



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #10

March 13, 2015

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## Trial Suggests No Difference Between Liberal vs. Restrictive Transfusion Strategy in Cardiac Surgery Patients

A growing number of randomized clinical trials have demonstrated that a more restrictive transfusion strategy – using a lower hemoglobin value to trigger transfusion – is as safe and effective as a liberal strategy, but most of these studies have not specifically analyzed patients undergoing cardiovascular surgery. The results of a large trial in cardiac surgery patients published in *The New England Journal of Medicine* suggests that a restrictive transfusion strategy offered no benefit over a liberal one in terms of the specified primary outcomes, morbidity, and healthcare costs.

Despite the growing body of research and clinical guidelines supporting a restrictive transfusion strategy, the optimal transfusion trigger for patients undergoing cardiac surgery remains unclear. Several observational studies have suggested worse outcomes in cardiac surgery patients who receive more transfusions, but these analyses are often confounded by unmeasured clinical factors that influence the decision to transfuse. To address these uncertainties, Gavin J. Murphy, F.R.C.S., of the University of Leicester, and a group of British researchers conducted the Transfusion Indication Threshold Reduction (TITRe2) trial to determine whether a restrictive red blood cell (RBC) hemoglobin threshold reduces post-operative morbidity and healthcare costs, as opposed to a liberal strategy.

The researchers conducted a multicenter, parallel-group trial among 2,003 patients undergoing non-emergency cardiac surgery at 17 cardiac surgery centers in the UK. Patients with a post-operative hemoglobin <9 g/dL were randomized to either a restrictive transfusion threshold (transfuse at <7.5 g/dL) or a liberal threshold (<9 g/dL). Patients were followed for serious infection or ischemic events that developed within three months after randomization. Healthcare costs were estimated from the day of surgery to three months afterwards.

One-thousand patients were randomized to receive restrictive transfusion and 1,003 to a liberal strategy. The primary outcome – serious infection or ischemic event – occurred in 35 percent in the restrictive group and 33 percent in the liberal group. Serious post-operative complications excluding the primary outcomes were also similar between the two groups – occurring in 36 percent of patients in the restrictive group and 34 percent in the liberal group. Similarly, there was no significant difference in healthcare costs between the two groups; the mean costs up

(continued on page 3)



## OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

### ABC Talks About Bugs in Platelets

Last fall, I said that a Food and Drug Administration Guidance on detection of bacteria in platelets was expected, and we got a draft in December. ABC's Scientific, Medical, and Technical (SMT) group has spent the interval assembling comments on the guidance to submit to FDA. There is a strong sense that FDA's approach in the draft is complex enough that the incentive of possibly extending platelet dating is inadequate to promote the critical intervention for sepsis mitigation, i.e. *voluntary* secondary bacterial testing with rapid assays or culture-based methods. ABC is asking that FDA reconsider and mandate the use of secondary testing in the transfusion service. Moreover, we propose simpler alternative strategies that would improve patient safety and allow extended platelet dating. For example, delaying primary culture until later in storage combined with the use of larger inocula in our culture systems will reduce the risk of bacterial contamination, while extending platelet storage to seven days without secondary testing. Such approaches are not perfect, but represent progress and would balance operational burdens and consumption of resources with a more flexible inventory. Going forward, we would be responsible for conducting surveillance to assess their impact and amending our approaches, when appropriate, based on the data.

A week after issuing the draft guidance, the agency approved the first pathogen reduction (PR) system for platelets. Good news: it will make primary and secondary bacterial testing unnecessary – hemovigilance data emerging from the European Union suggests that PR approaches 100 percent effectiveness in preventing bacterial sepsis from platelets. Less good news: I estimate its cost at \$50-75 per platelet dose, there are no resources committed for its use, and a mandate for platelet PR has only minority support among the ABC members. Accordingly, we have asked the agency to clarify issues that will affect decisions about its implementation. Can FDA estimate the relative impact on platelet sepsis of the measures in the guidance vs. the use of PR? Is the agency willing and able to support risk and healthcare economic evaluations of the alternatives available to reduce platelet-associated sepsis – particularly in the more global context of competing patient safety priorities – both in and outside of transfusion medicine? Does FDA have an approach to relax or discontinue existing donor infectious disease screening measures that may become unnecessary with the use of PR (which would partially offset the costs of the process)?

ABC submitted comments on March 9, but FDA will still accept yours. The agency's response will provide an interesting look at how the feds respond to calls for value-based healthcare.

[lkatz@americasblood.org](mailto:lkatz@americasblood.org) ♦

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

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Transfusion Strategies in Cardiac Patients (continued from page 1)

to three months after surgery were \$17,762 in the restrictive group and \$18,059 in the liberal group. There were more deaths, a secondary outcome, in the restrictive-threshold group than in the liberal group (4.2 vs. 2.6 percent).

While the higher frequency of death among patients in the restrictive transfusion group “is cause for concern. It is not clear in what way anemia that was attributable to the restrictive threshold may have resulted in an increased number of deaths,” according to the authors. They add that further analysis did not suggest a cause-and-effect relationship between the restrictive strategy and the patients’ deaths, and it is difficult to establish such a relationship because of the small number of deaths in the study and the numerous combined events that can cause death in cardiac surgery patients.


The authors note that there are several limitations to their trial, most importantly their inability to keep healthcare staff unaware of the patients’ assignments to either the restrictive or liberal group. They add that other transfusion thresholds, or a wider differential between two thresholds, could have altered the results.

“The restrictive threshold was not superior to the liberal threshold with respect to post-operative morbidity or total costs,” conclude the authors.

The results of this trial provide an opportunity for debate and further exploration of the optimal transfusion threshold for cardiac surgery patients, notes John Spertus, MD, MPH, of the University of Missouri-Kansas City and Saint Luke’s Mid America Heart Institute, in an accompanying editorial. He calls for cardiac surgery programs to develop their own transfusion threshold protocols and conduct ongoing surveillance of the thresholds using existing databases.

“Because there was no statistical adjustment for multiple comparisons (as noted by the authors), my conclusion is that, despite the borderline statistically significant mortality difference ( $p=.045$ ), restrictive and liberal transfusion look largely equivalent in the population studied,” said America’s Blood Centers Chief Medical Officer Louis Katz, MD, echoing Dr. Spertus’ editorial. “It looks like more clinical data will be required to assess the importance of the mortality difference before an appropriate standard of care is apparent.”

**Citation:** Murphy GJ, *et al.* Liberal or restrictive transfusion after cardiac surgery. *N Engl J Med.* 2015 March 12;11(372):997-1,007.

Spertus J. “TITRe”ing the approach to transfusions after cardiac surgery. *N Engl J Med.* 2015 March 12;11(372):1069-70. 

### We Welcome Your Letters

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

## The FABC Announces Final Top 5 ABC's Got Talent Contestants

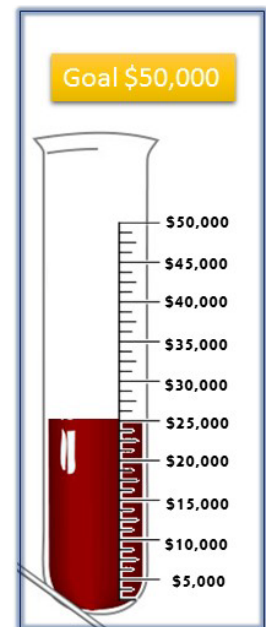
The votes are in! The Foundation for America's Blood Centers (FABC) and America's Blood Centers announced this week the final Top 5 contestants in the ABC's Got Talent fundraiser. These five finalists have raised the most funds out of all 13 contestants through soliciting votes via donation to the FABC and will now have the chance to perform live in Washington, D.C. on March 23 during ABC's annual *Awards of Excellence* in conjunction with the ABC Annual Meeting.

Thanks to the generous contributions of our contestants' friends, family members, colleagues, and other FABC supporters, the Foundation has raised more than \$25,000 – more than half of the \$50,000 event goal, which the FABC hopes to meet at the live show. The FABC funds initiatives to improve the safety and quality of the blood supply by supporting projects that benefit all ABC members.

"ABC's Got Talent is an exciting and out-of-the-box approach to fundraising which has had the secondary benefit of bringing our community a little closer. As a participant, I enjoyed the friendly competition, and have learned a few things about myself and what to do better next time!," said the FABC board's vice chair, Pascal George. "So I want to congratulate our contestants, all of them, for getting into the public eye for our cause. Thank you to all the contributors – you made it worthwhile, both for the contestants and for our organization. And of course, I cannot wait to watch our Top 5 perform in D.C.!"

Below are the final Top 5 who will compete live in Washington for a chance to become the first-ever ABC's Got Talent champion.

Congrats to the ABC's Got Talent Final Top 5!			
Contestant(s), Blood Center	Talent	Amount Raised	Link to Video
1. Sher Patrick, Community Blood Center (Dayton)	Belly Dancing	\$4,095	<a href="http://bit.ly/SherPatrick">http://bit.ly/SherPatrick</a>
2. Emily Shenk-DeMay, Mississippi Valley Regional Blood Center	Singing "God Bless America"	\$3,935	<a href="http://bit.ly/EmilyShenkDeMay">http://bit.ly/EmilyShenkDeMay</a>
3. Kim-Anh Nguyen, Blood Bank of Hawaii	Ballroom Dancing	\$3,110	<a href="http://bit.ly/DrNguyen">http://bit.ly/DrNguyen</a>
4. Mary Townsend, Blood Systems	Rope Tricking	\$3,080	<a href="http://bit.ly/DrTownsend">http://bit.ly/DrTownsend</a>
5. The Sheppard Blues Band, Sheppard Community Blood Center	Performing "Man of Sheppard Sorrow"	\$2,610	<a href="http://bit.ly/SheppardBluesBand">http://bit.ly/SheppardBluesBand</a>



"I am over-the-top honored and excited about the chance to perform in D.C. It's been awhile since I danced for an audience of such esteem, and I have ordered an authentic costume out of Egypt for the occasion," said Sher Patrick, the marketing manager for Community Blood Center in Dayton, Ohio, and currently the No. 1 ABC's Got Talent fundraiser. "I'm humbled and moved by the support I received

(continued on page 5)

ABC's Got Talent Final Five (continued from page 4)

from Community Blood Center, our leadership, and my peers. It's difficult to express the extent of gratitude I feel, not only for the opportunity to go to Washington, but for the support shown through donations."

If you enjoyed watching Ms. Patrick's and the other contestants' videos – just wait until you see them perform live! During the live performances at the Annual Meeting, the final Top 5 will perform their talents for the audience of ABC members, award winners, and their guests, who will have the chance to vote for the contestants via donation. Guests will have numerous opportunities to purchase and submit ballots for \$20 each or they can sponsor their favorite performer(s) throughout the night. The winner of ABC's Got Talent will take home a two-night, three-day trip for two to Napa Valley, Calif., although the real prize is supporting the life-saving mission of the FABC and ABC's member centers!

The live talent show begins the scoring anew, putting all contestants on an even playing field, regardless of their online campaigns. The competition is on – guests will have to vote big and vote often to ensure their favorite talent wins! Tickets to this event are included at no additional cost with registration for the ABC Annual Meeting, offering attendees the chance to network and have a little fun while supporting a good cause.

"Dancing is great fun for me. I look forward to sharing the evening with the gifted individuals who will be performing their talents, with my friends from ABC, and with the audience of the blood banker elite who help save lives daily," said Ms. Patrick.

The FABC and ABC would like to thank and congratulate all 13 ABC's Got Talent contestants for showcasing their wonderful talents and rallying support for the Foundation. Moreover, the FABC sends a special thanks to everyone who has contributed to ABC's Got Talent thus far, and encourages all ABC Annual Meeting attendees to come out and cheer on our top-notch performers on March 23.

"Let's give a big thanks to all the individuals who provided us with entertainment and enjoyment through their performances, and best of luck to our five talented finalists who will perform for us on March 23," said FABC Board Chair Roy Roper. 💧

### **We Welcome Your Articles**

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



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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 Launches World Blood Donor Day 2015 Nexcare Give Partnership

Now in its 7<sup>th</sup> year, Nexcare Bandages from 3M is partnering with America's Blood Centers on the *Give* campaign, an annual initiative focused on World Blood Donor Day (WBDD) to thank recurring blood donors and encourage others to join the cause. This year's program will take place the week of WBDD, June 14, beginning on Monday June 8 and extending through Saturday, June 14 (WBDD).

Through this alliance, Nexcare Bandages provides resources to participating ABC donation centers including a supply of limited-edition Nexcare *Give* bandages, made with latex-free materials, for donors and an extensive media relations campaign. Resulting from these efforts, the Nexcare *Give* program is featured extensively in national and local magazines, newspapers, and broadcast TV outlets, as well as online and blogs. This media coverage in the weeks leading up to WBDD details the program and overall partnership and shares information about the local community blood centers where donors can get involved.



This year's Nexcare *Give* program celebrates all those who *Give* around the world with the theme "creating a culture of giving." The 2015 limited-edition collection of bandages (pictured above) features eight globally-inspired, vibrant designs, patterns, and textiles from various cultures and locations around the world.

ABC member blood centers interested in participating in the *Give* campaign must complete the online form available in [MCN 15-025](#) by March 27. ABC members can access the presentation slides from a recent webinar on the *Give* campaign [here](#). Questions may be directed to Mack Benton at [mbenton@americasblood.org](mailto:mbenton@americasblood.org).

### Don't Miss Out on ABC's Upcoming Webinars!

As part of its many educational offerings, America's Blood Centers hosts regular webinars in a variety of disciplines – from communications and donor management, to human resources, to quality control. Webinars are just one of the myriad of online learning and other education tools that ABC members will find in the developing ABC Professional Institute (API).

The API, which will be incorporated into the soon-to-launch newly redesigned ABC member website, will be a learning community offering an innovative and robust blend of traditional and virtual education tools for blood banking professionals. It will offer access to information and education through face-to-face learning, online learning, learning communities, and publications. ABC's webinars offer convenient, low-cost professional development opportunities for ABC member blood bankers in all disciplines. ABC staff and committees are currently working on the April to June webinar schedule and topics, which will include:



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**INSIDE ABC** (continued from page 6)

- Business continuity and disaster preparedness;
- Learning management systems;
- Donor management and motivation;
- Anti-discrimination regulations based on sexual orientation and gender identity;
- Risk-based decision making; and
- Human leukocyte antigen (HLA) testing.

Stay tuned for dates and more details on these exciting learning opportunities! Please direct questions and topic or faculty suggestions to ABC Chief Operating Officer Matt Granato at [mgranato@americasblood.org](mailto:mgranato@americasblood.org).

### ABC Launches Annual Collections Survey

America's Blood Centers launched its calendar year 2014 Annual Collections Survey last week. This survey asks ABC members to report the total number of whole blood procedures and procedures for double red cells in calendar year 2014. ABC asks that members complete the survey by March 25. More information and a link to the survey can be found in [MCN 15-024](#). Questions may be directed to ABC's accounting manager, Trudy Thompson, at [tthompson@americasblood.org](mailto:tthompson@americasblood.org) ♦

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## RESEARCH IN BRIEF

**A recent study in *The Annals of Thoracic Surgery* confirms previous research, showing that cardiac surgery patients often undergo too many blood tests, leading to anemia and increased need for blood transfusion.** Healthcare providers are often unaware of the frequency and volume of phlebotomy that patients undergo during routine blood tests before heart surgery, which can cause hospital-acquired anemia and subsequent need for transfusion. Colleen G. Koch, MD, MS, MBA, of the Cleveland Clinic, and colleagues analyzed 1,867 patients who underwent cardiac surgery at the Cleveland Clinic between January 2012 and June 2012 to investigate the frequency and cumulative phlebotomy volume of blood tests among these patients. From the time of the initial surgical consultation until discharge, patients underwent 221,498 blood tests, averaging 115 tests per patient. The total median phlebotomy volume during the hospital stay was about 454 milliliters per patient. More complex procedures were associated with overall higher phlebotomy volumes. “We were amazed by the extent of bloodletting, with total phlebotomy volumes approaching amounts equivalent to one to two red blood cell units,” wrote the authors. “Excessive bloodletting has consequences in terms of contributing to reductions in hemoglobin levels and subsequent need for red blood cell transfusions.” They added that implementing process improvement initiatives with careful monitoring should result in reduced phlebotomy volumes, better use of limited resources, and improved patient outcomes.

Citation: Koch CG, et al. Contemporary bloodletting in cardiac surgical care. *Ann Thorac Surg.* 2015 March; 99(3):779-84.

**The results of a randomized trial show that four-factor prothrombin complex concentrates (4F-PCC) more effectively achieve hemostasis and rapid reversal of vitamin K antagonists (VKA, e.g. warfarin) compared to plasma.** Because anticoagulants increase the risk of bleeding, their effects often require rapid correction before invasive surgical procedures or following injury. Historically, plasma and vitamin K have been used to reverse VKAs and achieve hemostasis. Prior to the current study, there has been no large, properly powered randomized trial comparing 4F-PCCs to plasma for VKA reversal. Joshua N. Goldstein, MD, PhD, of Massachusetts General Hospital in Boston, and colleagues conducted a multinational, randomized controlled trial examining the ability of non-activated 4F-PCC to correct VKA therapy before urgent surgical or invasive procedures. The study included 181 patients randomized to receive either 4F-PCC or plasma for urgent anticoagulation reversal. The primary objective was to compare the hemostatic efficacy of 4F-PCC with that of fresh frozen plasma when used to correct coagulation abnormalities. The secondary endpoint was rapid international normalized ratio (INR) correction. Effective hemostasis was achieved in 78 (90 percent) patients in the 4F-PCC group compared with 61 (75 percent) patients in the plasma group. Rapid INR reduction was achieved in 48 (55 percent) patients in the 4F-PCC group compared with eight (10 percent) patients in the plasma group. The safety profile of 4F-PCC was generally similar to that of plasma. “To our knowledge, this is the first adequately powered comparison of 4F-PCC and plasma for rapid VKA reversal in patients needing urgent surgical or invasive interventions,” wrote the authors. “In conclusion, these data show that 4F-PCC is an effective and superior alternative to plasma in terms of hemostatic efficacy and rapid INR reduction for the rapid reversal of VKA therapy before urgent procedures.” Jacob A. Quick, MD, and Stephen L. Barnes, MD, of the University of Missouri add in an accompanying editorial that this research “adds to the growing body of evidence supporting directed factor replacement with prothrombin complex concentrate in emergency clinical situations.” Furthermore, PCC has routinely been shown to be more cost-effective than plasma or recombinant factor VIIa, they note. The risk of fluid overload, cardiac events, stroke, and viral transmission is low with PCC, they add. They suggest that future studies should focus on expanded roles for PCC including the correction of traumatic coagulopathy.

**Citations:** Goldstein JN, *et al.* Four-factor prothrombin complex concentrate vs. plasma for rapid vitamin

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## RESEARCH IN BRIEF (continued from page 8)

K antagonist reversal in patients needing urgent surgical or invasive interventions: a phase 3b, open-label, non-inferiority, randomized trial. *Lancet*. 2015 Feb 26. [Epub ahead of print]

Quick JA, Barnes SL. Correct coagulopathy: quickly and effectively. *Lancet* 2015 Feb 26. [Epub ahead of print] ◆

## RECENT REVIEWS

*Nature Medicine* recently published a [review](#) of progress in molecular mechanisms and therapies for anemia. Vijay G. Sankaran, of the Broad Institute of the Massachusetts Institute of Technology and Harvard, and Mitchell J. Weiss, MD, PhD, of St. Jude Children's Research Hospital, reviewed recent insights into how red blood cells (RBCs) are produced, the pathogenic mechanisms underlying various forms of anemia, and novel therapies derived from these findings. They note that it is likely that these new insights, mainly arising from basic scientific studies, will contribute immensely to both the understanding of frequently debilitating forms of anemia and the ability to treat affected patients. Some promising new treatments include drugs that target recently defined pathways in RBC production, iron metabolism, and

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**RECENT REVIEWS** (continued from page 9)

fetal hemoglobin-family gene expression, as well as gene therapies that use improved viral vectors and newly developed genome editing technologies. “Recent scientific discoveries have increased our understanding of erythropoiesis and associated disorders, elucidating new therapeutic opportunities. These include the identification of growth differentiation factor 11 (GDF11) as a negative regulator of erythropoiesis and discoveries of numerous enzymes, cytokines, and hormones that regulate iron metabolism. In addition, technological advances, such as refined lentivirus vectors and gene-editing approaches raise the possibility that genetic defects causing anemia can be alleviated or repaired precisely for long-lasting disease correction,” conclude the authors.

**Citation:** Sankaran VG, Weiss MJ. Anemia: progress in molecular mechanisms and therapies. *Nat Med* 2015 March 5;21(3)221-230.

An [article](#) published Feb. 26 in *Blood* reviews the use of fibrinogen replacement therapy in acquired bleeding. An increasing number of studies support the practice of fibrinogen replacement therapy for acquired coagulopathies, and additional studies are underway. Transfusion guidelines have variable recommendations for maintaining fibrinogen levels in bleeding patients, note authors Jerrold H. Levy, MD, of Duke University School of Medicine, and Lawrence T. Goodnough, MD, of Stanford University. They review the current evidence and provide therapeutic perspectives in clinical settings regarding optimal therapeutic fibrinogen targets. Therapy in the bleeding patient should be multimodal to include repletion of other coagulation proteins, antifibrinolytic agents, and blood products, including platelets and red blood cells (RBCs) as needed, write the authors. “Fibrinogen concentrate represents an important option for treating coagulopathic bleeding, allowing reduction of allogeneic blood product transfusion,” they add.

**Citation:** Levy JH, Goodnough LT. How I use fibrinogen replacement therapy in acquired bleeding. *Blood*. 2015 Feb 26;125(9)1387-93. 💧



# SAVE THE DATE

## Fund Development, Communications & Donor Management Workshop

Chattanooga, TN - June 16-19, 2015

Hosted by:



**Negotiated hotel room rate: \$139 + tax** (incl. free internet and fitness center access)  
<http://bit.ly/DoubletreeChattanooga>

### 2015 Workshop Schedule

Fund Development topics: June 16-17  
 Communications topics: June 17-18  
 Donor Management topics: June 18-19

### 2015 Workshop Fees (early bird/regular)

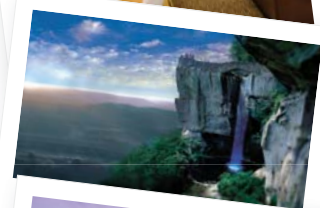
2-day registration: \$390/\$445  
 3-day registration: \$460/\$515  
 4-day registration: \$515/\$565

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

“We are proud to host the America’s Blood Centers’ FDCDM Workshop in Chattanooga this year. This workshop is a fantastic way for ABC members to bounce ideas off each other and stay abreast of current trends and topics facing our industry. Attendees will enjoy everything our city has to offer and we look forward to seeing each and every one of them at the event in June.”

– Rick Youngblood  
 President & CEO  
 Blood Assurance

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



Three convenient ways to reach Chattanooga: Fly directly into Chattanooga airport (CHA), served by American/US and Delta, or fly into Atlanta (ATL) or Nashville (BNA) airports and take the Groomer Transportation shuttle to the hotel in Chattanooga; check <http://bit.ly/CHASHuttle> for schedules and pricing.

## BRIEFLY NOTED

**The American Society of Anesthesiologists (ASA) recently published updated [guidelines](#) for perioperative blood management in the journal *Anesthesiology*.** The revised guidelines emphasize preoperative patient evaluation and preparation, as well as the use of pharmacologic therapies to minimize intraoperative blood transfusions. The new guidelines, which update those published in 2006, recommend administering iron to patients with iron deficiency anemia and discontinuing anticoagulation therapy and non-aspirin antiplatelet agents prior to admission. Erythropoietin with or without iron may be administered to reduce the need for allogeneic blood in certain patient populations. While the guidelines do not recommend specific hemoglobin transfusion triggers, the authors note that the decision to transfuse patients with hemoglobin concentrations between 6 and 10 g/dL should be made based upon potential or actual ongoing bleeding (rate and magnitude), intravascular volume status, signs of organ ischemia, and adequacy of cardiopulmonary reserve. The ASA recommends administering allogeneic RBC intra- and postoperatively without consideration for storage age. More information can be found in the updated [guidelines](#), now available online.

**Citation:** Practice guidelines for perioperative blood management: an updated report by the American Society of Anesthesiologists Task Force on perioperative blood management. *Anesthesiology*. 2015 Feb;122(2):241-75.

**The first therapeutic cancer vaccine to be approved in the US will stay on the market despite the financial collapse of the biotechnology company that developed it, reported [Nature News](#).** The vaccine, Provenge (sipuleucel-T), was purchased on Feb. 23 by Valeant Pharmaceuticals of Laval, Canada, which paid \$415 million for the prostate-cancer treatment and other assets of the bankrupt Dendreon Corp. Provenge is made by harvesting a patient's dendritic cells – a type of immune cell – and then mixing them with a protein that is particularly abundant in prostate tumors. This primes them to recognize and attack the tumor, and the cells are then infused back into the patient. The now-defunct Dendreon, of Seattle, Wash., made history in 2010 by showing that complex treatments made fresh for each patient could gain regulatory approval, and could be expanded beyond the realm of specialized academic hospitals. The medical industry followed suit – today experimental cancer therapies that spur patients' immune cells to attack tumors are among the hottest properties in biotechnology. While the Food and Drug Administration approval of Provenge spurred excitement about the market for cell therapies, Dendreon faced difficulty maintaining funding for its treatment. A number of ABC blood centers around the US collect the dendritic cells that are used in the vaccine. (Source: Nature News, 2/26/15) 💧

## REGULATORY NEWS

**The Food and Drug Administration published on March 9 a [Draft Guidance](#) for Industry – “Use of Electronic Informed Consent in Clinical Investigations, Questions and Answers.”** The draft guidance provides recommendations for clinical investigators, sponsors, and institutional review boards on the use of electronic media and processes to obtain informed consent for FDA-regulated clinical investigations of medical products, including human drug and biological products, medical devices, and combinations of the two. FDA defines “electronic informed consent” as using electronic systems and processes that may employ multiple electronic media (e.g., text, graphics, audio, video, podcasts, and interactive websites, biological recognition devices, and card readers) to convey information related to the study and to obtain and document informed consent. This guidance is part of efforts by the Department of Health and Human Services Office for Human Research Protections and FDA to enhance human subject protection and reduce the regulatory burden by harmonizing the agencies' regulatory requirements and guidance for human subject research. (Source: FDA draft guidance, 3/9/15)

(continued on page 12)



# REGISTRATION NOW OPEN

## America's Blood Centers' Technical, Collections & Quality Workshops

Orlando, FL – May 5-7, 2015

Hosted by **oneblood** 

Share your power.

**Negotiated hotel room rate at the Embassy Suites**

**Orlando - Downtown: \$174 + tax**

[http://bit.ly/tcq15\\_hotel](http://bit.ly/tcq15_hotel)

**2015 Workshop Fees (early bird/regular)**

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

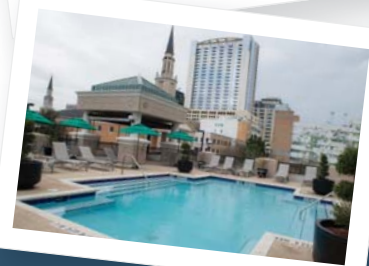
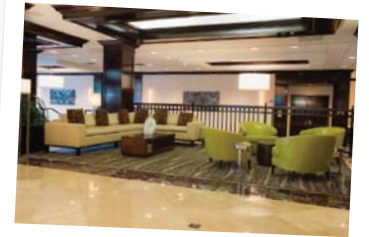
3-day registration: \$460/\$515

Scholarship opportunities available to ABC members to cover the cost of registration fees and help with travel expenses. There are eight (8) \$1,000 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.

OneBlood is excited to host the upcoming ABC Technical, Collections & Quality Workshops in Orlando. Our industry is rapidly evolving to meet the future needs and expectations of our healthcare partners. This meeting will equip you with the latest information on hot topics and allow you opportunities for networking with colleagues from across the country. Don't miss out on the chance to enhance your knowledge and to share your thoughts and expertise with others.

– Don Doddridge  
CEO, OneBlood Inc.

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



Orlando International Airport (MCO) is served by most major US airlines and offers non-stop service to 79 destinations; check [www.orlandoairports.net](http://www.orlandoairports.net) for more information.

### REGULATORY NEWS (continued from page 11)

**The Food and Drug Administration approved on March 9 Terumo BCT's 510(k) application for use of its Spectra Optia Apheresis System in processing bone marrow harvested from donors to support hematopoietic reconstitution in a recipient.** The Spectra Optia Apheresis System is designed to separate whole blood to remove cellular or plasma components from the blood and has been cleared for therapeutic plasma exchange. Terumo BCT has developed a bone marrow processing protocol for implementation on the system. More information is available in the [approval documents](#) on FDA's website. (Source: FDA approval documents, 3/9/15)

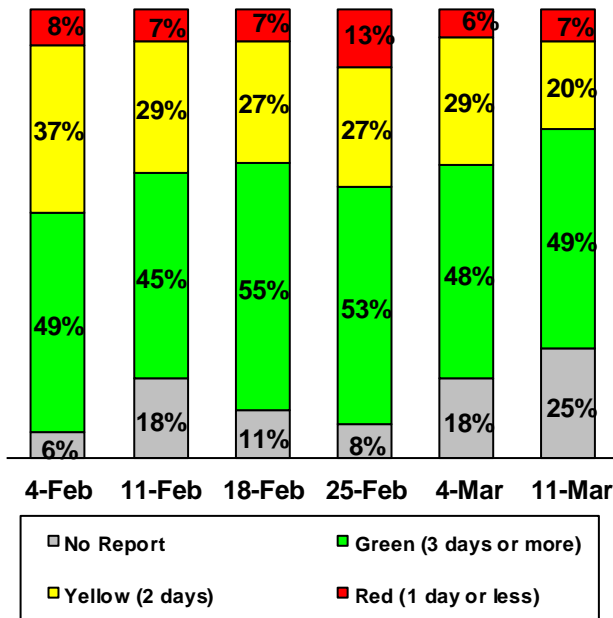
**The Food and Drug Administration approved Octapharma USA's revised product labeling for Octaplas [Pooled Plasma (Human), Solvent/Detergent Treated Solution for Intravenous Infusion], announced the company on March 9.** The newly approved product label permits the use of Octaplas up to 24 hours after thawing if refrigerated (between one degree and six degrees Celsius/33.8 F to 42.8 F) or within eight hours if stored at room temperature (between 20 and 25 degrees Celsius /68 F to 77 F). It increases the product's shelf-life when frozen to three years from the date of manufacture, as opposed to the earlier labeling of two years. More information can be found in the [press release](#). (Source: Octapharma press release, 3/9/15) 💧

**THE WORD IN WASHINGTON**

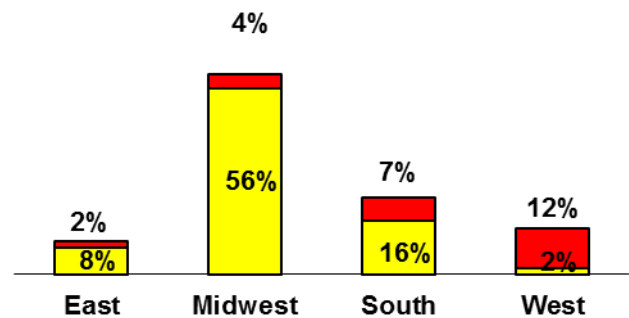
This week, America’s Blood Centers attended the Full Committee Hearing of the Senate Health, Education, Labor, and Pensions (HELP) Committee, titled “Continuing America’s Leadership in Medical Innovation for Patients.” Francis Collins, MD, PhD, director of the National Institutes of Health, and Margaret Hamburg, MD, commissioner of the Food and Drug Administration, provided testimony and fielded questions about the need to fund innovation and continuing advancement in medicine. There is a sense that the US is losing young research investigators and losing ground in scientific research over time; the consequences are painful to consider. Dr. Collins also discussed [The Biomarkers Consortium](#), which NIH developed to provide an accelerated innovation track within the medical industry to develop biomarker research and identify predictive markers for diseases such as Alzheimer’s disease. After attending the hearing, ABC representatives wondered what the implications may be for innovations in blood banking. In the future, will blood donations provide an opportunity to identify biomarkers and provide a disease profile for donors? Stay tuned for more information as ABC continues monitoring this project. 💧

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

**Total ABC Red Cell Inventory**



**Percent of Regional Inventory at 2 Days Supply or Less, March 11, 2015**



**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](http://www.AmericasBlood.org)



**David Green & Christine Zambricki**

*cordially invite you to a breakfast in honor of*

**Congressman Sam Farr**

**Tuesday, March 24, 2015**

**7:00 am to 7:30 am**

**The Ritz-Carlton at Pentagon City**

**1250 South Hayes Street**

**Arlington, VA 22202**

*Suggested Contributions:*

*\$500 Host | \$250 Supporter | \$100 Friend*

**Please RSVP to Jennifer Frost at  
(202) 285-0966 or [jennifer@frostgroup.net](mailto:jennifer@frostgroup.net)**

**Friends of Farr**

**3701 Porter Street, NW – Washington, DC 20016**

**FEC: C00290429 | [www.friendsoffarr.org](http://www.friendsoffarr.org)**

Contributions or gifts to Friends of Farr are not tax deductible. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in an election cycle. Contributions are limited to \$10,000 per PAC per election cycle (\$5,000 primary and \$5,000 general) and \$5,400 per individual per election cycle (\$2,700 primary and \$2,700 general). Contributions from the general treasury funds of corporations, labor unions, and national banks are prohibited. Federal contractors and foreign nationals who are not admitted for permanent residence in the United States are prohibited from making contributions. All contributions must be from personal funds and may not be reimbursed or paid by any other person.

**Paid for by Friends of Farr**

## MEMBER NEWS

The University of Texas (UT) System Board of Regents has approved the sale and transfer of certain assets of Allograft Resources, a tissue recovery program within the UT Health Science Center at San Antonio's University Transplant Center, to GenCure, a subsidiary of BioBridge Global. Allograft Resources provides tissue donor recovery services, education, community outreach and bereavement support, explained BioBridge Global in a March 5 press release. GenCure, a sister subsidiary of the South Texas Blood & Tissue Center, provides identical services and intends to serve hospitals previously served by Allograft Resources. "The acquisition of the UT Health Science Center's Allograft Resources tissue program by GenCure will provide a healthy future for the San Antonio and South Texas services provided for many years by Allograft Resources," said Glenn Halff, MD, director of the University Transplant Center. "By ensuring these services remain available, we intend to respect the wishes of tissue donors and their families and the needs of our partner hospitals, with whom we've worked for many years." To facilitate a seamless service transition from Allograft Resources, GenCure will acquire Allograft Resources operations and the majority of staff in San Antonio, the Rio Grande Valley, and Laredo. "We are honored to be entrusted to continue Allograft Resources' lifesaving work," said Michael F. Moloney, chief operating officer of GenCure. "With our ample resources and facilities, we plan to continue and enhance the tissue donation programs in the region that Allograft Resources currently serves." Dr. Halff said transferring tissue services to GenCure will allow the Health Science Center to focus on its central mission of expanding its organ transplant programs. "We are confident that GenCure will provide the same high level of service and support, having worked with their team under the South Texas Blood & Tissue Center name for many years," Dr. Halff said. Mr. Moloney said GenCure is ready to serve all hospitals and tissue donor families who have had a relationship with Allograft Resources. "The decision to donate tissue is a very personal and powerful one for families who have lost loved ones," Mr. Moloney said. "Allograft Resources' donor families can expect to be brought into the GenCure fold and given the same level of care and consideration GenCure extends to its own donor families." The transaction will make GenCure the largest tissue recovery agency in South Texas. (Source: BioBridge Global press release, 3/5/15)



**Blood Assurance, Chattanooga, Tenn., recently granted Towns County High School's Health Occupations Students of Americas (HOSA) club in Hiawassee, Ga. With an Excellence in Education grant.** The HOSA club will use the \$1,500 grant to pay for travel expenses incurred by club students who attend the National HOSA Leadership and Skills Conference in June in Anaheim, Calif. HOSA allows students to compete in over 50 different healthcare related fields, such as medical terminology and medical assisting. "HOSA club members are our future health professionals, and Blood Assurance is proud to be able to support them," Blood Assurance stated in a press release. Blood Assurance supplies blood and blood components to 75 healthcare facilities in 51 counties in Alabama, Georgia, North Carolina, Tennessee, and Virginia. (Source: Blood Assurance press release, 3/4/15) 💧



Pictured left to right: CTAE director Melissa McConnell; Sarah Vardo, HOSA advisor; Alexis Roach, HOSA president; Kayla Davis, HOSA vice president; Trent Whidden., HOSA member; Alexis Pettengill, HOSA Member; and Blood Assurance Community Outreach Manager Bonnie Phillips.

## PEOPLE

**Barb Hallenburg, MT(ASCP) CQA(ASQ)**, retired from her position as LifeShare's quality assurance director on Feb. 27, after 33 years' service, amidst the well wishes and warm memories shared by her coworkers. Ms. Hallenburg began her career at LifeShare in 1979 as a lab technician when the blood center's annual collections were a scant 12,000 units annually. As the center began growing toward 30,000 annual collections, she was charged with three major areas: manager of the lab, including testing, components and distribution; manager of the Blood Establishment Computer System (BECS); and director of quality assurance. In 1995, as the organization continued to grow, she accepted full-time responsibility as the quality assurance director and remained in that capacity for the duration of her career. Newly enjoying retirement, Ms. Hallenburg said, "Looking back on my career, I realize it would have been impossible to find more rewarding, self-validating work. And it's been very interesting; I entered blood banking in the era before the known emergence of AIDS, but after the use of glass bottles and body-to-body transfusions." She began serving as an AABB assessor in 2004. Traveling is one of her passions, and the work took her happily from the Middle East to the Far East. She is a past chairperson of ABC's Quality Benchmark Committee, and takes great pride in the group's accomplishments and findings. In retirement, Ms. Hallenburg plans to continue her travels to include the only continents she's yet to explore: Australia and Antarctica. She also is an avid tennis player and field sports enthusiast and plans to continue those pursuits as well. (Source: LifeShare announcement, 3/6/15) ♦

## COMPANY NEWS

**Novation released version 9 of its OTIS-Blood Bank and OTIS-Laboratory software systems.** These two highly evolved solutions help healthcare organizations easily track and trend deviations in the blood bank, transfusion service, or lab, announced Novation in a March 4 [press release](#). Hospitals and labs use OTIS to quickly analyze nonconforming events – then mine this deviation data to inform quality and process improvement initiatives. OTIS 9 features enhanced stability and reliability and now executes more quickly, enabling more expeditions evaluation of trending data, said Novation CEO and founder, George Behr, PhD. "I'm very pleased," said Sue Mosuch, RN, a quality assurance specialist and training coordinator at Americas Blood Centers member, Sheppard Community Blood Center in Augusta, Ga. "OTIS 9 is just terrific! The system runs faster than ever so we can easily pinpoint problem areas and devise appropriate CAPA (corrective/preventive action) strategies." She added, "I'm sure our next inspector will be pleasantly surprised when I can determine with a click of the mouse where a particular blood unit was collected!" Ms. Mosuch is a member of the OTIS Advisory Council who helped test OTIS and now shares best practices with other users. (Source: Novation press release, 3/4/15) ♦

## MEETINGS

April 19-20    **13<sup>th</sup> Annual National Blood Foundation Leadership Forum, Washington, D.C.**

AABB will host the 13<sup>th</sup> Annual National Blood Foundation Forum from April 19 to 20 in Washington, D.C., focusing on crisis and critical communications. Award-winning political correspondent Candy Crowley will give the keynote address on Sunday evening. Other topics of discussion include comparative effectiveness research and the development of policy and an overview of communications best practices. For more details, registration information, and an agenda visit: <http://bit.ly/1F8IfDA>.

**Contact:** Amy Quiggins, [aquiggins@aabb.org](mailto:aquiggins@aabb.org) ♦



## 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](mailto:lnorwood@americasblood.org).

## EQUIPMENT AVAILABLE:

**For Sale.** [Court Ordered Auction](#) – The Blood Center of New Jersey 3/17/15. 5 Bloodmobile Mobile Collection Centers, Lab Equipment, Refrigeration, Collection Center Furniture, Blood Bank Supplies, Executive Office Furniture, Computers & Equipment. AJ Willner Auctions | (908) 789-9999 | [www.ajwauctions.com](http://www.ajwauctions.com)

## POSITIONS AVAILABLE

**Blood Donor Recruitment Director.** Kentucky Blood Center (KBC), located in Lexington, Kentucky seeks a dynamic professional to manage and mentor a team of seven Account Managers charged with the responsibility of recruiting organizations to sponsor blood drives. This individual will meet with staff regularly to motivate, review progress against assigned goals; enhance productivity and effectiveness; provide educational leadership; and analyze historical data to help develop and implement appropriate donor recruitment strategies. Must be goal-oriented, a creative problem-solver capable of thinking outside the box, and a team player who believes in the mission of helping others. Must identify, build, and maintain effective, positive, and proactive strategic alliances for the advancement of KBC. Qualified applicants must have bachelor's degree in related field; minimum of five years' experience, with demonstrated success, in sales/account management; and excellent writing, public speaking, and interpersonal skills. Working knowledge of Excel, MS Word, Power-Point, etc. Some in-state travel required. Competitive salary, comprehensive benefits including health/dental/life, STD, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit [www.kybloodcenter.org](http://www.kybloodcenter.org). Drug-free and EOE/AAP.

**Operation Systems Administrator.** Mississippi Valley Regional Blood Center (MVRBC) is conducting a search for an Operation Systems Administrator. This position is responsible for the application administration for the organization's operational systems. This encompasses the LifeTec Elite software suites, which is the blood establishment computer system (BECS), Blood-Hub (Order Management System), eDonor (Donor Recruitment, Loyalty and Scheduling), Hemisphere (CRM tool, staffing resources and calendar features) and other departmental applications. You will be working

with the Operation Systems team and various cross functional team members in the development and administration of the mission-critical software systems at MVRBC. Software Release/Upgrades – Project Management Application of Quality Systems Policy to Operational Systems-routine interaction with Quality Support Services Vendor Communications as it relates development and administration. The ideal candidate will possess a demonstrated background in software/systems administration. Previous blood center experience and knowledge of LifeTec Elite is highly desired. Knowledge of web based software applications and database administration. We offer a competitive salary and excellent benefits including health, dental, vision, life, and 401(k). Pre-employment drug screen and background check required. Please go to our website for more information or to apply online: [www.bloodcenter.org](http://www.bloodcenter.org).

**Manager, Donor Recruitment.** Mississippi Valley Regional Blood Center (MVRBC) has an exciting opportunity for an experienced leader to support the growth and development of our 19 donor centers through donor recruitment and retention activities/programs. We are searching for a creative and energetic individual to develop new programs, enhance existing programs, and increase our donor base. This individual will also provide direction to our call center operations. You will also be providing oversight and direction to our Donor Scheduling teams. This will include working with our distribution and business development teams to determine blood collection needs and applying that information to the direction of the donor outreach. **What you need:** The ideal candidate will possess previous supervisory experience with demonstrated achievement of meeting defined metrics. Previous call center management experience is a plus. A

(continued on page 17)

**POSITIONS** (continued from page 16)

bachelor's degree, or equivalent combination of experience and education, is required to be considered; preferred studies include business, communications, or marketing. Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities. Please go to our website for more information or to apply online: [www.bloodcenter.org](http://www.bloodcenter.org).

**Manager, Mobile Operations – DS010.** Responsible for providing managerial direction for the Donor Services area of mobile operations. Will ensure the collection of safe, pure and potent blood products at all Mobile Operations locations. Responsible for monitoring department performance and ensuring all Standard Operating Procedures (SOPs) and current Good Manufacturing Practices (cGMP) are followed. Provides direct supervision to Supervisors, Mobile Operations. Bachelor's degree in a related field. Three years relevant management experience required. cGMP/regulated biologics manufacturing, Blood Bank (whole blood and automated collections), plasma center, or dialysis experience preferred. Three years driving experience with good driving record required. Laboratory, Nursing or Health Profession credentialing strongly preferred. Visit our website at [www.biobridgeglobal.org](http://www.biobridgeglobal.org). E-mail résumé to [hr\\_dept2@biobridgeglobal.org](mailto: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.

**Mobile Supervisor (Blood Bank of Hawaii).** If you have proven supervisory skills, possess exceptional customer service, and the ability to work alongside with the team, please read on. Our Mobile Supervisor will be responsible for the overall supervision of the mobile collection team ensuring the collection operations are in compliance with internal SOPs and external regulations. This position will collaborate through interaction and communication with other departments to ensure policies and procedures are in place to optimize the quality and integrity of the blood supply and donor safety. This "lead from the front" position will be quality driven, customer service focused, and have the ability to remain flexible in times of need. The mobile supervisor will be responsible for onsite as well as offsite supervision of blood drives on all the Hawaiian islands so travel is necessary. A current, valid driver's license is required for this position. If you have supervisory experience in a healthcare-related field, able to lead by example, a team player, and available to work flexible hours including evenings, weekends and holidays please apply online at [www.BBH.org](http://www.BBH.org).

**Center Manager (Lake Charles, La.).** LifeShare Blood Centers is currently seeking an individual to fill a key leadership position within our organization. The center manager is accountable for operational objectives and will ensure the strategic plan is met. The position tracks and trends key performance indicators, quality metrics and financials and takes appropriate action to ensure the business viability. Bachelor's degree in applied sciences or business required with MBA preferred. Demonstrated success of execution of strategic objectives in challenging and highly regulated environment. Ten years of progressive managerial experience required with experience managing donor recruitment and donor services a plus. LifeShare has been a part of the community since 1942, providing local hospitals and our employees with great benefits. To apply, please visit: [www.lifeshare.org](http://www.lifeshare.org) under the careers tab. LifeShare Blood Centers is proud to be an EEO/AAP – M/F/D/V/Genetic Data employer that maintains a Tobacco and Drug Free Workplace. All qualified applicants will receive consideration without regards to race, color, ethnicity, religion, gender, national origin, disability, veteran status, genetic data, or other legally protected status.

**Center Manager (Beaumont, Texas).** LifeShare Blood Centers is currently seeking an individual to fill a key leadership position within our organization. The center manager is accountable for operational objectives and will ensure the strategic plan is met. The position tracks and trends key performance indicators, quality metrics and financials, and takes appropriate action to ensure the business viability. Bachelor's degree in applied sciences or business required with MBA preferred. Demonstrated success of execution of strategic objectives in challenging and highly regulated environment. Ten years of progressive managerial experience required with experience managing donor recruitment and donor services a plus. LifeShare has been a part of the community since 1942, providing local hospitals and our employees with great benefits. To apply, please visit: [www.lifeshare.org](http://www.lifeshare.org) under the careers tab. LifeShare Blood Centers is proud to be an EEO/AAP – M/F/D/V/Genetic Data employer that maintains a Tobacco and Drug Free Workplace. All qualified applicants will receive consideration without regards to race, color, ethnicity, religion, gender, national origin, disability, veteran status, genetic data, or other legally protected status.

**IRL Manager.** Bloodworks Northwest is currently seeking a manager for our Immunohematology Reference Laboratory (IRL) located in Seattle, Wash. Our IRL has supported the Transfusion Service and served the Pacific Northwest as a regional reference laboratory for over 30 years. The IRL Manager is responsible for providing leadership and oversight to the IRL with emphasis on customer interactions, development, training, and managing resources. The Manager, working

**POSITIONS** (continued on page 18)

**POSITIONS** (continued from page 17)

with the medical director and supervisor, assures that departmental processes, procedures, and quality control activities are compliant with accreditation and regulatory standards. Requirements: BS CLS/MT (or equivalent), SBB (ASCP), and five years' experience at the supervisor level in the areas of immunohematology reference testing, clinical immunology and/or genomic testing. More information at [www.bloodworksnw.org](http://www.bloodworksnw.org). Qualified applicants send resumes to [humanresources@bloodworksnw.org](mailto:humanresources@bloodworksnw.org) Attn: #7424ABC. Puget Sound Blood Center is now Bloodworks Northwest! Bloodworks Northwest is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, age, protected veteran status, disability status, or any other characteristic protected by law.

**Director of Program/Fund Development.** We are committed to providing excellent benefits, a great working environment and just being an all-around great place to work. We're looking for an individual who can oversee all fund raising efforts, including grant writing, to support operational expenses and special projects. To help meet our mission the successful candidate: coordinates all fundraising activities of the corporation, acknowledges all financial contributions to (Mississippi Blood Services) MBS, contacts potential donors, and solicits support (these donors may be in-state or out-of-state), maintains record of financial contributors, sends invoices to those making pledges, gives appropriate recognition for all donations, identifies funding opportunities locally and nationally, and writes grants to support special projects or operational expenses, works with management to identify needs; then identifies donor/donors to provide the resources to meet those needs. Ability to meet annual revenue goals. Stable work history. Qualifications: Bachelor's degree from four-year college or university; and two to four years related experience and/or training; or equivalent combination of education and experience. Experience in a health-related business and/or non-profit organization preferred. To apply, please visit [www.msblood.com](http://www.msblood.com) under the careers tab. Mississippi Blood Services is an equal opportunity employer and makes employment decisions without regard to race, gender, disability or protected veteran status. EOE/M/F/Disabled/Vet. Drug Free Workplace. Pre-employment drug testing required.

**Sr. Director, Quality (LifeShare).** Blood Systems, Inc. (BSI) is searching for a Sr. Director, Quality located at LifeShare Community Blood Services in Elyria, Ohio. This position is responsible for providing oversight and for the overall deployment of the quality system. Position Requirements: Bachelor's degree, knowledge of local, state, national, and international regulations as they relate to the blood or related industry, quality, and manufacturing activities. Six years of related experience in a regulated industry required. To include three years supervisory experience and four years of experience in

quality, regulatory, and/or auditing. Certification as a Medical Technologist or Specialist in Blood Banking (SBB) by a recognized certifying agency or RN licensure and experience in the healthcare, blood banking, or pharmaceutical industry preferred. For more information and immediate consideration, apply by **03/13/2015** at: <http://bit.ly/17XMqVA>. Pre-employment background check and drug screen is required. Visit our website at: [www.bloodsystems.org](http://www.bloodsystems.org). Blood Systems provides equal employment opportunities to minorities, females, veterans, and disabled individuals, as well as other protected groups. Our organization participates in E-Verify, for more information click here. *Find the Hero in You. Donate blood three times a year!*

**Executive Director.** The Arkansas Blood Institute (ABI) seeks a "community spirited" professional to LEAD its new Little Rock team in fulfilling the mission 1) to recruit blood donors, drive sponsors, and volunteers and 2) to store and deliver blood units for local hospitals. This position requires an outgoing and energetic personality to foster relationships, but also demands detailed attention to planning, communication, regulations, finances and personnel. Connectivity with regional leaders and access to key social networks is a positive. The successful candidate will present and maintain a credible, positive image of ABI in the community. He/she will act as a liaison between the Institute and the community, organizations and residents. Applicants should be goal-driven, self-starters who have strong interpersonal, organizational and analytic skills. They should be able to motivate and inspire diverse constituencies including donors, sponsors, staff, and volunteers. They must also possess integrity and strength of character. A bachelor's degree with at least five years of senior level operations and/or large project management experience is required. Community relations, marketing, sales, fundraising or blood banking experience is a plus. ABI provides a competitive salary and benefits package including Health, Dental, Vision, Life, LTD, Flex Plan, and 401k Plan. Apply at <http://arkbi.org/careers/>. EOE M/F/D/V Drug Free Work Environment

**Client Service Coordinator.** Mississippi Valley Regional Blood Center (MVRBC) is conducting a search for a client service coordinator (CSC) to support our Business Development team by maintaining successful relationships between MVRBC and client accounts. The CSC will provide technical education and support on blood, industry updates, and regulatory compliance to our hospital clients. The CSC may also support distribution of products by supporting sales and conducting inventory management. This position requires a high understanding of laboratory science, specifically blood banking. The ideal candidate will possess experience in customer service/product marketing and/or inventory management. Statistical and data analysis experience is

(continued on page 19)

**POSITIONS** (continued from page 19)

preferred. Candidates should have a bachelor's degree in medical laboratory science, biology or related science field. Business degree with demonstrated science background, or equivalent combination of experience and education will be considered. Opportunities are available in the Davenport, Iowa; Springfield, Ill., and St. Louis offices. To apply, complete our online application at [www.bloodcenter.org/join-our-team/](http://www.bloodcenter.org/join-our-team/), attaching a resume. EOE: MWVD

**Laboratory Services Director (GL036).** QualTex Laboratories a subsidiary of BioBridge Global is seeking a laboratory services director. This individual will be responsible to direct, manage, supervise, and coordinate all technical activities for infectious disease and donor acceptability testing (includes pre-analytical, serological, nucleic acid, ancillary testing) in addition to the Immunohematology Reference Laboratory (IRL) for

QualTex Laboratories in Norcross, Ga. Bachelor's degree in science, medical technology, microbiology or related discipline required. master's and/or doctorate degree in related field preferred. Six years blood banking or transfusion service experience required. Extensive management experience in blood banking required. Three years with good driving record required. Certifications: MT (ASCP) required, SBB preferred. Georgia operators driver's license and US passport required. E-mail résumé to [hr\\_dept2@biobridgeglobal.org](mailto:hr_dept2@biobridgeglobal.org). Call Human Resources (210) 757-9557. Visit our website at [www.qualtexlabs.org](http://www.qualtexlabs.org). *BioBridge Global and its subsidiaries are proud to be an equal opportunity employer & is committed to providing employment opportunities to minorities, females, veterans, & disabled individuals. In addition we maintain a Tobacco & Drug-Free Workplace.* 💧