



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #29

July 31, 2015

INSIDE:

Our Space: Are we Suicidal or ... ?2

ABC Calls on Member Blood Centers to Contact Congress3

OneBlood and The Blood Alliance Announce Merger4

Attending the ABC Summer Meeting? You Could Win an Apple Watch!5

ABC Summit on Membership Explores Future of ABC5

RESEARCH IN BRIEF6

RECENT REVIEWS6

BRIEFLY NOTED7

REGULATORY NEWS7

INFECTIOUS DISEASE UPDATES8

STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 20159

PEOPLE10

POSITIONS AVAILABLE11

CALENDAR13

Please Note: The ABC Newsletter will not be published next Friday, Aug. 7, so that staff can attend the ABC Summer Meeting in Philadelphia. We hope to see you in Philly!

Survey Results Report Male Donor Perceptions of MSM Policy

Many in the medical and gay rights communities applauded the Food and Drug Administration’s proposal to change the current lifetime blood donation deferral for men who have had sex with men (MSM) even once since 1977 to a deferral of one year since the last exposure, published in a draft [guidance](#) in May. The results of a survey, part of the National Heart, Lung, and Blood Institute’s Recipient Epidemiology and Donor Evaluation Study-III (REDS-III), suggest that donor compliance with the lifetime MSM deferral policy is far from perfect, but donors say they will be more likely to comply with a one-year deferral.

The main concern about relaxing the MSM policy is maintaining the currently very low risk of transfusion-transmitted HIV. Several other countries have moved in recent years to fixed-period or risk-based MSM deferrals. Regardless of the MSM policy, donor compliance is the key factor that influences the risk of HIV in the blood supply.

Brian Custer, PhD, MPH, of Blood Systems Research Institute and the University of California, San Francisco, and colleagues conducted a survey among male donors at four REDS-III blood centers around the US to assess noncompliance with the MSM policy. Preliminary results of the study, the Blood Donation Rules Opinion Study (Blood DROPS) were shared at a meeting of the Department of Health and Human Services’ Advisory Committee on Blood and Tissue Safety and Availability, and final results were published this week in *Transfusion*.

The researchers distributed e-mail surveys to randomly selected male donors ages 18 and older, with e-mail addresses, who donated blood between August 2010 and July 2013 at the American Red Cross (Connecticut), and America’s Blood Centers members Blood Centers of the Pacific (San Francisco), BloodCenter of Wisconsin (Milwaukee), and the Institute for Transfusion Medicine (Pittsburgh, Pa.). The survey asked questions about demographics, sexual history, donation history, compliance with the MSM policy, and opinions about the current and modified policy.

Out of the 3,183 donors (11.5 percent of those invited) who completed the survey and provided consent, 83 (2.6 percent) indicated that they had donated after male-male sex. The results suggest that noncompliance is a growing issue, with non-

(continued on page 3)



OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

Are we Suicidal or ... ?

I'm corresponding with a healthcare economist (that can't be good) about framing the medical, insurance, and public health value of blood in light of historic and future safety and regulatory imperatives. The goal is to describe our business and how to make it sustainable. When Centers for Medicare and Medicaid Services (CMS) proposed cuts (≈ 30 percent on average) to outpatient reimbursement for blood were published in the [Federal Register](#), adding to our fiscal miseries, my old pal asked:

"Why is the market for human blood not creating the efficiencies among the suppliers that the demanders want, yet leaving them a normal [sic] profit?"

My answer ...

"I think what is happening, re: reimbursement is multifactorial. The new Hospital Outpatient Payment System cuts are egregious, but even under the best of circumstances updates to the market basket for blood take two to four years and don't reflect our real costs. Also, maybe hospitals have provided bad data, CMS has applied their formulae wrongly, or that the sampling frame is biased, or all of the above.

More important, is that even if hospitals know what's provided for blood in the CMS market basket, they don't care. They will push for lower prices in contracts because that leaves them more of the pie. CMS paying THEM for what WE do is a big piece of the problem. But, it must be said, that we are suicidal – we tell docs to use less of our products and keep bidding prices lower to maintain hospital contracts and service relationships. The margins on the core of our business (components) are vanishing."

The economist responded:

"There is suicidal behavior going on or something else ... Rather than suicidal, it could just be stupidity ... How come Boeing and Lockheed Martin can compete for contracts with overbearing government safety oversight and not put each other out of business?"

My response to his response: "Suicide is painless, it brings on many changes ..." *

My bias is the "changes" to be brought include losing the comparison to Boeing *et al.* We don't sell seats or make widgets. We shepherd a critical medical and public health asset; a safe and abundant blood supply appropriately seen as a public utility like electricity and water. We should figure out how to lose the "purely" market-based economic model. If we are correct in our insistence that we are "different" from other healthcare vendors, (in so many dimensions related to our donors, "products," and services), then we need to make that case to those who hold the purse strings – third party payers and Congress.

*Apologies to M*A*S*H. 20th Century Fox and Aspen Productions. 1970.

lkatz@americasblood.org ♦

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

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MSM Donor Survey (continued from page 2)

complying donors more likely to be younger; 5.7 percent of donors 18 to 24 years old, 4.6 percent of donors 25 to 34, and 2.5 percent of donors 35 to 54 reported noncompliance with the current policy.

The proportion of noncomplying donors observed in this study is higher than the proportion in two previous mail-in REDS survey studies of 0.7 to 1.2 percent. International studies have reported noncompliance proportions ranging from the 0.23 percent in Australia, which has a one-year deferral, to 0.8 to 1.4 percent in Canada and 2.3 percent in Hong Kong, which both have permanent deferral policies. Australia's donor materials include language regarding legal penalties for failure to comply with the deferral.

Half of noncomplying donors indicated that they would follow a one-year deferral. However, 65 percent of noncomplying donors indicated on a separate question that a change in policy would make no difference in whether or not they give blood. The findings also suggest that noncomplying donors are less aware of the current policy.

“If the results from Blood DROPS are reflective of the larger donor population with MSM history, the policy change may lead to increased future compliance,” conclude the authors. “It is certain that the revision of policy will be closely monitored to assess whether meaningful changes in prevalence or incidence of HIV in the US blood supply are evident.”

To this end, the authors note that FDA has supported the development of an infectious disease monitoring program to track rates of infections in donors, assess risk factors in donors with HIV infection or newly acquired hepatitis B virus or hepatitis C virus infection, and conduct genetic typing of infected donations. Such a system would be vital to track the impact on blood safety of any change in the MSM deferral policy.

Several limitations of the study were described, including the lower response rate to the web survey than to previous mail-in surveys, as well as possible sample bias that may have occurred because men who are more interested in the topic may have been more motivated to participate in the survey.

Citation: Custer B, *et al.* Blood donor deferral for men who have sex with men: the Blood Donation Rules Opinion Study (Blood DROPS). *Transfusion*. 2015 July 22. [Epub ahead of print] ♦

ABC Calls on Member Blood Centers to Contact Congress

America's Blood Centers recently learned that the Centers for Medicare and Medicaid Services (CMS) has proposed severe reductions in Medicare payment rates for all blood components provided in the hospital outpatient setting (see [ABC Newsletter](#), 7/17/15). The proposed rule, published on July 8, will apply to the 2016 hospital outpatient prospective payment system (OPPS). CMS proposes cuts to blood product payment rates that range from 23 to 66 percent. ABC is calling on its member blood centers to act now to stop these severe cuts to blood product reimbursement. ABC is advocating here in Washington alongside fellow national blood organizations to express the blood community's concerns with these cuts before the Aug. 31 comment period deadline. ABC asks that its member blood centers ask their Senator or Congressperson in the next two weeks to contact CMS and express our concerns about the proposed cuts. Fighting cuts like this takes all hands on deck and our impact will be multiplied if we can get members of Congress to contact CMS directly. ABC members can see [MCN 15-061](#) for more details and a template letter, or may contact Mack Benton for assistance at mbenton@americasblood.org.

OneBlood and The Blood Alliance Announce Merger

Two of Florida's independent, non-profit blood centers, OneBlood and The Blood Alliance, announced on Thursday that the two are merging, effective today, July 31. The newly formed organization will distribute more than 1 million blood products annually, serving more than 210 hospitals throughout most of Florida, parts of Georgia, Alabama, and South Carolina, and employ more than 2,400 people.

"The landscape of the blood industry is rapidly changing and it demands that we continue to evolve and diversify to meet the needs of our hospital partners and their patients," said Don Doddridge, president and CEO of OneBlood. "We are confident that the merger will have a positive impact in further defining the new template for the future of our industry and ensuring our communities have a progressive, forward-thinking local blood center that is here to serve for years to come," said Mr. Doddridge.



More stringent transfusion protocols, healthcare reform, and advances in medical science are all shaping a new era of blood banking, noted OneBlood in a statement.

"Bringing the two organizations together is the right thing to do for our communities," said Marsha Bertholf, MD, medical director at The Blood Alliance. "We can no longer rely on the business models of the past to take us where we need to go in the future. Hospitals want larger scale blood centers to serve their multiple locations and the merger will allow us to accommodate their needs and still keep the hometown connection," said Dr. Bertholf.

In addition to mitigating cost to hospitals and patients, the merger is expected to bring additional operational efficiencies and further stabilize the blood supply, especially in times of natural disasters, such as hurricanes, and enhance donor outreach initiatives, stated OneBlood.

Mr. Doddridge, who began his blood banking career in Jacksonville, Fla., where The Blood Alliance is headquartered, will lead the newly merged organization and an 11-member board of directors will provide oversight, governance, and guidance.

Integration of the two organizations will begin immediately. In addition, The Blood Alliance will undergo a rebranding phase in the coming months and transition to the OneBlood brand. (Source: OneBlood, The Blood Alliance press release, 7/30/15) ♦

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.



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. 💧

Attending the ABC Summer Meeting? You Could Win an Apple Watch!

If you are attending America's Blood Centers' Summer Meeting in Philadelphia Aug. 3 to 7, you could take home an Apple Watch Sport! ABC and the Foundation for America's Blood Centers will raffle off an Apple Watch Sport to benefit the FABC.

- Tickets will be sold for \$20 each or three for \$50.
- Buy your ticket any time during the ABC Summer Meeting. ABC staff will sell tickets at the registration table, as well as on-site at the FABC's Links for Life Golf Tournament reception on the evening of Aug. 6. (The reception is open to all meeting attendees – not just golfers).
- The winning raffle ticket will be drawn during the FABC Links for Life Golf Tournament reception, however the winner need not be present. Just be sure to write your name and contact information.



ABC Summit on Membership Explores Future of ABC

America's Blood Centers' executive staff, board of directors, and committee members came together on July 20 to engender thoughtful discussion about the future of ABC membership at the ABC Summit on Membership, graciously hosted by the Institutes for Transfusion Medicine in Rosemont, Ill.

The group focused on increasing value to ABC members, improving organizational efficiency, and reducing duplication in the blood community. The participants sought to answer several questions regarding what membership model is most desirable for ABC to maximize the affiliation between ABC and groups or individuals who embrace similar goals, such as donors, hospital-based physicians, and blood industry vendors. For example, what are the appropriate structural relationships between ABC and other national blood organizations? How can the voice of the blood community become stronger and more influential?



ABC's board of directors, executive staff, and committee members gather for the ABC Summit on Membership at the Institute for Transfusion Medicine in Rosemont, Ill.

(continued on page 6)

INSIDE ABC (continued from page 5)

The day-long meeting fostered valuable innovation and led to consensus on a number of issues regarding the direction of ABC membership. ABC staff will follow-up on the ideas proposed, working with select committees to bring the recommendations forward to ABC's board of directors and eventually to the ABC membership at the Annual Meeting in March 2016. Stay tuned for more details! ♦

RESEARCH IN BRIEF

The results of a survey recently published in the *Annals of Internal Medicine* suggest that the general public prefers written consent over the most widely advocated alternatives for low-risk pragmatic randomized controlled trials (RCTs). Many medical experts support a learning healthcare system, in which research is integrated with clinical care to improve the quality and cost of healthcare. This includes pragmatic RCTs evaluating standard-of-care interventions whose true comparative effectiveness is unknown and may involve little added risk compared with normal clinical practice. Because such research generally does not cause significant risk to the patient, many researchers have suggested alternatives to written informed consent. For example, general consent would notify all patients through posters, brochures, or letters that the healthcare system regularly conducts research and that eligible patients would be automatically enrolled in a study without being explicitly asked to consent. Critics argue that this is ethically inappropriate. Scott Y.H. Kim, MD, PhD, and colleagues of the National Institutes of Health conducted a national online survey of 2,130 US adults from Dec. 12 to 29, 2014 asking questions about their support for written consent, verbal consent, or general notification in two research scenarios. One scenario compared two commonly used first-line drugs used to treat hypertension and the second compared taking a drug in the morning vs. at night. The results suggest that a majority (a range of 60 to 72 percent across four groups) of the public favors written consent over verbal consent or general notification, despite a majority (78 percent) of respondents recognizing that participating in such trials posed no additional risk. The authors conclude that because “the public currently prefers study-specific written informed consent, adoption of alternative consent options for pragmatic RCTs without extensive education would be premature and could undermine public support.” However, a substantial minority of respondents viewed general notification and verbal consent as better options than written consent. “Further education and public discussion about risks involved in pragmatic trials of standard therapies may lead to greater acceptance of such alternatives,” conclude the authors.

Citation: Nayak RK, *et al.* Pragmatic randomized trials without standard informed consent. A national survey. *Ann Intern Med.* 2015 July 28. [Epub ahead of print] ♦

RECENT REVIEWS

A recently published Cochrane Review concludes that the current literature does not support prophylactic use of fresh frozen plasma (FFP) to reduce bleeding in cardiac surgery patients. FFP is often used prophylactically in cardiovascular surgery patients to reduce bleeding. Michael Desborough, MD, of the UK's NHS Blood and Transplant, and colleagues conducted a review of the literature to evaluate the risk-to-benefit ratio of FFP transfusion in cardiovascular surgery for the treatment of bleeding patients or for prophylaxis against bleeding. They identified 15 studies with 775 patients, of which 14 studies compared prophylactic FFP against no FFP and one study that compared two types of FFP used therapeutically. The primary outcome was death within 30 days after surgery.

(continued on page 7)

RECENT REVIEWS (continued from page 6)

Secondary outcomes included operative complications, transfusion requirements, coagulation tests, transfusion reactions, and resource use. No studies reported on all outcomes and there was either a high risk of bias or unclear risk in the majority of trials included in this review. Six trials (with 287 patients) looked at the primary outcome and found no clear difference in mortality between the treatment groups but the quality of evidence was very low. There was also no difference in the amount of blood lost in the first 24 hours following surgery (measured in five trials; low quality evidence), or the risk of returning to the OR for another operation. Patients who had FFP received significantly more red blood cells, suggesting that FFP may not be effective in this setting; this was supported by moderate quality evidence. Prothrombin time was reported in eight trials and suggested that clotting may be improved by the use of prophylactic FFP (moderate quality evidence). However, the difference was too small to influence clinical practice. Only one included study reported adverse events as an outcome and reported no adverse events due to FFP. The authors conclude that the “overall evidence from randomized trials for the safety and efficacy of prophylactic FFP for cardiac surgery is insufficient.”

Citation: Desborough M, *et al.* Fresh frozen plasma for cardiovascular surgery. Cochrane Database Syst Rev. 2015 July 14;7. [Epub ahead of print] ♠

BRIEFLY NOTED

AABB and Emory University have released Transfusion Reaction Differential Diagnosis (TrDDx), an online app developed by Emory to help clinicians accurately diagnose transfusion reactions, announced the AABB Weekly Report on July 24. The tool uses the National Healthcare Safety Network (NHSN) hemovigilance definitions, jointly developed by AABB and the US Department of Health and Human Services. The tool, which uses a proprietary algorithm, guides users through a set of questions, which users answer on a checklist about the symptoms they have observed and the time when the symptoms appeared. As users respond, the algorithm narrows down the set of potential diagnoses until only the one that is most consistent with the users’ responses remains. The web app can be added to smartphone home screens for easy access. The organizations caution that the algorithm is only a tool and that clinicians should compare the results against the NHSN protocol, reported AABB. (Sources: AABB Weekly Report, 7/30/25) ♠

REGULATORY NEWS

The Food and Drug Administration announced on July 23 that it has approved an HIV assay to differentiate between the various types of HIV infection. The HIV Ag-Ab assay is the first FDA-approved diagnostic test that differentiates between HIV-1 antibodies, HIV-2 antibodies, and HIV-1 p24 antigen in human serum or plasma specimens. The BioPlex 2200 HIV Ag-Ab assay is not intended for use in screening blood or plasma donors, as the safety and efficacy for this purpose has not been established. However, in urgent situations where traditional licensed blood donor screening tests are unavailable or their use is impractical, this assay can be used as a blood donor screening assay. More information can be found in the FDA [press release](#) and approval [letter](#). (Sources: FDA press release, 7/23/15; FDA approval letter, 7/23/15)

(continued on page 8)

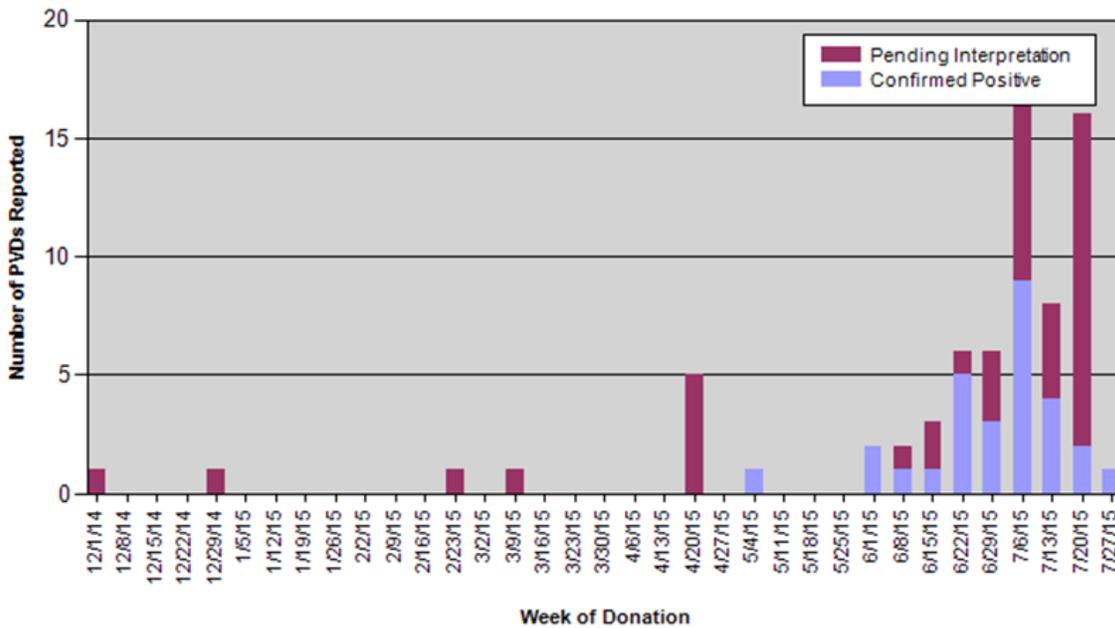
REGULATORY NEWS (continued from page 7)

The Food and Drug Administration recently published a [Guidance](#) for the Industry titled, “Analytical Procedures and Methods Validation for Drugs and Biologics.” This guidance provides recommendations on how organizations submitting new drug applications, abbreviated new drug applications, and biologics license applications can submit analytical procedures and methods validation data to support the documentation of the identity, strength, quality, purity, and potency of drug substances and drug products. These principles also apply to drug substances and drug products covered in Type II drug master files. The guidance is designed to help such applicants assemble information and present data to support analytical methodologies used. It complements the International Conference on Harmonization guidance “Q2(R1) Validation of Analytical Procedures: Text and Methodology (Q2(R1)) for developing and validating analytical methods.” This guidance does not address investigational new drug (IND) application methods validation, but FDA recommends that IND sponsors consider the recommendations in this guidance. (Source: FDA Guidance for Industry, 7/27/15) ♦

INFECTIOUS DISEASE UPDATES

WEST NILE VIRUS

West Nile virus (WNV) season is upon us. As of July 28, there have been 29 confirmed nucleic acid test (NAT)-positive donors and 30 pending interpretation, according to the [AABB West Nile Virus Biovigilance Network](#) (see the graph below). AABB members can access more information about WNV testing recommendations in AABB [Association Bulletin #13-02](#).



Source: AABB West Nile Virus Biovigilance Program

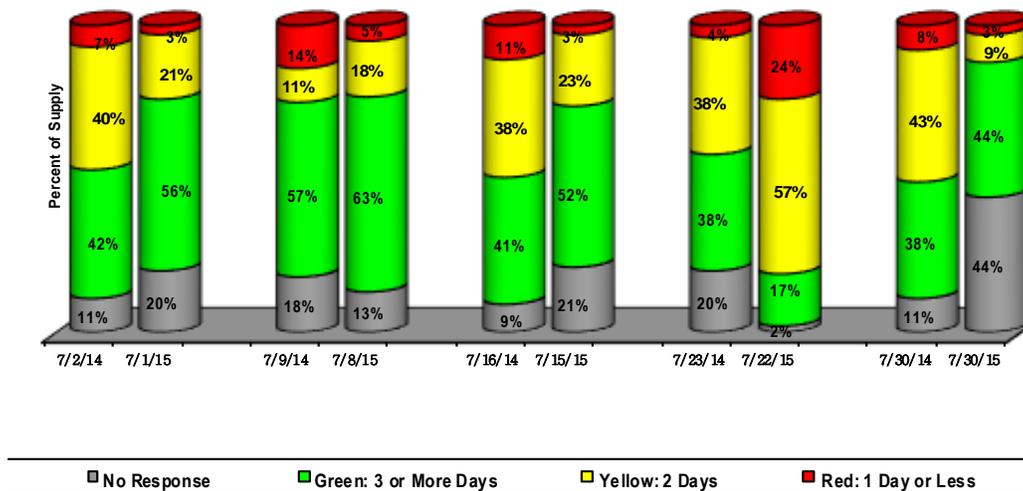
(continued on page 9)

INFECTIOUS DISEASE UPDATES (continued from page 8)

MALARIA

The European Union regulators have recommended the world’s first malaria vaccine for use among children ages six to 17 months. The new vaccine (Mosquirix, produced by GlaxoSmithKline Biologics), which includes a vaccine for hepatitis B virus, now awaits a review by the World Health Organization (WHO), reported Medscape. The earliest any malaria-endemic country could license the product is 2017, according to WHO. Funded in part by the Bill & Melinda Gates Foundation, the new vaccine, also known as the RTS,S/AS01, has proven modestly effective. In a clinical trial in seven African nations, the new vaccine prevented a first or only clinical episode of malaria in 56 percent of children ages 5 to 17 months, and in 31 percent of children ages six to 12 weeks, according to the European Medicines Agency (EMA). The vaccine’s efficacy decreased after one year (see [ABC Newsletter](#), 5/1/15). The EMA’s Committee for Medicinal Products for Human Use concluded that “despite its limited efficacy, the benefits of Mosquirix outweigh the risks in both age groups studied.” The European regulatory agency noted that because the new vaccine offers partial, waning protection, its use should be combined with other anti-malaria measures such as insecticide-treated bed nets. A WHO spokesperson told reporters on July 24 that WHO will issue recommendations by November on how to use the vaccine. More information can be found on EMA’s [website](#). (Sources: Medscape, 7/24/15; EMA press release, 7/24/15) ♦

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

We Welcome Meeting Notices

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

PEOPLE

Rob Van Tuyle was appointed the new CEO of BloodSource, Sacramento, Calif, succeeding former CEO Mike Fuller who recently retired, announced the blood center on Wednesday. “Rob is a highly respected leader in the national and global blood banking community through his involvement with various industry associations and international plasma programs,” said Michael Lucien, MD, chair of BloodSource’s board of directors. “As the healthcare industry evolves at a rapid pace, we are confident that Rob’s vision will help BloodSource continue to grow and increase its positive impact on the lives of many patients.” Mr. Van Tuyle joined BloodSource as chief financial officer (CFO) in 2010 and was named president of BloodSource in 2014. He has extensive experience in financial management, strategic planning, and operations. In 2012, the *Sacramento Business Journal* named him “CFO of the Year.” Additionally, Mr. Van Tuyle serves on the board of the Sacramento Metro Chamber of Commerce. “BloodSource makes a tremendous difference for many patients and their families within our communities and around the world,” said Mr. Van Tuyle. “It all starts with the generosity of our donors who truly give of themselves to help save lives. I am very honored to lead this remarkable organization.” Prior to joining BloodSource, Mr. Van Tuyle served as an auditor for Ernst & Young in Palo Alto, Calif. for 10 years, and later as CFO for a number of venture-backed technology companies located in the Sacramento area including SynapSense Corporation, Sierra Logic, and ShareWave. Mr. Van Tuyle represents BloodSource as a member of the board and executive committee member of Blood Centers of America (BCA) and is chairman of the plasma committee with BCA. He received his Bachelor of Science degree in Business from the University of Santa Clara in California and is a certified public accountant in the state of California. (Source: BloodSource press release, 7/29/15)



Army Lt. Col. Robert “Ken” Pell Jr. retired on June 26 after more than 30 years of military service, spending the majority of his career with the Armed Services Blood Program in a variety of key positions. He served as the joint blood program officer and African Medical Exercise desk officer for the US European Command, chief of Blood Services at the former Walter Reed Army Medical Center in Washington, D.C. and the Landstuhl Regional Medical Center in Germany, and the executive officer of the 1st Area Medical Laboratory in Afghanistan. His most recent position was as the chief of Blood Services and director of Clinical Laboratory Education and Training at the Walter Reed National Military Medical Center in Bethesda, Md. Lt. Col. Pell began his career as an enlisted Air Force medical laboratory specialist where he served in that capacity, reaching the rank of sergeant, before being honorably discharged to attend college. After receiving a bachelor’s degree in medical technology and a master’s degree in biological sciences, and graduating from the Specialist in Blood Banking Fellowship Program, Lt. Col. Pell received his direct commission into the US Army Medical Services Corps as a laboratory officer in May 1988. Among his



Retired Army Col. Glen Michael Fitzpatrick (left), officiating officer and guest speaker, presents Army Lt. Col. Robert Pell Jr. (right) with a certificate of appreciation. Lt. Col. Pell retired after 30 years of military service June 26 at the Walter Reed National Military Medical Center in Bethesda, Md. Source: Armed Services Blood Program

(continued on page 11)

PEOPLE (continued from page 10)

many awards and decorations are two Defense Meritorious Service Medals, four Meritorious Service Medals, the Joint Commendation Medal, two Army Commendation Medals, the Air Force Commendation Medal and two Joint Service Achievement Medals. He was also voted the Senior Tri-Service Laboratory Officer of the Year for 2013 by the Society of the American Federal Medical Laboratory Scientists. (Source: Armed Services Blood Program announcement, 7/24/15)

Mary O'Neill, MD, has been named the interim chief medical officer for the American Red Cross (ARC), announced the *AABB Weekly Report* on July 24. Most recently, she served as the vice president of Patient Services at ARC, and prior to that she was the East Division vice president. Dr. O'Neill earned her medical degree from the University College Cork Medical School in Ireland and completed her post-graduate training in anatomical pathology at the Mallory Institute of Pathology in Boston. She also completed clinical pathology training at Boston University Medical Center. Dr. O'Neill is board certified in anatomical pathology, clinical pathology, and blood banking/transfusion medicine. (Source: AABB Weekly Report, 7/30/15) ♠

CLASSIFIED ADVERTISING

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

POSITIONS AVAILABLE

District Director Donor Care. United Blood Services in Scottsdale, Arizona is looking for an individual to lead the Donor Care Department. Bachelor's degree in related field required. Knowledge of general business and management practices required. Five (5) years previous healthcare-related experience along with three (3) years supervisory experience required. Blood banking or healthcare-related experience preferred; must possess strong communication, analytical and statistical, leadership, organizational, problem-solving and human relation skills. Salary: DOE. Candidates must apply via <http://www.unitedbloodservices.org/careers.aspx> (req#15000806). Our organization is an equal employment/affirmative action employer. If you need accommodation for any part of the employment process because of a medical condition or disability, please send an e-mail to accommodation@bloodsystems.org or call (844) 220-2612 to let us know the nature of your request. A representative will respond to accommodation requests within two business days. Please note that this email/phone number is for medical/disability accommodations only and any other inquiries will not receive a response. EEO is the Law. For more EEO information about applicant rights [click here](#). Our organization participates in E-Verify, for more information [click here](#). EEO/Minorities/Females/Disabled/Vets. All candidates who receive a conditional written offer of employment will be required to undergo a pre-employment drug test

in accordance with the company's established guidelines.

Hospital Services Manager. Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distributions annually), has an exciting opportunity for a Hospital Services Manager. This leadership position is responsible for supervising and coordinating the operations, staffing and management of the Hospital Services department to include hospital satisfaction in meeting blood product needs, assuring quality customer service to all customers, and management and coordination of blood and blood component inventories. The ideal candidate will have knowledge of federal and state regulations as they relate to blood center operations, and at least five years of blood center experience. Three or more years of supervisory experience required. We offer a competitive salary and excellent benefits. Please apply via our website: www.bbh.org.

Vice President, Marketing (San Diego, CA). The San Diego Blood Bank (SDBB) is in a unique position to lead the blood industry into the future, by leveraging and extending its competencies. SDBB 2.0 will continue

(continued on page 12)

POSITIONS (continued from page 11)

our mission of providing high quality and blood and biological products on a local and national scale while simultaneously delivering healthcare and wellness services. SDBB 2.0 will integrate into local and national scientific and clinical communities to actively drive the future of healthcare through research. SDBB is now searching for a vice president, Marketing to lead a formalized approach to achieving opportunities in blood banking and in the life sciences. Responsible for providing executive leadership and management of SDBB's marketing function including: corporate marketing, partner/channel marketing, product marketing, community relations, public relations and donor recruitment and retention. The VP, Marketing will drive SDBB's efforts to position itself as a visionary leader in both its traditional blood banking market and in emerging life science markets, to achieve its overall blood collection and revenue goals. Requirements: 10 years marketing experience in comparable industries with four years senior management. Bachelor's degree required. MBA preferred. To Apply: <http://sandiegobloodbank.applicantpro.com/jobs/>. The San Diego Blood Bank is an Equal Opportunity Employer. EOE/Minority/Female/Disability/Vets

Director – Business Development. The National Blood Collaborative, LLC (NBC) is seeking one experienced sales and marketing professional to manage the daily operations of the organization. NBC is an entity created by seven outstanding blood centers that focuses on emerging blood and cellular industry opportunities. Primary responsibilities consist of obtaining new business for NBC in both the blood and cellular marketplace. The ideal candidate possesses strong communication skills and industry related experience, including product development responsibilities. Relocation is not required. However, overnight travel (25 percent) is required. Salary and bonus opportunity commensurate with experience. Interested candidates should forward their resume and cover letter to NBC@kybloodcenter.org. For more information, go to www.nationalbloodcollaborative.org. NBC is an equal opportunity employer.

Director Mobile Operations. The director provides guidance and oversight of Innovative Blood Resources (IBR) mobile operations and programs within the Metro and Northland divisions. This position reports to the chief operational officer/chief financial officer. Directs, strengthens and grows mobile operations to meet the needs of IBR's strategic plan and ensure consistent and compliant blood collection operations that exceed customer expectations. Responsible for overall management and control of mobile transportation including staff, budgets and work processes. Directs the activities and provides guidance, support and tools to

staff to ensure safe, timely and economical services. For a detailed job description and to apply: <https://home2.eease.adp.com/recruit/?id=18173212>.

Technical Services Director Quality/Projects. Kentucky Blood Center, located in Lexington, Kentucky is seeking a detail-oriented professional to oversee quality initiatives for Technical Services and facilitate management/implementation of special projects. Responsibilities will include develop, review, and implementation of Process Change Control Plans; assist with standard operating procedure revisions; oversee blood components quality control and Technical Services regulated equipment management (QC, maintenance, and validation); and oversee/manage Quality Assurance/Quality Control Coordinators. Will coordinate quality improvement investigations, root cause analysis, and maintain direct communication with the Quality Assurance department while developing and implementing corrective action plans. Qualified applicants must have a four-year degree, MT (ASCP) or experience deemed equivalent. Three years' experience working in an organization regulated by good manufacturing practice with FDA, AABB, CLIA and EU regulated experience preferred. Experience with data analysis and equipment/process validation preferred. Must be proficient with MS Office products. Competitive salary, comprehensive benefits including health/dental, life, short/long term disability, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Call Center Director. This position will direct Oklahoma Blood Institute's (OBI) database-driven, systematic recruitment efforts to procure the right number and variety of blood donations in order to meet OBI's blood supply needs and organizational objectives. Design, implement, and coordinate the use of all direct donor marketing tools and technologies including phone calls, broadcast voice messages, blast emails, text messages, direct mail and other modalities to provide an effective, efficient and comprehensive donor recruitment effort. Manage directly and indirectly OBI's Contact Center staff. Deliver cross-departmental projects engineered to solicit targeted donor subgroups. Successful candidates should have a post-secondary education with two years' management experience, preferably in an outbound call center and/or blood center setting. OBI offers an excellent compensation package which includes Health, Dental, Vision, Life, LTD, Flex, 401(k), Negotiable Relocation Package, and generous Paid Time Off Leave. Qualified candidates should submit their resume to our website careers page at <http://obi.org/careers/>. ♦

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail (lnorwood@americasblood.org) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2015

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

Sept. 9. **NIH 34th Annual Symposium on Immunohematology & Blood Transfusion, Bethesda, Md.** More information and registration details can be found [here](#).

Sept. 10. **Red Cell Genotyping 2015: Precision Medicine Symposium, Bethesda, Md.** More information and registration details can be found [here](#).

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

Sept. 26. **13th Annual Canadian Blood Services International Symposium: "Blood-Borne Pathogens: Defend, Detect, and Destroy," Toronto, Ontario.** More details including speakers and registration information can be found [here](#).

Sept. 28-29. **2nd Global Symposium on "The Future for Blood and Plasma Donations," Dallas, Texas.** Contact: e-mail: info@pifa.nl. More information available [here](#).

Oct 22-23. **9th WFH Global Forum, Montreal, Canada.** Contact: gf2015@wfh.org. More information available [here](#).

Dec. 1-2. **IPFA Workshop on Improving Access to Plasma and Plasma Products in the Southern Africa Region, Stellenbosch (Cape Town), South Africa.** Contact: e-mail: info@pifa.nl. More information available [here](#).

2016

Mar. 12-14. **Annual Meeting, America's Blood Centers, Jacksonville, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Apr. 26-28. **Human Resources & Training/Development Workshop, America's Blood Centers, San Antonio, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

July 24-28. **WFH World Congress, Orlando, Fla.** Contact: jbungardt@wfh.org. More information available [here](#).

Aug. 2-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Honolulu, Hawaii.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 13-14. **IT Workshop, America's Blood Centers, Minneapolis, Minn.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org. ♦