



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #13

April 10, 2015

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Transfusion Reactions More Common in Pediatric Patients

Nearly 200,000 blood transfusions are provided to pediatric patients annually in the US, however little is known about transfusion outcomes in this population, such as the rate and types of adverse transfusion reactions. At a recent National Institutes of Health symposium focusing on research goals in transfusion medicine, experts highlighted the importance of better defining the role of transfusion in pediatric patients. A study published in the March issue of *Transfusion* offers some insight on this issue in the first analysis of hemovigilance data comparing transfusion reactions in pediatric vs. adult patients in the US.

Transfusion risks for children are assumed to be similar to those for adults, although this may not be true, as pediatric needs and physiology differ from older patients. Fredrick D. Oakley, MD, PhD, and colleagues of Vanderbilt University Medical Center (VUMC), used hemovigilance data collected from VUMC to evaluate the types, incidence, and other clinical aspects of transfusion reactions among pediatric patients. Importantly, they compared the differences between adults and children.

Between Jan. 1, 2011 and Feb. 1, 2013, all reported adult and pediatric transfusion reactions at VUMC were evaluated by the transfusion medicine clinical service, and the data were entered in the hemovigilance database. These data were then collated with data from the hospital and blood bank information systems.

During this period, 133,671 transfusion were performed with 108 pediatric and 277 adult transfusion reactions recorded. This correlates to an incidence of 6.2 reactions per 1,000 transfusions in pediatric patients and 2.4 reactions per 1,000 transfusions in adult patients. Acute transfusion reactions occurred in pediatric patients at a rate of 2.6 times those seen in adults per unique transfusion event – specifically for febrile non-hemolytic (1.9/1,000 vs. 0.47/1,000), hypotensive (0.29/1,000 vs. 0.078/1,000 transfusions), and allergic reactions (2.7/1,000 vs. 1.1/1,000). The authors note that because physicians are not required to record allergic transfusion reactions at their institution, limited reporting may have skewed those results.

The rates of severe or life-threatening reactions was similar between both patient groups. For both patient populations, reactions were more commonly associated with platelet, followed by red blood cell, and then plasma transfusions. Unexpectedly, the authors found a higher rate of transfusion reactions in the male pediatric population than among females – the reasons for this are unknown.

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OUR SPACE

ABC President Susan Rossmann, MD, PhD

A Walk in the Park

A study published Tuesday in [JAMA Internal Medicine](#) suggested we may have been fooling ourselves a bit about the value of moderate exercise. Among Australians who exercised at all, the ratio of vigorous to moderate activity was an important predictor of mortality. This was true regardless of the total amount of exercise. Vigorous activity was defined as activity “that made you breathe harder or puff and pant,” like jogging, cycling, aerobics, or competitive tennis. (“Social” tennis and gentle swimming were examples of moderate activity.) Controlling for various demographic, dietary, and physical factors, the amount of overall activity was important in reducing mortality. That is no surprise.

More strikingly, the study indicated that the proportion of vigorous activity was also key in determining mortality. When exercise activity that made people huff and puff accounted for more than 30 percent of their physical activity, mortality over the next six years was reduced – not that I’m encouraging Dan Waxman to walk faster on the morning walks he enthusiastically leads at the ABC meetings. (Thank you, Dan!)

When I read this study, I thought about our work climate. We have fun, and the satisfaction of helping wonderful donors provide useful blood components to patients in need does not just go away. But our centers are not just strolling along. We huff and puff, working hard to make our organizations leaner and more efficient. We may painfully climb the hill to an affiliation or an acquisition, knowing that the accompanying work of integration is just beginning. We consider new services and models of service until our brains are practically panting. ABC itself is changing to keep up with our evolving industry. None of it is easy. None of it is a walk in the park.

But this is the run that will lead to our survival – to our ability to continue to serve our communities. More vigorous activity of our bodies leads to more physiological adaptations, and our vigorous efforts to adapt our blood centers to the current climate will lead our institutions to become stronger despite being stretched and stressed. We all have too much to do, and perhaps feel like our hearts are beating a little faster than is comfortable. But it’s a sign of vigorous exercise – it’s ok – it will actually make us healthier. We all need to get moving a little faster, and more of the time.

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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Transfusion Reactions in Pediatrics (continued from page 2)

“... (T)he physiologic factors that resulted in increased susceptibility to transfusion reactions in pediatrics is not yet understood,” wrote the authors. “The findings of this study will help both caretakers and families of children make informed decisions regarding the risks when considering the option of transfusion.”

While Oakley and colleagues provide valuable evidence regarding transfusion reactions in pediatric patients, passive hemovigilance data may not accurately represent true reaction rates because there are few to no consequences for failure to report reactions – leading to underreporting, said William Savage, MD, PhD, of Brigham and Women’s Hospital, in an accompanying editorial. Further, hemovigilance data is seldom audited. The lack of awareness of reporting requirements and knowledge gaps in recognizing transfusions reactions are further barriers to valid hemovigilance data collection. “Surveillance for adverse consequences of transfusion is difficult work,” he wrote in summary.

“The more we understand about the mechanisms of transfusion reactions, the better we can predict and prevent them. Age may be another one that needs to be considered,” concluded Dr. Savage.

Citations: Oakley FD, *et al.* Transfusion reactions in pediatric compared with adult patients: a look at rate, reaction type, and associated products. *Transfusion.* 2015 March;55(3):563-70.

Savage W. The unique challenges of hemovigilance for pediatric patients. *Transfusion.* 2015 March;55(3):466-7. 



REGISTRATION NOW OPEN

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

There are five (5) \$1,000 scholarships available to ABC members attending the FDCM Workshop to cover the cost of registration fees and help with travel expenses. Application and additional details are included in registration.

“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 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 Groome Transportation shuttle to the hotel in Chattanooga; check <http://bit.ly/CHAShuttle> for schedules and pricing.



America's Blood Centers®
It's About *Life.*

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. ♦

Contribute to the Jerry Haarmann Memorial Campaign Today!

Last year, following the passing of Jerry Haarmann – a blood banking industry leader and visionary who was the guiding force behind Group Services for America's Blood Centers (GSABC) – the Foundation for America's Blood Centers (FABC) established a memorial campaign in his honor. It will support ABC's leadership development offerings. With the campaign closing April 30, the Foundation encourages those who wish to memorialize Mr. Haarmann to consider contributing to the Jerry Haarmann Memorial Campaign.

Mr. Haarmann was known to have an eye for great talent and to foster professional development and leadership among his staff. To carry on this legacy, the FABC set out to raise \$50,000 through this campaign to fund a leadership in blood banking certificate program in his name. The leadership program will eventually be offered to blood banking professionals through the ABC Professional Institute (API), which is currently being developed.

Contributions can be made through **April 30** by visiting <http://bit.ly/JerryHaarmann>. Any personal donations of \$1,500 or more will receive a small brick on the API website, and corporate donations of \$10,000 or more will receive a large brick.

The FABC would like to thank the following individuals and organizations for contributing to the Jerry Haarmann Memorial Campaign:

\$10,000 or more

Blood Centers of America (BCA)
Fenwal, a Fresenius-Kabi company

\$1,000 to \$9,999

Todd & Millicent Tracey
Blood Systems
Roy Roper
Kevin Belanger
Christine Zambricki
Mike & Annette Parejko
Mr. & Mrs. Mike Smith
Jenny & Darin Ficenec

Dean Gregory
Michael Dash
Marge & John Pierce
David & Pamela Allen
Michael Anania
Richard Gamble
Michelle & Dirk Johnson

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\$500 to \$999

Dan Connor
Jackie Fredrick
Vance Richards
Lindquist & Vennum
Michael Dash
John Laravuso & Kristen Hansen

Jim MacPherson
Lawrence Guiheen
Todd Collins
SunCoast Blood Bank
Bryan Krueger
Michael Lamb

\$499 to \$200

Robert Travis
Whitney Green

Data2 Corp
Scott Caswell

Celso Bianco
Jim Gosnay/Community Blood Council of New Jersey
Joe Yelo

\$199 or less

Bobby & Joan Grigsby
Jeanne and Terry Dariotis
Sheri Vohs
Richard LaGrand
J. Daniel Garrick
Madonna Haarmann Moffett
Maureen McDonald
Linda Myers
Judith Woll & Ron Bernard
Charles Mosher
Nora Hirschler

Yariv Sivan
Jodi Minneman
Bill & Kathy Coenen
Pascal George
Bill Shimp
Tom Schallert
John Guthrie
Jed Gorlin
BJ Smith
Debra Kessler
Larry Franzoi

The FABC hopes that you will join these individuals and organizations to support the professional development of blood bankers in honor of Mr. Haarmann by contributing to the [Jerry Haarmann Memorial Campaign](#).

ABC Launches Member Value Report

America's Blood Centers recently launched the Member Value Reports for 2014, which show how ABC has served its member centers over the past year. A report has been issued to each member, sharing statistics about ABC's overall accomplishments on behalf of all members, as well as individualized data related to how ABC has delivered value specifically to each blood center over the last year.

Each ABC member recently received a Member Value Report, which contains one page of information and data about ABC's progress within each of its five strategic goals: advocacy excellence, education excellence, data driven excellence, association excellence, and governance excellence. The second page of each report contains individualized information about that particular blood center's interactions with ABC including:

(continued on page 6)

INSIDE ABC (continued from page 5)

- How ABC interacted with that center (e.g., phone, e-mail, etc.);
- What topics/disciplines ABC assisted with; and
- The disciplines and job titles of blood center staff who interacted with ABC.

During the ABC Member Meeting at the ABC Annual Meeting in March, ABC Chief Operating Officer Matt Granato presented the aggregate blood center report, depicting the average blood center value, and illustrating how and how often an ABC member blood center works with ABC staff. E-mail was by far the most common form of communication between ABC staff and its members – accounting for 73 percent of interactions. Some of the areas that ABC assisted with most frequently were educational resources like meetings, webinars, and listservs, followed by publications, association-related business, administration, media and public advocacy, and member outreach.

ABC staff interacted most often with the executive staff at blood centers – 35 percent of total interactions were with blood center executives. Other blood center disciplines that commonly communicated with ABC staff included public relations/marketing; human resources and training/development; and scientific, medical and technical. Not surprisingly, 31 percent of ABC's member interactions were with CEO/C-suite employees and 43 percent were with individuals holding vice president, director, or manager positions.

Impressively, 82 percent of issues broached by member staff were resolved by ABC with no additional follow up required. According to the aggregate blood center data, at the average blood center, 35 member staff participated in 12 ABC listservs (out of 16 offered), and eight member staff attended four workshops and/or meetings (out of seven offered).

In terms of ABC's overall accomplishments, ABC staff had 290 contacts with government and industry stakeholders, including the Food and Drug Administration, the Department of Health and Human Services, members of Congress, and media outlets. ABC staff members also logged 3,313 contacts with member blood centers' staff. In addition, ABC hosted 27 educational webinars to enhance the professional development of its member blood center staff.

ABC encourages its members to review their individualized Member Value Reports, which were distributed via e-mail in March. Questions may be directed to Abbey Nunes, chief member experience officer, at anunes@americasblood.org. ♦

RESEARCH IN BRIEF

The results of the Red Cell Storage Duration Study (RECESS), first presented in an abstract at the AABB Annual Meeting in October 2014, were published on April 9 in [*The New England Journal of Medicine*](#) (see [ABC Newsletter](#), 11/7/14). Several observational studies in recent years have suggested that older stored RBCs are harmful for transfused patients when compared with fresher RBCs, while others have found no association. The RECESS trial, a randomized clinical trial examining the impact of the age of blood in complex cardiac surgery patients, found no difference in outcomes among patients transfused with older stored blood (mean of 28 days old) as compared with those receiving fresher blood (mean of seven days old). Darrell Triulzi, MD, of the Institute for Transfusion Medicine and the principal investigator of the study at the University of Pittsburgh, presented the results at America's Blood Centers Annual Meeting in Washington, D.C., last month. The investigators, led by Marie Steiner, MD, MS, of

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RESEARCH IN BRIEF (continued from page 6)

the University of Minnesota, found no differences in multi-organ dysfunction scores, serious adverse events, or mortality at 28 days in patients who were transfused with leukoreduced RBCs that were stored for longer or shorter periods. The authors add that their findings are consistent with other randomized controlled trials examining the age of stored blood, and note that ongoing clinical trials in other patient groups, such as intensive care unit patients, will answer the age of blood question in those patient populations.

Citation: Steiner ME, *et al.* Effects of red cell storage duration on patients undergoing cardiac surgery. *N Engl J Med.* 2015 Apr 9;372(15):1419-1429.

Research published last year and presented at the American Academy of Orthopedic Surgeons 2015 Annual Meeting suggests that the use of mesenchymal stem cells (MSC) from iliac crest bone marrow improved the long-term durability of rotator cuff repairs. The study, published in September 2014 in *International Orthopedics*, suggests that mesenchymal stem cells could increase the healing process, the quantity of fibrous tissue, and the rate of healing. More than 25 percent of rotator cuff tears recur after surgery. MSCs are hypothesized to have the potential to improve outcomes because they produce multiple growth factors. Philippe Hernigou, MD, and colleagues of the University of Paris harvested MSCs from the iliac crest of 45 patients. They concentrated the stem cells and implanted them into the rotator cuffs of patients as an adjunct to single-row rotator cuff repair. The patients' rotator cuffs were monitored with iterative ultrasound every month for 24 months, and with MRI at three and six months and at one, two, and 10 years. These patients were matched with a control group who underwent arthroscopic rotator cuff repair without stem cell transplantation. After six months, repairs of all 45 patients in the stem cell group had healed but only 30 control patients healed (100 vs. 67 percent). Ten years after the surgery, 39 repairs in the stem cell group and 20 in the control group were still intact (87 vs. 40 percent). An analysis of the bone marrow-derived grafts in the stem cell group revealed that the 39 patients with successful repairs received a mean of 4,200 progenitor cells/cm³, whereas the six patients with failed repairs only 1,500 progenitor cells/cm³. Frank Nizzi, DO, vice president of Clinical Services at Blood Systems, described at America's Blood Centers Annual Meeting in Washington, D.C. last month, how his center is leveraging opportunities for blood centers to produce mesenchymal stem cells to be used in cellular therapies once approved by the Food and Drug Administration (see [ABC Newsletter](#), 1/23/15). "This is one study among many that we expect will illustrate the clinical viability of human mesenchymal stem cells in regenerating and rejuvenating tissues," said Dr. Nizzi. "Science is showing us what the future of healthcare will be, and we see the potential for blood providers to meet those new market demands by watching for opportunities that build on their expertise, capability and capacity."

Citation: Hernigou P, *et al.* Biologic augmentation of rotator cuff repair with mesenchymal stem cells during arthroscopy improves healing and prevents further tears: a case-controlled study. *Int Orthop.* 2014 Sep;38(9):1811-8. ♦

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.

RECENT REVIEWS

The journal *Thrombosis Research* published a systematic [review](#) of **prothrombin complex concentrate dosing strategies to reverse vitamin K antagonist therapy**. Vitamin K antagonist (VKA) anticoagulants (e.g., warfarin) are commonly used to treat and prevent thrombosis (blood clots) in a wide variety of patients. However, the management of major bleeding in patients on VKA is challenging. Prothrombin complex concentrates (PCCs) provide rapid reversal of VKA induced coagulopathy as compared to plasma, but optimal dosing strategies are not clear. Nakisa Khorsand, PhD, and colleagues, of the University Medical Centre Groningen in the Netherlands, conducted a systematic review to describe the currently used PCC dosing strategies and assess their efficacy in terms of achieving a target international normalized ratio (INR) and clinical outcome. The authors identified 28 prospective studies (22 using 4-factor PCC and six using 3-factor PCC), including four randomized trials. In these, 15 different PCC dosing protocols were identified in which the PCC dose ranged from 8 to 50 IU factor IX/kg. Relatively good clinical and INR outcomes were reported with the use of any treatment protocol, while worse results were reported for INR outcomes when a predefined protocol was missing. “In emergency VKA reversal, a predefined PCC dosing protocol appears essential”, wrote the authors. “We found no evidence that one dosing strategy is superior. Future studies should be designed to investigate if body weight and INR are relevant for PCC dosing. In these, we need uniform outcome definitions,” they concluded.

Citation: Khorsand N, *et al.* A systematic review of prothrombin complex concentrate dosing strategies to reverse vitamin K antagonist therapy. *Thromb Res.* 2015 Jan;135(1):9-19. [♦](#)

BRIEFLY NOTED

Gauss Surgical announced last month that the Food and Drug Administration has cleared its Triton Canister App, which can estimate blood loss and hemoglobin by taking pictures of blood lost during surgery and collected in surgical canisters. Using an iPad camera, the app captures snapshots of surgical canisters and sends the images to the cloud where sophisticated algorithms estimate the hemoglobin content and the blood loss regardless of confounding factors such as saline/irrigation fluid, lighting, and hemolysis. Gauss employees created a complex algorithm to accurately measure blood loss, as various factors can alter the visual appearance of blood in a container and confound the ability to measure it. “With this FDA clearance, we have extended the Triton System’s ability to give clinicians a better assessment of overall blood loss during surgery,” Milton B. McColl, MD, CEO of Gauss Surgical, said in a press release. “Typically, anesthesiologists have surgeons visually guesstimate the blood loss in suction containers, which has been shown to be highly inaccurate. We believe that providing more accurate estimates aids in clinical decision making, particularly regarding the use of blood products.” More information can be found in the [press release](#).

The Joint Commission issued a [Sentinel Event Alert](#) on March 31 on the safe use of health information technology (IT). The Joint Commission, a nonprofit organization that accredits and certifies more than 20,500 healthcare organizations and programs in the US, issued Sentinel Alert 54 to address the growing use of health IT, which presents new challenges to healthcare organizations. This alert builds upon Sentinel Event Alert #42 on safely implementing health information and converging technologies (published in 2008) to take a broader look at health IT, particularly the socio-technical factors that can affect its safe use. The recommendations in this alert focus on encouraging a culture of safety, process improvement, and leadership. (The Joint Commission, 3/31/15)

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BRIEFLY NOTED (continued from page 8)

Many healthcare organizations across the US will celebrate Medical Laboratory Professionals Week from April 19 to 26. Medical Laboratory Professionals Week is an annual celebration of the laboratory professionals and pathologists who play a vital role in every aspect of healthcare. Lab Week is a time to honor the more than 300,000 medical laboratory professionals around the country who perform and interpret more than 10 billion laboratory tests in the US every year. Lab Week, which takes place for a full week in April each year, is coordinated by a collaborative committee with representatives from [14 national clinical laboratory organizations](#), including the American Society for Clinical Pathology (ASCP), AABB, the American Society for Clinical Laboratory Science (ASCLS), and others. Medical Laboratory Professionals Week originated in 1975 as National Medical Laboratory Week, under the auspices of the American Society for Medical Technology, now the ASCLS. Since then, other organizations have served as cosponsors and campaign supporters. [ASCP](#) offers a variety of resources to help organizations plan and hold their own Medical Laboratory Professionals Week recognition events and promotions. If your blood center is recognizing medical lab professionals during Medical Laboratory Professionals Week, send your photos, stories, or press releases to newsletter@americasblood.org. (Sources: ASCP website, 4/8/15; ASCLS website 4/8/15) ♦

REGULATORY NEWS

The Food and Drug Administration's Center for Biologics Evaluation and Research (CBER) has published its 2014 annual summary of Biological Product and Human Cells, Tissues, and Cellular Tissue-based Product (HCT/P) Deviation Report. Deviations potentially affecting safety, purity, or potency, as well as unexpected events that occur during the manufacturing of blood and blood products must be reported to CBER in accordance with 21 CFR 606.171. CBER has been publishing an annual summary of Biological Product Deviation Reports (BPDRs) submitted for at least 10 years. In addition, manufacturers of non-reproductive HCT/Ps regulated by FDA are required to submit deviation reports involving distributed products if the deviation or the unexpected event is related to a core Current Good Tissue Practice Requirement and to the prevention of communicable disease transmission or HCT/P contamination. The annual summary provides an overview of the reports FDA received during the fiscal year, including detailed information regarding the number and types of deviation reports received. FDA combined data received over the last three fiscal years to compare data and highlight changes. However, it is important to note that CBER's system does not collect the necessary denominator data to calculate genuine rates when evaluating possible trends. During fiscal year (FY) 2014, Oct. 1, 2013 to Sept. 30, 2014, CBER entered 50,598 deviation reports into its database, a 7.5 percent decrease (4,118) from FY 2013. While the number of reports trended downward, collections and transfusions also decreased but it is unclear from this report by how much, FDA notes. It is therefore difficult to say with certainty whether there was an improvement in the number of reports submitted. As in previous years, the largest category by far of BPDRs from blood and plasma establishments was reports involving post donation information, accounting for about 73 percent of BPDRs submitted by blood and plasma establishments. The number of reports relating to post donation information decreased by 14 percent from 18,170 in FY 2013 to 15,699 in FY 2014. During FY 2014, 361 HCT/P manufacturers submitted nine fewer reports than in FY 2013. (Source: CBER Biological Product and HCT/P Deviation Reports – Fiscal Year 2014, 4/9/15)

The Food and Drug Administration approved on March 30 a new formulation of a treatment produced by Novartis for chronic iron overload. FDA approved Jadenu (deferasirox) tablets, a new oral formulation of Exjade (deferasirox) tablets for the treatment of chronic iron overload due to blood transfusions in patients 2 years of age and older, and chronic iron overload in non-transfusion-dependent

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REGULATORY NEWS (continued from page 9)

thalassemia syndromes in patients 10 years of age or older. The new drug is the only once-daily oral iron chelator that can be swallowed whole. Unlike Jadenu, which can be taken in a single step or without a light meal, Exjade must be mixed in liquid and taken on an empty stomach. Jadenu received accelerated approval for these indications based on reduction of liver iron concentration and serum ferritin levels. Jadenu and Exjade contain the same active ingredient – deferasirox – which has been prescribed to patients with chronic iron overload for almost 10 years. More information can be found in the [Novartis press release](#). (Source: Novartis press release, 3/30/15)

The [proposed draft](#) of AABB’s Standards for Blood Banks and Transfusion Services, 30th edition, is now available for public comment, AABB announced in its *Weekly Report* on April 3. The proposed standards will be open for comment until June 3. The AABB Blood Banks and Transfusion Services Standards Program Unit encourages all interested individuals to submit comments during this period. Comments and feedback can be submitted by following the above link to the draft standards or via a dedicated thread in the AABB Community. (Source: AABB Weekly Report, 4/3/15) ♦

THE WORD IN WASHINGTON

After nearly 20 extensions over 18 years, Congress is on track to permanently repeal the Medicare sustainable growth rate (SGR) compensation model that threatened 21 percent cuts to Medicare physician payments on April 1. When the US Senate returns to the Capitol the week of April 13, it is scheduled to take up legislation to permanently repeal the Medicare SGR, the “Medicare Access and CHIP Reauthorization Act (HR 2).” The House of Representatives already passed HR 2 on March 26 with a large bipartisan vote of 392-37, paving the way for the Senate action. More information is available on the Energy & Commerce Committee [website](#). Click [here](#) to see how your representative voted (Source Energy & Commerce Committee news center, 3/24/15).

The Centers for Medicare & Medicaid Services (CMS) announced last month that it would hold physician Medicare Part B claims for a short period of time until further Senate action and Presidential approval on legislation repealing the sustainable growth rate (SGR) cuts. This means that Part B claims submitted for services since April 1 will be held by Medicare so that the 21 percent SGR payment reduction is not assessed. Under the current law, electronic claims are not paid sooner than 14 calendar days after the date submitted. The hold on the claims is meant to “minimize claims reprocessing and disruption,” the agency said. CMS will provide additional information about next steps by April 11. More information can be found [here](#). (Source: Medicare Learning Network, 3/24/15) ♦

We Welcome Your Articles

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



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

2015 Workshop Fees (early bird/regular)

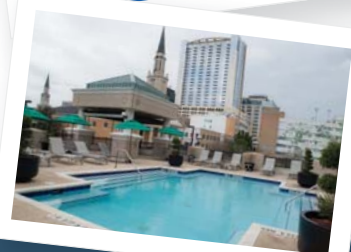
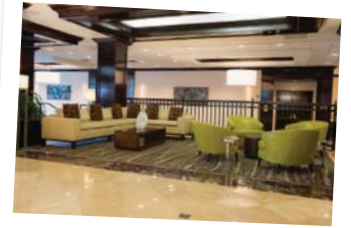
2-day registration: \$390/\$445

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

Contact Abbey Nunes at anunes@americasblood.org for details.

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 Doddrige
CEO, OneBlood Inc.



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

INFECTIOUS DISEASE UPDATES

HEPATITIS B VIRUS

A group of Australian researchers recently published the results of an investigation of occult hepatitis B virus (HBV) infection in hepatitis B core antibody (anti-HBc)-positive patients from a liver clinic. Occult hepatitis B infection is manifest as low levels of HBV DNA in the blood and the liver with undetectable HBV surface antigen (HBsAg). Maria Carmela Martinez of the Prince of Wales Hospital in Sydney, Australia, and colleagues investigated the prevalence of occult HBV in a high-risk Australian population and compared the HBV surface antigen gene sequence of the cohort with reference sequences. Ten patients (0.69 percent) out of 1,451 tested for HBsAg, anti-HBc, and HBV DNA met the definition of occult HBV. A sequence analysis of the HBV S gene from five suspected occult infections showed increased sequence variability in the “a” epitope of the major hydrophilic region compared to the reference sequences. Additionally, a total of eight consistent nucleotide substitutions resulting in seven amino acid changes were observed, and three patients had a truncated S gene sequence. These mutations appeared to be stable and may result in alterations in the HBsAg conformation and may explain the false negative HBsAg tests. The authors suggest further studies be conducted on a bigger cohort to determine whether these amino acid variations have been acquired in the process of immune escape and serve as markers of occult hepatitis B infection.

Citation: Martinez MC, *et al.* Investigation of occult hepatitis B virus infection in anti-HBc positive patients from a liver clinic. PLoS One. 2015 March 12;10(3):e0117275.

(continued on page 12)

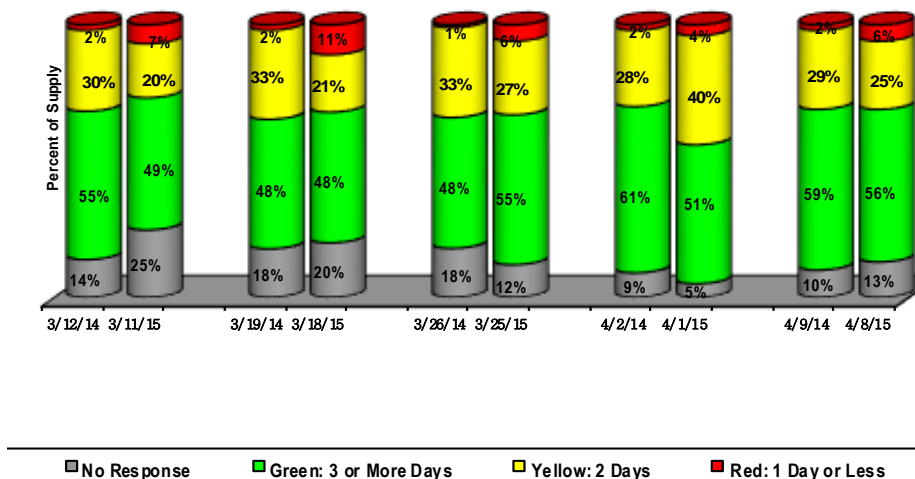
INFECTIOUS DISEASE UPDATES (continued from page 11)

WEST NILE VIRUS

A [study](#) in *Emerging Infectious Diseases* used blood donor samples and neuroinvasive disease reports to estimate West Nile virus (WNV) incidence in northern Texas during the 2012 WNV outbreak. During this outbreak of WNV in the US, approximately one-third of cases were in Texas and about half of those occurred in northern Texas. Diana T. Cervantes, MD, DrPh, of the Texas Department of State Health Services, and colleagues used the results of blood donor screening for WNV at America’s Blood Centers’ member Carter BloodCare, Bedford, Texas, to estimate the incidence of WNV in northern Texas during that season. They used West Nile neuroinvasive disease (WNND) reports made to the state health department to approximate the number of infections relative to WNV cases represented by counts of screened blood donations and confirmed WNV viremic infections detected by nucleic acid testing of northern Texas donors during the WNV season (April 1, 2012 to Nov. 30, 2012). Fifty-four WNV viremic donations were detected: 30 by mini-pool-NAT and 24 by individual donation-NAT. When the researchers extrapolated the donor screening data to the 2011 population estimates in northern Texas, they estimated 31,013 WNV infections during the 2012 season. There were 356 probable and confirmed WNND case-patients. “Our findings reflect low incidence of WNV in this area; <2 percent of the population was infected during a large WNV epidemic with potential incidence differences by age and sex,” concluded the authors. They note that donor the NAT yield model resulted in lower numbers of projected WNV infections in northern Texas during the 2012 arboviral season compared with the WNND-based model. This could be due to issues affecting internal validity in the model, resulting in overestimation or underestimation of WNV infections, write the authors. They conclude that despite the limitations in the models, data on viremic blood donors and persons with WNND should continue to be used to determine the external validity of the models in conjunction with seroprevalence studies during outbreaks. “Valid estimations of WNV infections may give insight into the overall effects of infection and could guide public health interventions,” they add.

Citation: Cervantes DT, *et al.* West Nile virus infection incidence based on donated blood samples and neuroinvasive disease reports, northern Texas, USA, 2012. *Emerg Infect Dis.* 2015 April;21(4):681-3. ♦

STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 2015



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

MEMBER NEWS

The Blood Alliance, Jacksonville, Fla., has partnered with the Rotary Club of South Jacksonville and Rotary Club of Deerwood to donate a retiring bloodmobile to Zanmi Lasante in Haiti, announced the blood center in an April 3 [press release](#). The bus will be used as a mobile health clinic, covering areas that will touch the lives of more than 3 million people. First Coast Signs of Jacksonville placed new logos on the bloodmobile's exterior on March 12, during which time the title deed to the bus was signed over to Zanmi Lasante by The Blood Alliance's Chief Financial Officer Jack Wolcott. The deed signing was witnessed by board trustee and representative from Zanmi Lasante Haiti, Loune Viaud via Skype. The mobile health clinic was shipped from Ft. Lauderdale, Fla. to Port-au-Prince, Haiti in late March. All of the various preparation and shipping services were donated. The Blood Alliance's public relations spokesperson, Odette Struys, sparked the idea to donate the retiring bloodmobile as a volunteer and service oriented Rotarian working in public relations. She saw an opportunity to extend the life of the bus if donated to a country that could desperately use its services. Zanmi Lasante is part of Partners in Health, headquartered in Boston, and has served Haiti for more than 25 years, helping to build and strengthen the country's public health system. In the past, Zanmi Lasante had to use available space in churches and schools to provide healthcare to remote communities, but with the mobile health clinic bus, they will be able to assist patients with greater frequency and have access to communities in a catchment area that serves more than 3 million people. (Source: The Blood Alliance press release, 4/3/15)



The Blood Alliance Chief Financial Officer Jack Wolcott sitting next to Odette Struys, Communications & Public Relations at The Blood Alliance, as he signed over the title deed to Zanmi Lasante in front of our staff, member from the Rotary Club and contributors from First Coast Signs.

The South Texas Blood & Tissue Center (STBTC) hosted a ceremony on March 19 to introduce two new specialized buses of its iconic fleet of bloodmobiles, STBTC announced on March 18. At the event, STBTC unveiled its platelet donation buses, which were expressly made to allow STBTC staff to collect platelets at blood drives throughout our service area, including Victoria and Laredo. “We are very excited about having these extraordinary vehicles to help us save more lives,” said Elizabeth Waltman, chief operating officer of STBTC. “We’re deploying these new tools to make platelet donation easy and convenient for donors locally and for those in areas outside of San Antonio.” Why platelets? Platelets are the blood component that help to stop bleeding, which means hospitals must have them available to treat trauma patients in emergencies. In addition, platelets are often transfused to patients undergoing bone marrow transplants and treatment for cancers such as leukemia. “We’ve seen an increased need for platelets, and the new buses are a great way to meet that demand from our hospitals,” said Ms. Waltman. (Source: STBTC press release, 3/18/15) 💧



**South Texas
Blood & Tissue Center**

PEOPLE

Celso Bianco, MD, was voted in by the America's Blood Centers' membership as an honorary ABC member during the association's Annual Meeting on March 22. Dr. Bianco retired as ABC's executive vice president in September 2012 after leading ABC for 12 years in various medical, scientific, and technical initiatives before regulatory and governmental agencies. Following his retirement, the Foundation for America's Blood Centers (FABC) launched the Dr. Celso Bianco Lecture Series endowment to honor Dr. Bianco's contributions to blood banking and transfusion medicine during his 40-year career. Dr. Bianco has been researching blood and transfusion medicine since 1969 and has worked on membrane receptors, white cells, blood donor screening, and transfusion-transmitted infections. Before coming to ABC, Dr. Bianco served as the vice president of Medical Affairs for the New York Blood Center (NYBC) for eight years. He began working at NYBC in 1982, during the early days of the AIDS crisis. Prior to his work at NYBC, Dr. Bianco worked at the New York University School of Medicine at the Rockefeller University, and the State University of New York. He earned his medical degree from the Medical School of São Paulo in Brazil, a federal university, in 1966. Since beginning his career, Dr. Bianco has become a trusted and influential leader in transfusion medicine research and blood safety policy. Dr. Bianco has served on federal advisory committees on blood policy and currently serves as the president of the International Society of Blood Transfusion. He has authored or co-authored more than 100 scientific publications and has spoken at countless meetings on transfusion medicine. Dr. Bianco received ABC's Thomas F. Zuck Lifetime Achievement Award at the ABC Annual Meeting in 2012 and shortly afterwards, he received the Canadian Blood Services' Lifetime Achievement Award. ABC proudly welcomes Dr. Bianco as an honorary ABC member.



Granville Betton has joined Gulf Coast Regional Blood Center as vice president of Operations. He comes to the blood center with 30 years of experience in operations, manufacturing, service, quality, and process improvement. He spent 17 years with GE Plastics and GE Healthcare, where he held positions of increasing complexity and responsibility, eventually becoming general manager, Global Quality and Environmental Health and Safety for GE Healthcare Services. From GE he joined Momentive Specialty Chemicals, Inc. in upstate New York, before being recruited to Houston by Nexeo Solutions. He holds a bachelor's degree in chemical engineering from Rensselaer Polytechnic Institute. 💧



Corrections

In last week's *ABC Newsletter* on the bottom left-hand corner of page 10, we ran a photo including Hoxworth Blood Center executives with mistakes in the accompanying caption. We incorrectly stated that Gregg Boothe is the *President* and Associate Director/COO; his correct title is *Associate Director/COO*. We incorrectly stated that Ronald A. Sacher is the *Medical Director*; his correct title is *Director, Hoxworth Blood Center/CEO*. We apologize for this error and thank our readers who bring such issues to our attention.

MEETINGS

May 12 **Technical Writing for Regulatory Submissions Workshop, Washington, D.C.**

The Advanced Medical Technology Association (AdvaMed) will hold a workshop on technical writing for regulatory submissions. Recent changes by the Food and Drug Administration can lead to immediate rejection of 510(k) notifications or premarket approval applications if they fail to meet key requirements. This course will address the needs of medical device companies interested in avoiding the interruptions in regulatory review and delays in regulatory approval due to poor or incomplete presentation of engineering information and analysis. More information and registration details can be found [here](#).

May 13 **FDA Blood Products Advisory Committee Meeting, Silver Spring, Md.**

The Food and Drug Administration will hold a meeting of its Blood Product Advisory Committee Meeting on May 13 from 8 a.m. to 5:30 p.m. at the FDA White Oak Campus in Silver Spring, Md. The committee will address screening for *Babesia microti* in blood donors, considerations for hemoglobin S testing, and FDA considerations for a revised blood donor deferral policy for men who have sex with men. The committee will also hear updates on research programs in the Laboratory of Cellular Hematology, Division of Hematology Research and Review, Office of Blood Research and Review, Center of Biologics Evaluation and Research, FDA. More information is available [here](#).

Contact: Bryan Emery, Bryan.Emery@fda.hhs.gov.

June 11-13 **13th International Cord Blood Symposium, San Francisco, Calif.**

AABB, with support from the Cord Blood Association, will host the 13th International Cord Blood Symposium from June 11 to 13 in San Francisco, Calif. The scientific program brings all of the umbilical cord blood related fields of hematopoietic stem cell transplantation, banking, and potential in regenerative medicine together in one interactive three-day conference. The agenda, registration details, and other information can be found [here](#). ♦

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

Product Manager / Sr. Product Manager. Cerus Corporation is searching for a Product Manager/Sr. Product Manager responsible for managing the lifecycle of the INTERCEPT Blood System products. Works with cross-functional project teams to define, prioritize, plan, and drive the implementation of product enhancements and extensions to meet customer requirements and corporate objectives. Requires extensive interaction with all

Cerus functional departments globally and with external contractors and customers. Position

(continued on page 16)

POSITIONS (continued from page 15)

Requirements: Bachelor's degree in a scientific or engineering discipline, with a minimum of five years of product management experience in transfusion medicine and/or medical devices. To apply, please submit resume to HR@cerus.com. Visit our website at www.cerus.com.

Technical Service Engineer. Cerus Corporation is searching for a technical service engineer responsible for installation, maintenance, servicing and calibration of illuminators and for support of data management systems in North America. This position interfaces with internal Cerus teams, external customers/collaborators, suppliers, contractors, and third party technical service providers to deliver technical services with a high degree of professionalism. Position Requirements: Bachelor's degree with five plus year's medical device experience. Experience/knowledge of blood banking industry preferred, excellent technical aptitude and good understanding of ISO 9000 and ISO 13485. To apply, please submit resume to HR@cerus.com. Visit our website at www.cerus.com.

Blood Donor Recruiter. Make a difference in the lives of others putting campaign, sales and leadership skills to work enlisting blood drive sponsors and recruiting blood donors. The Blood Donor Recruiter is a public ambassador, consistently representing Hoxworth Blood Center, University of Cincinnati in a professional manner to meet the needs of patients in the Tri-State area. This position will manage assigned blood drive accounts in a defined territory; implement account-specific plans to develop, maintain, and build blood drive groups. Position requires an outgoing personality, attention to detail, persistence, and resourcefulness. Daily driving to visit accounts requires valid driver's license and reliable transportation. Excellent computer and social media skills expected. UC offers great benefits including tuition remission. Minimum Requirements: Bachelor's degree with one (1) year experience; -OR- Associate's degree with three (3) years' experience; -OR- five (5) years' experience. Experience must be in sales or marketing. The University of Cincinnati is an affirmative action/equal opportunity employer/M/F/Vet/Disabled. Apply online here: <http://bit.ly/1Ip9GMI>.

Director of Donor Recruitment (American Red Cross; Portland, Ore.). Based in Portland, this position would oversee Blood Donor Recruitment activities for the Pacific Northwest and Northern California blood regions. This position would work closely with the regional CEO and Vice President of Donor Recruitment to set and achieve blood collections goals for the regions and ensure compliance of all associated FDA and ARC regulations. Job posting found online: www.americanredcross.apply2jobs.com or www.redcross.org. Qualified candidates may contact or referrals can be sent to sara.sutherland@redcross.org.

Lab Supervisor of Testing (Full-Time, 3rd Shift). The Rhode Island (RI) Blood Center has an immediate opening for a full time 3rd Shift Lab Supervisor of Testing. This position is responsible for the safe and efficient operation of the Testing Lab. The position also has general management responsibilities such as scheduling staff, training, and ordering supplies. Educational Requirements: RI License as Clinical Lab Scientist. ASCP MT, SBB, BB, NCA CLS certification. Must meet requirements for Supervisor in Immunohematology, Hematology, Diagnostic Immunology and Chemistry as described in the Clinical Laboratory Improvement Act of 1988. Must also meet NY State Department regulations for a lab supervisor. We have earned an excellent reputation as an employer of choice, and our culture enables our staff members to perform at their best. We have one of the most competitive benefits and compensation programs available. Our training programs, investment in technology, and commitment to innovation have enabled us to steadily grow over more than 30 years. As a Blood Center employee, you'll truly make a difference in the lives of Rhode Island residents. PLEASE APPLY ONLINE AT www.ribc.org. We are proud to be an equal employment opportunity employer.

Donor Services Working Supervisor (Evans, GA Location). Full-time RN/LPN/MT with five years' apheresis/transfusion experience preferred; performs/supervises daily donor room activities; on call 24/7; exceptional customer service; achieves collection goals; 30+ hour work week/irregular hours/weekends. Additional information/requirements on how to apply are available at www.shepardblood.org. EOE for Individuals with Disabilities & Protected Veterans.

Manager, Business Development. A not-for-profit organization, the Community Blood Center (CBC) in Kansas City is a partner of the New York Blood Center and active member with ABC and the AABB. Responsibilities: Manage portfolio of key accounts. Develop detailed action plans. Works with high level designees at Key Accounts and with CBC Account Managers. Coordinate resources to execute the action plans. Develop/maintain strong relationships throughout account organizations. Identify/Develop new business. Manage/Mentor Account Managers. Requirements: Bachelor's degree required. Three to five years of sales/marketing experience with demonstrated track record of increased sales. Experience in sales management/public speaking required. Skills: Train team; plan/appraise job results. Sales/marketing skills. Management of events including recognition events. Highly motivated/high energy with good organization skills. Sense of urgency to achieve goals. Outstanding customer service/relationship building skills. Experience

(continued on page 17)

POSITIONS (continued from page 16)

developing new businesses/networking. Deal with change/unpredictability. Flexible hours/some weekends/evenings. Proficient computer skills. Valid driver's license/maintain good driving record. Knowledge: Proficiency with Microsoft Office Suite. Database management. All applicants must apply at www.savealifenow.org.

Quality Assurance Specialist. The Quality Assurance Department at Hoxworth Blood Center provides regulatory and quality oversight for all processes at the Center. The Quality Assurance Specialist will assist with the development of new and revised department Standard Operating Procedures (SOPs), perform audits, analyze data, report results, assist with process validations, and ensure compliance with applicable regulations. The candidate will be responsible for HIPAA compliance for all patient related activities and provide necessary training for staff with regards to these regulations. The ideal candidate will have experience with some or all of the following standards or regulations; 21 CFR 200-299, 21 CFR 600-699, 21 CFR 11, 21 CFR 1271, 42 CFR 493, 45 CFR 160 and 164, AABB Standards, FACT Standards, and ASHI Standards. The ideal candidate will have experience in the clinical laboratory or FDA-regulated environment. Minimum Qualifications: Bachelor's degree with three (3) years experience;-OR-Associate's degree with five (5) years experience;-OR-seven (7) years experience. Degree and experience must be in a related field. Experience may require at least one (1) year supervision. Apply for this position (Req ID 282) at: <http://bit.ly/1yKnhFp>.

Operation Systems Administrator. Mississippi Valley Regional Blood Center (MVRBC) is conducting a search for an Operation Systems Administrator to support growth of our Davenport, Iowa team. This position is responsible for the application administration for the organization's operational systems: Life-Tec Elite software suites, which is the blood establishment computer system (BECS); BloodHub (Order Management System); eDonor (Donor Recruitment, Loyalty and Scheduling); Hemisphere (CRM tool, staffing resources and calendar features); and other departmental applications. This is a full-time position working Monday through Friday with occasional evenings and weekends, if needed. This position may require some travel within the MVRBC service territory to center locations and/or training events. What to Expect: 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, interaction with Quality Support Services, and vendor communications as it relates development and administration. Experience: 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. To apply: Complete our online application at <http://bit.ly/1bUFF9D>, attaching a resume. EOE: MWVD

Director, Donor Services. Mississippi Valley Regional Blood Center (MVRBC) is searching for a dynamic individual to join our Davenport, Iowa Donor Services management team as a director, Donor Services. We are excited to announce this opening as an expansion to our current team. This individual will support our current operations with oversight to the assigned mobile and fixed site staff located in eastern Iowa and western Illinois. As director, Donor Services you can expect to be involved in all aspects of staffing management including; but not limited to, interviewing and hiring, staff development, annual performance reviews, counseling and coaching. Additionally, this position will ensure compliance to established regulations, procedures, cGMP, criteria, and standards. The ideal candidate will have two to five years' experience in previous blood center setting or similar experience with supervisory experience preferred. A bachelor's degree in biology or related science or business field is preferred. This position does require the ability to travel 25-50% of the workweek within the MVRBC service territory. To apply: Complete our online application at www.bloodcenter.org/join-our-team/, attaching a resume. EOE: MWVD

Manager, Donor Recruitment. Mississippi Valley Regional Blood Center (MVRBC) has an exciting opportunity in our Davenport, Iowa office 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, increase our donor base, and provide direction to our call center operations and Donor Scheduling teams. You will be working with our distribution and business development teams to determine blood collection needs and applying that information to the direction of the donor outreach. This is a full-time position working Monday through Friday with occasional evenings and weekends. This position may require some travel within the MVRBC service territory to center locations and/or local community events. **Experience:** The ideal candidate will possess previous supervisory experience with demonstrated achievement of meeting defined metrics. Previous call center management experience is a plus. A bachelor's degree, or equivalent combination of experience and education, is required to be considered; preferred studies include business, communications, or marketing. To apply: Complete our online application at www.bloodcenter.org/join-our-team/, attaching a resume. EOE: MWVD

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POSITIONS (continued from page 17)

Medical Director. The Mississippi Valley Regional Blood Center (MVRBC) is searching for a full-time medical director in Springfield, Ill. to support our operations throughout Illinois and Missouri. The Medical Director is primarily responsible for supporting the chief medical officer and providing quality service to our hospital clients. The Medical Director will support medical processes and procedures to ensure optimal medical care and regulatory compliance of IRL, have medical oversight of research endeavors, clinical consultation, medical support of clients, donor collections and counseling. This position will oversee and validate all Laboratory Standard Operation Procedures in conjunction with the laboratory director to establish compliance with manufacturer's directions, cGMP, and QA. This position will work closely with MVRBC executive management regarding laboratory issues and represent MVRBC to physicians and other public outreach regarding laboratory services. Requirements: MD Equivalent from an accredited medical institution, license to practice in assigned state(s) or ability to obtain, Board Certified in AP/CP or CP from American Board of Pathology (ABP), and Board Certified or eligible in Blood Banking/Transfusion Medicine from ABP. To apply, visit www.illinoisdiversity.com/j/10170631. MVRBC is a not-for-profit 501(c)(3) organization and an exclusive provider of blood products and services to hospitals in Illinois, Iowa, Missouri, and Wisconsin. EOE: MWVD.

Account Manager. Mississippi Valley Regional Blood Center (MVRBC) is growing and searching for an account manager (AM) to cultivate and develop successful relationships with existing blood center clients as well as grow our national customer base (cold-calling, etc.). This dynamic position will consist of approximately 25% travel primarily in MVRBC's southern service area (Central IL to St. Louis region), with occasional overnight travel. The AM will support distribution of blood products to national MVRBC customers by supporting sales and conducting inventory management as appropriate. Experience: Candidate should have strong sales background with demonstrated success, knowledge of transport logistics, product marketing, and an understanding of inventory management. Statistical and data analysis experience is preferred. Education: Candidates should have a bachelor's degree in biology or related science field, business degree with demonstrated science background, or equivalent combination of experience and education will be considered. To apply: Complete our online application at www.bloodcenter.org/join-our-team/, attaching a resume. EOE: MWVD

Client Service Coordinator. Mississippi Valley Regional Blood Center (MVRBC) is growing and searching for client service coordinators (CSC) to support our Business Development team by maintaining successful relationships with client accounts. The CSC

will provide technical education on blood; blood industry updates; and support regulatory compliance to our hospital clients. Experience: This position requires a high understanding of laboratory science, specifically blood banking, in order to effectively communicate between hospital clients and lab staff. Previous experience in blood banking is required. The ideal candidate will also possess experience in customer service/product marketing and/or understanding of inventory management. Statistical and data analysis experience is preferred. Education: Ideal candidates should have a bachelor's degree in medical laboratory science, biology or related science field. 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/, attaching a resume. EOE: MWVD

Business Development Manager (Biomedical Sales Account Manager). (Department: Administration; Location: St. Paul, Minn.; Status: Full-Time, 1.0 FTE (40 hours per week), Exempt) Position Summary: The business development manager is responsible for identifying and obtaining new business partners to expand current research and clinical trial activities ("Activities") to support our blood center mission. This position will improve Innovative Blood Resources' (IBR) market position by diversifying IBR's revenue. This position is ultimately responsible for achieving increased revenues from these activities. This position will be part of a team to define long-term organizational strategic goals, build key customer relationships, and identify, pursue and attain business opportunities compatible with IBR's values and mission. To apply please go directly to our website with an updated resume: <http://bit.ly/ICCRr0X>.

Assistant, Associate, or Full Professor. Bloodworks Northwest (PSBC) has two full time positions for assistant, associate, or professor (without tenure) for physicians with expertise in transfusion medicine and related fields. Successful applicants will provide transfusion medical/apheresis services that will focus on patient care, medical and administrative coordination in the delivery of transfusion medicine, blood collections, and apheresis programs as well as medical education. Qualified candidates will be considered for appointments in the University of Washington School of Medicine at appropriate faculty rank. Applicants should have an M.D. or D.O., and board certification or eligibility in transfusion medicine or hematology boards, or equivalent experience. Candidates with PhD in cellular therapy or molecular biology may also be considered. Please send application, CV, and four references to Maxine Sellers (MaxineS@psbc.org), PSBC, 921 Terry Avenue, Seattle, WA 98104. Salary is DOQ, DOE.

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POSITIONS (continued on page 18)

Deadline: Open until filled. For eligibility for University sponsorship for an H-1B visa, graduates of non-U.S. medical schools must show successful completion of all three steps of the USMLE, or equivalent as determined by the Secretary of HHS. UW is an affirmative action and EEO employer. Qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, age, veteran status, or disability.

Manager Donor Testing. (Department: Donor Testing; Location: St. Paul, Minn.; Status: Full-Time, 1.0 FTE (40 hours), Exempt) Position Summary: In accordance with federal, state, AABB, cGMPs and blood center policies, procedures, regulations and quality control standards, is responsible for all aspects of testing, technical operation and workload of the Donor Testing laboratory including staff supervision, employee counseling, evaluation, and other standard supervisory functions. Performs other tasks as assigned including budget management, relevant projects, training and education. To apply please go directly to our website with an updated resume: <http://bit.ly/1CmyPIU>.

Quality Assurance Officer. The Blood Bank of Alaska is seeking a quality assurance (QA) officer. The QA officer is responsible for ensuring all areas of the Blood Bank of Alaska (BBA) are operating in compliance with applicable government regulations, accrediting agency standards or consignee requirements related to the collection, processing, testing and distribution of blood products, cellular therapy products and services. The QA Officer participates as a member of the BBA management team in planning, program formulation, and systems development. The QA Officer is responsible for designing, implementing, and monitoring the QA program for all operating divisions of BBA. The incumbent for this role must possess excellent conceptual, communication, and analytical skills; must understand general work flow processes and equipment used in a medical facility; and must have excellent interactive skills necessary in communicating with co-workers and regulatory officials. BBA is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status or any other legally protected status. Interested candidates please apply via our website at www.bloodbankofalaska.org.

Immunohematology Reference Laboratory Specialty Lab Tech III (Full-time and Part-time positions available). Make a life-saving difference by joining the dedicated staff of Michigan Blood. We have served Michigan communities for more than 55 years and are seeking qualified individuals to serve in our Immunohematology Reference Laboratory. In this Livonia-based position, you will use your strong technical skills and laboratory training to assist with patient transfusion needs, perform advanced serological testing and ensure quality control of instruments and equipment. The ideal candidate will enjoy working in a team environment and strive to provide excellent customer service. This position requires great attention to detail and the ability to prioritize and perform work successfully under pressure. Qualifications required: MT(ASCP), BB(ASCP), or equivalent qualifications, and one year of blood banking or immunohematology reference laboratory experience within the last five years. Specialist in Blood Banking (SBB) or desire to seek SBB or equivalent will be taken into consideration when hiring. Schedule will be predominately 1st shift and requires taking call every third week. We offer a competitive salary and benefit plan. If you want to be part of our lifesaving organization, please apply via our website: www.miblood.org. EOE

Quality Assurance and Compliance Specialist III. San Diego Blood Bank's Quality Assurance and Compliance department is in search of an outstanding individual who possesses a high degree of integrity, is facilitative in nature, understands the importance of compliance, and will act as an advocate of quality services. Duties to include: Assist the VP, Quality and Regulatory Affairs with developing, implementing and executing quality assurance processes and practices that support the manufacture of FDA-regulated biologic blood, cell and tissue products, and other related regulatory activities. Assist in managing and monitoring systems and processes, in support of the SDBB Quality Plan, promoting an organizational culture of excellence. Ensure that performance and quality of products conform to established standards and regulatory requirements. Requires the ability to analyze complex issues, work independently and the flexibility to meet changing business and stakeholder needs. Bachelor's degree. RN or CLS and/or SBB(ASCP), ASQ or Health Care Compliance Certification Board (CHC, CHRC). Five-plus years' experience required. To apply, please visit: <http://sandiegobloodbank.applicantpro.com/jobs/>. The San Diego Blood Bank is an Equal Opportunity Employer. EOE/Minority/Female/Disability/Vets ♠