



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2014 #38

October 17, 2014

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Study Hints at Why Physicians Continue Using Non-Cost Effective Blood Saving Measures

Numerous hospitals are adopting patient blood management techniques to decrease clinically unnecessary blood use and cut costs, however, recent studies have suggested that certain blood saving measures (BSMs) are not cost effective in some patient groups. A study conducted in the Netherlands sheds light on why physicians fail to stop using these methods in knee and hip replacement patients, despite mounting evidence that they are not cost effective.

In April, Cynthia So-Osman, MD, PhD, and colleagues published two large randomized trials in *Anesthesiology*, which found that EPO, perioperative blood salvage, and postoperative blood salvage were not cost-effective in primary elective total hip replacement and total knee replacement, as compared with no BSM use (see [ABC Newsletter, 5/30/14](#)). While EPO decreased allogeneic red blood cell (RBC) blood transfusion, it did so at unacceptably high costs (about \$9,500 per avoided transfusion). Both intra- and postoperative blood salvage, on the other hand, failed to significantly decrease RBC use yet increased costs (about \$500 per patient).

Despite these results and other similar findings, physicians in the Netherlands continue to use these methods in both hip and knee replacement patients – about 85 percent of Dutch hospitals use at least one of these interventions frequently in total hip and knee replacement patients, according to the study authors. To understand the barriers associated with the intention to stop using non-cost-effective BSMs, Leti van Bodegom-Vos, of the Leiden University Medical Center in the Netherlands, and colleagues conducted a survey of orthopedic surgeons and anesthesiologists about their use in these patients.

The researchers administered an internet-based questionnaire to a random sample of 400 orthopedic surgeons listed in the registry of the Netherlands Orthopedic Association and a random sample of 400 anesthesiologists in the registry of the Netherlands Society of Anesthesiologists. Of the 153 orthopedic surgeons (40 percent response rate) and 100 anesthesiologists (27 percent) who responded, 67 percent reported using EPO, perioperative blood salvage, or a combination in total hip and knee replacement surgeries. After being presented with evidence on non-cost-effective BSMs, 50 percent of respondents said they intended to stop EPO and 54 percent said they intended to stop perioperative blood salvage.

(continued on page 3)



OUR SPACE

Jodi Zand, Manager, Events & Fundraising, ABC

Still Time to Let Your Talent Shine

Who said blood bankers' talents are restricted to the blood center? Since we first introduced "ABC's Got Talent," the online virtual talent show fundraiser benefitting the Foundation for America's Blood Centers (FABC), we have learned that our members have a multitude of rare and exciting talents. I do not want to give away any spoilers, but let me just say, blood bankers sure do keep things interesting.

Yet, something tells me we've only scratched the surface of the talents that lie within our members' employees, boards, and families. We still have time to find out more! It's not too late to let your talent shine – we are accepting video submissions through Dec. 31. Anyone who is a blood center employee, volunteer, board member, or family member of an employee can enter.

Similar to modern day talent/reality shows, our contestants will have the opportunity to share their video with friends, families, and colleagues to earn the most votes. The difference between us and American Idol? The votes our contestants earn will be in the form of donations to the FABC, which will help fund and support member-focused initiatives, mostly the development and implementation of the America's Blood Centers Professional Institute (API) (see page 6 for more on the API).

All contestants need to do is make a video, no longer than five minutes in length, of themselves performing their talent. Contestants need to state their name, blood center affiliation, and the talent they will be performing at the beginning of each video. Then, contact me at jzand@americasblood.org for instructions on how to upload the video to our YouTube channel for ABC's Got Talent. Once the video is up, we will send a fundraising link that contestants can use to obtain votes and try to earn a spot in the top five to perform live at the ABC Annual Meeting in March in Washington, DC by raising the most donations through votes to compete for the grand prize!

I cannot promise Ryan Seacrest or celebrities pushing big voting buttons to spin around in their rotating chairs, but I can promise you a fun time, a lot of talent, and the chance to support a great cause! So take a five-minute break from saving lives, make your video, and let's get voting!

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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Barriers to De-implementation (continued from page 1)

The perceived barriers to stopping use of non-cost-effective BSMs most frequently identified were lack of attention for blood management (90 percent of respondents), department priority to prevent transfusions (88 percent), and patient characteristics, such as comorbidity (81 percent). Other barriers that doctors reported prevent them from ceasing the use of EPO and perioperative blood salvage were related to the physicians' concern for losing their technical skill should they stop using the methods, patient safety, current blood management policy, and a lack of interest in saving money.

The authors suggest that patients undergoing total hip or total knee replacement with preoperative anemia may be a group in which to consider stopping use of BSMs, perhaps in favor of less expensive techniques like tranexamic acid or intravenous/oral iron. On the other hand, patients who refuse allogeneic transfusion or who are alloimmunized might continue to benefit from EPO or perioperative blood salvage, despite their limited cost effectiveness, write the authors. However, more research in this area is needed.

“To effectively deimplement EPO and perioperative blood salvage in primary elective total hip replacement and total knee replacement and to make health care more cost-effective, it is important to target the identified barriers and domains,” conclude the authors. “This should be included in strategies to encourage physicians to stop using BSMs.”

Citations: Voorn VM, *et al.* Perceived barriers among physicians for stopping non-cost-effective blood-saving measures in total hip and total knee arthroplasties. *Transfusion.* 2014 Oct;54(10 pt 2):2598-607.

So-Osman C, *et al.* Patient blood management in elective total hip- and knee-replacement surgery (Part 1): a randomized controlled trial on erythropoietin and blood salvage as transfusion alternatives using a restrictive transfusion policy in erythropoietin-eligible patients. *Anesthesiology.* 2014 April;120(4):839-51.

So-Osman C, *et al.* Patient blood management in elective total hip- and knee-replacement surgery (Part 2): a randomized controlled trial on blood salvage as transfusion alternative using a restrictive transfusion policy in patients with a preoperative hemoglobin above 13 g/dl. *Anesthesiology.* 2014 April; 120(4):852-60. ♦

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MEDIC and ITxM Announce Affiliation

MEDIC Regional Blood Center, based in Tennessee, and The Institute for Transfusion Medicine (ITxM), based in Pittsburgh, Pa., announced in a press release today an affiliation between the two nonprofit organizations that will become effective on Oct. 31.



MEDIC's board of directors this week approved the affiliation with ITxM, which has operations in Pennsylvania, Illinois, and Virginia. The board of directors for ITxM approved the terms of the affiliation agreement during its annual meeting last week. Through the affiliation, MEDIC will gain access to ITxM's wide range of blood-related services and be part of a six-state network, according to the joint press release.



“Proactively aligning with a leader in the field will give our hospital customers enhanced transfusion medicine services,” MEDIC CEO Jim Decker, DHA, said. “It also allows us to continue our mission of providing a safe, adequate, and economical supply of blood products to hospitals and their patients. Our customers and donors will not experience any change in day-to-day interaction, and we expect them to benefit greatly from this new relationship.”

ITxM CEO Jim Covert said the affiliation with MEDIC gives ITxM another key geographic link to better serve customers.

“The healthcare landscape across the nation continues to evolve with ongoing hospital consolidation and increased need for larger-scale blood centers to serve broader regions,” Mr. Covert said. “We are taking innovative steps now to meet the blood needs of the future. We are excited about the partnership with MEDIC Regional Blood Center and the role it will play in that future.”

Mr. Covert added, “working together to fulfill our common vision of industry-leading solutions that ensure the highest quality, efficiency, and improved patient care will strengthen both organizations and produce a greater level of service.”

MEDIC will maintain its local board, name, and nonprofit status under the affiliation, said Mr. Decker in the press release.

“We will continue to meet the evolving healthcare needs of our hospital customers, their patients, and the community in our service region of East Tennessee and Southeast Kentucky,” said Mr. Decker. (Source: ITxM and MEDIC joint press release, 10/17/14) ◆

We Welcome Meeting Notices

Do you have a symposium, conference, workshop, or annual meeting that you would like to publicize in the *ABC Newsletter*? If so, please send a meeting notice or press release to the editor, Betty Klinck at newsletter@americasblood.org. Notices should contain the following information: the exact date(s) of the meeting; the formal title of the meeting; the sponsoring organization or agency; the location of the meeting; a short (fewer than 35 words) description of the curriculum, agenda, or topics to be covered; a contact person or a website address with more information. Notices will be published at the discretion of the editor in the Meetings section of the 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 Workshop to Tackle Supply Chain Integration and Optimization

In today's healthcare environment, blood centers are being pressured to increase productivity and efficiency while driving down costs, requiring blood bankers to fully understand each of the interrelated activities of the blood center supply chain. America's Blood Centers' Supply Chain Optimization Workshop, set to take place Dec. 9 to 10 in Austin, Texas, will offer a variety of presentations from industry experts on some of the important aspects of supply chain optimization that can help position blood centers for success.

Rather than focusing on procurement of products and services at the lowest costs, as have past ABC workshops, this year's workshop offers a more strategic, big-picture focus that highlights supply chain integration and optimization to improve efficiency.

"Blood supplier decisions are increasingly made by system supply chain management professionals. Understanding the supply chain management discipline and applying those principles will improve our operating performance while aligning our efforts with customer expectations," said ABC President Dave Green, president of the Blood Centers Division of Blood Systems, Inc., who will speak at the workshop.

The meeting will kick off with a discussion about "Purchasing Decisions and the Total Cost of Ownership," led by Michael G. Hasler, PhD, director of the Master of Science in Business Analytics Program at the University of Texas at Austin. Dr. Hasler is a senior lecturer at the university's McCombs School of Business, where he teaches courses on Operations Management and Procurement in the Information, Risk, and Operations Management Department. He will discuss the underlying principles behind the concept of total cost of ownership – a method for identifying and quantifying the costs associated with conducting business with a given supplier organization.

Brad Hoffelt, senior vice president and general manager of Products and Services at GE Capital, will explore "Buying Capital Assets & Conserving Cash – The Advantages of Leasing." Mr. Hoffelt will explain why it is important to manage how one finances the supply chain, and why it sometimes makes sense to lease even when there is plenty of capital available.

On the second day of the workshop, attendees will hear lessons learned from the European Blood Alliance (EBA) Flying Squad, from both the European and US perspectives. Eric Jansen, the retired managing director of the Amsterdam Blood Center of the Sanquin Blood Supply, will discuss his experience as the former team leader for the EBA Flying Squad, a team of blood bank experts that provide operational audits on blood centers with a focus on performance improvement. Nick Tandy, retired Operation Improvement Lead, at the UK's NHS Blood and Transplant, will also share his insights on the EBA Flying Squad.

You may be asking yourself, "What can the EBA Flying Squad offer to my blood center?" President

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Dave Green and Susan Blaskovich, president and chief operating officer at Mississippi Valley Regional Blood Center (MVRBC), will offer their perspectives and lessons learned during a visit from the EBA Flying Squad at ABC member blood center MVRBC.

Workshop attendees will also have numerous opportunities to share their experiences and best practices with colleagues during a roundtable discussion of hot topics and a networking reception.

ABC members can view more workshop details and the full agenda at <http://bit.ly/1nme1a7>. ABC members may register directly through the workshop invite sent by e-mail, or may contact Lori Beaston at lbeaston@americasblood.org for more information. Register by Nov. 14. For sponsorship opportunities, contact Abbey Nunes at anunes@americasblood.org.

The FABC Focuses on Enhancing Blood Center Education

The Foundation for America's Blood Centers (FABC) was founded in 1997 as a 501(c)(3) to serve as the fundraising arm of America's Blood Centers. The sole purpose of the FABC is to fund Member Focused Initiatives – programs that benefit the entire membership of ABC. Some recent examples of Member Focused Initiatives include the redesign of the public website www.americasblood.org and funding to support webinars and scholarships to ABC meetings and workshops, to name a few.

Additionally, the FABC has also provided a small number of grants annually to ABC member blood centers who submitted Request for Proposals (RFP). Grant awardees were selected by an independent grants committee based on whether the applicant met the requirements, as well as scalability of the projects to ensure they would be adaptable and applicable to all centers. Funds for member grants were always determined after a budgeting session and after ensuring the needs would be met for the member focused initiatives. This year the FABC has aligned its goals with those of ABC's strategic plan, and has adopted member and public education as the main focus of its funding priorities. To ensure that the FABC remains fully committed to its newly aligned goals, the FABC board will not be accepting RFPs for its member grants program for this fiscal year, allowing the FABC to turn its full attention to enhancing the education of blood bankers.

The FABC is hard at work putting the generous contributions we receive from industry partners, ABC members, and our fundraising events to good use in funding and developing continuing education opportunities for members. The FABC is currently funding the development and rollout of the America's Blood Centers Professional Institute (API). The API will be a robust online and face-to-face learning community consisting of inter-connecting Education Tracks, Portals for Learning, and Subject Matters that every ABC member blood center employee can access to find e-learning, continuing education, face-to-face meeting and workshops, certification programs, and updated topics critical to the blood community. The goal of the API is to be the premier online learning community for the blood banking community.

Past grant materials are available for all members on the ABC Member's website by visiting <http://bit.ly/1F2O59e>. Members are welcome and encouraged to review the past grants and adopt the programs in their centers. The FABC will continue to review our ability to support member grants in the future. In the meantime, we are excited to move forward with the API development and providing a state of the art learning community to all of our members.

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INSIDE ABC (continued from page 6)

Letters from ABC Specialty Workshop Scholarship Recipients

In 2013, America's Blood Centers launched the ABC Specialty Workshop Scholarships Program, made possible by a grant from the Foundation for America's Blood Centers. This program provides 28 scholarships to professionals from ABC's member blood centers to supplement the costs for attendance at an ABC Specialty Workshop during this fiscal year.

ABC recently held the Information Technology (IT) Workshop in Indianapolis, Ind., from Sept. 16 to 17. Below are excerpts from letters to the editor submitted by ABC members who received an ABC Specialty Workshop Scholarship to attend the IT Workshop.

"Thank you for the opportunity to attend the recent IT Workshop in Indianapolis. This was an excellent chance for me to network with other IT professionals in the blood center arena and my first ABC conference since joining Central Jersey Blood Center one and a half years ago. As a scholarship recipient, I was able to attend this event at a lower cost to my company, which aids in our ongoing fundraising efforts.

In my position as a data analyst, it was certainly helpful for me to discuss and compare methods and progress that other centers are using to collect and trend data in the effort of guiding the goals towards efficiency in collection and blood management, service excellence, and above all, product safety. I found it most valuable to learn about new marketing strategies and metrics that are available in social media applications to trend and track various efforts in recruiting aimed at new prospects as well existing donors and groups. ... The overall workshop experience was very helpful to me in providing an introduction to the people in similar roles working in this industry ... Thank you again for this opportunity and I look forward to continuing my newly forged connections made at this recent workshop." –
Simona Shimanovich, Data Analyst, Central Jersey Blood Center

"As always, the ABC IT Workshop was a valuable experience and a chance to gain insight into the trends in blood banking IT. ... The most valuable parts of the conference for me were presentations and the discussions concerning data, network, and mobile security, especially in the age of BYOD (bring your own data) ... The information presented, as well as the views and practices gleaned from other blood centers, will help me formulate my strategy for various security projects at my blood center. The information will also help me update our security policies and our policies regarding smart phone and tablet use.

The round table discussions were very insightful ... As the manager of a two man IT shop, being able to listen to and ask question of IT professionals who are in the same industry is always beneficial." –
Shawn Kirkpatrick, IT Manager, MEDIC Regional Blood Center

"With a wealth of knowledge in the business of blood banking IT, I learned much in the one and a half days at the ABC IT Workshop. The IT requirements and regulatory compliance for the smaller blood centers to the largest partnered centers are universal. Everyone has Food and Drug Administration compliance, patient safety, 510(k) vs medical device data systems (MDDS), and saving lives as the core requirement and priorities ...

Disaster recovery and security in this day and age are paramount and should be started from day one. I don't know about most centers, but I reviewed our Spam filters and saw we repel over 45,000 attempts

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INSIDE ABC (continued from page 7)

*each day, and the numbers grow every month ... The discussions on security seemed to highlight the ongoing efforts needed to safeguard patients and their privacy. Thank you very much for the experience and inviting speakers who gave such great presentations.” – John Kipp, **IT Director, BioBridge Global***

“On the evening of Sept. 15, a large, wild, and rowdy crowd descended upon downtown Indianapolis to attend an event like no other ... Monday night football! Across the street from the stadium however, more composed IT executives calmly checked into the Omni Hotel where we spent a delightful two days meeting new colleagues, sharing experiences, and learning about best practices from each other. I was grateful to attend the workshop, not only because of the generous scholarship provided by ABC, but expanding my understanding of operations, issues, and challenges that similar organizations deal with in other parts of the country.

*The workshop topics on the first day were highly relevant and pertinent. We covered subjects on all levels: strategic, tactical, and operational ... The second day involved roundtable discussions on sharing each other's IT structure, staff retention strategies, social media approaches, and blood establishment computer systems (BECS) strategies/future developments. Throughout all these sessions, it was incredibly valuable to meet and connect with peers in similar organizations to learn how their organizations are run, what systems they use, discuss current initiatives, and brainstorm obstacles and barriers. Thanks to our hosts, vendors, planning committee, and staff for organizing and enabling a valuable meeting. I look forward to attending additional ABC IT Workshops in the future.” – Jeff Techico, MHA, **Administrative Director, IT Architecture & Quality Systems Information Technology/QARA, Puget Sound Blood Center***

“I am writing to thank you for your generous scholarship to attend the IT Workshop. I was very appreciative and honored to learn that I was selected as a recipient of your scholarship.

Attending the IT Workshop has helped me realize that I am not alone with the daily challenging demands of IT ... I enjoyed the roundtable sessions, especially the discussion on the BECS Future. It was reassuring to know that there are others having the same or similar challenges during their upgrades. I hope to share and implement some of these ideas at my blood center as well.

*In addition to the valuable information I have learned from the many speakers, awarding me an ABC Specialty Workshop Scholarship has allowed me to expand my network of peers in the blood industry. Meeting others in the industry has reminded me that we are all part of the big picture and dedicated to helping others. Your generosity continues to inspire me to give back to the community by helping our mission and improving processes through the use of technology.” – Angela Hyser, **Network Administrator, Rock River Valley Blood Center***

“Thank you for affording us the opportunity to attend the ABC IT Workshop in Indianapolis this year by awarding us this wonderful scholarship. It was a great experience to visit with all our peers in the blood banking industry and to exchange ideas, thoughts, and insights into how IT is a strategic partner to the industry ...

We are also currently in the midst of completing our updated disaster recovery solution, so this conference was valuable in assisting us with different ideas and scenarios that have helped us to know that we are moving in the right direction. In addition to disaster recovery, we are also revamping our internet/Intranet, and we were able to exchange a lot of thoughts and ideas on how to improve this project.

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Lastly, we enjoyed participating in the round table ... We came away from the ABC IT Workshop excited and rejuvenated with a renewed energy, to continue to help IT be a strategic partner of the business, and ultimately to do our small part in saving lives.” – Jared Banks, **Senior Director of IT, Community Blood Center of Greater Kansas City**

ABC, AABB, ARC Issue Joint Statement on Ebola

America’s Blood Centers, AABB, and the American Red Cross issued a joint statement to the public on Wednesday regarding the blood community’s response to Ebola. The statement emphasized that the blood community is taking proactive measures to protect the blood supply and that donating blood continues to be a safe process. Importantly, they highlight that Ebola virus has never been transmitted by blood transfusion. The public statement can be accessed at http://bit.ly/Ebola_Statement. ABC members can also find joint talking points at <http://bit.ly/1qx39C3>.

ABC Institutes New Dues Task Force

America’s Blood Centers has formed a Dues Task Force at the request of ABC President Dave Green in consultation with ABC’s board of directors. The task force is charged with evaluating and analyzing the current membership dues structure. It will also examine alternative dues structures prior to making a recommendation to the board of directors at the end of this fiscal year. The first task force meeting is scheduled to take place today. Currently, ABC has 67 member blood centers and one hospital-based blood program. ♦

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RESEARCH IN BRIEF

A study recently published in *Transfusion* examining the efficacy of prophylactic platelet transfusion to prevent bleeding in thrombocytopenic patients with hematologic malignancies found that the success of the treatment varied with the patient's diagnoses and treatment plans. Platelet transfusion in thrombocytopenic patients with hematologic malignancies and major bleeding is accepted practice, but there has been debate about whether prophylactic platelet transfusions are useful to prevent bleeding. The UK-Australia Trial of Prophylactic Platelet Transfusions (TOPPS), published in *The New England Journal of Medicine* in 2013, reported that prophylactic platelet transfusions led to lower rates of World Health Organization (WHO) Grade 2 to 4 bleeding patients with hematologic malignancies. However, this effect was smaller in patients undergoing autologous hematopoietic stem cell transplant (HSCT) compared with those undergoing chemotherapy or allogeneic HSCT. Simon J. Stanworth and colleagues, of the UK's NHS Blood and Transplant, conducted full subgroup analyses and compared treatment effects between autologous HSCT vs. allogeneic HSCT/chemotherapy. The patients had been randomly assigned into groups that either did or did not receive prophylactic platelet transfusions. The data confirm that prophylactic platelet transfusions were effective in reducing bleeding, but to a lesser extent in the subgroup of patients who received autologous HSCT, as compared with patients who received chemotherapy or allogeneic HSCT. "A policy of prophylactic platelet transfusions should remain the standard of care in chemotherapy and allogeneic HSCT patients," write the authors. They add that blood transfusion services should recognize the lesser utility of platelet transfusions to reduce bleeding in autologous HSCT patients "when developing contingency plans for shortfalls in the supply of platelets as a consequence of increasing demand for platelet transfusions."

Citations: Stanworth SJ, *et al.* Impact of prophylactic platelet transfusions on bleeding events in patients with hematologic malignancies: a subgroup analysis of a randomized trial. *Transfusion*. 2014 Oct;54(10):2385-93.

Stanworth SJ, *et al.* A no-prophylaxis platelet-transfusion strategy for hematologic cancers. *N Engl J Med*. 2013 May 9;368(19):1771-80. ♦

REGULATORY NEWS

AABB published Association Bulletin #14-08 on Monday to address concerns within the transfusion community regarding the outbreak of Ebola virus disease. This association bulletin was developed by the AABB Transfusion Transmitted Diseases Committee. AABB recommends that blood centers ask donors who have been told by public health authorities that they may have been exposed to a person with Ebola virus disease to refrain from donating blood for 28 days following the donor's last contact with the infected person. It also recommends the use of handouts or signage at donation sites concerning donors who may have been exposed to a patient with Ebola virus disease. The bulletin can be accessed at <http://bit.ly/ZEPthz>. (Source: AABB Weekly Report News Flash, 10/14/14)

The Food and Drug Administration's Center for Biologics Evaluation and Research recently granted approval for Baxter's biologics license application for Immune Globulin (Human), 10 percent with Recombinant Human Hyaluronidase. This drug, marketed as HYQVIA, is an immune globulin with recombinant human hyaluronidase that is indicated for the treatment of humoral immune defects in adults with primary immunodeficiency. The approval documents and package insert can be accessed at <http://1.usa.gov/1DdhXm>. (Source: FDA approval documents, 9/12/14) ♦



REGISTRATION NOW OPEN

Supply Chain Optimization Workshop

Austin, TX – December 9-10, 2014

Hosted by



Negotiated hotel room rate: \$199 + tax*

www.driskillhotel.com

*Group rate available through November 14, 2014.

2014 Workshop Fees (early bird/regular)

2-day registration: \$390/\$445

There are Four (4) \$800 scholarships available to ABC members to cover the cost of registration fees and help with travel expenses. Application link and additional details included in registration.

“We are excited that ABC has chosen Austin for its Supply Chain Optimization Workshop. You can expect informative presentations and stimulating dialogue. Supply chain optimization is a hot topic, and the host city is totally cool. We look forward to seeing y’all in Austin this December.”

– Marshall Cothran
Chief Executive Officer
The Blood & Tissue Center
of Central Texas

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



Austin-Bergstrom International Airport (AUS) is served by most major US airlines and offers non-stop service to 42 destinations; check www.austintexas.gov/airport for more information.

GLOBAL NEWS

A recent European Blood Alliance (EBA) newsletter provided an update on the development of the Alliance of Blood Operators' (ABO) Risk-Based Decision Making (RBDM) Framework, which is currently undergoing feasibility testing. ABO's RBDM Project has been under development for the last two years. It seeks to provide an overall risk-based decision-making framework that integrates communications, risk tolerance assessments, health economics, and outcomes tools specially designed for blood safety; stakeholder engagement guidelines; and a collaborative web portal to provide information about the framework. In June, ABO held a face-to-face consultation with the Plasma Protein Users (PLUS) group, which represents patients with treatable, rare diseases linked by therapies that use products manufactured from human plasma. The consultation was held to provide feedback from these patient organizations about the RBDM framework to inform further development. Over three weeks in June and July, more than 300 stakeholders in multiple ABO member countries were invited to participate in a broad online consultation, during which stakeholders reviewed the RBDM framework and answered a series of questions about it. Members of the RBDM Project Steering Committee arranged meetings with their respective regulators to provide their input on risk-based decision-making. Over the last several months, ABO has worked to promote awareness of the developing RBDM framework through meetings in the blood community, as well as industry publications like the *ABC Newsletter*. The framework is now undergoing feasibility testing, which ABO describes as “a broad, collective testing exercise focusing on

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GLOBAL NEWS (continued from page 11)

whether the framework hangs together under a credible scenario involving an emerging pathogen, whether it facilitates logical decisions effectively, and whether there are any gaps in the policies on which the process is founded or in the decision-making process itself. Testing is expected to be completed by the end of this month, after which the edits required will be considered. Once the framework is complete, it will be available on ABO's new website. (Source: EBA Newsletter #6, 10/3/14)

The Alliance of Blood Operators (ABO) recently published its new strategic plan for 2014 to 2019, outlining its objectives for the next five years. ABO is a network of nonprofit blood service providers including America's Blood Centers, the American Red Cross, the Australian Red Cross Blood Service, Blood Systems Inc., Canadian Blood Services, the European Blood Alliance, and the UK's NHS Blood and Transplant. ABO was formed in 2002 by a "small group of blood operator leaders who sought to improve their local blood establishments through the exchange of strategically useful information," ABO Chair Jennifer Williams wrote in the strategic plan. "In this strategic plan, ABO is determined to build on the strong foundations it has created by enhancing the use of knowledge exchange, benchmarking, and working group expertise to realize organizational performance improvement across multiple domains," wrote Ms. Williams. ABO's main strategic objectives are to:

- Improve organizational performance;
- Identify, analyze, and monitor emerging trends and strategic shifts;
- Transform the decision-making paradigm (driving the update of risk-based decision making by blood operators and key stakeholders to improve blood safety decision-making for the health sector); and
- Provide high value to its members.

ABO's 2014-2019 strategic plan can be viewed at <http://bit.ly/1CrBIVA>. (Source: ABO website, 10/16/14)

Global Healing, an English and American based non-profit charity that promotes healthcare reform in resource-scarce nations, recently provided updates in an e-mail newsletter regarding some of its blood safety efforts in Latin America. On Sept. 6 and 7, 50 delegates from national blood services in Latin America gathered in Lima, Peru to discuss the successes, challenges, trends, and opportunities they face each day. Global Healing organized the event with support from the Pan American Health Organization (PAHO) and the Ibero-American Cooperative Group of Transfusion Medicine (in Spanish, Grupo Cooperativo Iberoamericano de Medicina Transfusional; GCIAMT). The primary themes of the conference underscored the four objectives of the recently published 2014-2019 [PAHO Strategic Plan for Universal Safe Blood](#). Several delegates presented their recent successes in improving blood safety and transfusion medicine in their national blood services. Experts in more nuanced topics like leadership development, health economics, and other areas delivered educational presentations. Global Healing also announced that thanks to funding from the Foundation for America's Blood Centers, it will be hosting a series of quality management webinars for blood bankers in Latin America, given by experts Elena Franco, MD, formerly the director of the Regional Blood Transfusion Center of Seville, and Ruben Szyszkowsky, from Buenos Aires, Argentina. With curriculum support from PAHO, the GCIAMT will host a total of eight webinars that will last through Dec. 4. These webinars will be presented live to GCIAMT institutional members and recorded for access later by the general public – that link will be provided in a future *ABC Newsletter*. The webinars are designed to establish a strong foundation in theoretical and practical principles of quality management. (Source: Global Healing newsletter, 10/14/14) ♦

INFECTIOUS DISEASE UPDATES

POSTNATAL CYTOMEGALOVIRUS

An article in *JAMA Pediatrics* suggests that the primary transmission route for postnatal cytomegalovirus (CMV) to very low birth weight (VLBW) infants is maternal breast milk, not blood transfusion. Transfusion-transmitted CMV (TT-CMV) and breast-milk transmitted CMV infections can cause serious complications and mortality in VLBW infants, however the current risks attributable to these transmission routes have not been well-characterized. Transfusion of CMV-seronegative and/or leukoreduced blood is a common strategy used to prevent TT-CMV, but few studies have examined CMV transmission risk from transfusions using these prevention techniques. Cassandra D. Josephson, MD, of Children's Healthcare of Atlanta in Georgia, and colleagues, conducted a multicenter, prospective, birth-cohort study to quantify the risk of CMV infection from transfusion of CMV seronegative and leukoreduced blood. They also evaluated CMV transmission from maternal breast milk among infants who were fed breast milk and applied CMV nucleic acid testing (NAT) to transfused blood products and breast milk samples to determine the source of CMV in cases of postnatal transmission. The seroprevalence of CMV among the 462 enrolled mothers at three neonatal intensive care units in Atlanta was 76.2 percent. Among the 539 VLBW infants, the cumulative incidence of postnatal CMV infection at 12 weeks was 6.9 percent. A total of 2,061 transfusions were given among 57.5 percent of the infants – none were linked postnatal development of CMV. Twenty-seven of 28 postnatal infections occurred among infants fed CMV-positive breast milk. “The present results demonstrate that the exclusive use of blood components that are both CMV-seronegative and leukoreduced is effective in preventing TT-CMV. We believe that this approach should be adapted as a standard of care” among VLBW infants,” wrote the authors. They add that further research is needed to investigate the neurodevelopmental outcomes in infants with postnatal CMV infection.

Citation: Josephson CD, *et al.* Blood Transfusion and Breast Milk Transmission of Cytomegalovirus in Very Low-Birth-Weight Infants: A Prospective Cohort Study. *JAMA Pediatr.* 2014 Sep 22. [Epub ahead of print].

AIDS

A study in *Science* presents new details suggesting how and when the AIDS epidemic began and spread. Previous studies have suggested that in the early 1900s, HIV-1 likely spread from a chimpanzee to a human in southeastern Cameroon. In roughly 1920, someone infected with it traveled down the Sangha River and its tributaries from Cameroon to Léopoldville, today known as Kinshasa, where it became established and from which it spread. HIV is known to have been transmitted from primates to apes to humans at least 13 times but only one of these transmission events has led to a human pandemic. In the current study, an international team, led by Oxford University and Leuven scientists, reconstruct the genetic history of the HIV-1 and the subsequent group M pandemic, the event that saw HIV spread across the African continent and around the world. They suggest that the common ancestor of group M is highly likely to have emerged in Kinshasa, capital of the Democratic Republic of Congo, around 1920, resulting in almost 75 million infections to date. The team's analysis suggests that, between the 1920s and 1950s, a “perfect storm” of factors, including urban growth, strong railway links during Belgian colonial rule, and changes to the sex trade, combined to see group M, HIV-1 emerge from Kinshasa and spread across the globe. Their analysis relies exclusively on information deposited in the HIV Sequence Database maintained by the Los Alamos National Laboratory in New Mexico. Nuno R. Faria of Oxford University, and colleagues examined these data in samples from various African locations over the past half-century, and used the relatedness of the sequences to create family trees. Next, they applied a “molecular clock” – the

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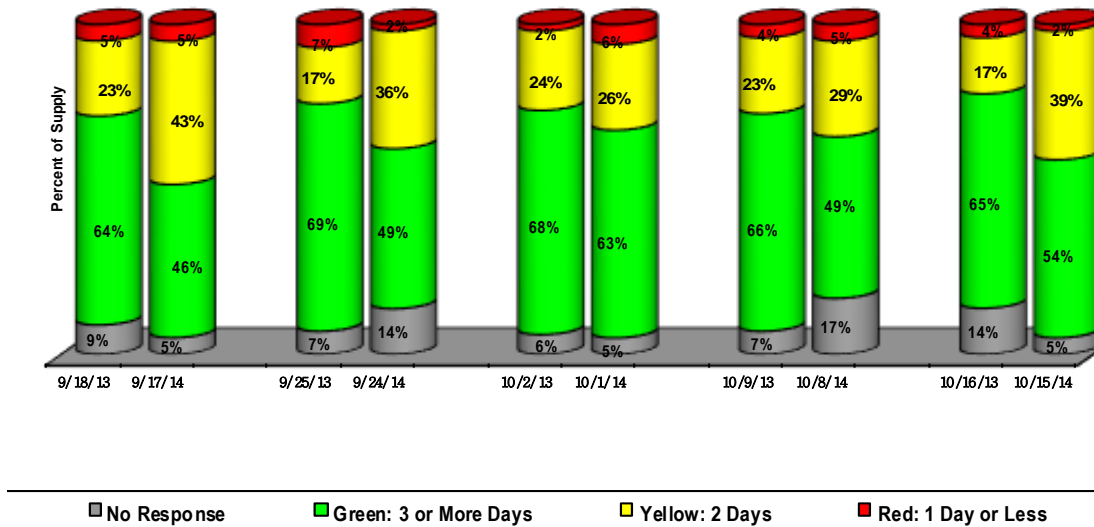
INFECTIOUS DISEASE UPDATES (continued from page 13)

known rate at which retroviruses like HIV mutate – to date the origin of each tree and its branches. The new analysis confirms that HIV sequences have a common ancestor dating back to about 1920. After it reached Kinshasa, the new study suggests that railways played a major role in helping the virus, reaching Lubumbashi around 1937 and Mbuji-Mayi two years later. They also postulate that Mbuji-Mayi is the birthplace of one variant of group M, known as subtype C, which spread widely on the continent associated with migrant labor and today accounts for roughly half of the infections in sub-Saharan Africa. Michael Worobey, an evolutionary biologist at the University of Arizona in Tucson, told *Science* that while this new work is “technically brilliant,” there are still more mysteries to solve, such as “the different experiences of group O and group M viruses.” In any case, he adds that it is “miraculous” that studies continue to clarify the origin of the AIDS epidemic to this level of temporal and geo-spatial detail.

Citations: Faria NR, *et al.* HIV epidemiology. The early spread and epidemic ignition of HIV-1 in human populations. *Science*. 2014 Oct. 3;346(6205):56-61.

Cohen J. *Virology*. Early AIDS virus may have ridden Africa’s rails. *Science*. 2014 Oct. 3;346(6205):21-2. ♠

STOPLIGHT®: Status of the ABC Blood Supply, 2013 vs. 2014



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

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.

PEOPLE

Army Col. Richard Gonzales, director of the Army Blood Program, will retire from the US military on Feb. 1, 2015, according to an Armed Services Blood Program (ASBP) news release. A native of San Antonio, Texas, Col. Gonzales proudly served in the US Army for 29 years. “Col. Gonzales has been an influential leader of the Army Blood Program for the last two years,” said Navy Capt. Roland Fahie, ASBP director. “His steadfast dedication and passion for military blood banking was unwavering. The things he accomplished over the course of his career will not be forgotten.” Col. Gonzales attended the US Military Academy at West Point but was medically discharged. After leaving West Point, Col. Gonzales attended St. Mary’s University in San Antonio and received his commission in the US Army Medical Service Corps through the ROTC as a distinguished military graduate. After being commissioned in May 1985, Col. Gonzales was assigned as a medical platoon leader for the 2nd Battalion, 8th Infantry Regiment on Fort Carson, Colo. According to Col Gonzales, this laid the foundation for his military blood banking career. Prior to serving as the director of the Army Blood Program, Col. Gonzales excelled in numerous assignments across the US and in two wars, stated ASBP in the news release. He also worked in the Directorate of Combat and Doctrine Development where he helped lay the groundwork for the next 25 years of the blood program with the new doctrine, the new Medical Detachment Blood Support, and all the product developmental efforts to make blood transfusions safer. Col. Gonzales has also served as deputy director of the Armed Services Blood Program Office, the chief of blood donor operations for the North Atlantic Regional Command, and the product manager for Whole Blood Pathogen Reduction and Rapid Transfusion Transmitted Diagnostic Device with duty at the Institute of Surgical Research. He is a graduate of the Specialist in Blood Banking Fellowship, the US Army Combined Armed Services Staff School, the US Command and General Staff College, and the Defense Acquisition University as an acquisition officer. He has a Bachelor of Arts in biology and a Master of Science in biology and immunohematology. Over the course of his career, Col. Gonzales has published numerous journal articles in peer reviewed journals, and has served as a contributor to the 4th edition of the US Army Surgery Handbook, as well as a noted national and international speaker on military blood banking. His many awards include the Bronze Star, Meritorious Service Medal with three oak leaf clusters, the Joint Service Achievement Medal and the Army Commendation Medal with six oak leaf clusters. “It is hard to say what my greatest accomplishments in my career have been over almost 30 years, numerous assignments and two wars,” Col. Gonzales said. “But I know it is rare when you can make a difference in life. My assignments have provided me with that opportunity.” In the news release, the ASBP expressed its thanks to Col. Gonzales for his 29 years of great service. (Source: ASBP news release, 9/29/14)



Army Col. Richard Gonzales, who is retiring after 29 years of service, visits France to participate in a freeze-dried plasma study.

Samantha Gomez Ngamsuntikul, MD, has recently been selected as BioBridge Global’s (BBG) associate medical director for BBG’s subsidiaries, the South Texas Blood & Tissue Center, QualTex Laboratories, and GenCure, announced an Oct. 13 BBG press release. Dr. Gomez is a graduate of Texas Tech University, and she earned her medical degree at the University of Texas Health Science Center at San Antonio. She served her clinical residency at the University of Texas Medical Branch in Galveston, and most recently was a transfusion medicine fellow at Stanford University Medical Center. “The addition of Dr. Gomez illustrates the fact that this organization is expanding and that we need additional medical oversight,” said BBG CEO Linda Myers. “Dr. Gomez’s specific knowledge about blood banking



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PEOPLE (continued from page 15)

through her work at the Stanford Blood Center, including apheresis and inventory management, make her an ideal fit for our needs.” As an associate medical director, Dr. Gomez’s primary responsibility will be the medical processes, procedures, and regulatory compliance of the South Texas Blood & Tissue Center. While on call, Dr. Gomez will cover QualTex Laboratories, which provides blood and plasma testing services, and GenCure, which provides products and services for tissue procurement and processing, cellular therapy, and umbilical cord blood. In addition, she’ll provide medical oversight of research endeavors, clinical consultation, counseling, and medical support of clients. “As a native Texan, I’m thrilled to be back in my home state,” said Dr. Gomez. “BioBridge Global is a fantastic organization, and I am excited to be a part of an entity that’s making great strides in blood safety, cellular therapy, and regenerative medicine.” Dr. Gomez, a board certified clinical pathologist and recently board certified in blood banking/transfusion medicine, previously served as chief resident and laboratory instructor at the University of Texas Medical Branch. As a transfusion medicine fellow, she oversaw evaluation of complicated cases in both pediatric and adult patients. She also worked closely with other physicians to ensure patients received appropriate blood components. Dr. Gomez came on board with BBG on Oct. 6. (Source: BBG press release, 10/13/14) ♦

COMPANY NEWS

Immucor, a manufacturer of transplantation and transfusion diagnostics, announced on Oct. 1 that it has acquired Sentilus, Inc., a company focused on novel, inkjet-printed antibody microarray-based technology, Femtoarrays. Sentilus has been developing Femtoarrays and the underlying technology for use in a variety of *in vitro* diagnostics areas, including transfusion diagnostics, according to an Immucor press release. Sentilus was formed in 2012 with the goal of developing applications of a non-fouling surface coating developed by Professor Ashutosh Chilkoti, chair of Duke University’s Department of Biomedical Engineering. Sentilus has focused primarily on commercializing the use of this coating technology for clinical diagnostics. “We are very impressed with Sentilus’ Femtoarrays technology, which we think will be a great fit with our transfusion business as a potential next generation technology platform,” William A. Hawkins, Immucor’s president and CEO, said in the press release. “Femtoarrays will underpin a full complement of next generation immunohematology assays. Additionally, we believe the technology has the potential for broad application throughout *in vitro* diagnostics.” More information is available in the press release at <http://bit.ly/1nshcNs>. (Source: Immucor press release, 10/1/14) ♦

MEETINGS**Nov. 4 AdvaMed Webinar: Mobile Apps and Network-Aware Devices**

The Advanced Medical Technology Association (AdvaMed) will host a webinar titled “Mobile Apps and Network-Aware Devices” on Nov. 4 from 1 to 2 p.m. ET. Mobile apps and network-aware devices pose substantial legal and compliance risks. Claims over user-end privacy are on the rise, and regulatory investigations and class actions are inevitably approaching. This risk exists whether or not your app is a Food and Drug Administration-qualified “mobile medical device.” This webinar will focus on identifying real risks and practical solutions to the development of mobile apps and network-aware products. More information can be found at <http://bit.ly/103XkGc>.

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MEETINGS (continued from page 16)Nov. 5-6 **AdvaMed Medical Devices and Products Liability Seminar, Washington, D.C.**

AdvaMed will hold a seminar on “Medical Devices and Products Liability” on Nov. 6 at the AdvaMed Office in Washington, D.C. This workshop is ideal for in-house counsel, risk managers, and quality and regulatory personnel. In this day-and-a-half seminar, seasoned legal, regulatory, and risk-management experts will address product liability topics for medical device companies, expose the product liability implications of some typical company operations, and discuss the best practices for preventing and managing the liability risks associated with recalls, off-label promotion, med-tech software, warnings and labels, and sales reps. Those interested in attending may find more information at <http://bit.ly/11DdTcw>. ♦

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for *ABC Newsletter* subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lnorwood@americasblood.org.

POSITIONS AVAILABLE**Manager/Director, IRL & Molecular Laboratory.**

The San Diego Blood Bank is a progressive company with outstanding service and leadership in the blood banking industry. Synergies between SDBB, the community, the biotechnology industry and academic institutions allow us to save lives with quality blood services, innovative clinical research, new technologies, and health & wellness. With proactive and aggressive new approaches to core business, research, and sophisticated technology, SDBB is where you want to be! Immediate opening: Manager/Director, IRL & Molecular Laboratory. Responsibilities include: Investigation of complex red cell antibody problems and molecular determination of red blood cell antigens for hospital laboratories, testing and consultation to hospitals with patients refractory to platelets, implementation of new molecular technology and testing platforms and collaborative partnership with biotech researchers. Candidate Qualifications: BS or Master’s degree, MT, SBB - (ASCP), CA CLS license (or eligible) and three to five years IRL and management experience. To apply or learn more visit: <http://bit.ly/1sQmXF5> or call (619) 400-8271.

IRL & Molecular Med Tech (Night shift). The San Diego Blood Bank (SDBB) is a progressive company with outstanding service and leadership in the blood banking industry. Synergies between SDBB, the community, biotechnology industry and academic institutions allow us to save lives with quality blood services, innovative clinical research, new technologies,

and health & wellness. With proactive and aggressive new approaches to core business, research, and sophisticated technology, SDBB is where you want to be! Immediate opening: Night shift - IRL & Molecular Med Tech. Responsibilities include: Investigation of complex red cell antibody problems, molecular determination of red cell antigens for hospital laboratories, testing and consultation to hospitals with patients refractory to platelets, implementation of new molecular technology and testing platforms and collaborative partnership with biotech researchers. Candidate Qualifications: BS or Master’s degree, MT, SBB - (ASCP), CA CLS or CIS license (or eligible), and three to five years IRL experience. To apply or learn more visit: <http://bit.ly/1waJA7p> or call (619) 400-8271.

Blood Center Laboratory & Production Manager.

LifeServe Blood Center is seeking senior level candidates to oversee operations of our Hospital Services department. This position is responsible for oversight, development and implementation of lab functions, such as testing, product management, manufacturing and distribution. This position is responsible for the direct management of a team focused on customer service, testing and distribution. Primary responsibilities: Streamline operations, create/meet department budget,

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POSITIONS (continued from page 17)

drive performance to meet department and quality metrics, develop/implement process improvement initiatives, and comply with all employee training and accreditation requirements. Education/Experience: Bachelor's degree in Business Administration, Biology or related field, MT, MLS or MLT preferred, two to three years of management experience required in production environment, blood banking or laboratory setting preferred, and experience in lean manufacturing or six sigma highly recommended. Other Requirements: Employment offers - contingent on the successful completion of pre-employment, post offer drug testing and background checks. LifeServe is fully committed to EEO. All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identification, genetic information, marital status, pregnancy, disability, veteran status or any other legally protected status. Interested applicants should visit our website, www.lifeservebloodcenter.org to apply. Click "Join our Team".

Mobile Operations Supervisor. Join our friendly, caring team of employees and help save lives! As our Mobile Operations Supervisor you will use your nursing and/or medical experience, your people management and organizational skills to supervise blood drives at local businesses, high schools, colleges and the University of Oregon to ensure that donor needs are met by delivering smooth operations and great customer service. Requirements include: RN license or other health-related professional education degree; excellent phlebotomy skills; three to five years of supervisory experience; and great leadership and customer service skills. Two years of blood banking experience preferred. Competitive pay and great benefits including medical, dental, life, long term disability and retirement plan. Go to www.laneblood.org and click on "About Us", "Employment Opportunities" for complete job description and how to apply. Lane Blood Center, 2211 Willamette St, Eugene, OR, 97408 (541) 484-9111.

Director of Human Resources. The Blood & Tissue Center of Central Texas in Austin is hiring an HR professional to lead, develop, and supervise all HR functions. As a member of the management team, this position guides the HR department and serves as the subject matter expert to all staff on recruitment and screening; compensation and benefits administration/planning; employee relations; HR policy/procedures development and monitoring; staff training and development. Qualified candidates must have at least five years HR experience and a college degree with no less than three years high-level HR management experience or at least 10 years HR experience, plus PHR/SPHR certification with no less than five years high-level HR management experience. Proficient understanding of benefit and compensation programs,

investigation and resolution of employee relation issues, and employment and benefit laws/regulations including ERISA, DOL, EEOC, IRS and any other regulatory entities. Working knowledge of HRIS and electronic payroll systems desired - ADP proficiency a plus. Must be at least 21 years old, hold a valid driver's license, provide a copy of an acceptable driving record, and show proof of liability insurance. Applicants may send cover letter, resume, and salary requirements to resumes@tcms.com. Please include position title in subject line.

Reference Lab Supervisor. The Rhode Island Blood Center (RIBC) has an excellent opportunity for a Reference Lab Supervisor to supervise and manage staff, daily workload and compliance with applicable standards of AABB and CLIA. Requirements: BS in Medical Technology or related field. Certified Specialist in Blood Banking (SBB). Four years of blood banking or two years supervisory experience in a hospital or blood center laboratory. RIBC has one of the most competitive benefits and compensation programs available. Our training programs, investment in technology, and commitment to innovation have enabled us to steadily grow over more than 35 years. As a Blood Center employee, you'll truly make a difference in the lives of Rhode Island residents. Relocation package available. **JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!!** Rhode Island Blood Center is an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, veteran status or disability. APPLY ON LINE AT WWW.RIBC.ORG. Follow the links to "About Us" and "Careers".

Reference Laboratory Supervisor. LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Reference Laboratory Supervisor. Performs and reports test results for all Reference Laboratory 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 Reference Laboratory procedures. Assists in the training of Reference Staff and provides technical direction on complicated cases. Provides excellent customer service to all of the department's customers. The candidate must have a four-year Bachelor's of Science Degree (BS) in Clinical Laboratory Science or related field (e.g., Medical Technology), Specialist in Blood Banking, SBB (ASCP) is preferred. Two to three years' experience in high complexity testing to include antibody identification and transfusion service. Please visit www.LStream.org to view the full job description and

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POSITIONS (continued from page 18)

position responsibilities. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: www.LStream.org, or fax cover letter, resume, and salary history to (909) 386-6813. Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4189357936

Reference Laboratory Technologist. LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Reference Technologist. The Reference Technologist performs and reports test results for all Reference Laboratory 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 Reference Laboratory procedures with a minimal amount of supervision. The candidate must have a Bachelor's of Science Degree (BS) in Medical Technology or related field, California Clinical Laboratory Scientist License. One to two years' experience in a laboratory and hematology laboratory is preferred. Please visit www.LStream.org to view the full job description and position responsibilities. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: www.LStream.org, or fax cover letter, resume, and

salary history to (909) 386-6813. Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4189357552

Quality Assurance Assistant Director (BR004b) - San Antonio, TX. QualTex Laboratories a subsidiary of BioBridge Global is seeking a QA Assistant Director. The ideal person will have quality experience in blood banking, in particular the management and review of a CAPA system, working knowledge of laboratory techniques, ability to perform and/or facilitate corrective/preventive actions in response to audits and deviations, and will maintain knowledge of regulatory/quality requirements (national/ international, e.g., FDA, EU, GHM, ISO & cGMP). Bachelor's degree in Applied Science or equivalent required. Five years lab experience required. Two years supervisory experience required. Excellent management and computer skills required. Certified MT (CLS) or equivalent preferred. Categorical Specialty Certifications preferred. Visit our website at www.qualtexlabs.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data, or other legally protected status. 💧