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

ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2015 #37 **October 9, 2015**

INSIDE:

The President's Precision Medicine Initiative: an Opportunity for Blood Centers

In pursuit of the Precision Medicine Initiative (PMI), launched by President Barack Obama during his State of the Union address earlier this year, the National Institutes of Health (NIH) is working to build a 1 million-person longitudinal research cohort. Two America's Blood Centers' members have taken an active role in deciphering where blood centers might fit into this effort through leveraging their highly regulated, efficient infrastructure and existing dedicated donor base to identify possible research cohort participants.

PMI Background. President Obama said that the PMI aims to "bring us closer to curing diseases like cancer and diabetes – and to give all of us access to the personalized information we need to keep ourselves and our families healthier." PMI will usher the US into an era that embraces and applies innovative technologies to tailor and specifically target medical treatments to each patient.

Over the past decade, the promise of precision (or personalized) medicine – the integration of the patient's uniqueness into their own clinical care – has begun to be realized in large academic medical centers. Recent advancements in genomic technologies, digital health records, data collection, and data storage and analysis provide confidence that the goal of bringing precision medicine to the general public is achievable. To pursue this opportunity, NIH seeks to apply these advances in a longitudinal study involving 1 million or more participants – called the PMI Cohort.

The Opportunity. To ensure long-term participant engagement and a successful PMI Cohort study, Francis Collins, MD, PhD, director of NIH, mandated the longitudinal study be participant-centric. Each participant's role is similar to that of a blood donor, who willingly contributes his/her blood, health data, and time for the betterment of their community and humankind. The blood donor's gift is entrusted to an entity, a blood center, whose mission is saving lives with quality services in partnership with hospitals within the community, explained David Wellis, PhD, CEO of San Diego Blood Bank, who has attended several PMI workshops and related meetings and taken an interest in the PMI initiative and population-scale research.

More recently, blood centers have begun adopting an "honest-broker" role between their donors interested in participating in research studies and research

(continued on page 3)

OUR SPACE

Matt Granato, ABC's Chief Operating Officer

Farewell

I can't believe it has been over 13 years since I joined this wonderful association. What started as a temporary "stint" subbing for a membership manager who was going to be on maternity leave, blossomed into a fulfilling career, filled with professional growth and opportunities to learn and work with talented colleagues, and committed members and blood banking professionals in the US and abroad.

I feel that my next move would have not been possible if not for America's Blood Centers. I have accepted the chief staff position at the American College Health Association (ACHA), a network of university student health centers, with 800 member colleges and 2,800 individual members. I will join ACHA as the next Executive Director on Oct. 16. There, I will pursue many of the same strategic goals I have pursued at ABC: advocacy, education, and research (data). I will certainly rely on my experience at ABC to accomplish ACHA's mission to be the principal leadership organization for advancing the health of college students and campus communities by delivering on the strategic goals.

I have yet to meet a person who entered blood banking by design ("When I grow up, I'm going to be a blood banker," said no child ever). Yet once you dabble into this community, it is hard not to like it.

First, the mission could be neither more noble, nor its effects more touching and tangible. The memories of the donor-patient reunions where even veteran blood bankers' eyes teared up will stay with me forever. Second, the collegiality and camaraderie among peers, that even through fierce competition, contributes to the strength of the industry and is critical for the association to accomplish its goals. Third, the smarts and talent among our members have made my job very rewarding. It was certainly a steep learning curve during my first year, but I owe it to my colleagues and ABC members who patiently taught me about blood banking and the association. All of the above, I will cherish and miss.

Finally, I must acknowledge the current ABC staff and volunteer leadership for the support and opportunities I was given; and I would also like to recognize Scott Caswell, Jim MacPherson, Bill Coenen, and Christine Zambricki who were so critical in my personal and professional development at ABC.

Don't expect me to become a stranger; I will remain a member of the blood community in an individual capacity through my memberships in the International Society for Blood Transfusion (ISBT) and the Association of Donor Recruitment Professionals (ADRP). I do hope that our paths cross again, and that I can continue to contribute to blood banking and benefit professionally through my interactions with such a gifted group of people. Stay in touch!

mgranato@americasblood.org

The *ABC Newsletter* (ISSN #1092-0412) is published 46 times a year by America's Blood Centers® and distributed by e-mail.

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.

America's Blood Centers
President: Susan Rossmann
CEO: Christine S. Zambricki
Publications Editor: Betty Klinck
Subscriptions Manager: Leslie Norwood
Annual Subscription Rate: $390

Send subscription queries to mnorwood@americasblood.org.
America's Blood Centers
725 15th St. NW, Suite 700, Washington, DC 20005
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

PMI and Blood Centers (continued from page 1)

institutions and clinical trials. "Blood centers engaged in this type of research have a unique opportunity to leverage their highly-regulated, efficient infrastructure and engaged donor base for the PMI Cohort study," said Dr. Wellis. "The PMI would benefit from the ethnic diversity of blood donors and the electronic collection of longitudinal health data from millions of 'active' donors."

The Charge. Dr. Collins charged a 24-member PMI Working Group to create a set of recommendations to guide the development and management of the $130 million PMI Cohort Study in fiscal year (FY) 2016. In a span of six months, the working group held five public PMI Working Group meetings around the country to gather stakeholder input.

The discussions at the workshops centered on deciphering:

- How best to build a precision medicine research cohort of a million-plus participants;
- What unique scientific opportunities exist in a population-base study of this scale;
- How to access relevant digital health data and report results back to participants;
- What the best practices are for garnering participant engagement, while maintaining health equities; and
- How to implement mobile and personal technologies to collect health, lifestyle, and environmental data.

The NIH also issued two Requests for Information (RFI) to gather additional input from a variety of potential stakeholders. The first RFI on building a precision medicine national research participant group and identifying research entities interested in being a part of the cohort (NOT-OD-15-096) received 152 submissions, two of which came from ABC members, San Diego Blood Bank and BloodCenter of Wisconsin.

During the Nashville, Tenn., PMI Working Group meeting on May 28, Gina Wei, MD, MPH, medical officer and senior scientific advisor of the National Heart, Lung, and Blood Institute, reported on the results of the RFI. She commented that an intriguing idea to explore is to "enroll active blood donors or use of blood centers in enrolling new participants in the study because blood donors are altruistic in giving time, energy, biospecimens, and data." She added, "And, blood centers are already helping researchers recruit highly interested donors into research studies."

The second RFI (NOT-OD-15-107) was aimed at gathering community engagement strategies for a diverse PMI Cohort while addressing health disparities. According to Dr. Wellis, the take-home messages from the responses received were:

- Build trust through genuine community engagement throughout the design, development, and implementation of the study;
- Establish transparency though continuous communication;
- Provide a benefit for the participants through returning information and results;
- Develop a true partnership with the community through the creation of formal community advisory boards and informal community meetings;
- Partner with the community early and equitably to ensure diversity; and
- Incorporate flexibility in the cohort design to capture multiple determinants of health.

(continued on page 4)

PMI and Blood Centers (continued from page 3)

"Blood centers that have already incorporated most of these strategies in their current donor engagement practices are poised to be a contributing entity of the PMI cohort study," said Dr. Wellis.

Blood Center Engagement. In addition to establishing a presence at the PMI Working Group meetings and responding to the RFIs, Dr. Wellis, along with ABC CEO Christine Zambricki, DNAP, CRNA, FAAN, visited in May with members of the White House Office of Science and Technology Policy PMI team. They discussed the opportunity to leverage blood centers' infrastructure to accelerate the assembly of a highly engaged, diverse national PMI Cohort.

"Tapping into a well-managed, established pool of engaged donors or participants is not only cost-effective, but also eliminates many of the perceived challenges such as feasibility, expense, time, demographics, and privacy," said Dr. Wellis.

David Wellis, San Diego Blood Bank (center), meets with Fae Jencks (left) and Dr. Stephanie Devaney (right), of the White House Office of Science and Technology Policy PMI team.

The Plan. The PMI Working Group completed their outreach for input into developing the PMI Cohort at their July 28 meeting in Santa Clara, Calif. On Sept. 17, Dr. Collins revealed the Working Group's recommendations and NIH's five-year plan for the PMI Cohort. Once Congress passes a FY2016 budget, NIH will issue a detailed Request for Proposals (RFP) for interested entities to apply for an opportunity to be included in the initial development of the PMI Cohort.

"At this time, we believe the PMI Cohort could leverage our nation's blood center infrastructure as an established network for "volunteer" participant education, recruitment, consent, donation (sample and data), and continuous engagement to support both PMI and future population-scale genomic studies," said Dr. Wellis. "We further believe that our combined efforts have placed blood centers on the White House and NIH's radar and have engaged key influencers."

Stay tuned in the coming weeks for further developments!

This article was contributed by: David Wellis, PhD, CEO, San Diego Blood Bank, and Beth Anne Baber, PhD, MBA., CEO, The Nicholas Conor Institute, a scientific advisor to San Diego Blood Bank

Save the Date: Upcoming ABC Webinar

Mark your calendars for America's Blood Centers webinar, "600 Series Final Rule: How Does it Impact my Operations?" to be held on Oct. 20 from 3 to 4:30 p.m. EDT. Attendees will hear from an FDA speaker who will answer questions submitted by ABC members, followed by an ABC member speaker and panel delving into implementation specifics and challenges for members. Keep your eye out for webinar login details to come in an e-mail from ABC! Questions may be directed to Toni Mattoch at tmattoch@americasblood.org.

Ed Lawson to Retire From Blood Community

After 30 years of dedicated service to the blood industry, Ed Lawson has decided to retire as of Oct. 31. Most recently, Mr. Lawson stepped in to lead The Blood Alliance in 2014 after the former CEO Valerie Collins lost her battle with cancer.

According to a press release from OneBlood, which recently merged with The Blood Alliance, Mr. Lawson's "exuberant personality helped rally the [Blood Alliance] team during a difficult time [following Ms. Collins' passing] and in the process, he helped move the blood center forward by further strengthening the blood supply and celebrating donors." Mr. Lawson also played a significant role in helping to make the recent merger between OneBlood and The Blood Alliance possible.

Mr. Lawson began his blood banking career in 1974 as the telerecruitment manager of Richmond Metropolitan Blood Services, which eventually became Virginia Blood Services. Within two years, he became the director of Donor Resources.

Mr. Lawson joined The Blood Alliance in 2005 as the director of Donor Resources. A few years later, he joined Central Pennsylvania Blood Bank and then returned to Virginia Blood Services as the operations director. He rejoined The Blood Alliance as chief operating officer in 2012.

"Before I could even consider retiring, I was committed to helping find the perfect partners that could lead the blood center into the new era of blood banking and still keep our hometown connection. I am confident that with OneBlood our past will be preserved and our future will be secure," said Mr. Lawson. "With the merger complete, I feel now is the right time for me to pass the reins to new leadership and to return to my family in Virginia." (Source: OneBlood press release, 10/6/15)

Matt Granato Steps Down from COO Position at ABC

Matt Granato, LLM, MBA, announced that after 13 years at America's Blood Centers, he will leave his current position as chief operating officer (COO) on Oct. 15 to accept a job as the executive director of the American College Health Association. An association executive with 17-plus years' experience in the public policy, non-profit, and association sectors, Mr. Granato has provided valuable leadership to ABC in a number of capacities.

"It is with mixed feelings that I share the news with you that Matt Granato will be leaving ABC to accept a position as executive director of the American College Health Association. This is a wonderful opportunity for Matt, and I know that you join with me in congratulating him on his new role," said ABC CEO Christine Zambricki, DNAP, CRNA, FAAN. "At the same time that we wish him well, we will miss his many contributions to ABC and the pleasure of working with him every day."

Mr. Granato joined ABC in 2002, serving first as the manager for National Programs and Marketing, being promoted to various leadership roles in the communications and member services area and eventually to his current position as COO in 2012.

(continued on page 6)

Matt Granato Steps Down from ABC (continued from page 5)

A transition plan is in place at ABC to fulfill Mr. Granato's current responsibilities, and ABC's executive team is in the process of defining the role that will best fulfill ABC's strategic objectives. "As ABC continues to evolve, we will take this opportunity to select a new member of our team who can bring the ideal knowledge, skills, and abilities necessary to enhance our strategic success," said Dr. Zambricki. "Stay tuned for more details and congratulations to Matt!" ♦

RESEARCH IN BRIEF

A recent study in *Transfusion* reports that transfusion practices in pediatric patients vary greatly and that a restrictive transfusion strategy may decrease risks associated with transfusion among pediatric patients. Numerous controlled trials in adult patients have demonstrated that a restrictive transfusion strategy – using a hemoglobin transfusion trigger of 7-8 g/dL – is as safe and effective as using a higher transfusion trigger. Clinical guidelines thus suggest a restrictive transfusion strategy in well-studied populations of adults. However, less evidence exists about appropriate transfusion thresholds in pediatric patients. Prior studies in pediatric patients have been limited to low-birthweight infants, critically ill children, and postsurgical pediatric patients. Linda M.S. Resar, MD, and colleagues of The Johns Hopkins University School of Medicine, Baltimore, Md., investigated variation in RBC transfusion practices at their institution by specialty service to better understand pediatric transfusion practices and inform future evidence-based guidelines for children. They conducted a historical cohort study comparing transfusion practices in children hospitalized at Johns Hopkins Children's Center between Jan. 1, 2009 and Dec. 31, 2012. Transfusion data from electronic health records of 3,370 transfused children was collected. They compared hemoglobin transfusion triggers to the evidence-based restrictive threshold of 7 g/dL. The hemoglobin trigger was defined as the lowest hemoglobin level before transfusion. Most of the pediatric patients were transfused at hemoglobin concentrations above 7 g/dL, and depending on the service, from 25 to 90 percent of patients were transfused at hemoglobin levels above this threshold. For all services, the mean trigger was 7.2 ± 1.6 g/dL and was above the restrictive trigger on eight of 12 services. Their results "demonstrate for the first time the significant variation in RBC transfusion practices within and between pediatric medical and surgical services at a large tertiary care center," wrote the authors. While further studies are needed, "our study represents a critical step as part of a comprehensive blood management program, which could help to promote significant improvements in blood utilization, reduce costs, and improve both patient safety and outcomes," conclude the authors.

Citation: Klaus SA, *et al*. Hemoglobin thresholds for transfusion in pediatric patients at a large academic health center. Transfusion. 2015 Sept. 29. [Epub ahead of print]

A study published in *Transfusion* reports that coagulation factors levels are comparable in fresh frozen plasma (FFP) frozen within eight hours of phlebotomy, plasma frozen within 24 hours of phlebotomy (PF24), and solvent/detergent-treated plasma (SDP). Thawed plasma is increasingly used in the US and has the advantages of rapid availability in emergency situations and reducing plasma waste. Prior studies have indicated that clotting factors FV, FVII, FVIII, and protein S (PS) are the most labile factors during storage at 1 to 6 degrees Celsius. In the current study, Andrea Neisser-Svae, PhD, of Octapharma, and colleagues measured and compared the activity levels of these clotting factors in addition to PS and ADAMTS13 in FFP, PF24, and SDP over the storage time. Five A, B, O, and AB units of FFP, PF24, and SDP were thawed and maintained for five days at 1 to 6 degrees Celsius. Clotting factor levels were measured at baseline and every 24 hours thereafter for five days. At the time of thawing, all factors tested in all plasma products were within normal range. As expected, all factors declined during storage

(continued on page 7)

RESEARCH IN BRIEF (continued from page 6)

except for ADAMTS13, which remained stable. However, even by day five of storage, FV, FVII, and FVIII activities were still well within the hemostatic ranges for these factors. They add that PS declined over the five days of storage and was the greatest in SDP, resulting in significantly lower levels of PS. The authors add that the clinical significance of the mean values found in plasma products on day five remains unclear. "In conclusion, the results of the performed study show that the changes in coagulation factor levels in SDP, FFP, and PF24, stored at 1 to 6 degrees over five days, are comparable," conclude the authors.

Citation: Neisser-Svae A, *et al*. Five-day stability of thawed plasma: solvent/detergent-treated plasma comparable with fresh-frozen plasma and plasma frozen within 24 hours. Transfusion. 2015 Sept. 29. [Epub ahead of print]

A study from the Biomedical Excellence for Safer Transfusion (BEST) Collaborative suggests that transfusion medicine training for hematology trainees is lacking in both quantity and quality. Transfusion is a common therapy and a key component in every hematologist's practice, and hematologists are expected to have expert knowledge on evidence-based transfusion practices. Previous research by the BEST Collaborative suggests that internal medicine residents from nine countries have inadequate knowledge of transfusion of medicine based upon a validated assessment tool. These findings are also supported by a 2012 Joint Commission report that recognized "gaps in medical school and continuing professional education" and noted that "there are very short exposures to transfusion medicine in crowded medical school and residency curricula." To assess the current state of hematology trainee knowledge of transfusion medicine, the BEST Collaborative researchers distributed a validated transfusion medicine exam to 148 trainees at 17 international sites. The exam measured transfusion medicine education, attitudes, perceived ability, and transfusion medicine knowledge. The overall exam score was 62 percent, which suggests an intermediate level of knowledge. Higher exam scores were associated with an increased amount (three or more hours) and better perceived quality of transfusion medicine educational sessions during hematology training but not to training in medical school and internal medicine residency. US trainees consistently performed worse on the exam than their non-US counterparts. "While hematology trainees did perform better than the internal medicine residents in the previous study (62 vs 42 percent) using the same validated knowledge assessment tool, the overall mean score was low for individuals who should have significant transfusion medicine expertise and suggests a need for improvement in hematology trainee transfusion medicine education," concluded the authors.

Citation: Lin Y, *et al*. BEST-TEST2: assessment of hematology trainee knowledge of transfusion medicine. 2015 Sept. 24. [Epub ahead of print]

RECENT REVIEWS

A Cochrane review published Sept. 30 suggests that giving platelet transfusions prophylactically in myelosuppressed, thrombocytopenic patients, rather than only therapeutically, may be beneficial. Patients with hematologic malignancy may have low platelet counts and chemotherapy can lower them further. Therefore, platelet transfusions may be administered prophylactically to prevent bleeding, or they may be given to treat bleeding. Lisa J Estcourt, of NHS Blood and Transplant, the blood supplier of England and North Wales, updated a Cochrane review first published in 2004 and updated in 2012 that assessed four research questions relating to prophylactic platelet transfusions. The authors sought to determine whether a therapeutic-only transfusion policy is as effective and safe as a prophylactic platelet

(continued on page 8)

RECENT REVIEWS (continued from page 7)

transfusion policy in patients with hematological disorders undergoing chemotherapy or stem cell transplantation. They searched research databases for randomized control trials (RCTs) through July 2015 and identified seven RCTs that met the study criteria. Giving platelet transfusions to prevent and treat bleeding in patients with low platelet counts due to hematologic disorders or their treatment may result in a reduction in bleeding when compared with giving platelet transfusions only to treat bleeding, according to the data. There may not be an increased risk of death or adverse events if platelet transfusions are given only to treat bleeding, however there was not sufficient evidence to confirm this conclusion. None of the studies reported any quality-of-life outcomes. The evidence for most of the findings was low or moderate quality as the studies were not blinded. "There is insufficient evidence to determine any difference in mortality rates and no evidence of any difference in adverse events between a therapeutic-only platelet transfusion policy and a prophylactic policy. A therapeutic-only platelet transfusion policy is associated with a clear reduction in the number of platelet components administered," concluded the authors.

Citation: Crighton GL, *et al*. A therapeutic-only versus prophylactic platelet transfusion strategy for preventing bleeding in patients with hematological disorders after myelosuppressive chemotherapy or stem cell transplantation. Cochrane review. 30 Sept. 2015. ♦

BRIEFLY NOTED

The Department of Health and Human Services (HHS) announced that they have selected RAND Corporation to conduct the HHS-funded study investigating the current US blood system model and future alternatives. In collaboration with America's Blood Centers, AABB, the American Red Cross, and other experts – HHS is funding a study characterizing the US current blood collection and distribution system and alternatives that might assure the sustainability of a safe and adequate blood supply (see *ABC Newsletter*, 9/4/15). The 12-month study, which was commissioned by the HHS Advisory Committee for Blood and Tissue Safety and Availability, began Oct. 1, shortly after securing RAND as the contractor to conduct it. RAND is a non-profit research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier, and more prosperous. The study will culminate in the publication of an evidence-based report, independent of the blood community, which provides a big picture analysis of the current situation and future options for ensuring long-term sustainability. Continue checking the *ABC Newsletter* for further updates on the study's progress.

The International Plasma Fractionation Association (IPFA) and Blood Centers of America (BCA) in collaboration with Carter BloodCare, hosted the second Global Symposium on the Future for Blood and Plasma Donations on Sept. 28 to 29 in Fort Worth, Texas. The meeting included discussions on the need and demand for immunoglobulin and plasma-derived medicinal products; source plasma collection; donor conversion and recruitment; and the response to the Ebola epidemic. It also covered global perspectives and strategies to increase patient access to these therapies. Allene Carr-Greer, AABB's director of regulatory affairs, gave a presentation on the relevant regulatory issues and the AABB Plasma Task Force's work to address barriers and resolve inconsistencies. The task force seeks to facilitate harmonization of Food and Drug Administration (FDA) regulations with European requirements and asks FDA to revise regulations that distinguish between plasma based on collection and storage methods. ABC, AABB, and other organizations continue to work together on these issues. Mark Weinstein, PhD, of FDA's Office of Blood Research and Review, gave the regulator's perspective on

(continued on page 9)

BRIEFLY NOTED (continued from page 8)

harmonization while taking questions from the floor regarding hot topics related to concurrent, component, and source plasma. Merlyn Sayers, MBBCh, PhD, president and CEO of Carter BloodCare, gave a thought-provoking analysis of current issues in blood banking with cautionary words lest blood centers assume that the supply of donors is secure in the future. The international community was well-represented with speakers from the Netherlands, France, South Africa, Egypt, and Switzerland on topics ranging from Ebola research to source plasma collections. The rising demand for immunoglobulin products was a recurring theme throughout the two-day symposium. (Source: AABB Weekly Report, 10/2/15)

REGULATORY NEWS

The Food and Drug Administration (FDA) recently published new Biological Product Deviation Reporting (BPDR) Codes. The codes can be accessed on the FDA website. Changes made on Oct. 1 are marked with a dagger (†). These codes are used in biological product deviation reports (BPDR), which report errors and accidents in the manufacturing of biological products. America's Blood Centers recommends that its member blood centers review the new BPDR codes for relevant changes as these may alter their reporting requirements.

The Department of Health and Human Services announced in a Sept. 30 press release that it has launched the nation's first and most comprehensive system of resources designed specifically to help communities better prepare for and manage impacts of disasters. Sponsored by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), the Technical Resources, Assistance Center, and Information Exchange (TRACIE) features resource materials, a help line, just-in-time suggestions and tools to share information gleaned from real-life experiences in preparing for, responding to, and recovering from disasters. TRACIE offers a myriad of disaster preparedness tools including technical resources, an assistance center, and information exchange. Blood centers may want to explore these resources for items that may be useful in their own disaster preparedness planning and exercises. (Source: HHS press release, 9/30/15)

INFECTIOUS DISEASE UPDATES

HEPATITIS E VIRUS

A study published in *Transfusion* reports on the seroprevalence and frequency of viral RNA detection of hepatitis E virus (HEV) among US blood donors. There is concern about the impact of HEV on blood safety. Susan Stramer, PhD, and colleagues of the American Red Cross undertook a study to confirm prior results estimating the incidence and prevalence of HEV in the US and in relation to other countries. Two of 19,000 blood donors from six US regions were positive using automated, nucleic acid testing (NAT). With IgG and IgM antibody assays, the seroprevalence in a subset of 4,500 donors, using commercially available antibody tests is about 7.7 percent overall. They observed an overall IgM-positive and IgG-negative prevalence of 0.58 percent suggestive of recent infection. Their findings differ from a number of European studies, which have demonstrated higher rates that are generally attributed to divergent dietary preferences. "In testing almost 19,000 donations, we found only two meeting our criterion for positive HEV RNA result, but in both cases, at very low copy numbers. This amounts to a frequency of about 1 in 9,500," wrote the authors. "Although it certainly can be argued that for immunocompromised patients, adequate data exist to recommend at minimum selective testing for those recipients at risk since a finding of 1 in 9,500 RNA is not trivial, even if viral loads present are of low concentration. Perhaps more attention should be given to monitoring such patients for HEV infection," concluded the authors.

Citation: Stramer SL, *et al*. Hepatitis E virus: seroprevalence and frequency of viral RNA detection among US blood donors.

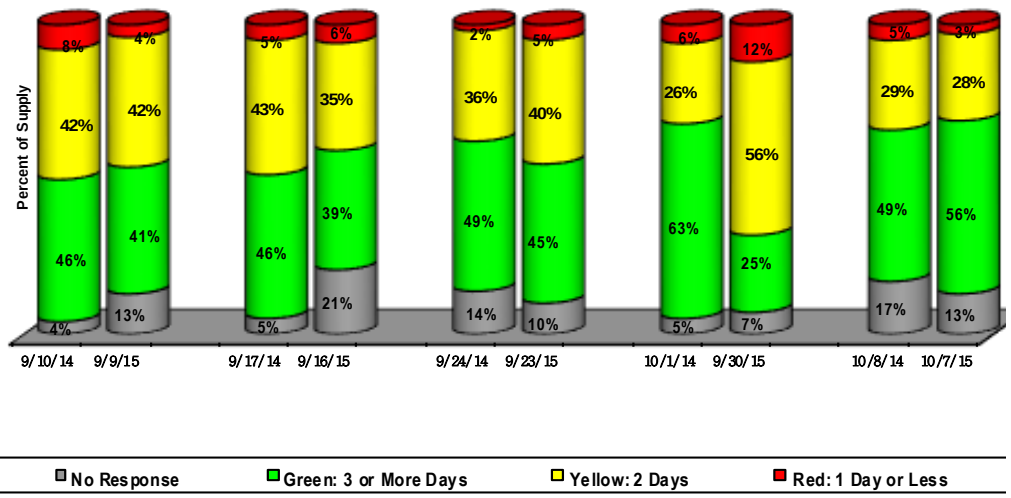
EBOLA VIRUS

It has been a year since the onset of the largest Ebola epidemic in history, which took thousands of lives through West Africa. The Department of Health and Human Services (HHS) recently released a video about the progress that has been made in the control and prevention of Ebola since that time. In the year since Ebola spread through three West African countries and into the US, HHS has taken a coordinated approach to be better prepared for the threats of tomorrow, according to an agency e-mail. "We implemented a screening process for travel from West Africa to the US. We've strengthened our hospital system, and have given US hospitals the resources they need to care for someone who might have Ebola," said HHS. Today, clinical trials for two vaccines and a treatment are underway in West Africa. The video takes a look back over the past year as the Ebola virus epidemic progressed and US agencies worked to respond. (Source: HHS e-mail, 10/9/15)

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.

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

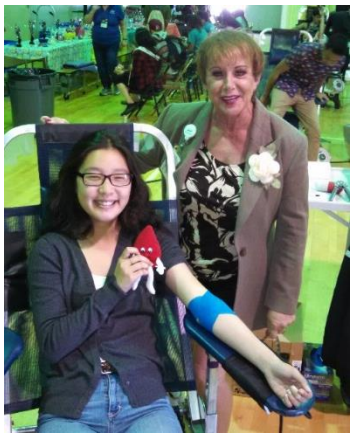
Community Blood Center of the Carolinas (CBCC) has signed a three-year purchase agreement with Cerus for the Intercept Blood System for platelets and plasma, announced Cerus in an Oct. 6 press release. "Our goal is to provide blood components of the highest possible level of quality and safety for the hospitals and patients we serve," said Martin Grable, CBCC's president and CEO. "Intercept-treated platelets and plasma enable us to offer an even safer choice of blood components in the Carolinas." Pathogen reduction 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. Further, it offers a proactive approach to protecting the blood supply from emerging pathogens, like chikungunya and dengue viruses. CBCC joins a handful of America's Blood Centers' members who have signed on with Cerus to implement the pathogen reduction technology since its approval in December 2014. (Source: Cerus press release, 10/6/15)

Inland Northwest Blood Center (INBC) recently announced the opening of a Pullman, Wash. collection site on Sept. 14, 2015. INBC has been working on securing a site in the Palouse region of Washington for several years and is very excited to see this finally come to fruition, according to a blood center announcement. INBC created an advisory committee that launched several years ago, which consisted of key leaders within the community, all of whom have been enthusiastically working together to make this event happen. INBC has secured the building across the street from Pullman Regional Hospital where the hospital's foundation is also housed. "This is an important step as it shows great partnership between the hospitals in the region and INBC as they work together to ensure a safe supply of blood remains on the shelves available to the great community on the Palouse region," according to the blood center statement. (Source: INBC announcement, 10/5/15)

(continued on page 12)

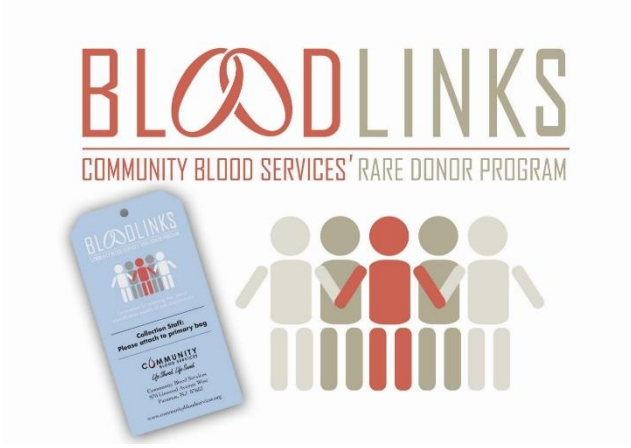
MEMBER NEWS (continued from page 11)

BloodSource professionals from various disciplines – quality/compliance, recruitment, collections, clinical laboratory sciences, nursing and more – are enthusiastic about mentoring high school students, reported BloodSource in a recent newsletter. BloodSource employees have become quite involved in the volunteer mentorship program at Sheldon High School (SHS) Biotech Academy, Elk Grove, Calif., which has evolved to a 12-week program with biweekly email exchanges prompted by specific questions. The prompts help mentors get to know mentees while providing an interactive forum to relay information related to careers, college or post-graduation plans, decision-making, resume review, school/work/life balance and more. It also builds stronger relationships with local organizations like BloodSource whose mentors educate students about numerous ways to support a public health need. Laura Ziegenhirt, SHS Biotech Academy coordinator, states, "Our students relate well to BloodSource professionals who they have come to know through on-campus blood drives. They have been tremendous role models in showing great attitudes and sharing great stories with our students." For SHS Biotech Academy students, the eMentoring program is a first step toward their professional lives. There are a wide variety of careers that fall under the healthcare umbrella, not all necessarily related to science and technology. Having a diverse group of professionals is good for students and good for the program. Approximately 12 BloodSource professionals have participated. Linda Viscardi, BloodSource Safety Officer, enthuses, "It's an honor to mentor such bright students. It's my way of paying it forward."



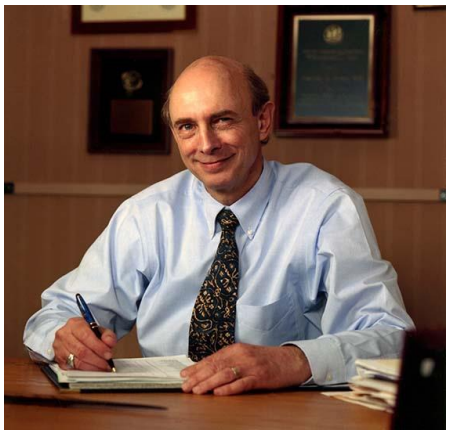
Linda Viscardi, BloodSource safety officer (right), meets up with the Sheldon High School Biotech Academy student she mentors at a blood drive.

Community Blood Services (NJ/NY) continues to build its Bloodlinks "Unique Donor, Unique Hero" program, which ensures that all seriously ill patients who need uniquely matched blood units have access to tested and matched blood. Bloodlinks' donors supply rare antigen negative red blood cell (RBC) units needed for one-time patients' transfusion therapies and for chronically transfused patients who receive ongoing transfusions for diseases like sickle cell disease and leukemia. Patients who receive multiple transfusions can develop multiple antibodies to RBC antigens, which can present a challenge in finding a suitably matched donor. The Bloodlinks program enables the blood center to continuously replenish its rare blood unit inventory by identifying, collecting, and freezing rare blood units before their expiration dates. The recruitment department works closely with the Immunohematology Reference Laboratory in Montvale, N.J., to identify and recruit these special donors with a combination of negative antigens. Donors with rare blood types receive special education via mail and telephone to help them understand why regular donation is so important. The blood center continues to build upon its Bloodlinks program through donor education and special testing in the Immunohematology Reference Lab. (Source: Community Blood Services (NJ/NJ), 10/5/15)



PEOPLE

Harvey Alter, MD, MACP, received on Oct. 6 the 2015 Fries Prize for Improving Health at the Centers for Disease Control and Prevention (CDC), announced the CDC Foundation. Dr. Alter is being recognized for his life-saving research and leadership in translating science into practice, which has prevented millions of new infections and cases of diseases and death from Hepatitis B virus (HBV), Hepatitis C virus (HCV), and HIV infections. In the mid-1970s, Dr. Alter and his research team demonstrated that most post-transfusion hepatitis cases were not due to Hepatitis A and Hepatitis B viruses. Dr. Alter and Edward Tabor, MD, a scientist at the Food and Drug Administration, proved through transmission studies in chimpanzees that a new form of hepatitis caused infections. This work led to the discovery of the HCV in 1988. HCV is a blood-borne virus, which is most commonly spread through sharing needles or other equipment to inject drugs. According to CDC, an estimated 2.7 million people in the US have chronic HCV, and most people do not know they are infected. Spearheading a project that uncovered the causes and reduced the risk of transfusion-associated hepatitis, Dr. Alter's discoveries helped provide the scientific foundation for establishing blood-donor screening programs that have reduced the incidence of hepatitis transmitted through blood transfusions to near zero. Before 1992, when widespread screening of the blood supply began in the US, HCV was commonly spread through blood transfusions and organ transplants. "Dr. Alter's achievements generated significant public health and research advances in curbing new infections and developing life-saving treatment options," said James F. Fries, MD, a professor emeritus of medicine at Stanford University and chairman of the James F. and Sarah T. Fries Foundation, which in partnership with the CDC Foundation awards the annual Fries Prize for Improving Health. "Dr. Alter has dedicated his career to protecting the world's blood supply from blood-borne pathogens and for that we are very grateful." Dr. Alter is chief of clinical studies and associate director for research in the Department of Transfusion Medicine at the National Institutes of Health (NIH) Clinical Center. He has received numerous honors and recognition, including the Distinguished Service Medal of the US Public Health Service, the Albert Lasker Award for Clinical Medicine Research, and the Canada Gairdner International Award. Dr. Alter has been elected to the National Academy of Sciences, the Institutes of Medicine, and Mastership in the American College of Physicians. "I must admit that I have some feelings of guilt in accepting a personal award that was dependent on the work of so many wonderful collaborators. I do, however, take credit for choosing them well," said Dr. Alter. "I am deeply honored that my long-term studies have had sufficient clinical impact to garner the recognition of the prestigious Fries Prize selection committee. I am deeply grateful and humbled by this level of peer recognition." (Source: CDC Foundation press release, 10/6/15)



Mark Popovsky, MD, was recently named chief medical officer of Velico Medical, Inc., a private, preclinical medical technology company developing technologies to improve the quality, availability, and economics of platelet and plasma transfusions, announced a Sept. 29 press release. Dr. Popovsky recently retired as vice president and chief medical officer of Haemonetics Corp. His career in transfusion medicine has been filled with diverse experiences at Haemonetics, the American Red Cross, the Mayo Clinic, and the National Institutes of Health. Dr. Popovsky formerly held academic positions as clinical professor of Laboratory Medicine at Boston University Medical School and associate clinical professor of Pathology at Harvard Medical School & Beth Israel Deaconess Medical Center in Boston. He has authored or co-authored over 375 publications in transfusion medicine and pathology and is the editor and

(continued on page 14)

PEOPLE (continued from page 13)

co-editor, respectively, of two reference books on transfusion medicine. Dr. Popovsky served on five editorial boards and has held positions on numerous AABB, national and international committees and NIH panels. He has also served on numerous advisory panels, including MassMEDIC where he was vice chair of the board and board director. Most recently, he was appointed to the Advisory Committee on Blood & Tissue Safety & Availability (ACBTSA). He has been a frequent speaker at conferences around the world and is the recipient of numerous awards for his contributions to transfusion medicine and teaching, including the AABB's Emily Cooley Award in 2009. (Source: Velico Medical press release, 9/29/15) ♦

COMPANY NEWS

Brian Concannon, CEO of Haemonetics. Corp, Braintree, Mass., has resigned after six years in the position as the company faces global changes in the blood supply business. Haemonetics announced on Sept. 30 that Mr. Concannon, who joined Haemonetics in 2003 as president of the company's patient division, is stepping down to "pursue other opportunities, effective immediately." He will remain with the company for the next month to ensure a "seamless transition," as Ron Gelbman, a Haemonetics board member for the past 15 years, steps in as interim CEO. The company's board will begin a search for a permanent replacement immediately. More information can be found in the Haemonetics press release. (Source: Haemonetics press release, 9/29/15) ♦

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: mnorwood@americasblood.org.

EQUIPMENT AVAILABLE:

For Sale. 50 Genesis Mixers Model CM375A and 22 Ohaus portable digital scales. All in working order. For additional details or to make an offer contact Jahn Legh-Page at (559) 389-5440 or jlegh-page@donateblood.org.

Best Offer. PK7300 microplate blood donor typing system, Two (2) Pluggo decappers, Two (2) Immucor microplate washers for manual Capture assays, Two (2) Immucor microplate incubators for manual Capture assays. For additional details or to make an offer contact Joseph Hulina at jhulina@cbccts.org.

POSITIONS AVAILABLE

Director of Donor Services. The Rhode Island Blood Center is currently seeking a Director of Donor Services to manage blood collection activities and collections staff as well as provide leadership to achieve the collection goals of the Community Blood Program. Establish staffing and resources requirements for the safe and efficient collection of blood from donors. Demonstrate knowledge of applicable regulations and incorporate changes into operations. Develop and maintain the department's standard operating procedures. Ensure compliance with all Quality Management Plans and all standards related to the quality program. Prepare the department's annual operating budget. Monitor and adjust budget as necessary. Responsible for hiring, training and performance evaluations. Requirements: BS/BA in science, nursing, or business required. Three to five years of progressively responsible management

(continued on page 15)

POSITIONS (continued from page 14)

experience, preferably in a healthcare setting. Demonstrated ability to manage both supervisor and staff level positions required. Apply online at www.ribc.org. **JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!! We are an Equal Opportunity Employer.**

Medical Operations Analyst. Are you really good at Microsoft Excel and Access and are able to "see" and understand the causes of patterns, trends and permutations in multiple groups of complex data? Oklahoma Blood Institute has this new and exciting position, which will be a key strategic member of a large multi-location, multi-state group of blood centers in the Central United States and could be the perfect position for you. It is based in Oklahoma City. A successful candidate will most likely have to possess at least three years of experience as an information data analyst, preferably with advanced Microsoft experience in Excel, Access, Word, and PowerPoint in the medical or medical device field. It has the potential for significantly impacting the bottom line of a large group of life saving non-profit independent blood centers. Some travel to the various centers in the Central US, will be required. Days: Monday through Friday; Hours: 8:00 a.m. to 5:00 p.m. Qualified candidates should submit their resume to our website careers page at http://obi.org/careers/.

Vice President of Quality and Compliance AD009 (San Antonio, TX). Responsible for leading, managing and coordinating the quality, regulatory, and compliance activities related to all donor, patient and component testing services provided by QualTex Laboratories' headquarters and satellite locations. Will coordinate all external audits for the organization. Must exhibit leadership and must maintain current knowledge of regulatory requirements for all areas of testing services provided by QualTex Laboratories. Must be knowledgeable of all Standard Operating Procedures (SOPs) pertinent to quality and regulatory management. Bachelor's degree in Medical Technology, Applied Science, or related discipline required. Six years blood banking/transfusion medicine/clinical laboratory experience required. Six years of Quality and Management experience required. Computer experience required. Three years driving experience with good driving record required. MT (ASCP), SBB/BB, ASQ-CQA or CMQ/OE certifications preferred. Texas or Georgia Operator's Driver's License required. US Passport preferred. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

Facility Phlebotomist – Neighborhood Donor Center-The Woodlands, TX (Gulf Coast Regional Blood Center). Essential Duties: Assists with preparing the facility prior to opening to receive donors by stocking supplies and equipment and performing quality control checks as assigned. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Actively recruits repeat donors. Education and Experience: High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's Degree from an accredited college or university is a plus). Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Certificates, Licenses, Registrations: Certificate of Phlebotomy strongly preferred. EMT Certification or Licenses in a related field a plus. Contact: Jill Novickoff at (262) 289-2309.

Mobile Team Phlebotomist I (Brazos Valley, College Station, TX, Gulf Coast Regional Blood Center). Essential Duties: Assists with the loading, unloading, set-up and tear down of equipment at mobile donor sites. Performs pre-donation screening, venipuncture, and post-venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Demonstrates strong level of customer service skills and customer service focus. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education: High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience. (Associate's Degree from an accredited college or university is a plus.) Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Contact: Jill Novickoff at (262) 289-2309.

Consultation Technician III (Gulf Coast Regional

(continued on page 16)

POSITIONS (continued from page 15)

Blood Center). Essential Duties: Demonstrate competency in essential functions of Tech II. Under the guidance of a Specialist, perform, interpret, and document moderately complex antibody identification, compatibility testing, and donor serological testing. Prepare consultation reports. Evaluate and process requests and patient samples per established guidelines. Record, place and fill orders for antigen-negative red blood cells. Monitor inventory of components. Prepare washed and deglycerolized RBCs. Perform quality control and preventative maintenance as assigned. Prepare reagents. Enter rare cell and serum samples into database. Education and Experience: MLT from an accredited program (ASCP or equivalent) plus minimum two years advanced and recent (within past two years) blood bank and immunohematology experience; or MLS from an accredited program (ASCP or equivalent) with recent (within past two years) blood bank and immunohematology experience; or MLS new graduate eligible to take certification exam; certification must be obtained within six months of employment. Failure to obtain certification may lead to termination of employment. Contact: Jill Novickoff at (262) 289-2309.

Assistant Manager Component Lab. (Location: St. Paul, MN; Status: Full-Time, 1.0 FTE (40 hours per week), Exempt; Schedule: Monday-Friday, Second Shift) The Assistant Manager, Component Laboratory supervises personnel and coordinates operations associated with routine processing and testing of blood and blood components during the evening shift. The Assistant Manager acts as the CLIA Technical Consultant for hematology and microbiology. The person in this position assists the Manager to ensure that the Component Laboratory is meeting quality requirements and participates in laboratory projects and Innovative Blood Resources initiatives. To apply please go directly to our website with an updated resume: https://home2.eease.adp.com/recruit2/?id=18996752&t=1.

Phlebotomist – Neighborhood Donor Center (Gulf Coast Regional Blood Center). Essential Duties: Assists with preparing the facility prior to opening to receive donors by stocking supplies and equipment and performing quality control checks as assigned. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education and Experience: High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's degree from an accredited college or university is a plus). Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Contact: Jill Novickoff at (262) 289-2309.

Lab Tech I (Gulf Coast Regional Blood Center). Position will evaluate and process samples into laboratory computer, perform equipment QC and maintenance; and reagent preparation under supervision of Consultation Management. Strong customer service skills are necessary for frequent contact with internal and external customers. Attention to detail is critical to position. Essential duties and responsibilities include the following (other duties may be assigned); management retains the discretion to add to or change the duties of the position at any time. Evaluate and process requests and patient samples per established guidelines. Obtain and verify required information for antigen-negative red blood cell orders. Perform equipment quality control and preventative maintenance. Enter relevant data into Safe Trace Tx. Prepare reagents. Print labels and perform label quality control. Scan records into imaging system. Education and Experience: High School Diploma or GED and a minimum of one year of prior job related laboratory experience or equivalent combination of education and related experience. Contact: Jill Novickoff at (262) 289-2309.

Community Engagement Representative (Gulf Coast Regional Blood Center). Reporting to the Marrow Donor Manager, the position involves contacting businesses, churches, organizations to educate and inform their members about the functions and needs of the National Marrow Donor Program (NMDP). Must also coordinate donor drives to help recruit donors into the registry. Responsibilities: Educate and inform members of the community, especially the minority community, about the functions and the needs of the NMDP. Persuade organizations/businesses with a large percentage of minorities to sponsor bone marrow drives. Coordinate minority community donor drives, to include contacting and soliciting the drive sponsors. Assist with PR requests to meet departmental, newspaper, radio and TV deadlines in coordination with the Commit for Life department. Assist in preparing material for special events, media or visitors. Maintain close working relationship with Department Director and Marrow Donor Coordinator. Responsible for reviewing consent and shipping Buccal swabs from donor drive. Education and Experience: Bachelor's degree from an accredited college or university, preferably in science or marketing

(continued on page 17)

POSITIONS (continued from page 16)

and minimum of one year experience to include customer service or sales; or equivalent. Contact: Jill Novickoff at (262) 289-2309.

Donor Recruitment Coordinator (Gulf Coast Regional Blood Center). This position is primarily responsible for managing activities related to scheduling, sourcing and conducting successful blood drives. Responsibilities: Manage all aspects of donor group blood drives and associated activities to maximize collections and ensure efficiency and effectiveness. Determine and implement the most effective use of marketing, scheduling and motivational blood drive tools. Schedule blood drives by analyzing resource availability. Ensure that established blood drive collection, efficiency and product goals are met. Conduct planning sessions and perform site inspections. Attend scheduled blood drives and monitor/evaluate and respond to issues to ensure drive success. Analyze existing donor group activity and develop methods for increasing donor group collections. Evaluate and act upon opportunities to source/obtain new donor groups. Master comprehensive understanding of Commit for Life Group and Individual programs, Power of Life program, and Type Matters to answer donor questions with all donor groups and provide necessary information and training. Education and Experience: Bachelor's degree from an accredited four-year college or university; minimum of one year experience. Contact: Jill Novickoff at (262) 289-2309.

Quality Assurance Specialist/Training Coordinator. Full-time, bachelor's degree, or equivalent, in the clinical/healthcare field with three to five years' experience in quality assurance practices/training preferred, and possesses exceptional customer service skills. Additional information/requirements and how to apply are available at www.shepeardblood.org. EOE for Individuals with Disabilities & Protected Veterans.

Mobile Team Phlebotomist (Gulf Coast Regional Blood Center). Scope of Responsibility: Reporting to the Mobile Team Supervisor, position is responsible for the performance of routine work related to the set up/tear down or mobile sites and the screening, collection and hematroning of blood and blood products. Essential Duties and Responsibilities include the following; other duties may be assigned. Assists with the loading, unloading, set-up and tear down of equipment at mobile donor sites. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Demonstrates strong level of customer service skills and customer service focus. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education and Experience. High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's degree from an accredited college or university is a plus). Contact: Jill Novickoff, (262) 289.2309.

Component Lab Technician I (Gulf Coast Regional Blood Center). Essential Duties and Responsibilities: Organize, identify and document component production daily with complete accuracy into the computer system or manually if needed. Weigh, balance and load blood products intended for separation into the centrifuge accurately adjusting setting according to production intentions. Organize, apply product labels and store all components produced with complete accuracy ensuring that all procedures are followed. Assist as necessary in the daily process of securing quarantined components and perform quality control functions for laboratory equipment as assigned. Promptly respond and prepare special patient use requests/assignments and must recognize and interpret special procedures or tags on units and act upon them accordingly. Assist with biohazard waste management including collection and internal transport of organizational waste. Assist in the RRPL area including organizing, preparing, packing, and shipping of non-transfusable products for research, manufacturing, or Clinical Trials. Assure products are properly managed according to standard operating procedure and client specifications in a reasonable amount of time. Must comply with OSHA, FDA, AABB, cGMP and other regulatory standards. Education and Experience: High School Diploma or GED; Experience working in a regulated environment is a plus. Contact: Jill Novickoff, (262) 289 2309.

Area Representative - La Quinta, CA (Schedule: Monday through Friday; 8:00 am to 4:30 pm). The essential element of the Area Representative position is to develop, maintain, and expand professional relationships with community businesses. Provide quality customer service with the goal of adding donations from new groups and increasing donations from existing groups. The Area Representative is responsible for all aspects of the Blood Drive recruitment process within an assigned territory. This includes, but is not limited to booking the drive, education, management, and coordination of the drive in cooperation with the assigned representative or chairperson of the business or organization. The ideal candidate will have a bachelor's degree (BA) in Business, Marketing, Public Relations, or related field preferred. Three to four years of direct experience in the Art of Persuasive Communication, with a strong background in customer service. Sales and

(continued on page 18)

POSITIONS (continued from page 17)

marketing experience is strongly preferred. Current California driver's license. For further information and to apply online please visit: www.LStream.org. Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the Federal government E-verify program to determine employment eligibility. Job Number: IN-4224968251

Lab Manager. The Blood & Tissue Center of Central Texas in Austin is hiring a Lab Manager to supervise staff, day-to-day testing, and overall lab operations. This position will ensure compliance with applicable protocols, policies, and regulations; serve as subject matter expert for the lab; perform supervisory review of all testing records to include donor testing/reference bench, QC, and maintenance documentation; optimize workflow based on daily collection projections and patient testing needs; troubleshoot and solve problems arising from equipment, processes, or workflow as needed. Qualified candidates must have a four-year college degree and certification in a Laboratory Science field, as well as hold an ASCP certification or be eligible to acquire it within six months of hire. A minimum of three years supervisory experience in a medical setting is required, preferably in a blood center. At least three years of experience in a blood bank lab and three years of experience in production and process control in a biologic or GMP environment is a must. Knowledgeable in cGMP, FDA, and AABB regulations needed. Please visit www.inyourhands.org to apply.

CALENDAR

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

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

Oct. 24. **1st Annual Sickle Cell Disease Symposium: A Comprehensive Approach to Managing Sickle Cell Disease, Concord, NC.** Contact: Amanda Rogers; e-mail: Amanda.Rogers@carolinahealthcare.org; phone: (704) 512-6038.

Oct. 24-27. **AABB Annual Meeting, Anaheim, Calif.** Contact: AABB Meetings Department, Phone: (301)215-6482; E-mail: ProfessionalDevelopment@aabb.org. More information can be found here.

Nov. 18. **FDA Joint Meeting of Cellular, Tissue, and Gene Therapies Advisory Committee & Oncologic Drug Advisory Committee, Silver Spring, Md.** More information can be fund here. Contact: Jane Kim, janie.kim@fda.hhs.gov

Nov. 30. **IPFA Public Workshop: Access to Plasma Products, Cape Town, South Africa.** More information can be found here. Contact: info@ipfa.nl.

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@ipfa.nl. More information available here.

Dec. 6-9. **2015 National HIV Prevention Conference (NHPC), Atlanta, Ga.** More information and registration details can be found here.

2016

Feb. 13-14. **SBB Last Chance Review by Webinar.** Sponsored by Gulf Coast Regional Blood Center in Houston, this intensive, two-day annual blood banking review is designed to benefit individuals preparing to take the ASCP SBB/BB Board of Certification examination, physicians preparing for the Board examination in Blood Banking, as well as individuals seeking a refresher course in blood banking. This program provides 13 P.A.C.E., California and Florida continuing education hours. Included in the registration are handouts with case studies and practice questions. Details and registration at http://www.giveblood.org/education/sbb-last-chance-review-via-webinar/. Contact Clare Wong at (713) 791-6201, cwong@giveblood.org.

March 8-9. **IPFA Asia Pacific 2016 Workshop on Plasma Quality and Supply, Taipei, Taiwan.** More information is available at www.ipfa.nl.

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

(continued on page 19)

POSITIONS (continued from page 18)

March 14-16. **12th Annual FDA and the Changing Paradigm for HCT/P Regulations, Bethesda, Md.** More information and registration details can be found here. Register by Oct. 30 for a $200 discount.

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.

June 2-5. **2016 SCABB Annual Meeting & Exhibit Show, Houston, Texas**. Contact: scabb@scabb.org . More information available here.

June 5-6. **South Central Association of Blood Banks Advanced Immunohematology & Molecular Symposium (AIMS),** Houston, Texas. Contact: scabb@scabb.org. More information available here.

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.