

Due to the AABB conference next week, ABC will not be publishing a newsletter on October 28. We will resume production on November 4.

Issue #38
October 21, 2016

Changes in Donor Recruitment Messaging

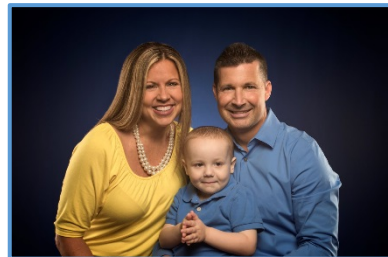
Basic marketing principles tells us that in order to attract customers, donors, or the like, you must know your audience. After you know what they want, you can adapt your messaging and style accordingly.

“This becomes increasingly important for targeting different generations and different target audiences,” said Maura Dolormente, director of marketing at the Blood Bank of Hawaii (BBH).

In the last few years, a number of blood centers have greatly shifted their messaging in an effort to attract new, younger donors to their sites. There is an international effort (see the Sanquin article [Newsletter #37](#)) to make marketing and recruitment material(s) reduce anxiety about donating, show a connection to the recipients, and captivate first-time donors enough to make them want to come back again and again.

For the Gulf Coast Regional Blood Center (GCRBC), their biggest shift in donor recruitment messaging took place 13 years ago. GCRBC held focus groups and did data-market research to discover that potential donors did not like the images associated with the donation process—needles, blood imagery etc., but they did respond well to imagery surrounding the end result—saving lives. From that direct feedback, GCRBC has built a very successful long-term marketing campaign known as Commit for Life.

Commit for Life runs high-quality imagery of patients whose lives have been saved or made better because of blood donations. The phrase “Commit for Life” not only became a slogan for this large marketing campaign, but also became GCRBC’s Twitter handle, tagline, website URL—their entire brand. The focus of their messaging really drives home the end result—the importance of



GCRBC Commit for Life imagery

saving a life. The messaging stretches from donors to volunteers, and even employees.

As a part of the shift toward this less medically-focused, results-driven imagery and messaging, GCRBC developed the “Type Matters” campaign in 2015. The Types Matter campaign rewards donors for giving the most-needed blood components, aka the “optimum donation,” depending on their blood

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OUR SPACE

ABC CHIEF ADMINISTRATIVE OFFICER KATHERINE FRY

ABC's Focus on Member Education

A focus on continuing education is an important part of any organization's success as studies show that an investment in your employee's knowledge, skills and abilities has a direct correlation to their productivity and motivation. ABC has long recognized this through our webinars, meetings and workshops that bring together individuals from throughout the industry to share best practices and prepare for the future.

ABC took the next step in its commitment to its members' educational needs this week as we launched the America's Blood Centers Professional Institute (API) learning portal. This robust tool is available to all employees within ABC member companies as well as ADRP subscribers and other non-member industry partners. With many of the courses free to ABC members and the rest at significantly reduced rates, ABC's commitment to serving our members' needs through high-quality, affordable, and relevant educational opportunities is at an all-time high.

ABC members and non-members can now access nearly 50 self-paced training courses, webinars and other resources via the learning portal. Initial course offerings center on leadership development, customer service and information technology, with "Introduction to the Blood Banking Industry" and cGMP training coming soon. Additional courses will continuously be added, many of which qualify for continuing education credits, so check back often regarding new opportunities.

Members can login and click on [Education](#) to get to the [API learning portal](#) and non-members should go to the [API Learning Portal](#) in the ABC public [website](#). All ABC members are entitled to a limited number of complimentary registrations as part of our initial pilot program. Contact your HR leader in order to know if any spaces remain open in the pilot program. If you have any other questions or comments about America's Blood Center Professional Institute, contact [Rachelle Fondaw](#), ABC Director, Education & Grants.

We welcome your feedback and hope you will take advantage of this exciting new resource! 💧

KFry@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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CHANGES IN DONOR RECRUITMENT MESSAGING (continued from page 1)

types. It runs in three parts: 1) learning one's blood type, 2) finding out what component is most needed for that type and donating it, and 3) committing to another appointment. Donors get extra points for donating under the Type Matters campaign to use on GCRBC's online donor rewards store.

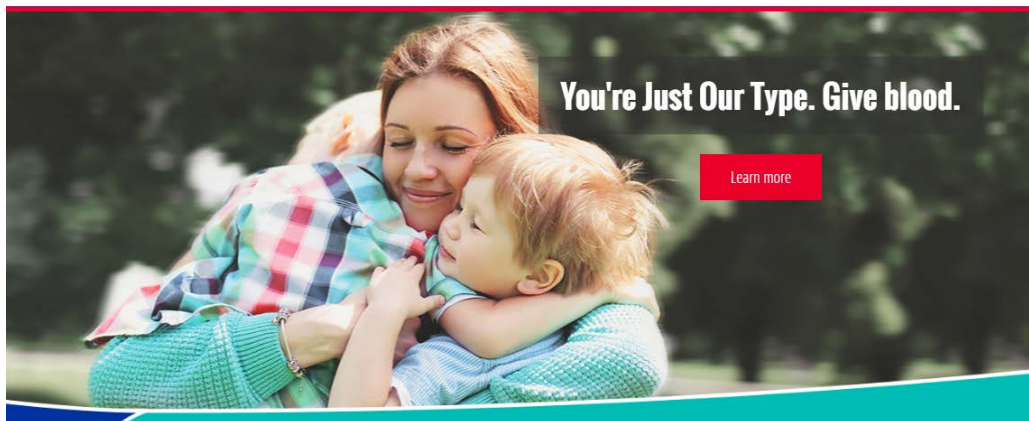


Thank you for my life.

Leah was diagnosed with leukemia when she was just 15 months old. She received chemotherapy and more than 50 transfusions of blood and platelets to support her treatment.

New York Blood Center also focuses on blood types and product-specific recruitment messaging versus broader messaging. They also rely on high-quality imagery of patients who have received blood donations with heartwarming stories attached, like the image above.

Steering away from donor typing entirely, Bonfils Blood Center just refreshed their brand and associated messaging so everything now falls under the "You're Just Our Type" messaging. Through their 12-month long market research, which included their own focus group data, Bonfils found their Colorado community was not responding well to type-specific ads.



"There is always a need for O-negative and platelet donors, but in order to accomplish those goals we first need more overall donors, regardless of type," said Taylor Robertson, integrated marketing manager at Bonfils.

You're Just Our Type messaging was developed with positive, broad-based messaging, focusing on not just recipients, but the entire community surrounding blood donations. The wide-range messaging was purposely made ambiguously broad to be applicable to any market/audience the blood center needs to reach: anyone from blood donors to bone marrow recipients, to community partners and blood drive hosts. "It even applies to specific communities like Colorado Springs where in the past, residents have seen Bonfils as a Denver company," added Ms. Robertson. "The 'Just Our Type' messaging aims to break down those barriers and be more inclusive, that those residents are just our type too."

(continued on page 4)



CHANGES IN DONOR RECRUITMENT MESSAGING (continued from page 3)



The BBH's messaging also highlights connectivity.

“Donors want to feel connected,” said Ms. Dolormente, “especially the younger donors, they want to know they are making a difference.”

Much like GCRBC, BBH's previous imagery centered on the act of donation and the reasons for which a patient would need to receive blood, e.g., imagery of needles, sick patients, blood units, etc. After an overhaul of their marketing messaging five years ago, BBH shifted to donor plus recipient imagery to “connect the dots for the donor.” The image to the left highlights a real donor and recipient standing side-by-side, but not interacting.


“The intent is to show that a recipient can be anyone around you,” said Ms. Dolormente. “The person who saves your life could be right next to you and you don't even know it.”

With very little words, the imagery makes a big impact with relatable faces and a clear message—saving local lives.

BBH is redesigning their website's style and content to reflect more accurately their messaging. The launch is slated for January 2017. 

Donor Adverse Reaction Session

AABB 2016, Booth #500

-  Presented by Memorial Blood Centers, a division of Innovative Blood Resources.
-  Session times: Sunday, October 23rd from 1:00pm-2:00pm & Monday, October 24th from 11:00am-12:00pm
-  Topics include: Case/time study, implementation process, benefits, demo of module and more!

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INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified.

Foundation for ABC Gives Grant

The Foundation for America's Blood Centers (FABC) unanimously voted to award Global Healing, an international nonprofit organization dedicated to improving health systems in resource-constrained parts of the world, a \$2,400 grant. The grant will be used to help to bring a blood banking professional from Nigeria to take part in the International Blood Safety Forum (IBSF). The IBSF is an internationally recognized event set to improve the collaboration and participation of blood industry leaders from across the globe to develop reforms for blood safety worldwide. This year's annual IBSF will take place on Friday, March 24, 2017, in conjunction with the ABC Annual Meeting in Washington, D.C.

The grant was provided through surplus unused money from a previous FABC fundraising campaign. The campaign was comprised of numerous donations that are restricted to helping the blood collection practices in Nigeria.

“The third International Blood Safety Forum will bring together industry, academic, government, and non-profit leaders to consider ways to make safe blood both accessible and affordable in developing countries over the next decade. Leaders of developing country blood systems are important to this conversation. We very much appreciate FABC's sponsorship of a representative from Nigeria to attend this important meeting,” said John Donnelly, president and CEO of Global Healing. More information about the IBSF will be featured in a later edition of the *ABC Newsletter*. ♦

**ABC's
Got Talent**
.....
Season II Is Coming

MARCH 27, 2017

**Start Practicing & Stay
Tuned for Details!**

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



RESEARCH IN BRIEF

Preliminary research suggests a way to suppress the replication of the simian immunodeficiency virus (SIV, a primate model for HIV). Researchers at Emory University and the National Institutes of Health divided 15 monkeys into two groups, all of them received antiretroviral therapy (ART), with one of the groups also receiving infusions of a recombinant rhesus monoclonal antibody specific for $\alpha 4\beta 7$ integrin that is expressed on CD4 cells, a critical cellular target of HIV. The control group received non-specific recombinant rhesus IgG infusions. The monkeys who received the anti- $\alpha 4\beta 7$ infusions had low to undetectable viral loads and normal T-cell counts after nine months even with withdrawal of all treatment. The results of this trial may “orient the research in a completely new direction,” said one immunologist.

Citation: Byrareddy S.N., Arthos J., Cicala C., *et al.* Sustained virologic control in SIV+ macaques after antiretroviral and $\alpha 4\beta 7$ antibody therapy. *Science*. October 13, 2016. DOI: 10.1126/science.aag1276.

Cohen J. Surprising treatment ‘cures’ monkey HIV infection. *Science*. October 14, 2016. DOI: 10.1126/science.354.6309.157.

A DNA vaccine may protect against Zika as well as neutralize the virus’ activities after the acute phase, researchers at the National Institutes of Health (NIH) stated. Because of their previous experience developing effective vaccines for flaviviruses with DNA-based vaccines and the urgent need and demand for a Zika vaccine, NIH researchers looked toward gene-based vaccine delivery. Using this method, researchers can rapidly test the vaccine across antigen designs, easily produce the materials to conform to good manufacturing practices within safety protocols for humans, and have a relatively straightforward regulatory pathway into clinical evaluation. Monkeys that received two doses of the vaccines VRC5283 or VRC5288 had the same neutralizing antibody titers, making both candidates for further development. Because the vaccine is needed so urgently, the first vaccine to be produced may not offer long-term immunity toward Zika, warned the authors. A phase one clinical trial of VRC5288 has already been launched to test a variety of regimens and doses for safety and immunogenicity.

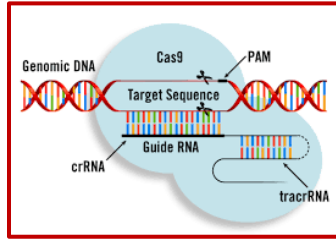
Citation: Dowd K.A., Ko S.Y., Morabito K.M., *et al.* Rapid development of a DNA vaccine for Zika virus. *Science*. October 14, 2016. DOI: 10.1126/science.aai9137.

There is no easy way to measure the appropriateness of an institution’s red blood cell (RBC) transfusion use. To measure the appropriateness of RBC transfusions, a labor-intensive audit of medical charts is usually involved. The authors sought to determine whether simple metrics (proportion of single unit transfusions, RBCs transfused/100 acute inpatient days, pretransfusion hemoglobin <8.0 gm/dL or post-transfusion hemoglobin <9.0 gm/dL) could be used as markers for appropriateness comparing them to the results of the medical record audits. Manually compiled medical data from the Ontario Regional Blood Coordinating Network (ORBCoN) Web-based RBC transfusion audit tool was analyzed by two transfusion medicine specialists as appropriate or inappropriate against multiple criteria, such as iron deficiency, cardiac disease, and ongoing blood loss. With data from 10 different hospitals and 498 audited units, 78 percent RBC transfusions were found to be appropriate. Fifty audits or less were required at nine of the institutions and there seemed to be no major correlations between appropriateness and the number of audits performed. None of the simple metrics had a significant correlation with appropriateness, although using a pretransfusion hemoglobin <8.0 gm/dL misclassified the fewest transfusions.

Citation: Spradbrow J., Cohen R., Lin Y., *et al.* Evaluating appropriate red blood cell transfusions: a quality audit at 10 Ontario hospitals to determine the optimal measure for assessing appropriateness. *Transfusion*. October 2016. DOI:10.1111/trf.13737. ♦



BRIEFLY NOTED



Using stem cells edited with CRISPR Cas-9 could help sickle cell disease (SCD) patients create healthy red blood cells (RBCs). There are at least 90,000 people in the U.S., mostly of African-American descent, with SCD and hundreds of thousands more people suffering from the genetic disease worldwide. SCD is caused by a single-nucleotide polymorphism in the gene for the beta-globin chain in hemoglobin. By using CRISPR-Cas9 to remove a part of the gene and insert corrected sequences, researchers have corrected

the genetic defect in human hematopoietic stem cells with 40 percent efficiency and hope to use the technology on human SCD patients in the near future.

Citation: DeWitt M.A., Magis W., Bray N.L., *et al.* Selection-free genome editing of the sickle mutation in human adult hematopoietic stem/progenitor cells. *Science Translational Medicine*. October 12, 2016. DOI: 10.1126/scitranslmed.aaf9336.

Obamacare is associated with higher hospital margins. Part of the Affordable Care Act, aka Obamacare, expanded Medicaid eligibility for millions of low-income Americans. An observational study analyzed data from 3,914 nonfederal general medical or surgical hospitals in 19 states with Medicaid expansions and in 25 states with no Medicaid expansions between 2011 and 2014. The Urban Institute authors found that the expansion of Medicaid was associated with a decline of \$2.8 million (95 percent confidence interval [CI], -\$4.1 to -\$1.6 million) in mean annual uncompensated care costs per hospital. Hospitals in states with Medicaid expansion experienced a \$3.2 million increase (95 percent CI, \$0.9 to \$5.6 million) in mean annual Medicaid revenue per hospital, relative to hospitals in states without Medicaid expansion. Medicaid expansion was also significantly associated with improved excess margins (1.1 percentage points [95 percent CI, 0.1 to 2.0 percentage points]), but not improved operating margins (1.1 percentage points [95 percent CI, -0.1 to 2.3 percentage points]).

Citation: Blavin F. Association Between the 2014 Medicaid Expansion and US Hospital Finances. *Journal of American Medical Association*. October 11, 2016. DOI: 10.1001/jama.2016.14765.

Adverse transfusion-associated events are underreported in the U.S., reads a new study in *Transfusion*. In a six-month retrospective study of 4,857 transfusion episodes, investigators compared passive reporting to systematic active surveillance with expert adjudication and found gross underreporting to transfusion services. Despite clinical notes describing a potential transfusion association in 59 percent of these cases, only 5.1 percent were reported to the transfusion service. One percent of transfusions were associated in the passive system with transfusion-associated circulatory overload (TACO), which is the lowest end of what many other studies report (between 1 to 8 percent). Fourteen percent of the patients studied died at the time of the chart review, yet none of the deaths were directly attributed to transfusion.

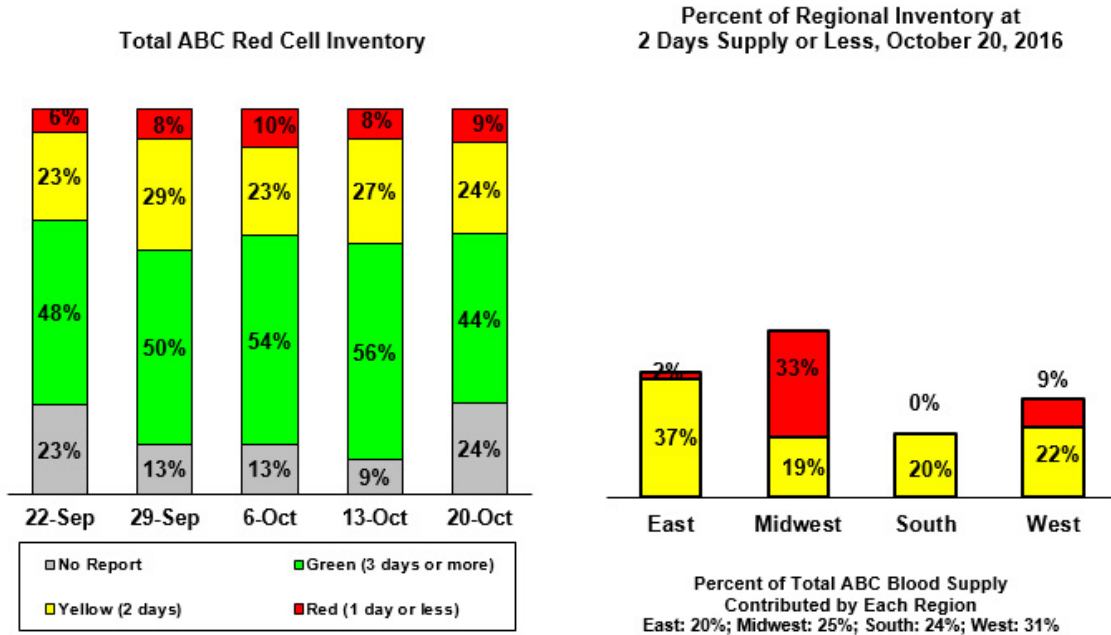
Citation: Hendrickson J.E., Roubinian N.H., Chowdhury D., *et al.* Incidence of transfusion reactions: a multicenter study utilizing systematic active surveillance and expert adjudication. *Transfusion*. October 2016. DOI: 10.1111/trf.13730. ♦

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



STOPLIGHT®: Status of the ABC Blood Supply



Daily updates are available at:
www.AmericasBlood.org



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- Leadership development courses
- Customer service courses
- Selection of recorded ABC webinars



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INFECTIOUS DISEASE UPDATES

A new area of Miami-Dade County in Florida has active Zika transmission. The Florida Department of Health and the Centers for Disease Control and Prevention (CDC) have found a new one square mile area of Miami Beach with active Zika transmissions and are warning pregnant women to stay away. Five people contracted Zika in the area recently, said the CDC. Find out more from the [CDC on Zika in Florida](#).

Death from malaria has significantly decreased across sub-Saharan Africa for the last 15 years. A new report in the *New England Journal of Medicine* (NEJM) on the state of malaria from the U.K., documents estimated a 57 percent overall decrease in the rate of malaria deaths, from 12.5 per 10,000 population (95 percent uncertainty interval, 8.3 to 17.0) in 2000 to 5.4 (95 percent uncertainty interval, 3.4 to 7.9) in 2015. Eighty percent of those deaths in previous years had been among children younger than five years old, and now are at 40 percent. Preventative measures including bed nets and effective anti-malaria drugs have helped decrease mortality rates.

Citation: Gething, P.W., Case D.C., Weiss D.J., *et al.* Mapping *Plasmodium falciparum* Mortality in Africa between 1990 and 2015. *NEJM*. October 10, 2016. DOI: 10.1056/NEJMoa1606701. ♦

WORD IN WASHINGTON



Occupational Safety and Health Administration (OSHA) released a set of [Recommended Practices for Safety and Health Programs](#). The new programs update OSHA's 1989 guidelines

and aim to help employers improve safety in their workplaces. Some of the new key areas highlighted in the programs are: leadership from the top to send a message that safety and health is critical to business operations; worker participation in finding solutions; and a systematic approach to find and fix hazards. OSHA also agreed to delay its enforcement of [injury and illness tracking rule](#) from August 10 until December 1, 2016. The reason for the delay is at the request of the U.S. District Court for the Northern District of Texas to allow for time to consider a motion challenging the provisions in the new rule. Some of the key issues regarding the rule include: employers are required to inform workers of their right to report work-related injuries and illnesses without fear of retaliation; implement procedures for reporting injuries and illnesses that are reasonable and do not deter workers from reporting; and incorporate the existing statutory prohibition on retaliating against workers for reporting injuries and illnesses. (Source: OSHA, October 18, 2016.)

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REGULATORY NEWS



A congressional briefing on laboratory developed diagnostic tests (LDTs) took place October 13. Jeff Shuren, MD, director of the Food and Drug Administration's (FDA) Center for Devices and Radiological Health, supported moving LDTs under strong FDA regulation. The Centers for Medicare and Medicaid Services (CMS) under the Clinical Laboratory Improvements Amendment oversees the laboratories conducting LDTs; however the FDA published a draft rule in 2014 outlining a framework in which they would take over their review and regulation. Blood center laboratories could be affected by the change in regulation, making critical immunohematology and blood typing services more difficult to provide. Many researchers and pathologists spoke up during the briefing stating that while more oversight may be needed for LDTs, bringing regulation of all LDTs under FDA could become time-consuming and inefficient. ABC, in conjunction with AABB and the American Red Cross, submitted comments to the FDA in January 2015 requesting that blood center laboratories be exempted from the regulation or that continued enforcement discretion should be applied. (Source: MedPage Today, [FDA Gets Pushback on Move to Regulate Lab Developed Tests](#). October 13, 2016.) ♦



WORD IN WASHINGTON (continued from page 9)

The Department of Health and Human Services (HHS) announced how \$1.1 billion in Zika-funding will be parceled out. During a teleconference this week, HHS announced \$394 million will go to the Centers for Disease Control and Prevention (CDC), \$152 million to the National Institutes of Health (NIH), and \$387 million will go toward the public health and social services emergency fund. The \$387 million allocated toward public health will be spread amongst providers and public health departments both within the continental U.S. and the territories to treat patients, to create things like microcephaly registries, and other like-minded projects. The money will also increase the Public Health Emergency Preparedness (PHEP) fund by \$44.25 million, \$2.7 of which will go to Florida, and be dispersed to the other 49 states and U.S. territories, said Stephen Redd, MD, director of the office of public health preparedness and response for the CDC. However, the funds will not be available until the first quarter of fiscal year 2017. (Source: Center for Infectious Disease Research and Policy News, [Zika funding to be split among CDC, NIH, emergency fund](#). October 18, 2016.) ♦

GLOBAL NEWS



An inside look at the six candidates for the World Health Organization's (WHO) new director-general position. *The Lancet* spotlighted the six candidates, asking each one individual questions pertaining to their global health priorities, global threats to the health of people worldwide, organizational reform, and much more. The in-depth piece highlights the similarities and differences between the candidates, such as how all candidates discussed combating antimicrobial resistance as a top priority. Women's health was not mentioned as a top priority for Sania Nishtar of Pakistan nor Miklós Szócska of Hungary. Other main concerns were climate change and the subsequent health effects, universal healthcare, and bringing change to the WHO operations. (Source: *The Lancet*, [WHO's Director-General candidates: visions and priorities](#). October 13, 2016.) ♦

PEOPLE



OneBlood President and Chief Executive Officer Don Doddridge announced his retirement this week. After 40 years of leadership, Mr. Doddridge has decided to retire in mid-2017. "I have had a wonderful career and feel privileged to have had the opportunity to lead OneBlood and work with amazing people who are passionate about saving lives. While it is never easy to say goodbye, I feel the time has come for new leadership to take the helm and continue to build on the incredible work that has been accomplished at OneBlood", said Mr. Doddridge. Mr. Doddridge launched his career in Jacksonville in 1971 at Baptist Hospital as a blood bank supervisor, moving three years later to be technical director of the Jacksonville Blood Bank in 1974. From there he worked at the Community Blood Bank of St. Petersburg, Fla., and remained with the center when it merged with Florida Blood Services (FBS). He became the chief operating officer before being named president and chief executive officer in 2002. Under Mr. Doddridge's leadership, FBS grew and eventually became the largest blood center in Florida. In 2012 the merger between FBS, Community Blood Centers of South Florida, and Florida's Blood Centers formed OneBlood. In addition to his positions at FBS and OneBlood, Mr. Doddridge has held leadership positions in multiple professional associations serving as president of the Board of Directors for AABB, ABC, and the Florida Association of Blood Banks. He is also the past chairman of the AABB Inter-Organizational Task Force on Domestic Disasters and Acts of Terrorism, and is past chairman of the International Council for Commonality in Blood Bank Automation. Mr. Doddridge's accomplishments and contributions have earned him the AABB's John Elliot Memorial Award, the Distinguished Service Award, and Administrator of the Year Award.

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PEOPLE (continued from page 10)



Yvonne Ybarra, director of cellular therapy for GenCure, a subsidiary of biotech non-profit BioBridge Global, is the new chair of the Council Advisory Group (CAG) of the National Marrow Donor Program (NMDP). Starting October 1, Ms. Ybarra is also now a voting member of the NMDP board of directors. Ybarra joined GenCure in 2000 and manages its marrow donor programs: recruitment, donor center, apheresis center and clinical apheresis services. GenCure cellular therapy is the South Texas registry recruitment, donor and apheresis center for Be The Match. Ybarra served as vice chair on the CAG for two years; as chair she will be a member of the NMDP board with full voting privileges. Ybarra also is vice chair of the NMDP Diversity and Disparities Advisory Group; is a member of the NMDP Board Development Committee; and is the collection center representative for the Center for International Blood & Marrow Transplant Research (CIBMTR). CIBMTR, an organization for research to improve outcomes of cellular therapies, comprises representatives from the continuum of care for cellular therapy; Ybarra represents apheresis centers. Ms. Ybarra is the 2009 recipient of the Be the Match Donor Management Innovation and the 2012 recipient of the Be The Match Partnership Award for the “Texas Partners” Marrow Donor Program collaboration. 💧

MEMBER NEWS

LifeStream honored blood donor Jim Gurslin on October 11 for becoming the twelfth LifeStream donor to reach the 100-gallon donor mile-mark. The Albion, N.Y., native was surrounded by family and cheered on by LifeStream staff, fellow blood donors, elected officials, and media during an “in-donation” celebration. Mr. Gurslin’s half-century donation journey was chronicled by Joe Chaffin, M.D., LifeStream’s chief medical officer. Mr. Gurslin first donated whole blood in 1967 on a whim, but has continued donating to help replenish



blood used by his father, who was undergoing treatment for bone cancer. Years later, he learned he had “baby friendly” CMV-negative blood, which added to his motivation for giving blood. At the suggestion of LifeStream nurse Dee Hanson, Mr. Gurslin converted from whole blood to apheresis donation about 20 years ago. LifeStream presented Mr. Gurslin with a framed certificate in recognition of the achievement and, as Dr. Chaffin put it, a “very, very rare” 100-gallon donor club polo shirt. And, in a lighthearted reference to another Jim Gurslin trademark, Dr. Chaffin added that “of the 12 LifeStream donors to reach 100 gallons, I think we all can agree that Jim has the best moustache.”



Rock River Valley Blood Center (RRVBC) announced they are experiencing a 7 percent increase in donor deferrals due to the recent Food and Drug Administration (FDA) changes to the blood donor eligibility guidelines. The changes in hemoglobin threshold for men donors, pulse, and blood pressure levels required for donations since June 1, will equate to a loss of more than 2,000 units of blood annually for RRVBC, the press release read. In order to resume adequate blood collection numbers, RRVBC said they must add new or lapsed donors to their active donor pool as with the current guidelines are only able to provide a one-day supply for most blood types. “We realize we are constantly going public with the great need for blood donors. Routinely, things like age, travel, medications, apathy and illness impact a donor’s willingness to donate. These things are being further impacted by more stringent blood donor eligibility guidelines set forth by the FDA. We have no other option than to try and educate the community on the importance of an adequate blood supply and to recruit more blood donors. Young people, new people to the area, major employers, they can all play a

(continued on page 12)



MEMBER NEWS (continued from page 11)

part in helping to stabilize the blood supply. Regular, consistent blood donations are the only way to ensure we have the blood products available when area hospitals make the call,” said Jennifer Bowman, PR and marketing manager for RRVBC. The blood center is the sole provider of blood products and services to a number of local community hospitals in the area.



LifeSouth Community Blood Centers signed a contract with Nohla Therapeutics Inc. (Nohla), a universal donor cellular therapies developer. The exclusive agreement with LifeSouth is specific to the center’s cord blood program and will provide Nohla with clinical grade cord blood units that will become the starting material for the Company’s expanded hematopoietic stem and progenitor cell products. “We are privileged to participate in advancing the potential of cord blood to treat a host of diseases. Nohla’s expanded cord blood progenitor cell program will play a vital role in improving therapies and patient outcomes,” stated Nancy Eckert, CEO of LifeSouth, in a press statement. The agreement between LifeSouth and Nohla allows LifeSouth to generate revenue and recoup some of its banking costs while providing Nohla with fully qualified cord blood units for pooling as starting material for the Company’s expanded cellular therapy programs. This supply model has the propensity to be a game-changer for the industry by offering a pathway to financial stability for public cord blood banks while reducing waste and providing a valuable source of stem cells for companies like Nohla to create life-saving therapies. (Source: [Nohla Therapeutics press release](#), October 19, 2016.)



The Blood Center of Central Texas has a new name and brand. As of Thursday, October 20, The Blood Center of Central Texas will now be known as We Are Blood. “Our mission is not changing. Never will. But we boldly believe that the local blood supply is a precious shared resource that bonds us all—it’s one of the few things with the power to bring our diverse community together,” Marshall Cothran, chief executive officer of We Are Blood, said. “Our goal was to create a bold new identity that reflected what every person in our organization believes and spoke directly to our mission.” The blood center decided to change its name after 65 years of inspiring Central Texans to save local lives and treat each other as family. “When you call someone ‘blood’, it’s simply another way to call that person ‘family’,” said Shaina Novotny, Director of Community Engagement. “This colloquialism was the inspiration for our new name.” ♦

GRANT OPPORTUNITIES

The National Heart, Lung, and Blood Institute (NHLBI) has changed their earliest submission date and earliest application due date for their program announcement with review (PAR) [16-440 R01](#) and [16-441 R21](#). The new application due date for non-AIDS applications is November 21, 2016 and January 7, 2017 for AIDS applications for both PARs. The earliest submission date is October 21, 2016 with a letter of intent due 30 days prior to submission of the application. NHLBI encourages scientists in the blood banking and transfusion medicine fields to apply with topics aimed at improving the safety and availability of the blood supply and the practice of transfusion medicine, and those interested in researching the determinants of transfusion-associated adverse events and how best to minimize transfusion risks. Clinical trials in [Phase II and beyond](#) will not be supported by these opportunities. Please contact Shimian Zou, PhD, AIDS program blood team leader with the NHLBI, via [e-mail](#) or by phone at 301-435-0065 if you have any questions. ♦



CALENDAR

2016

Oct. 22-25. **AABB Annual Meeting, Orlando, Fla.** More information available [here](#).

Oct. 31-Nov. 1. **FDA 510(k) Submissions Workshop, Washington, D.C.** Find out more information and register [here](#).

Nov. 2. **FDA IDE Submissions Workshop, Washington, D.C.** Find out more information and register [here](#).

Nov. 17. **FDA Blood Products Advisory Committee, Silver Spring, Md.** Find out more information [here](#).

2017

Mar. 2-3. [IPFA 2nd Asia Workshop on Plasma Quality and Supply, Yogyakarta, Indonesia](#). To register for the workshop, click [here](#).

Mar. 24-28. **Annual Meeting, America's Blood Centers, Washington, D.C.** Contact: ABC Meetings Department. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Mar. 25: **Board Meeting, America's Blood Centers, Washington, D.C.** Contact: ABC Meetings Department. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

May 1 -3. **ADRP 2017 Annual Conference, Chicago, Ill.** More information is available on the [website](#).

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May 16-17. [IPFA/PEI 24th International Workshop on "Surveillance and Screening of Blood-borne Pathogens", Zagreb, Croatia](#). To register, click [here](#).

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 3. **Board Meeting, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 11-12. [IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga. Registration will open in mid-September.](#) ♦

EQUIPMENT AVAILABLE:

Best Offer. DiaSpect Hemoglobin instruments (22). For additional details or to make an offer contact Susan Parker at sparker@rvbc.org or (815)-961-2329.

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 Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lmaundy@americasblood.org.



POSITIONS

Reference Lab Medical Technologist. OneBlood is currently recruiting for a Medical Technologist in our Orlando, FL Reference Lab. Applicants are preferred to have SBB experience and advanced knowledge of and successful work experience in Immunohematology. This position performs basic through advanced testing procedures on patient and/or donor samples and interprets results in accordance with regulatory guidelines and organizational policies and procedures. Applicants must have a bachelor's degree in a biological science or related scientific field from an accredited college or university or an equivalent combination of education, certification, training and or experience. Applicant must also have a valid and current Florida Clinical Laboratory Technologist license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete Job Description of this position, go to www.oneblood.org and click on the **Careers** tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Medical Director (Gulf Coast Regional Blood Center, Houston, Texas). Assists the Chief Medical Officer in the guidance and direction of management in the development and implementation of policies, goals and objectives related to the organization's medical services. Serves as designee of the Chief Medical Officer to ensure compliance with Bureau of Biologics, FDA and CMS regulations, AABB, and company SOP Manual and other standards/regulations; approve technical services not covered by stated standards. Assumes role of CLIA Lab Director. Provides medical guidance and direction as it relates to various donor care, health, product manufacturing and injury matters. Serves as an ex-officio member of the Medical Advisory and Education & Research Committees; supervises residents and fellows during rotation. This position has supervisory responsibilities. Requirements: Doctor of Medicine or Doctor of Osteopathy degree from an accredited university with five years of combined education and experience in blood banking/transfusion medicine or related fields. Board certified or board-eligible in Pathology, Hematology, or another applicable area of medicine. Specialty training and/or certification in Blood Banking, Hematology, or a similar related area is highly desirable. Apply at www.giveblood.org. The Blood Center is an Affirmative Action/Equal Employment Opportunity Employer.

Therapeutic Apheresis Nurse. LifeServe Blood Center is looking for a Therapeutic Apheresis Nurse in our Des Moines, IA location. Responsibilities include collecting

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apheresis blood components and performing therapeutic apheresis procedures on patients at our facility as well as local hospitals. Primary Responsibilities: Apheresis procedures in both an inpatient and outpatient setting; Nursing judgement to assess patient or instrument issues;

Consult with the associated physician overseeing the procedure; Apheresis patient management; Physical screenings to determine donor eligibility; Phlebotomy under sterile technique; Monitor patient status and act to avoid adverse reaction; Maintain records of all procedures; Takes rotating on call for apheresis; Maintain BCLS skills and driving responsibilities associated with travel expectations of the job. Education/Experience: High School diploma or equivalent required; Must be a registered nurse; Current driver's license and MVR that meets insurability; Current license to practice as a RN in the state of Iowa. Offers of employment are contingent on the successful completion drug testing and background checks. Interested applicants should apply at www.lifeservebloodcenter.org. LifeServe Blood Center is committed to equal employment opportunity. Applicants receive consideration for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identification, genetic information, marital status, pregnancy, disability, veteran status or other legally protected status.

Director of Biologics Manufacturing. OneBlood, is an innovative, forward-thinking blood center providing safe, available and affordable blood to more than 200 hospital partners and their patients throughout most of Florida, parts of Georgia, Alabama and South Carolina. We are currently recruiting for a Director of Biologics Manufacturing in our Orlando lab. This position will provide vision, strategic leadership and management expertise to the Biologics Manufacturing and Product Quality Control (PQC) teams as well as have overall authority and accountability for the regional operations of the Orlando lab. Qualification requirements include a bachelor's degree, from an accredited college or university, specializing in medical technology, biology or a related medical field. Ten or more years of management experience in blood banking, preferably manufacturing. Candidates with an equivalent combination of education, certification, training and/or experience will also be considered. A current and valid Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking or ASCP Medical Technologist certification is strongly preferred. To learn more about this position and the live-saving mission of OneBlood, visit our careers website at <https://www.oneblood.org/careers>.

AP/CP or CP Trained Pathologist. The Department of Pathology at the University of Utah is seeking an AP/CP or CP trained pathologist (board certified), with subspecialty training in Transfusion Medicine (board certified or eligible). The successful candidate will share responsibility with one other medical director for supporting the Transfusion Service at the University of Utah Hospital, the Huntsman Cancer Institute and Primary Children's Hospital. The position will also support the Associated Regional and University Pathologists (ARUP) Blood Donor Center and Immunohematology Reference Laboratory. The successful candidate will be expected to

support laboratory and hospital quality improvement, compliance, and accreditation initiatives, and to provide consultation to clinicians. Participation in teaching of medical students, pathology residents, and hematology fellows is also expected. Research in the area of applied transfusion medicine is encouraged. Academic rank and salary will be commensurate with experience. Applicants should submit electronically to <http://utah.peopleadmin.com/postings/50868> a curriculum vitae, a brief cover letter, and the names and addresses of three references. Please contact allison.boyer@path.utah.edu with any questions. The University of Utah Health Sciences Center is a patient-focused center distinguished by collaboration, excellence, leadership, and respect. The University of Utah Health Sciences Center values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to the mission of the University of Utah Health Sciences Center.

Manager Mobile Recruitment. Principal Accountability Highly motivated, experienced sales professional that exhibits leadership qualities both in terms of inspiring their teams but also delivering consistently high results in the Mobile Recruitment operations. This position is directly responsible for planning and implementing effective strategies to manage the recruitment team's activities and achieve established blood collection goals and key performance indicators. This individual will provide direction for retaining current accounts as well as develop new accounts and focus on blood drive efficiencies utilizing the current recruitment tools. Additionally, must be available for after-hours operational calls. Education: Bachelor's degree or five years' experience in blood center operations, sales, and other operations or related field. Experience: Minimum three years of experience in sales and/or donor recruitment - Minimum two years' experience managing a team(s). We maintain a drug-free workplace and perform pre-employment substance abuse testing. Carter BloodCare (CBC) is an EEO/Affirmative Action employer. CBC provides equal employment opportunities (EEO) to all employees or applicants and will not discriminate in its employment practices due to an applicant's race, color, religion, age, sex, national origin, and veteran or disability status. CBC is a Pro Disabled & Veteran Employer. To apply, go to our website, www.carterbloodcare.org.

Manager Product Quality Control (PQC). OneBlood is an innovative, forward-thinking blood center providing safe, available and affordable blood to more than 200 hospital partners and their patients throughout most of Florida, parts of Georgia, Alabama and South Carolina.

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POSITIONS (continued from page 14)

We are currently recruiting for a Manager Product Quality Control (PQC) in our Orlando lab. This position will

manage the day to day activities to ensure testing is completed in a timely and accurate manner in accordance with regulatory guidelines and organizational policies and procedures. This position will be responsible to coordinate departmental workflow, manage staff schedules, and provide leadership and technical expertise to the PQC lab. Qualification requirements include a bachelor's degree, from an accredited college or university, specializing in medical technology, healthcare, chemistry, biology, biotechnology or a related field. Five or more years of experience in a related field as well as a valid Florida Clinical Laboratory Technologist license is required. Possession of a Supervisor License in Immunohematology or Blood Banking is preferred. To learn more about this position and the OneBlood organization, visit our careers website at <https://www.oneblood.org/careers>. 