

2015 #25

July 2, 2015

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Please Note: This abbreviated issue of the *ABC Newsletter* is being distributed early because ABC is closed tomorrow, July 3, in observance of Independence Day. We wish you a happy 4th of July weekend!

SunCoast Blood Bank Produces Pathogen-Reduced Platelets

Pathogen reduction (PR) technologies, which inactivate a host of bacteria and viruses in blood products, have long been considered an important, proactive advance in pursuit of transfusion safety. The Food and Drug Administration approved Cerus's Intercept Blood System for platelets and plasma in December 2014, but the road to implementing the new technology is rocky. Forging the path forward is America's Blood Centers' member, SunCoast Blood Bank, (SCBB) Sarasota, Fla., which on Tuesday shipped to one of its local hospitals the first PR platelets produced in the continental US, announced Cerus and SCBB in a [press release](#).



Travis Berry, senior deployment manager at Cerus, donates the first platelet unit to undergo pathogen reduction at SCBB.

Local media joined SCBB staff in Sarasota on Monday as Travis Berry, senior deployment manager at Cerus, donated the first platelet unit to undergo pathogen reduction at SCBB.

“This morning, I had the honor of watching the first pathogen-reduced platelet product being packed and shipped to our local hospital. The risk of bacterial sepsis and emerging pathogens are serious threats to our local patients, and as stewards of our local blood supply, it is our social responsibility to provide the safest blood product to those requiring platelet transfusions,” said Jason Carney, SCBB’s chief operating officer and transfusion safety officer. “Improving patient outcomes helps hospitals better manage the patient population and outcome-related reimbursements.”

PR has the ability to significantly reduce the risk of bacterial contamination of platelets, currently the most frequent serious transfusion-transmitted infectious risk to the blood supply. While blood centers culture platelets for bacteria, the residual risk of a bacterially contaminated unit reaching a patient in the US may

(continued on page 3)



OUR SPACE

ABC President Susan Rossmann, MD, PhD

The Red, White, and Blue

Saturday is the Fourth of July – a day when we celebrate our country and our freedom. So it's a particularly appropriate time to consider the relationship between the blood world and our government. (Okay, the declaration of independence was signed on July 4, establishing the anti-government; the government we have now was not really established until several years and a failed try later. But we will celebrate this government anyway.)

Our most transparent relationship with our nation is with the military. We of course are pleased to be able to supplement blood supplies whenever the armed forces needs assistance, and our donors line up in droves to meet those needs. Similarly, military personnel and veterans are an important part of our donor base in many areas. Research conducted or funded by the military over the years has also contributed mightily to our knowledge of transfusion in trauma and other extreme circumstances.

The other most obvious relationship between the government and blood is that with the Food and Drug Administration, which can regulate some of the tiniest details of our operations. Much like a marriage, our relationship with FDA not infrequently has conflict. While both pursue maintaining a safe and sufficient blood supply for each person who needs a transfusion, we do not always see eye to eye.

Often times when considering blood safety interventions, we neither see the same sources of risk, nor do we evaluate and approach risk the same way. One of the advantages of a risk-based decision-making model is that our assumptions and evidence will be more transparent to each other, probably leading to better and earlier consensus. The participation of the Department of Health and Human Services' Advisory Committee on Blood and Tissue Safety and Availability in this process offers another governmental channel for input. Unlike FDA, that Committee can, by design, evaluate in a broader sense issues like supply and economic considerations.

For years we have complained that the government in general moved too slowly in our field. There have been some recent signs that the regulators are moving more quickly. The draft guidance regarding the deferral for men who have had sex with men (MSM) was issued shortly after all the studies they deemed necessary were completed; the final guidance will probably be issued this year. Blood centers and research organizations have provided important information and data for this project. We hope this cooperation bodes well for future endeavors. As July 4 approaches, we celebrate the cooperation between blood centers and the nation's government, to provide the best and safest blood for all our people.

A handwritten signature in black ink that reads "Susan Rossmann". The signature is fluid and cursive, with a large initial "S" and "R".

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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SunCoast Blood Bank & Pathogen Reduction (continued from page 1)

be about 1 in 2,000 platelet units transfused; this underestimates the risk to an individual patient who receives multiple platelet transfusions. Further, as Mr. Carney noted, PR offers a proactive approach to protecting the blood supply from emerging pathogens, like chikungunya and dengue viruses.

While many blood banking professionals have expressed concern over the cost-benefit for implementing the new technology, Mr. Carney suggests that PR could improve platelet availability and reduce product wastage by eliminating the need for bacterial culture, which could help offset the cost of the test. “From the blood center side, increasing the availability of the platelet supply through early release of platelets not requiring the 24-hour bacterial testing window will help reduce wastage,” he said.



A local TV reporter watches as Jeremy Puckett, a deployment manager at Cerus, demonstrates how Cerus's Intercept Blood System works.

Further, experts have suggested that the eventual ability to extend the platelet shelf-life to seven days and to discontinue other testing and irradiation for prevention of graft-vs.-host disease may improve the affordability of PR.

The process to implement pathogen reduction at SCBB began in February when the center signed the agreement with Cerus to use Intercept. Since then, staff has been working across departments and with hospital clinicians to integrate the system into its blood processing procedures. “The first platelet product processed using Intercept didn’t just magically happen – there were many hurdles and barriers to overcome in the process,” said Mr. Carney.

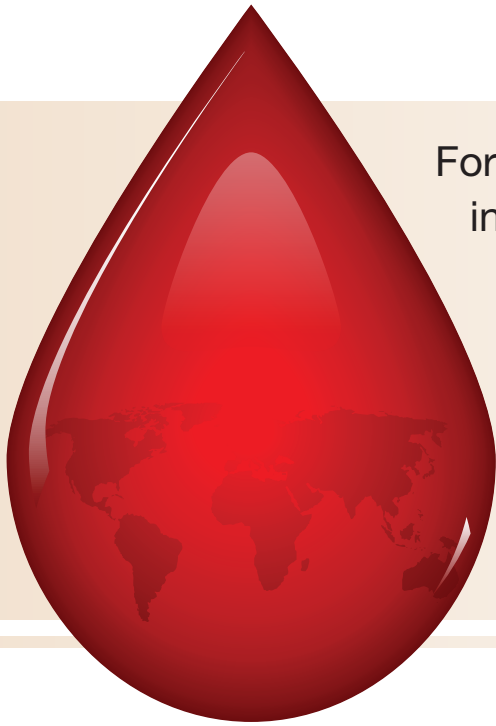
First, the blood center designed a workspace to process pathogen-reduced products and determined the patient population to receive the first PR products. For now, SCBB is producing about 50 percent of its platelets using the Intercept system, because the blood center uses dual collection technology from both Terumo BCT and Fenwal, but Terumo BCT’s collection device is currently not licensed to collect Intercept platelets or platelets stored in platelet additive solution. SCBB is currently targeting cancer patients and neonates to receive PR platelets, with the goal of moving to 100 percent PR platelets in the future.

The implementation process also involved updating the blood center’s blood establishment computer software (BECS) system, reconfiguring its apheresis collections methods, developing a donor selection strategy, hours of staff training, revising standard operating procedures (SOPs), meeting with pathologists and local hospitals, licensure submission, and creating new ISBT-128 labels.

“Documenting the implementation and milestones met (and not met), issues and risks, and decisions that impact our business and our hospitals were important parts of the process,” added Mr. Carney. “As I look back over this implementation plan, I am proud of our staff and the support of Cerus, which enabled us to make this leap into the next generation of blood safety.”

ABC member Blood Bank of Delmarva, Newark, Del. joins SCBB in endeavors to improve blood safety through PR. The blood center is currently completing its validation and final preparations, planning to implement the Intercept system later this month. 💧

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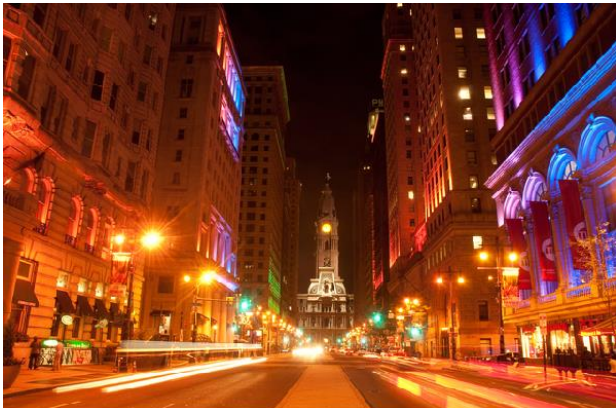
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SPOTLIGHT ON PHILADELPHIA

Host City of the 2015 ABC Summer Meeting & Medical Directors Workshop

Food and Culture Edition. Home to the Liberty Bell and often referred to as “America’s birthplace,” Philadelphia is known for its rich history. But did you know that it’s also home to a robust foodie scene – from the classic Philly cheesesteak, to top-rated gourmet restaurants, Philadelphia has something for every taste with more than 960 food establishments. Voted America’s No. 1 city for culture by *Travel + Leisure* magazine, Philadelphia also offers a range of colorful art and music venues.

Philadelphia’s restaurant scene boasts a number of renowned and celebrity chefs, including James Beard-winning Chefs Michael Solomonov of Zahav, Jeff Michaud of Osteria, and Chef Jose Garces of Amada, as well as Iron Chef Morimoto and Top Chefs Kevin Sbraga and Jennifer Carroll. Enjoy a gourmet meal prepared by Eli Kulp, voted best new chef by *Food & Wine* in 2014, at [Fork](#), a contemporary American restaurant with a focus on fresh, local food. Looking for a more casual experience? Head to the historic [Reading Terminal Market](#), where you’ll find 80 merchants who offer the best of Philadelphia’s local cuisine. If you want to get the classic Philly cheesesteak, check out [Jim’s Steaks](#) or [Geno’s Steaks](#).



The Avenue of the Arts is Philadelphia’s premier cultural district and home to world-class art institutions like the Philadelphia Orchestra. Photo by bklphoto.com for PHLCVB.

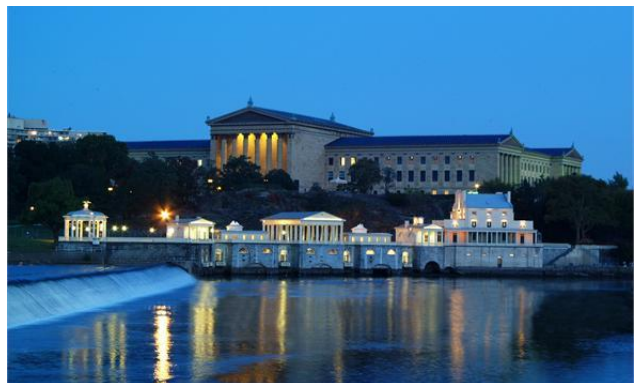
From ballet to theater to the orchestra, Philadelphia boasts a plethora of cultural offerings. The Avenue of the Arts, a city designated arts-based cultural district, includes many world-class art institutions like the Philadelphia Orchestra and the city’s theater district south of City Hall. The Kimmel Center for the Performing Arts features a range of bands, musical theater, and dance performances. For those who are more interested in visual art, the [Philadelphia Museum of Art](#) features a world-renowned collection featuring everything from photography, to impressionist art, to contemporary pieces in a beautiful landmark building.



A view of the Philadelphia skyline taken from the South Street Bridge. Photo by Paul Loftland for PHLCVB.

With its historic architecture and murals found all around the city – merely taking a walk through the city is an artistic experience in itself. Considered the “mural capital of the world,” more than 3,600 massive murals, created by the City of Philadelphia Mural Arts Program, grace the walls of Philadelphia, both indoors and outdoors.

Don’t miss out on your chance to experience the “City of Brotherly Love” while attending ABC’s 2015 Summer Meeting and Medical Directors Workshop Aug. 4 to 6. Register and book your hotel by **July 10**. Registration can be completed via the e-mail invitations sent by Lori Beaston. Contact Ms. Beaston at lbeaston@americasblood.org with questions about registration. When registering, don’t forget to sign up for the Foundation for America’s Blood Centers’ *Links for Life* Golf Tournament! Contact Jodi Zand at jzand@americasblood.org for more tournament details.



A of the Philadelphia Museum of art. Photo Credit: PHLCVB.

RESEARCH IN BRIEF

A study published this week in *Transfusion* suggests that red blood cell (RBC) transfusion may help reduce 30-day readmission rates in hospitalized adults with severe sickle cell disease (SCD). Hospital length of stay (LOS) and 30-day readmission are indicators of quality care that will be used to designate reimbursement from Medicare and Medicaid in the future. Mehdi Nouraie, MD, PhD, of Howard University, and colleagues investigated the association of demographic characteristics, comorbidities, and blood transfusion during hospitalization with LOS and 30-day readmission. They conducted a retrospective analysis of 39,324 admissions of 4,348 adults with sickle cell crisis from 2007 to 2012 from Medicaid databases. They found that older age; chronic cardiopulmonary, renal, or liver disease; and sepsis were associated with both longer LOS and greater 30-day readmission rates. Blood transfusion is recommended for certain severe SCD complications, with randomized clinical trials indicating that transfusion is protective against stroke and perioperative complications in SCD patients. In this study population RBC transfusion was associated with reduced inpatient mortality. Furthermore, RBC transfusion was associated with only a one-day increase in the mean LOS, considerably shorter than the increase in LOS in other patients, e.g. cardiac surgery and general pediatrics. The authors reported that RBC transfusion during hospitalization was associated with a more than 20 percent decrease in the rate of 30-day readmission for patients admitted with sickle cell crisis. They conclude that with a mean LOS of 5.9 days and a 30-day readmission rate of 40 percent, this study “underscores the need for improved healthcare delivery in this population.” They call for “a prospective, multicenter clinical study of simple blood transfusion to decrease the 30-day readmission rate in patients hospitalized with sickle cell crisis.”

Citation: Nouraie M, *et al.* Blood transfusion and 30-day readmission rate in adult patients hospitalized with sickle cell disease crisis. *Transfusion*. 30 July 2015. [Epub ahead of print] ♦

RECENT REVIEWS

A Cochrane review suggests that giving granulocyte transfusions may not decrease the risk of death due to infection when used prophylactically. Granulocyte transfusions, transfusions of white blood cells, are sometimes administered to patients lacking functioning granulocytes, generally because of intensive chemotherapy, to prevent infection. To investigate whether granulocyte transfusions given to prevent infection are safe and effective, Lisa J. Estcourt, MD, of the UK’s NHS Blood and Transplant, and colleagues conducted a review of randomized and quasi-randomized control trials comparing people with neutropenia or neutrophil dysfunction receiving prophylactic granulocyte transfusions with a control group receiving no granulocyte transfusions. The authors identified 12 trials as of April 2015 that compared such populations. They identified 11 trials conducted between 1978 and 2006 that included 653 patients. Data from one trial were omitted from the analysis because the patients were included within the trial more than once and one trial has not been completed. Ten studies included only adults, and two studies included children. The evidence for most findings was very low or low quality because patients and their doctors were un-blinded and two of the studies were not true randomized trials. Giving granulocyte transfusions to prevent infections did not affect the risk of death due to infection, or the risk of death to any cause. Giving granulocyte transfusions decreased the number of people who had bacteremia or fungemia (bloodstream infections), but did not decrease the number of people with localized bacterial or fungal infection. This review could not determine whether granulocytes were associated with serious adverse events because adverse events were only reported in people receiving transfusions (not in the control group).

Citation: Estcourt LJ, *et al.* Granulocyte transfusions for preventing infections in people with neutropenia or neutrophil dysfunction. *Cochrane Database Syst Rev*. 2015 June 29. [Epub ahead of print] ♦



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BRIEFLY NOTED

The New England Journal of Medicine published a commentary on June 25 that explores some of the potential detrimental effects to drug and device safety of the proposed 21st Century Cures Act. In May 2015, the 21st Century Cures Act was introduced in the US House of Representatives, with the goal of promoting development and speeding the approval of new drugs and devices. Championed by the pharmaceutical, biotechnology, and device industries, the bill was approved unanimously in committee and continues to be debated. Jerry Avorn, MD, and Aaron S. Kesselhelm, MD, JD, MPH, of Brigham and Women's Hospital and Harvard Medical School in Boston explain in their commentary that while the bill would provide more funding for the National Institutes of Health to support drug research and development, it may also degrade the quality of studies required to support drug approval and thus decrease drug safety. A major premise of the bill is the goal of accelerating the approval for new products, however, the authors note that "this process is already quite efficient," wrote the authors. A third of new drugs are currently approved on the basis of a single pivotal trial, and more than two-thirds of new drugs are approved on the basis of studies lasting six months or less. FDA evaluates all new drug applications within six to 10 months. The bill proposes encouraging the use of "shorter or smaller clinical trials," as well as relying on "evidence from clinical experience," including "observational studies, registries, and therapeutic use" instead of randomized, controlled trials for approving new uses for existing drugs. The bill would also encourage FDA to rely more on biomarkers and other surrogate measures, which are sometimes

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BRIEFLY NOTED (continued from page 6)

not indicative of clinical outcomes, rather than actual clinical endpoints in assessing the efficacy of drugs and devices. The proposed legislation would also permit exceptions to requirements for informed consent by patients in drug trials, provided that “the proposed clinical testing poses no more than minimal risk” – a major departure from current human subject protections. Further, it is unclear who determines whether a given trial of a new drug poses “minimal risk,” note the authors. “... [P]olitical forces have also introduced other provisions that could lead to the approval of drugs and devices that are less safe or effective than existing criteria would permit,” conclude the authors. They add that this bill “could actually bring back some of the problems we thought we had left behind in the 20th century.”

Citation: Avorn J, Kesselheim AS. The 21st Century Cures Act – will it take us back in time? *N Engl J Med.* 2015 June 25;372(26):2473-5.

The National Heart, Lung, and Blood Institute (NHLBI) hosted a Sickle Cell Disease Forum on June 25 to 26 to bring together sickle cell disease (SCD) patients and their families, advocates, healthcare providers, researchers, professional organizations, policymakers, government agencies, industry and the media to help chart the future of sickle cell disease research. On the first day of the forum, panels and discussion sessions addressed the history and future of SCD research, SCD pain, and innovative models to improve care for this patient group. Pain is a complex challenge for patients with SCD, both in terms of biology and psychosocial effects. Physicians shared insights on the latest research and understanding of treating SCD-related pain, both crisis and chronic. Sophie Lanzkron, MD, director of the Sickle Cell Infusion Center for Adults at Johns Hopkins University Hospital, described the infusion center (or day hospital approach). The Hopkins center provides regularly scheduled outpatient visits, pain management, education, and social services, reported the *AABB Weekly Report* on June 26. This approach involves working closely with other specialties, particularly the emergency department. Discussions during the second day of the forum focused on disease transitions, the importance of clinical trials, global impact of SCD research, psychosocial issues, and community connections. A recording of the webcast from day one of the forum is available [here](#); day two can be viewed [here](#). (Source: *AABB Weekly Report*, 6/26/15) ♦

REGULATORY NEWS

The International Council for Commonality in Blood Banking Automation (ICCBBA) recently published updates to ISBT 128, the international standard for the identification, labeling, and information processing of products of human origin. ICCBBA has released version 6.6.0 of the ISBT 128 Product Description Code Database. All database updates are listed in the version control sheet. The new database can be downloaded as a Microsoft Access database. The new database and version control sheet can be found [here](#). New product description codes for medical products of human origin can be requested via their respective request forms found on the ICCBBA website. Users must be logged in to view the request forms. An updated Product Lookup Program that is populated with the new codes is also available [online](#) (login required). ICCBBA also published a new version of the accompanying Standard Terminology document, available [here](#). The Standard Terminology document provides definitions to all ISBT 128 terminology and should be used in conjunction with the ISBT 128 Product Description Code Database. (Source: ISBT 128 e-mail update, 6/29/15)

The Food and Drug Administration announced on July 29 that it has approved an alternative to room temperature storage for apheresis platelets under 21 Code of Federal Regulations (CFR)

(continued on page 8)

REGULATORY NEWS (continued from page 7)

640.120, Alternatives and Exceptions, commonly known as a variance. The exception approved to 21 CFR 606.65(3) and 610.53(c) reads, “to store apheresis platelets at refrigerator temperature (1-6 degrees Celsius) without agitation for up to three days. The cold stored platelets will only be used in the resuscitation of actively bleeding patients. The new storage conditions will be reflected in the Circular of Information.” The approval is available [here](#). ♦

THE WORD IN WASHINGTON

The US House of Representatives’ Energy and Commerce Committee heard testimony on June 25 regarding the Stem Cell Therapeutic and Research Authorization Act of 2015, reported the AABB Weekly Report on June 26. Speakers included Jeff Chell, MD, CEO of the National Marrow Donor Program (NMDP), and Joanne Kurtzberg, MD, president of the Cord Blood Association. NMDP, which was awarded contracts under the Stem Cell Act for three components of the C.W. Bill Young Cell Transplantation Program in September 2006, operates the Office of Patient Advocacy/Single Point of Access, the Bone Marrow Coordinating Center, and the Cord Blood Coordinating Center. The Stem Cell Act – which Congress passed in 2005 and reauthorized in 2010 – is being considered for reauthorization again this year. It provides federal support for cord blood donation, a national bone marrow registry, and research essential to increasing patient access to transplants, according to the *AABB Weekly Report*. (Source: AABB Weekly Report, 6/26/15) ♦

**REGISTRATION NOW OPEN****Summer Meeting**

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2015 Summer Meeting Schedule and Fees

Medical Directors Workshop: Aug 4 (\$415)

Medical Directors Workshop and SMT Forum: Aug 4-5 (\$445)

Summer Meeting: Aug 5-6 (\$625)

Medical Directors Workshop and Summer Meeting: Aug 4-6 (\$725)

Don't miss the opportunity to join your fellow blood bankers on the links at the 5th Annual Links for Life golf tournament - Aug 6; Woodcrest Country Club (Cherry Hill, NJ) benefitting the FABC.

Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for registration fees and information.

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

Philadelphia, known as the “City of Brotherly Love” and the “Cradle of Liberty,” a place where sharing diversity of opinion is welcome and there is a rich history of innovation and bold new beginnings. With the passion of Rocky Balboa let us join together, interact and create change as demonstrated by our nation’s forefathers in crafting the Declaration of Independence. ♦

- Your Hosts: Blood Bank of Delmarva, Central Pennsylvania Blood Bank and Miller-Keystone Blood Center

New Future Leader Scholarship Program: Don't let cost concerns hold you back from a valuable learning experience! Supported by the FABC, the Future Leader Scholarships offer non-C-suite blood center executives the opportunity to advance professionally by attending the ABC Summer Meeting. Three \$725 scholarships available; see registration for details.



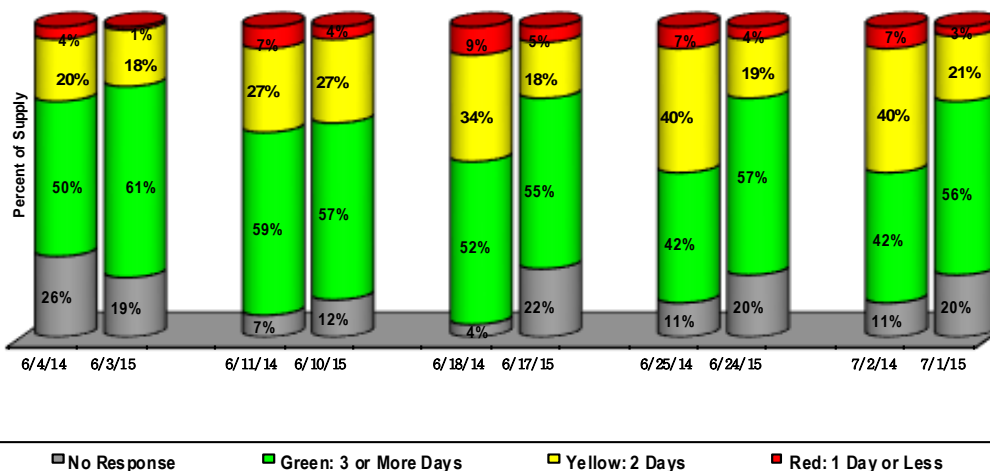
Philadelphia International Airport (PHL) is served by most major airlines. Visit www.phl.org for more information.

GLOBAL NEWS

Canadian Blood Services announced on June 25 that it has officially launched a national, public cord blood bank. Expectant mothers who give birth at participating hospitals can now donate their babies’ cord blood to build a diverse stem cell bank in Canada. Five hospital sites in four cities – Ottawa, Brampton, Edmonton, and Vancouver – have partnered with Canadian Blood Services to build this program. “This is a significant achievement for the Canadian healthcare system,” said Graham Sher, MD, PhD, Canadian Blood Services’ CEO. “Through our hospital partners, we are able to provide expectant mothers the opportunity to donate to a national public cord blood bank; increasing the chances for patients who need a stem cell transplant to find a match.” In March 2011, provincial and territorial ministries of health (except Quebec) committed to establish an ethnically diverse, national, publicly-funded cord blood bank. Canadian Blood Services raised \$12.5 through donations from the public to support this \$48-million project. More information can be found [here](#). (Source: Canadian Blood Services press release, 6/25/15)

NHS Blood and Transplant (NHSBT), the blood provider of England and North Wales, announced in a June 25 [press release](#) that it plans to conduct human trials of manufactured red blood cells by 2017. The landmark in-man clinical trials of manufactured blood forms a key part of NHSBT’s 2015-2020 Research and Development Strategic [Plan](#). The plan outlines how NHSBT, in partnership with universities, will develop transfusion, transplantation, and regenerative medicine over the next five years. “Scientists across the globe have been investigating for a number of years how to manufacture red blood cells to offer an alternative to donated blood to treat patients. We are confident that by 2017 our team will be ready to carry out the first early phase clinical trials in human volunteers,” said Nick Watkins, MD, NHSBT’s assistant director of Research and Development. The proposed trials will compare manufactured cells with donated cells with the intention, not of replacing blood donation, but of providing specialized treatment for specific patient groups. Scientists from NHSBT and the Universities of Bristol, Cambridge, and Oxford, led by David Anstee, PhD, and Ashley Toyne, MD, are using stem cells from adult and umbilical cord blood to create alternatives to donated blood. A key aim of the research team is to create better-matched blood for patients with complex blood types for whom it is difficult to find compatible donors. (Sources: NHSBT press release, 6/25/15, NHSBT Research and Development 2015-2020 Strategic Plan, 6/25/15) ♦

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

Lifeblood, Memphis, Tenn., has been awarded a \$250,000 grant through The Plough Foundation for the purchase of a new bloodmobile. “We are grateful that The Plough Foundation recognizes the critical importance of a safe and stable local blood supply,” said Jennifer Balink, vice president of Donor Relations at Lifeblood. “As a community, Memphis has more patients who need blood than local donors providing it on a regular basis, so reaching more donors in the Memphis area is critically important for treating trauma victims, premature babies, cancer, and sickle cell disease,” she added. In 2014, Lifeblood collected more than 42,000 units of blood from local donors. Approximately 60 percent of Lifeblood’s 2014 collections were through mobile blood drives. Lifeblood anticipates delivery of the new, custom-built bloodmobile in early 2016. (Source: Lifeblood press release, 6/29/15) ◆



CORRECTION

In last week’s *ABC Newsletter* on page 12, we published a news brief in the “Member News” section regarding scholarships awarded to graduating seniors and incorrectly stated that they were awarded by Community Blood Center Dayton, Ohio, and that the students received certificates from President and CEO David M. Smith, MD. The scholarships were actually awarded by Community Blood Center in **Appleton, Wis.**, and the blood center’s president and CEO is **John Hagins**. Last week’s Newsletter had been updated to reflect this correction. We apologize for this error and thank our readers who bring such issues to our attention.

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 Support Specialist (Newbury Park, CA or any remote US location). STRATEC Data Management (UK) division is a leader in the development of laboratory software that provides software systems to laboratories, diagnostic companies and instrument manufacturers throughout the world. Five plus years experience in a technical support role resolving software and database issues. Good knowledge of SQL server. Complaint management experience in a regulated environment. General software support in a Windows environment. Technically competent; understands how software impacts the lab environment. Develops and delivers training materials and other documentation within a regulated environment. Experience working remotely is a plus (US based position). Experience with middleware, LIS or laboratory environments a plus. Ideal candidate is someone that has moved from a soft-

ware/database development environment into support and is familiar with software and database issues and has a good understanding of how to resolve them. Responsible for handling incoming customer calls globally; degree of flexibility to handle out-of-hours on-call remote support. Manages inquiries/complaints from first contact to resolution. Work with development and commercial teams on resolving escalated issues. Customer on-site installations. Assisting with executing acceptance test scripts for new product versions before release. Ability to travel to UK office for product training. To apply, send resumes to Recruitment.USA@stratec.com.

(continued on page 11)

POSITIONS (continued from page 10)

Supervisor, Reference Laboratory. Blood Bank of Hawaii is seeking a qualified individual to supervise its basic-level immunohematology and product quality control testing services. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians and patients throughout Hawaii. Successful candidate will provide supervision for patient and product quality control testing, donor lookback and batch release. Responsibilities include supervision of four to five FTEs, employee counseling and evaluation, and other standard supervisory functions. Requires BA/BS in relevant field; eligible for State of Hawaii Clinical Laboratory Scientist License and four years relevant experience. Previous blood bank/hematology experience desired. Certification as a Specialist in Blood Banking (SBB) is preferred, but not required. Please complete an online application at www.bbh.org.

Manufacturing/Hospital Services Manager. Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distributions annually), has an exciting opportunity for a Manufacturing/Hospital Services Manager. This leadership position is responsible for overseeing the operations, staffing and management of the Component Laboratory and Hospital Services departments. Responsibilities will include: Ensuring efficient and effective operations in blood product manufacturing, Hospital satisfaction in meeting blood product needs and mentoring and developing a Hospital Services Supervisor and a Manufacturing Supervisor. The ideal candidate will have a BA/BS in Medical Technology or a related science, knowledge of federal and state regulations as they relate to blood center operations, and at least three years of blood center experience. Two or more years of supervisory experience required. We offer a competitive salary and excellent benefits. Please apply via our website: www.bbh.org.

Donor Recruiter. The Community Blood Council of New Jersey (CBCNJ), located in Ewing, is conducting a search for an experienced donor recruiter. This opportunity is a full-time position and will require frequent travel within the CBCNJ service territory. The ideal candidate will have a minimum of five years' successful donor recruitment experience in a previous blood center setting in New Jersey or Eastern Pennsylvania and possess excellent planning and communications skills (written and verbal). Must have the ability to work flexible hours including evenings and weekends as

necessary. To apply send resume and salary history to Diane Kern at dkern@communitybloodcouncil.org. Applicant drug testing required. EOE

Manager, Donor Services. Mississippi Valley Regional Blood Center (MVRBC) seeks a manager, Donor Services to serve the St. Louis Metropolitan Community. The manager, Donor Services will possess a strong, proven management background as this position is responsible for the daily oversight of assigned donor centers and mobile operations including, but not limited to: management of collection operations, staff recruitment (interviewing and hiring), performance evaluations, and staff development. Ideal candidate will have at least two years of formal/secondary education and three to five years managerial or supervisory experience; blood bank or healthcare experience preferred. Candidates must possess a valid driver's license, be insurable by MVRBC's insurance carrier. Pre-employment drug screen and background check required. For additional information and to apply, please visit our website at: www.bloodcenter.org/join-our-team, attaching a resume. EOE: M, W, V, D

Clinical Laboratory Scientist-Advanced (Sign- on bonus \$1,000 - \$5,000). The Immunohematology Reference Laboratory, Hoxworth Blood Center seeks Clinical Laboratory Scientist-Advanced lead technologist to assist in supervising AABB accredited Immunohematology Reference Laboratory. Duties include the development/revision of procedures, resolving complex serological problems, evaluating, interpreting test results, performing reagent evaluations, special studies; maintaining rare blood inventories; evaluating, performing quality control procedures, training materials, teaching employees, students; computerized data entry and retrieval and effective communication. Requires participation in technical on-call (3rd shift, weekends). Requires strong commitment to quality patient care, good leadership skills, extensive knowledge of blood group serology. Ideal candidate - SBB (ASCP) certification, experience resolving complex immunohematology serological problems. Minimum Qualifications: Bachelor's degree and SBB (ASCP); or bachelor's degree and MT/CLS/MLS(ASCP) or BB (ASCP) with four (4) years of laboratory-related experience; or bachelor's degree in biological science or related field with five (5) years of laboratory-related experience. Apply for position (Req. ID 4222) at <https://jobs.uc.edu>. ♦