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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2014 #42 **November 21, 2014**

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Please Note: *The ABC Newsletter will not be published next week due to Thanksgiving. Publication will resume on Dec. 5. Enjoy the holiday!*

HHS Committee Recommends Blood Centers Provide Donors Information on Sickle Trait Screening

During a meeting last Friday, the Department of Health and Human Services' Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA), which provides advice to the Assistant Secretary for Health, agreed that blood centers have a responsibility to notify donors who test positive for sickle trait – or heterozygous hemoglobin S – and to provide the donor with information on the significance of this finding. The committee also discussed the many challenges regarding potential donor screening strategies for babesiosis.

A large number of blood centers perform hemoglobin S donor screening, but donor notification, consent, and counseling practices vary widely across blood centers. About 2.5 million people in the US have sickle trait – a genetic abnormality that is typically asymptomatic but may increase the risk of certain medical conditions and could impact reproductive decisions. Children born to two parents with the trait have a 25 percent risk of having sickle cell disease. The committee met to discuss and make recommendations regarding the management and ethical issues surrounding hemoglobin S screening in donors.

Orieji Illoh, MD, of the Office of Blood Research and Review in FDA's Center for Biologics Evaluation and Research (CBER), reviewed background information on hemoglobin S screening, highlighting that there are currently no FDA regulations or recommendations guiding donor testing, donor consent, notification, or counseling for hemoglobin S screening.

Lisa M. Lee, PhD, MS, of the Presidential Commission for the Study of Bioethical Issues, discussed the commission's case study on ethical considerations of incidental and secondary findings in the public health context regarding blood donation. Within a public health context, the commission recommended that in general, health-related organizations should anticipate incidental and secondary findings, communicate the possibility of these findings to the person being tested, describe the process for disclosure of results, and use evidence-based guidance. This is relevant since a proportion of sickle trait positive donors are identified incidentally during leukoreduction failure evaluations.

(continued on page 3)

OUR SPACE

Guest Columnist:

ABC President-Elect Susan Rossmann, MD, PhD, Chief Medical Officer, Gulf Coast Regional Blood Center

Be a Part of the Conversation

Last week, ABC issued a call for nominations for officer and director positions to serve on ABC's board of directors (see ABC Newsletter, 11/14/14). And in December, we'll be seeking volunteers to serve on ABC's committees for fiscal year 2016. Why would you be interested in one of these opportunities? From my own experience, I would say professional growth and service, and the ability to help my own blood center move forward. Personally, the work is satisfying and fun.

As ABC's president-elect and a member of ABC committees and working groups, I find that serving on ABC groups allows me to think in a bigger sphere, beyond my blood center. ABC is a well-respected organization – the national voice of our independent blood centers. Working with fellow committee members, we can help shape policies and decisions. The process is collaborative – you contribute your and your center's knowledge and experience, and in turn receive new information to take back to your center. It is very satisfying to use your professional knowledge to improve some part of our very complex world.

ABC's committees allow blood banking professionals from every discipline to participate in paving the way forward for our community blood centers. Some of our committees ensure a smoothly-run association, such as the Audit, Bylaws, Finance, Membership, and Nominating Committees. Other appointed committees work on specific projects or within a given area of interest, including the ABC Professional Institute Curriculum Development; Communications & Donor Management; Data Warehouse Requirements Advisory; Employee Training & Development; Government Affairs; Human Resources; Information Technology; Quality, Regulatory Affairs, & Technical/Laboratory; and Scientific, Medical, & Technical Committees. (ABC members can find more detailed committee descriptions at http://bit.ly/1qlq8pE**).**

ABC will release a call for committee nominations on Dec. 11. If you are or a colleague is interested in serving on an ABC committee, please complete the electronic nomination process by Jan. 11. We will begin forming the committees in early February. Those selected for the fiscal year 2016 committees will serve a two-year term from April 1, 2015 to March 31, 2017. Nominations for ABC's board and officer positions, on the other hand, must be submitted to lbeaston@americasblood.org by Dec. 1 (details available at http://bit.ly/1uEfQkl). I know that you are busy with the work of running a blood center – but volunteering on a committee or Board will make your work better and more fun, and will definitely be worth your while.

srossman@giveblood.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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HHS ACBTSA Meeting (continued from page 1)

Norman Fost, MD, MPH, of the University of Wisconsin-Madison, expressed skepticism regarding the need to inform donors of their sickle trait status. He emphasized that sickle trait itself rarely has clinical implications for the donor and that a large body of knowledge suggests that knowing ones sickle trait status does not alter an individual's reproductive decisions in any rational fashion. Furthermore, there is evidence that the results are used to discriminate in clinically inappropriate ways, for example about 12 percent of life insurance companies will reject people with sickle trait. He added that transfusing sickle trait blood is safe for most patients.

Steven Joffe, MD, MPH, of the University of Pennsylvania Perelman School of Medicine explored whether blood centers have an obligation to inform donors of positive results. He suggested that similar to positive infectious disease screening results, positive hemoglobin S results could have implications for the donor's health and decision making, as well as future donations; offering the results also maintains respect for the donors' preferences and autonomy. Most experts favor notification of donors, but do not support additional consent for the screening, as donors already agree to undergo screening tests when they consent to donate, said Dr. Joffe. He concluded that regardless of the type of test, the approach to donor testing and notification should be uniform across the blood community.

America's Blood Centers Chief Medical Officer Louis Katz, MD, presented the results of a recent ABC survey on hemoglobin S screening practices completed by 51 of ABC's member centers, representing about half of member collections. A majority (41) of responding centers perform sickle trait testing but there is wide variation in notification and counseling practices. If ABC's data is representative, as many as 400,000 donations are tested each year in the US, highlighting the potential magnitude of the need for more uniform management of the results of donor hemoglobin S donor screening.

Yelena Ginzburg, MD, offered New York Blood Center's (NYBC) experience providing hemoglobin S screening for donors. NYBC screens for hemoglobin S trait to provide the safest, best-matched blood to sickle cell disease patients, who require hemoglobin S negative units, and to enable effective leukoreduction. Hemoglobin S positive blood can cause failure of the white blood cell filtration (leukoreduction) process, leading to wasted or incompletely leukoreduced blood units.

Naomi L.C. Luban, MD, of Children's National Medical Center, offered the transfusion service perspective on sourcing and transfusing RBCs for selected populations and responding to donors with positive sickle screening. Donor services that recruit minority donors are more likely to encounter sickle cell trait, which can present challenges in donor management, as well as product issues like leukoreduction failures. To manage hemoglobin S-positive donors, the blood donor center at Children's National sends informational letters to these donors, suggesting plasma or platelet donation to avoid issues with leukoreduction that could occur with whole blood donation.

Larry Allen, executive secretary of the Committee of Ten Thousand, shared the patient and family perspective on hemoglobin S testing, bringing light on the challenges in providing care for adults with sickle cell disease. For example, adults with sickle cell disease are often incorrectly assumed to be seeking pain medications, have inadequate insurance, or lack education on their condition leading to inadequate recognition of life threatening complications. Mr. Allen also agreed that it is beneficial for donors who test positive for sickle trait to be notified of their results.

After an open public hearing, the committee voted on several issues and provided recommendations to the Assistant Secretary.

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HHS ACBTSA Meeting (continued from page 3)

The committee agreed that:

- There are well documented, if limited, donor health implications for sickle cell trait;
- Knowledge of sickle cell trait status has significant psychological and social implications (e.g., reproductive choice);
- Withholding of medically and socially sensitive information could undermine trust in the blood system;
- Donor notification and medical referral are the responsibility of the blood collection establishment. Counseling in regard to the medical significance of sickle trait lies with the donor's healthcare provider; and
- While there may be potential adverse consequences of notification of test results, the overall benefits outweigh the risks.

Therefore, the committee recommended unanimously (12 Yes; 0 No) that the Assistant Secretary take steps to assure that:

- Donors are informed within the framework of routine consent for donation that their donations may be tested for hemoglobin S and that they will be notified of positive results;
    - Implicitly, donors who do not wish to be tested or notified may decline to donate;
    - Donors who test positive for hemoglobin S or present with known history of sickle cell trait may be encouraged to donate plasma or apheresis platelets;
- An opportunity is provided for donors to become informed about the significance of sickle trait;
- In order to facilitate donor notification, transfusion services will inform the blood collection establishment in instances where a product is found to be positive for hemoglobin S;
- Given the possibility of false positive tests for hemoglobin S with certain technologies and in certain donor groups, collection centers should be encouraged to provide information on the specificity of test results (e.g., through confirmatory testing) though this is not a primary responsibility of the blood establishments; and
- Additional research and dissemination of findings of the impact of sickle trait to clinicians and the public be performed.

Challenges in Babesiosis Mitigation. During the afternoon session, the committee focused on babesiosis, a tick-borne illness, and how to mitigate the threat it poses to the blood supply. Alfred DeMaria, MD, of the Massachusetts Department of Health and the AABB Transfusion Transmitted Diseases Committee, provided background on the epidemiology of tick-borne and transfusion-associated babesiosis.

Beth Shaz, MD, of New York Blood Center (NYBC) offered her center's experience and perspectives dealing with transfusion-transmitted babesiosis in a Babesia-endemic area. The path to optimal Babesia screening is currently unclear as there is no FDA-cleared test and no clearly defined geographic region for localized or selective testing. She noted that other Babesia species for which there are currently no screening tests available have been associated with transfusion, an issue that may be solved with the potential approval of pathogen reduction. Blood centers currently include questions about babesiosis risk on the donor health history questionnaire.

Dr. Shaz expressed concerns regarding babesiosis donor screening's potential impact on safety and availability. Screening could lead to donor and product loss due to an unclear donor reentry pathway and false

(continued on page 5)

HHS ACBTSA Meeting (continued from page 4)

positive tests. Furthermore, the high cost of the testing could discourage collections in certain areas. Among the current options for responding to transfusion-transmitted babesiosis are not testing at all, physician education, universal testing, testing units from high endemic areas, testing units donated and transfused in endemic areas, testing units for certain patient populations, and/or pathogen reduction. Unfortunately, each scenario is complicated by various challenges and donor screening may not be cost-effective.

Wrapping up the babesiosis talks, Richard Benjamin, MD, PhD, of the American Red Cross, discussed the ethical issues for selective infectious disease testing. He emphasized that transfusion-transmitted babesiosis is a "clear and present danger to patients," requiring immediate action in the form of collaborative risk-based decision-making to determine the proper mitigation strategy by all relevant stakeholders. Selective screening in endemic areas introduces a myriad of issues, as hospitals and insurance companies are unlikely to pay more for this extra layer of safety, leaving blood centers to absorb the added cost of babesiosis screening. This may in turn discourage collections in babesiosis-endemic areas, which could lead donors living in endemic areas to travel and donate in non-endemic areas where their donations would not be tested, explained Dr. Benjamin.

He concluded that mandated testing for blood collected or transfused in high-risk areas or mandated testing with a cost pass-through for the affected hospitals offer potential solutions, but do not make the best use of "limited healthcare dollars."

The committee seemed to be in general agreement that transfusion-transmitted babesiosis is an important blood safety issue that must be addressed, but that the currently available screening scenarios do not offer optimal protection, nor are they sustainable in terms of cost-effectiveness. The committee did not make any recommendations on this issue, but rather considered this background information in preparation to make recommendations at a future meeting.

ABC Facilitates Member Participation in Cerus IDE for Intercept Blood System Treatment of Ebola Convalescent Plasma

The Food and Drug Administration recently accepted the Investigational Device Exemption (IDE) supplement from Cerus to allow the processing of plasma from donors who have recovered from Ebola virus disease (EVD) using the Intercept Blood System to treat patients in the US with convalescent plasma, Cerus announced today. The trial is being initiated with Emory University Hospital, Atlanta, Ga., and the University of Nebraska Medical Center, Omaha, Neb.

America's Blood Centers is participating in the IDE by ensuring that its member centers located in areas with potential donors can obtain their plasma by apheresis and ship it to Emory University Hospital. It will be treated with Intercept there, frozen, and stored for distribution to facilities treating EVD patients at need. This will reduce the need for individual emergency treatment Investigational New Drug (IND) applications, as have been used to date. It will also standardize data collection to maximize what can be learned about the safety and impact of convalescent plasma.

Plasma collected from individuals who have recovered from EVD contains antibodies against the virus – antibodies that may be used to treat patients with acute Ebola infection. However, recovered patients – many of whom either are from Africa or were on extended missions in Africa – may carry undetected pathogens, like malaria, due to prior exposure in Africa, and/or may have received blood products during their illness that would require their deferral from donation according to current regulations and standards. Treating their donated blood with the Intercept pathogen reduction process should mitigate such risk.

As a first step to engage ABC member centers, using information available about the location of recovered patients who have already agreed to be plasma donors, ABC Chief Medical Officer Louis Katz, MD, will contact appropriately located member centers to assess their willingness to become investigators. Those centers will then be connected with the appropriate Cerus contacts to begin building an inventory of pathogen reduced convalescent plasma.

Central internal review boards are reviewing study documents for approval, which will simplify and speed up the process of center enrollment in the study. At this time, FDA has approved the Intercept treatment only for liquid (never frozen) plasma, which is what will be shipped to Emory University Hospital for processing and storage. Cerus has collected data on the treatment of frozen plasma that will be submitted to FDA when it is appropriate to amend the IDE.

Once the centers located where available donors live have been contacted, access to the study for other centers will become available to accommodate future new donors. ABC member blood centers may contact Dr. Katz at lkatz@americasblood.org for more information.

Blood Community Aids in Gates Foundation Efforts to Speed Development of Potential Ebola Treatments

The Bill & Melinda Gates Foundation announced on Nov. 18 that it will support efforts in Guinea and other Ebola-affected countries to scale up the production and evaluation of convalescent plasma and other convalescent blood products as potential therapies for Ebola patients. The foundation has committed $5.7 million to launch the effort.

The Gates Foundation is providing funding to Clinical Research Management, Inc. (ClinicalRM) and a broad array of private sector partners – including many in the blood community – to study Ebola convalescent plasma collected in accordance with a recent World Health Organization guidance. The convalescent plasma will be collected through mobile donation equipped with Haemonetics PCS2 plasma collection systems and the Cerus Intercept Blood System. Blood Centers of America is providing staffing for this project. For more information and a full listing of partners on this effort, visit http://bit.ly/1teNWWN.

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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. ♦

Did You Know…?

'2,345' – The number times that ABC staff members interacted – via phone, e-mail, or in-person – with staff at one of ABC's member blood centers from Jan. 1, 2014 to Sept. 30, 2014.

America's Blood Centers' staff, board of directors, and committee members are working daily to support the needs of ABC's member blood centers. Whether it is through public, regulatory or legislative advocacy, educational meetings and webinars, or disaster preparedness assistance, ABC strives to support the continued success and development of independent community blood centers and their employees. Every quarter, ABC staff reports on a series of metrics to the board of directors through the ABC Balanced Measures Report. The ABC Newsletter *will highlight one metric each week. Be sure to check it out to find out how ABC is working on behalf of your blood center.*

ABC Webinar to Explore Labeling Challenges of Antigen Testing

America's Blood Centers' Technical/Lab Director's Committee will host a webinar on "Labeling Challenges of Antigen Testing" on Dec. 3 at 3 p.m. EST. New paradigms of antigen testing and the revision of AABB's Standards for Blood Banks and Transfusion Services have led to questions in labeling of molecularly tested rare donors.

Specifically the webinar will seek to address the following common questions:

- How do you label a unit for antigens identified through molecular testing?
- Can you label a unit with the results of historical serologic and molecular testing?
- Are you sure that unit is really negative for X?

During the webinar, LifeShare Blood Centers and Indiana Blood Center will describe their approaches to novel antigen testing and labeling strategies. ABC members can find more information in MCN 14-126. Questions may be directed to mnorwood@americasblood.org. ♦

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.

Indiana Blood Center Joins Center for Transfusion and Transplant Medicine

The Centers for Transfusion and Transplant Medicine (CTTM) announced on Nov. 14 that Indiana Blood Center, headquartered in Indianapolis, will become the fourth affiliate of CTTM effective Jan. 1. CTTM was founded in 2012 by BloodCenter of Wisconsin and Heartland Blood Centers, serving greater Chicago-land; Michigan Blood became the third affiliate in 2014.

As a national organization of affiliated blood centers, CTTM provides transfusion and transplant medicine solutions, diagnostic lab services, medical and scientific expertise, and cellular therapies. "The collective efforts of CTTM affiliates have resulted in improved patient outcomes, higher quality services, and reduced cost of care for healthcare systems both regionally and nationally," according to a statement from CTTM.

Through this alliance with CTTM, Indiana Blood Center will remain locally operated with a separate board of directors, retaining its local identity and staying closely connected to the communities it serves, stated the press release.

"This is a transitional and positive step for Indiana Blood," said Indiana Blood Center President and CEO Byron B. Buhner. "As an affiliate of CTTM, we'll be able to thrive in a new era of healthcare, and offer a broader range of services to our hospital partners."

Indiana Blood Center also announced in the CTTM statement that Mr. Buhner will retire from his current position on Dec. 31, following 32 years of service at the center with 26 of them as president and CEO. Chief Medical Officer Dan Waxman, MD, has been appointed interim CEO.

Dr. Waxman added, "This alliance with CTTM provides the opportunity to grow and serve more customers, donors, and patients," said Dr. Waxman. "That means a continuing focus on improving patient outcomes, providing higher quality of service and creating operational efficiencies that reduce costs."

"In an era of unprecedented change in healthcare, there is significant opportunity for blood centers to work closely with our hospital partners to meet their needs," said Jacquelyn Fredrick, president and CEO of CTTM, and CEO of BloodCenter of Wisconsin. "With outstanding blood service organizations such as Indiana Blood Center that share our values and life-saving mission, we can provide even greater value to healthcare systems in our communities and across the country." (Source: CTTM press release, 11/14/14)

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It's almost Thanksgiving, and you know what that means – holiday shopping time! Skip the long lines and shop AmazonSmile to support the Foundation for America's Blood Centers! When shopping on Amazon simply click on the Amazon logo to the left (or this link http://smile.amazon.com/ch/52-2038372) and start shopping! Amazon will donate 0.5 percent of the sale price of the purchase to the FABC – at no additional cost to you!

RESEARCH IN BRIEF

A study in *Transfusion* provides the first report on data collected through the National Healthcare Safety Network (NHSN) Hemovigilance Module. In 2007, the US Centers for Disease Control and Prevention developed data specifications for a survillance system to monitor transfusion-related adverse events nationally. The NHSN Hemovigilance Module began operation in 2010. Alexis Harvey, MPH, of CDC, and colleagues, report data from facilities submitting at least one month of data on transfusions and adverse reactions from Jan. 1, 2010 to Dec. 31, 2012. Seventy-seven facilities reported 5,136 adverse reactions among approximately 2.14 million components transfused. Allergic reactions – accounting for 46.8 percent of reactions – and febrile nonhemolytic reactions (36.1 percent) were most frequent; 7.2 percent of all reactions were severe or life-threatening and 0.1 percent were fatal. Platelet transfusions had the highest adverse reaction rate. "Although hemovigilance reporting practices vary by country, the rates of adverse reactions presented here are comparable to those reported in other countries," write the authors. Some of the differences may be due to greater recognition and more consistent reporting" where reporting is mandated by regulation. The authors note that some adverse reactions may be preventable or otherwise mitigated. "Further analyses are needed to understand the higher rates of adverse reactions in apheresis components, the impact of modifications such as leukoreduction and irradiation, and new interventions to reduce the most common causes of severe reactions and death due to transfusion," write the authors. The findings of this report are subject to three limitations: most critically, the data entered into the module by facilities for this analysis have not been validated for accuracy; inconsistencies in self-reporting among facilities may have impacted rate calculations; and a relatively small number of hospitals participated and may not be representative of transfusion in the US.

Citation: Harvey AR, *et al*. Transfusion-related adverse reactions reported to the National Healthcare Safety Network Hemovigilance Module, United States, 2010 to 2012. Transfusion. 2014 Nov. 5. [Epub ahead of print]

In response to letters to the editor published in *JAMA* (the Journal of the American Medical Association), the corresponding author of a meta-analysis and systematic review that compared the impact of restrictive vs. liberal transfusion strategies on hospital-associated infections has published a letter changing the conclusions of that study. In the original manuscript, the researchers evaluated the association between a liberal transfusion strategy vs. a restrictive strategy and the risk of hospital acquired infections, comparing these strategies among 7,593 patients (see *ABC Newsletter*, 4/11/14). They originally concluded, "Among hospitalized patients, a restrictive red blood cell (RBC) transfusion strategy was associated with a reduced risk of healthcare-associated infection compared with a liberal strategy. Implementing restrictive strategies may have the potential to lower the incidence of healthcare-associated infection." In response to two letters published in *JAMA* raising concern about study selection and data extraction in the meta-analysis, Mary A.M. Rogers, PhD, of the University of Michigan, provided an updated conclusion: "Among hospitalized patients, a restrictive RBC transfusion strategy, compared with a liberal transfusion strategy, was not associated with a reduced risk of healthcare-associated infection overall, although it was associated with a reduced risk of serious infection." She added that the article has been corrected online.

Citations: Rogers MA. Red blood cell transfusion strategies and healthcare associated infection-reply. JAMA. 2014 Nov. 19;312(19)2042-3.

Rohde JM et al. Healthcare-Associated Infection After Red Blood Cell Transfusion A Systematic Review and Meta-analysis. JAMA. 2014. 311(13):1317-26.

RESEARCH IN BRIEF (continued on page 10)

RESEARCH IN BRIEF (continued from page 9)

Three abstracts at the AABB Annual Meeting held in Philadelphia in October present data on screening for ABO antibody titers on out-of-group platelet transfusion. Type AB plasma is always in short supply, and this may be worsened by increased efforts to reduce transfusion-related acute lung injury (TRALI). Accordingly, AABB now recommends that hospitals consider using type A plasma in initial trauma resuscitation when the patient's ABO type is unknown. Julie Karp, MD, and colleagues of Thomas Jefferson University in Philadelphia, Pa., investigated whether the anti-B titer range in group A plasma and type O whole blood platelets transfused at their institution would provide the trauma service with sufficient clinical reassurance as to the safety of transfusing multiple units of type A plasma and prepooled group O whole blood platelets during initial trauma resuscitation. "The anti-B titer range identified in type A plasma units in this study is comparable to those ranges reported in the literature," reported the authors. They found that the anti-B titer range in type O whole blood platelets was similar to or even higher than the anti-B titer range in type A plasma units. "These serologic data support the use of type A plasma in initial trauma resuscitation without the need for routine anti-B titer determination …," concluded the authors.

While out-of-group platelet transfusions are common, they can be associated with hemolytic transfusion reactions. Rahul V. Dawane, MD, and colleagues of the University of Tennessee Medical Center in Knoxville, Tenn. assessed the frequency of out-of-group platelet transfusions and determined relative isohemagglutinin titers in their institution's general donor population. They sought to determine the potential utility of isohemagglutinin titer screening and estimate the impact of testing on the institution's platelet supply. Medical records of all recipients of out-of-group platelets and reported reactions during 2012 were reviewed for evidence of hemolysis. Of 2,027 platelets transfused, 522 (26 percent) were out-of-group. Medical record review revealed no evidence of hemolytic reactions. They evaluated 100 donor samples from the local blood center for isohemagglutinin titers. High isohemagglutinin titers were identified in 31 percent of the 100 donors screened, with a cutoff set at 1:256 for IgG or 1:64 for IgM. Nineteen percent met a high titer definition of 1:256 for both IgG and IgM. As a result of these findings, the trauma service's standard inventory was changed from one group O platelet unit and one group A unit, to two group A platelet units. Out-of-group units are now reserved for transfusion based upon the 1:256 titer.

In a third abstract, Craig Tauscher, MD, and colleagues of the Mayo Clinic, in Rochester, Minn., describe their institution's approach to screening for high-titer anti-A in group O platelets. In August 2013, Mayo Clinic began to screen all type O platelets for a high titer of anti-A, including platelets collected at their institution and imported from outside suppliers. Transfusion of O platelets with high titer (1:200) anti-A was restricted to type O patients. Six-months after implementation they found a minimal effect on inventory management of platelets and no hemolytic transfusion reactions due to anti-A (pre-implementation rates of hemolysis were not supplied). The authors concluded that they do not plan to change their current cutoff (1:200) at this time and will continue to monitor this process.

Citations: Karp JK, *et al*. Anti-B titer range in type O prepooled platelet products supports the use of type A plasma in initial trauma resuscitation. Transfusion 2014:54. Supplement:190A.

Dawane RV, *et al*. Transfusion of out-of-blood-group platelets with high isohemagglutinin titers: potential impacts of implementing a platelet titer-screening program. Transfusion 2014:54. Supplement:194A.

Tauscher C, *et al*. Screening for high-titer anti-a in group O platelets: A 6-month review. Transfusion 2014:54. Supplement:194A.

BRIEFLY NOTED

Knowledge Based Systems Inc. has updated its Donor Hemovigilance Analysis and Report Tool (DonorHART) to include internationally harmonized terminology and definitions. The system allows blood centers to capture and analyze information on donor reactions and reaction rates. AABB's Donor Hemovigilance Working Group, together with the International Society for Blood Transfusion's (ISBT) Hemovigilance Working Party, developed the list of terms and definitions that were incorporated into the software. More information on AABB's US Donor Hemovigilance Program can be found at http://bit.ly/1ugk0JW; those interested in joining the program can contact Barbee Whitaker, PhD, at hemovigilance@aabb.org. (Source: AABB Weekly Report, 11/14/14)

REGULATORY NEWS

The Food and Drug Administration published an updated agenda in the Nov. 14 Federal Register for the Dec. 2-3 Blood Products Advisory Committee Meeting. The agenda now notes that on Dec. 2 the committee will discuss the current blood donor deferral policy for men who have sex with men (MSM) and will hear an update on the Nov. 13 meeting of the Department of Health and Human Services' Advisory Committee on Blood and Tissue Safety and Availability regarding this policy. In the afternoon the committee will hear an informational presentation on Ebola virus, its potential implications for blood safety in the US, and FDA's considerations on the collection of convalescent plasma for investigational use. On Dec. 3, the committee will discuss the appropriate device classification of blood establishment computer software (BECS) and accessories to BECS. In the afternoon, an informational presentation will be made regarding the emergence of chikungunya virus infections in the Western Hemisphere. The committee will also hear a presentation on the first survey of the Rapid Donor Surveillance project on Middle Eastern Respiratory Syndrome coronavirus. The amended agenda can be viewed at http://1.usa.gov/1r1sHb3. (Source: Federal Register, 11/14/14)

The Food and Drug Administration has given Grifols the green light to move forward with a new blood plasma installation in Clayton, N.C. The plant will increase Grifols' plasma fractionation capacity by 6 million liters of plasma a year, almost doubling total global capacity, said the Spanish healthcare company in a statement. Grifols has invested more than $370 million in the Clayton plant, which employs more than 200 people, since it was opened in June 2014. (Sources: Reuters, 11/17/14; Grifols press release, 6/17/14)

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 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.

THE WORD IN WASHINGTON

Pictured left, ABC CEO Christine Zambricki, DNAP, CRNA, FAAN, (left) met with US Rep. Joyce Beatty (D-OH) (right) on Thursday morning to talk over tortillas about issues relevant to ABC's member blood centers. Dr. Zambricki provided Rep. Beatty with information about ABC and the life-saving mission of its member blood centers. She also reviewed the key advocacy issues that ABC is working to move forward on behalf of its member centers.

GLOBAL NEWS

The Biomedical Excellence for Safer Transfusion (BEST) Collaborative announced in a Nov. 13 press release its membership for the next four years (2014-2018). BEST is an international research organization that aims to improve the safety of transfusion and cell therapy and related services through standardization of analytic techniques, development of new procedures and execution of clinical trials in hematology and cell therapy. More than 80 scientific publications have resulted from the Collaborative's work. Thirteen of the 32 scientific BEST member positions have been filled by clinicians and scientists who are new to the Collaborative. BEST's work is conducted by four teams. A new Donor team has been established and the Clinical Studies and Transfusion Safety teams have been combined into a Clinical Transfusion Studies team. The full list of members can be viewed on the BEST website. BEST also announced that Professor Mike Murphy, MD, of Oxford in the UK, recently succeeded Larry Dumont, MD, as chair of the Collaborative. (Source: BEST press release, 11/13/14) ♦

INFECTIOUS DISEASE UPDATES

CHAGAS DISEASE

Research presented at the American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on Nov. 4 in New Orleans suggests that Chagas disease poses a largely unrecognized public health risk to many Americans. While Chagas disease, caused by infection with *Trypanosoma cruzi* (T. cruzi), is well-recognized as a public health concern in endemic areas of Latin America, it is becoming more common in the US, particularly in Texas where higher levels of the infection have been reported in recent years. Among those infected are a significant number believed to have contracted the disease within the US borders, according to investigators from Baylor College of Medicine, whose research was presented in abstracts at the ASTMH's Annual Meeting. One abstract, presented by Melissa

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INFECTIOUS DISEASE UPDATES (continued from page 12)

N. Garcia, MPH, assessed blood donors screened for Chagas disease in Houston from 2008 to 2012. Of those with confirmed infection, 41 percent (7 out of 17) had heart disease symptoms consistent with those caused by Chagas disease. Most of these individuals lived in rural areas or spent a significant amount of time outside. At least six had neither traveled to endemic countries in Latin America nor have mothers from such areas, indicative of autochthonous infection in Texas. "Cardiologists should consider the changing transmission dynamics associated with Chagas disease in the southern US and should consider Chagas disease in patients who may have clinically-compatible electrocardiogram or cardiomyopathy, even if the patient has no history of residing in a Chagas-endemic country," concluded the authors. Previous research by this team, published in August in *Epidemiology & Infection*, found that one in every 6,500 blood donors tested between 2008 and 2012 tested positive for T. cruzi exposure. The researchers highlighted that because national surveillance data on Chagas disease is lacking, blood donor screening data provides valuable insight into its burden in the US. (Source: ASTMH press release, 11/4/14)

Citation: Garcia MN, *et al*. Chagas disease transmission and cardiac manifestations among Texas blood donors. 2014 ASTMH Annual Meeting Abstract.

Garcia MN, *et al*. Trypanosoma cruzi screening in Texas blood donors, 2008-2012. Epidemiol Infect. 2014 Aug. 29:1-4.

CHIKUNGUNYA VIRUS

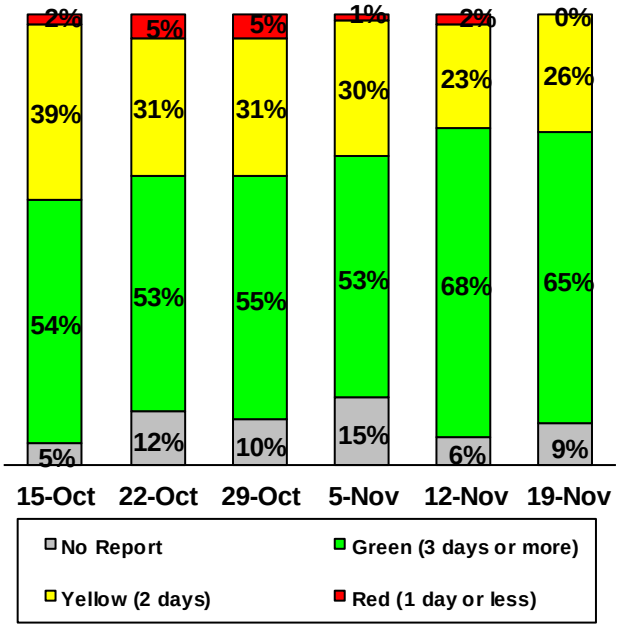
The Centers for Disease Control and Prevention warned travelers in a Nov. 6 statement that despite fewer mosquitoes in the fall, the chikungunya outbreak in the Caribbean and Central and South American countries continues to spread. The outbreak, which began last December, has caused an estimated 795,000 chikungunya cases in 37 countries and territories in the Western Hemisphere as of the end of October. More than 1,600 travelers returning to the US with chikungunya have been reported. "The beginning of fall means that mosquito problems in the continental US will be decreasing. However, travelers to areas where the chikungunya outbreak continues are at risk of becoming infected. It is important that travelers understand these risks and take appropriate actions to prevent being bitten by mosquitoes," said Roger S. Nasci, PhD, chief of CDC's Arboviral Diseases Branch. This includes using insect repellent, wearing long-sleeved shirts and long pants during the day, and staying in air-conditioned or well-screened rooms at night. Travelers can check CDC's latest recommendations at www.cdc.gov/travel and can learn about ongoing chikungunya activity at www.cdc.gov/chikungunya. (Source: CDC press release, 11/6/14) ♦

GRANT OPPORTUNITIES

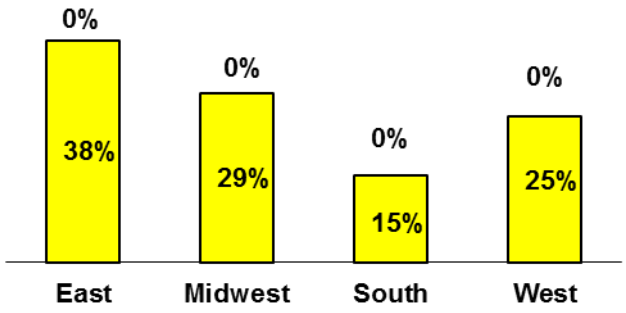
The National Heart, Lung, and Blood Institute (NHLBI) has two ongoing funding opportunities called PARs in support of research on "Selected Topics in Transfusion Medicine (R01 and R21). These PARs encourage research grant applications from investigators who propose to study research topics in blood banking and transfusion medicine aimed at improving the safety and availability of the blood supply and the practice of transfusion medicine. These two funding opportunity announcements (FOAs) will expire on Jan. 8, 2017. Those interested can find more information about the first funding opportunity (R01) at http://1.usa.gov/1Hv9kBy; information on the second opportunity (R21) can be found at http://1.usa.gov/11lIQ4w. Questions or concerns may be directed to Shimian Zou, PhD, at shimian.zou@nih.gov or (301) 435-0065. ♦

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, November 19, 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

MEMBER NEWS

Community Blood Center of the Carolinas (CBCC), headquartered in Charlotte, N.C., announced on Nov. 17 the winners of its Fifth Annual "Students Saving Summer" scholarships program. Throughout the summer, area high school and college students partner with CBCC to hold summertime blood drives to help meet the needs of local patients. Students Saving Summer saw a 20 percent increase over last year's program. The following students had the top five producing blood drives of the summer and will receive a $1,000 scholarship from CBCC:

- **First Place** – Michele Kirchner of Matthews, N.C.;
- **Second Place** – Alyssa Staton and Hannah Beyer of Kannapolis, N.C.;
- **Third Place** – Melissa Griffin and Crystal McCall of Stanly, N.C.;

From left to right, Lori Hass of CBCC celebrates with "Students Saving Summer" winners Alyssa Staton and Hannah Beyer, and Dr. Jim Williams, principal at Performance Learning Center.

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MEMBER NEWS (continued from page 14)

- **Fourth Place –** Joshua Tucker of Greenville, N.C.; and
- **Fifth Place –** Maggie Thomas of Shelby, N.C.

"Congratulations to this year's 'Students Saving Summer' winners for their commitment to the patients of our community; saving local lives," said CBCC President and CEO Martin Grable. "Students make up more than 20 percent of our donor base. So, summer is often a critical time for our blood supply since families vacation and high school and college blood drives are on hiatus until the new school year. We greatly appreciate all the students who donated blood over the summer to support our local patients." In addition to the "Students Saving Sumer" scholarship program, CBCC offers other scholarship and grant opportunities for local students and schools. The center has awarded more than $172,750 in scholarships and grants since 2009.

San Diego Blood Bank (SDBB) announced on Nov. 6 that it is collaborating with the Clinical and Translational Research Institute (CTRI) at the University of California, San Diego (UCSD) to support clinical trial recruitment and enrollment and increase the biorepository collection of blood samples of healthy individuals. The CTRI has also welcomed David Wellis, PhD, CEO of SDBB, to its Executive Committee leadership team. As part of the SDBB and CTRI collaboration, and efforts to support clinical trials, the Community Engagement Unit at CTRI has placed iPads at the main SDBB location so that blood donors can register with ResearchMatch, a volunteer online registry funded by the National Institutes of Health that brings together researchers and volunteers who would like to be involved in studies. "Our collaboration with the CTRI highlights how we are growing our core business beyond conventional blood banking services and integrating into the life science research community," said Dr. Wellis. "As a community partner organization of CTRI, we want to help ensure our community's health and wellness by leveraging our resources and capabilities to impact basic science and clinical research. While we intend to support clinical trials, we also plan to apply for government funding of our own research into disease mechanisms and therapeutic development." The recently signed collaboration will also support efforts between the Translational Research Technology Unit at CTRI and the SDBB to collect and store fresh and expired blood samples for use in research. The samples will be housed in a newly created joint biorepository, which should be operational within this year. In addition, deferred donors – those who have been exposed to diseases such as malaria and cannot donate blood for a period of time – can help by volunteering to participate in clinical trials. "I'm excited by this win-win collaboration, which has the potential to expand into additional areas that would benefit research, as well as the community, and ultimately lead to healthier lives," said Gary Firestein, MD, Director of CTRI, Professor of Medicine, Dean and Associate Vice Chancellor of Translational Medicine. "I am also pleased to welcome Dr. Wellis to the CTRI Executive Committee. He has an outstanding background that bridges scientific research, biobanking, and community development, all of which will further help us accelerate laboratory discoveries into clinical treatments for patients." An advantage of SDBB's involvement with CTRI is its capability to provide control samples. The blood center boasts 65,000 unique blood donors annually. Each month, approximately 10,000 samples are collected through six San Diego County sites and 13 blood mobiles. (Source: San Diego Blood Bank press release, 11/6/14)

A Tribute to Roslyn Ann Kaplan Yomtovian, MD

Submitted by Michael R. Jacobs, MD, PhD, and Linda Sandhaus, MD, Department of Pathology, Case Western Reserve University and University Hospitals Case Medical Center, Cleveland, Ohio

It is with profound sadness that we inform the transfusion medicine community that Roslyn Ann Kaplan Yomtovian, MD, passed away on Nov. 16 after a long illness. Roz, as she was known to all, will be missed by her family, friends, and colleagues. She graduated from Washington University School of Medicine and completed her training at the University of Minnesota. Dr. Yomtovian was a renowned pathologist with expertise in transfusion medicine. She served as the director of Transfusion Medicine at University Hospitals of Cleveland for almost 18 years and was a professor in the Departments of Pathology and Medicine at Case Western Reserve University, Cleveland, during this time. She completed the National VA Quality Scholar Fellowship and was on the faculty at the Louis Stokes Veterans Administration Medical Center in Cleveland.

Dr. Yomtovian was an educator and mentor to many students, residents, and fellows, and was strongly committed to educating the next generation. She was largely responsible for modernizing the transfusion medicine service at University Hospitals of Cleveland, establishing a Transfusion Medicine fellowship, and mentoring many trainees to specialize in transfusion medicine. Additionally, Dr. Yomtovian participated in many national and international committees involved in transfusion medicine practices and safety, particularly regarding safety of platelet products. In collaboration with Michael Jacobs, MD, PhD, Dr. Yomtovian devoted much of her research efforts to this subject, documenting the incidence of bacterial contamination of platelet products, the effects of transfusion of contaminated platelet products, and studying methods to detect and prevent their transfusion. These efforts contributed to the development of two commercial products to detect bacterial contamination in platelet products. Dr. Yomtovian remained active in this field despite her illness, participating in many committees, one of which led AABB to issue an Association Bulletin regarding bacterial contamination of platelets this year. One of her final achievements was the presentation at the AABB Annual Meeting in October of a poster titled, "Trends in the Incidence of Transfusion of Bacterially Contaminated Platelets over Two Decades at an Academic Medical Center," which was fittingly selected as an AABB Top Abstract Poster.

Many tributes to Dr. Yomtovian have been received. Art Bracey, MD, of Houston, Texas, wrote, "Roslyn was an outstanding physician. She was a true advocate for patient safety both before and during her illness. I had the great fortune of working with her on several committees over the years. I will always remember her pleasant, nurturing demeanor, and her unwavering effort to guide our deliberations toward the right conclusion …" Sandra Ramirez-Arcos, PhD, of Canadian Blood Services, noted that "Dr. Yomtovian was very passionate about her work and a great supporter of my research, I will really miss her." Eva Spindler-Raffel, of the Section Microbial Safety, Paul-Ehrlich-Institut in Germany, wrote, "On behalf of our team and on my own behalf, I would like to offer our sincere condolences and deep sympathy to her family and her colleagues. We truly appreciate the professional support of Dr. Yomtovian to our joint scientific work and will miss her competent contribution. A big loss for our scientific community." W. Andrew Heaton, MD, of North Shore-LIJ Health System, commented, "She was a real force, professional, and most pleasant to work with. Will be greatly missed!" Mindy Goldman, MD, of Canadian Blood Services, added "Roslyn was a highly valued colleague and mentor to many people, and a wonderful person. She will be missed." Nora Hirschler, MD, of Blood Centers of the Pacific, wrote,

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IN MEMORIAM (continued from page 16)

"Roslyn was very passionate about blood banking and patient safety, particularly bacterial contamination of platelets. Her enthusiasm was contagious and she was a mentor and a friend for many of us in the field."

We add our appreciation for all that Roslyn achieved and express our sincere condolences to her family. Her legacy will be expressed by the achievements of her many colleagues, collaborators, students, family, and friends.

[*Editor's Note:* Friends who wish may contribute to Zemach Zedek Synagogue of Cleveland Hts., Ohio, Chabad Jewish Center of Solon, Oheb Zedek Cedar Sinai Synagogue, B'nai Jeshurun Religious and Education Yomtovian Fund, and Magen David Adom. Those who would like to express their condolences may do so through the online obituary.] ♦

COMPANY NEWS

Terumo BCT announced on Nov. 19 a partnership with Banco de Sangre de Servicios Mutuos in Puerto Rico in pursuit of Investigational Device Exemption (IDE) approval from the Food and Drug Administration for use of its Mirasol Pathogen Reduction Technology System in platelets. Terumo BCT is filing an IDE submission due to public health concerns over the transmission of chikungunya virus and dengue fever. The submission will include Banco de Sangre de Servicios Mutuos in Puerto Rico as an investigational site where the Mirasol system can treat platelets in plasma or platelet additive solution. The Mirasol system is a pathogen-reduction technology designed to render numerous viruses, bacteria, and parasites less pathogenic; it also inactivates residual white blood cells found in blood components. While the system is not yet approved for use in the US, an IDE would enable this program with Banco de Sangre de Servicios Mutuos to begin. More information is available in the Terumo BCT press release. (Source: Terumo BCT press release, 11/19/14) ♦

MEETINGS

Feb. 23-24 **AdvaMed 510(k) Submissions Workshop, Washington, D.C.**

The Advanced Medical Technology Association (AdvaMed) will hold a 510(k) Submissions Workshop at the Loews Madison Hotel in Washington, D.C. Industry experts and key personnel from the Food and Drug Administration's Center for Devices and Radiological Health (CDRH) will come together to discuss topics regarding the 510(k) process. More information and registration details can be found at http://bit.ly/1FaJaC5.

Feb. 25 **AdvaMed IDE Submissions Workshop, Washington, D.C.**

AdvaMed will host the IDE Submissions Workshop at the Loews Madison Hotel in Washington, D.C. Feb. 25. During this interactive workshop, FDA leaders and industry experts will lead professionals through the regulatory and practical guidelines governing when an investigational device exemption (IDE) is required. More information and registration details can be found at http://bit.ly/1vwnzm3.

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MEETINGS (continued from page 17)

March 25-26 **NHLBI State of Science Meeting in Blood Banking and Transfusion Medicine, Bethesda, Md.**

The National Heart, Lung, and Blood Institute (NHBLI), the National Institutes of Health, and the Assistant Secretary for Health, will host a State of Science Meeting in blood banking and transfusion medicine on the NIH Main Campus (Natcher Building) in Bethesda, Md. on March 25 to 26. The purpose of this public workshop will be to identify what key research questions and/or priorities in blood banking and transfusion medicine need to be addressed in the next five to 10 years to optimize transfusion recipient care and advance the health of blood donors. More information and registration details can be found at http://bit.ly/1tnjB8y.

Contact: Simone Glynn, MD, MPH: glynnsa@nhbli.nih.gov.

May 20-21 **IPFA/PEI 22nd Annual International Workshop**

The International Plasma Fractionation Association (IPFA) and the Paul-Ehrlich-Institut (PEI) will host the 22nd International Workshop on "Surveillance and Screening of Blood Borne Pathogens" in Prague, Czech Republic. The event will be hosted by the Czech Society for Transfusion Medicine. The workshop will address key issues concerning the availability, regulation, and risk-benefit of existing and potential new blood safety developments. More information about the workshop can be found at http://bit.ly/1tnjXfe.

Contact: Mariska Mooijekind: info@ipfa.nl. ♦

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: mnorwood@americasblood.org.

POSITIONS AVAILABLE

Donor Recruitment Representative. United Blood Services, top leader in blood banking, is seeking an influential and results-driven professional for its McAllen, TX location. The incumbent is responsible for achieving annual and monthly territorial goals through effective donor recruitment and territory, account and calendar management for local blood bank. Relevant bachelors' degree or equivalent combination of formal and experience required. Preferred candidates will have experience with territory and account management, seeking out new account partnerships. Preferred candidates will have proven ability to secure, facilitate, plan and coordinate with a successful outcome. Skills / Abilities Required: Effective oral and written communication skills; Sales/territory management skills; Must be self-motivated and a self-starter with good organizational skills; Provide own vehicle for transportation and possess a valid driver's license; Proficient personal computer skills; and able and willing to work evenings and weekends. For consideration, submit fully completed employment application to colivares@bloodsystems.org. UBS is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

Director of Hospital Services. Michigan Blood is looking for a Director of Hospital Services to join our

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POSITIONS (continued from page 18)

management team and lead statewide efforts to provide remarkable service to our 40-plus hospital partners across the state. We are a growing blood center with more than fifty years of service to Michigan communities that rely upon more than 100,000 voluntary blood donations annually to serve those partners. This position is responsible for the operational functions of blood products inventory management, component processing, order preparation and fulfillment, and courier services. Through a team of laboratory supervisors and professionals, you will develop and execute strategies to lead a team that will enhance our services through those processes. This position requires a bachelor's degree. Master's degree preferred. Five to 10 years of laboratory, GMP or related experience required. Healthcare business leadership experience preferred. Experience working with FDA and EU agencies is desired. We offer a competitive salary and benefit plan. If you want to be part of a lifesaving organization with a dynamic mission, please apply via our website: www.miblood.org. EOE

Business Development Manager. LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Business Development Manager. Under broad direction: assists in the formulation and implementation of corporate strategic and business development programs to ensure the best use of LifeStream's resources in accord with objectives for growth and profitability; develops and implements the organization's sales strategies; handles special projects as assigned by the VP/Business Development. The candidate must have a four-year bachelor's degree (BA or BS). Advance degree desired. Minimum five years' experience in healthcare, pharmaceutical, medical products or blood center setting. Must have exceptional interpersonal communicative skills developed and cultivated through extensive customer sales or service experience. Current California driver's license. 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-4193265708

Hospital Relations Manager. LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Hospital Relations Manager. Serves as a technical resource for customer transfusion services: answering questions, providing training, and other support related to LifeStream's products and services. Also is a primary customer service contact, working to improve services, resolve any service issues, and build stronger relationships with customers. Promotes LifeStream programs. Ensures excellent service is provided to hospitals and other customers. The candidate must have a four-year bachelor's degree (BA or BS) in biological sciences or medical related discipline, with MT (ASCP) or equivalent. SBB desirable. Minimum four years' experience in Blood Banking or five years in hospital laboratory with transfusion service experience, (or equivalent). Must have exceptional interpersonal communicative skills developed and cultivated through extensive managerial and customer service experience. MT (ASCP) or equivalent is required. California CLS license not required. Current California driver's license required. 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. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4193265212

Executive Director Donor Relations. The Institute for Transfusion Medicine (ITxM) is proud to be an integrated blood center servicing multiple states. The Executive Director Donor Relations can be based in Pittsburgh, PA, Chicago, IL, or Richmond, VA. The Executive Director Donor Relations is responsible for the management direction of the Donor Relations Department to ensure that departmental activities support the achievement of organizational goals and that the department policies and procedures are in compliance with regulatory agencies, in accordance with current good manufacturing practices and safety guidelines. The Institute for Transfusion Medicine offers a competitive salary, commission plan, and benefits package. Apply online at: www.itxm.org. *Equal Opportunity Employer of Minorities, Females, Protected Veterans, and Individuals with Disabilities.*

Medical Director. Provide oversight on all medical aspects of the regional blood center operations, including the reference laboratories, research, medical community relations and collections. Develop and implement medical policies and procedures for the blood region as needed; coordinate communications between the blood services region, the local and national medical community and National Headquarters; provide timely medical and technical consultation in transfusion medicine to operation units and customers. We offer excellent benefits including health/dental/vision insurance, 401(k) and 403(b). Positions available in several locations including Salt Lake City, UT (BIO46548) St. Louis, MO (BIO47188) and Columbus, OH (BIO42182). For more information or to apply visit: www.americanredcross.apply2jobs.com. EOE M/F/D/V

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 (mnorwood@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

Dec. 2-3. **FDA Blood Products Advisory Committee Meeting, Silver Spring, Md.** More information is available in the Federal Register notice at http://1.usa.gov/1snaq8G.

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.

2015

Jan. 17. **LifeStream's 5th Annual Transfusion Medicine Forum, Palm Springs, Calif.** To register or for more information, visit www.LStream.org or contact LifeStream at (800) 879-4484, Ext. 395.

Feb. 14-15. **SBB Last Chance Review, Houston, TX or by webinar**. Registration details at http://bit.ly/1ryDQE9. Contact Clare Wong, (713) 791-6201, cwong@giveblood.org.

March 20. **International Blood Safety Forum, Washington, D.C.** For more information, e-mail contact@globalhealing.org.

Mar. 20-24. **Annual Meeting, America's Blood Centers, Washington, DC.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

April 22-24. **ADRP Annual Conference, Denver, Colo.** More information available at www.adrp.org/conference.

May 5-7. **Technical/Lab & Quality Workshop, America's Blood Centers, Orlando, Fla.** Contact: ABC Meetings Dept. Phone (202) 654-2901; e-mail: meetings@americasblood.org.

May 20-21. **IPA/PEI 22nd International Workshop on "Surveillance and Screening of Blood Borne Pathogens," Prague, Czech Republic.** Contact: +31 20 (512) 3561; e-mail: info@ipfa.nl.

Aug. 4-6. **Summer Meeting & MD Workshop, America's Blood Centers, Philadelphia, Pa.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

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