in our Montvale, N.J. facility for a FT Reference Laboratory Technologist performing antibody testing, antigen typing, and providing consultation to hospital staff as needed. The schedule is Monday-Friday 12 p.m. to 8 p.m., including on-call rotation for nights, weekends, and holidays. Candidates are encouraged who possess MT/MLS certification with ASCP or equivalent. SBB a plus, but not required. Ideally, candidates will have two years of blood banking experience in the past five years. EOE. Interested candidates may visit: <https://home.eease.com/recruit/?id=8101851>

Medical Technologist – Technical Services. Community Blood Services has an exciting opportunity in our Montvale, N.J. facility for a FT Medical Technologist in our Technical Services Department performing routine donor testing and utilizing automated lab instruments or equipment. Medical Technologist degree required. NYS license required. ASCP preferred. One to two years experience in blood banking or chemistry preferred. The schedule is 3 p.m. to 11 p.m., four weekdays and one weekend day, including on-call rotation for nights, weekends, and holidays. EOE. Interested candidates may visit: <https://home.eease.com/recruit/?id=7884661>

Vice President, Human Resources. Blood Systems (BSI), one of the nation's oldest and largest blood service providers, is searching for an experienced Vice President of Human Resources to join its executive leadership team in Scottsdale, Ariz. This key position develops, implements, and coordinates policies and programs encompassing all aspects of Human Resource Management, including: employment, EEO/AA, employee relations, wage and salary administration, executive compensation, employee benefits and services, workers compensation, performance planning and evaluation, Human Resource Information Systems, and employee records administration. Directly or indirectly supervises HR support staff. Requires: bachelor's degree, thorough knowledge of all aspects of Human Resource Management, including: related legislation and positive employee relations policies, practices, and programs; good understanding of general business management; and eight years of experience in all facets of Human Resource management, to include: three years supervisory experience and three years managing a Human Resource Department. Local candidates pre-

ferred. Please visit our website www.bloodsystems.org for more information about this position. For immediate consideration, please submit resume by **February 7, 2014** to: dbruno@dhrinternational.com. Pre-employment background check and drug screen required. EOE M/F/D/V.

Immunohematology Reference Laboratory Supervisor IRL001. QualTex Laboratories a subsidiary of BioBridge Global seeks a skilled individual for the Immunohematology Reference Laboratory at our San Antonio, TX location. The ideal candidate will have experience supervising staff on compatibility testing, and complex secondary procedures, such as antibody identification, antibody titration and RBC genotyping/phenotyping. Must be able to prioritize, reprioritize, and handle deadlines and emergency requests. QualTex Laboratories is the largest, independent non-profit testing laboratory in the U.S. for blood and plasma products. Qualifications include five years lab, recent Transfusion Lab/Blood Bank experience. Bachelor's degree in CLS or Applied Science. Must be MT/CLS or MLS (ASCP) or equivalent and prior Blood Bank experience preferred. For further information, visit our website www.qualtexlabs.org. Please include job code from website on all submissions. We EEO-AA employer M/F/D/V and maintain a Tobacco/Drug-Free workplace. Salary will commensurate w/your experience and education \$27.12 - \$40.67.

Laboratory Technologist. QualTex Laboratories a subsidiary of BioBridge Global seeks several skilled individuals for the Immunohematology Reference Laboratories at our Norcross, Ga. & San Antonio, Texas locations. Duties include compatibility testing receiving/processing orders and complex secondary procedures, such as antibody identification, antibody titration, and RBC genotyping/phenotyping. Must be able to prioritize, reprioritize, and handle deadlines and emergency requests. QualTex Laboratories is the largest, independent non-profit testing laboratory in the U.S. for blood and plasma products. Qualifications required include, one year Blood Bank, Bachelors of Science degree, national certification such as MT/CLS or MLS

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POSITIONS (continued from page 15)

(ASCP) or equivalent and prior BB experience. For further information, visit our website www.qualtexlabs.org. Please include job code from website on all submissions.

Registered Nurse. Central Jersey Blood Center is seeking a Registered Nurse for 30 hours a week. The candidate's primary purpose is screening and evaluating eligibility of potential donors, perform phlebotomy, and care for reactions during donation procedure. Essential duties are using professional judgment in screening and evaluating donor eligibility for blood donations according to state and federal regulations; administer emergency medical care for donor reactions; perform phlebotomies, hemoglobin, blood pressure, pulse, and temperature screenings; provide clinical expertise for the donor process including interpretation of criteria, provision for donor safety, and completion of records and reports; be knowledgeable of AABB and FDA requirements for collections of allogeneic and special donation donors; perform standard controls and record results; be proficient in the use of blood center computer system and functions that are related to collections; ensure accuracy, completeness, and confidentiality of all records relating to the donor and donation process; and set up, break down, and clean work area. Qualifications: current State of New Jersey RN license, two years nursing experience, proficient in Microsoft Office applications and data entry, venipuncture and phlebotomy experience, current State of New Jersey driver's license, current CPR. Bi-lingual (English-Spanish) preferred. Email resume to dglassen@cjcblood.org. EOE

Manufacturing and Hospital Services Manager. Kentucky Blood Center, located in Lexington, Ky. is seeking a dependable self-starter to oversee the day-to-day operations and management of staff for Manufacturing and Hospital Services. Job duties include, but are not limited to: hiring, staff scheduling, performance reviews, ensure training is completed, production planning, problem investigations, and SOP revisions. Must have a Bachelor of Arts or Science, Medical Technologist MT(ASCP), Clinical Laboratory Sciences, or experience deemed equivalent required. Three years of management experience in an organization regulated by good manufacturing practices, FDA, AABB, or equivalent. Previous experience in blood bank with understanding of component production preferred. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP

Blood Collections Manager. Kentucky Blood Center, located in Lexington, Ky. seeks enthusiastic healthcare professional to manage effective and efficient blood collection mobile operations out of Lexington by over-

seeing the activities of staff; ensure compliance with quality control functions/documents and industry regulations; prepare, monitor and control department budget; and interview, hire, and evaluate staff to ensure an adequate and qualified staff is maintained. Five (5) years management experience required. Medical background (RN, MLS or related field) or previous blood center experience a plus. Applicants must have working knowledge of Word and Excel; demonstrated skills in staff management/development, budget preparation/monitoring, and organizational skills; ability to think independently and solve problems; and possess excellent communication skills. This challenging opportunity requires a team-player attitude, high energy level, and a dedication to excellence. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Assistant Manager, Consultation and Reference. Gulf Coast Regional Blood Center is currently seeking an Assistant Manager for our Consultation and Reference lab. Reporting to the Consultation & Reference Manager, this position is responsible for overseeing operations and assisting with management of the Consultation & Reference Laboratory. This includes supervision of staff, maintenance of all policies, procedures and quality control practices and the maintenance of effective customer and inter-and intradepartmental relations. This position requires a degree as Medical Laboratory Scientist (or Medical Technologist); from an accredited four-year college or university plus five years of demonstrably successful management experience in a blood bank, hospital blood bank or allied health laboratory. The successful candidate must have strong leadership and workflow process acumen. Gulf Coast Regional Blood Center is a non-profit 501(c)(3) organization and is accredited, licensed, and inspected by the Food and Drug Administration (FDA), AABB as well as local and state authorities. The blood center is a proud member of AABB, America's Blood Centers, Blood Centers of America, South Central Association of Blood Banks, and the Texas Medical Center. Please visit our website for more information about our organization and to apply online: www.giveblood.org. Lori Pireu, Recruiter Phone: (262) 289-2056; lpireu@giveblood.org.

Quality Assurance Specialist III (San Diego Blood Bank). This position reports to the Director, QA & Compliance. Responsibilities include coordination of QA activities with management and frontline staff. Conducts internal audits, performs regulatory review and approval of SOPs and validations for all departments, and performs various activities within the

(continued on page 17)

POSITIONS (continued from page 16)

deviation/CAPA system. Writes and revises QA/Compliance SOPs and validations. In conjunction with department management, this individual should have the ability to utilize audit and deviation data to analyze and focus on process improvement and manufacturing optimization. This individual should be detailed oriented, have the ability to work independently and within a team, have excellent writing and communi-

cation skills and have the ability solve problems. Experience: Minimum of five years QA experience. Cord Blood/Stem Cells experience highly desired. Bachelor's required, and MT, RN, LVN, and/or ASQ certification preferred. Contact Name: Cherilyn Mones. Phone: (619) 400-8271. Visit website to apply: www.sandiegobloodbank.org. EEO/AA/M/F/V/D ♀

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.)

2014

Feb. 7. **FDA Sickle Cell Disease Public Meeting on Patient-Focused Drug Development, Silver Spring, Md.** Registration to attend the meeting must be received by Jan. 27, 2014. Those interested may register at <https://patientfocusedsicklecell.eventbright.com>. More information is available in the Federal Register announcement <http://1.usa.gov/1a9sahF>.

Feb. 8-9. **SBB Last Chance Review: Houston, Texas or by Webinar.** Hosted by Gulf Coast Regional Blood Center in Houston. This SBB review provides 13 P.A.C.E., California, and Florida continuing education hours. Registration details: www.giveblood.org/services/education/sbb-last-chance-review. Contact: Clare Wong, (713) 791-6201, cwong@giveblood.org.

Feb. 25-26. **FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting, Gaithersburg, Md.** More information can be found at <http://1.usa.gov/19CSKIX>.

Mar. 22. **4th Annual Links for Life Golf Tournament, Desert Willow Golf Course, Palm Springs, Calif.** Contact: Abbey Nunes. Phone: (202) 654-2980; e-mail: anunes@americasblood.org.

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

Apr. 29-May 1. **Human Resources/Training & Development Workshop, America's Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone (202) 654-2901; e-mail: meetings@americasblood.org.

May. **Specialist in Blood Bank (SBB) Program.** Gulf Coast Regional Blood Center in Houston, Texas is accepting applications for its 12-month distance program. Application deadline is January 15 for the May 2014

class. Program details: www.giveblood.org/services/education/sbb-distance-program. Contact Clare Wong, (713) 791-6201, cwong@giveblood.org.

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

May 21-22. **IPFA/PEI 21st International Workshop on Surveillance and Screening of Blood Borne Pathogens, Rome, Italy.** More information can be found at www.ipfa.nl.

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; 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; e-mail: meetings@americasblood.org.

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

Sept. 16-17. **IT Workshop, America's Blood Centers, Indianapolis, Ind.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

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CALENDAR (continued from page 17)

Oct. 25-28. **AABB Annual Meeting and CTTXPO, Philadelphia, Pa.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx.

Oct. 31-Nov. 3. **5th International Meeting on Emerging Diseases and Surveillance, Vienna, Austria.** More information can be found at <http://imed.isid.org>. Contact: info@isid.org.

Dec 9-10. **Supply Chain Optimization Workshop, America's Blood Centers, Austin, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org. ♦