

Blood Centers in Hurricane Matthew's Path Prepare for the Storm

As Hurricane Matthew roars through the Bahamas and Haiti headed toward the U.S., remaining a category 4 hurricane as of Thursday evening with sustained winds of 140 miles per hour, blood centers continue to prepare along the southeastern coastline and monitor the storm.

On Thursday October 6th, the Department of Homeland Security's Office of Cyber and Infrastructure Analysis estimated as many as 4 – 5 million individuals could potentially be impacted with widespread power outages in Florida, Georgia, South Carolina, and North Carolina. While mass evacuations continue, some blood centers in the storm's path have taken precautions by shutting down operations. Hospitals have been supplied and blood centers nationwide are assisting to ensure inventories remain adequate.

ABC will continue to monitor Hurricane Matthew and provide updates as the storm makes landfall in the U.S. Members of ABC can find disaster preparedness reference materials on the [ABC Member website](#). The AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism's Disaster Operation's [Handbook](#) provides a specific checklist for preparing for and responding to hurricanes, beginning on page 78.

A Proactive Approach Toward Pathogens

You might be wondering if we can have one newsletter without the top story revolving around Zika. The answer is, sort of. While Zika dominates the headlines of mainstream health news sources, it also leaks money away from blood centers, and causes near-panic at moments within regulatory agencies. We must not forget Zika is just one of many in a stew of infectious diseases with lessons to learn from. This year it is Zika; recently it was bacterial sepsis from platelets; while malaria, dengue, and chikungunya have and will continue to occupy us. Babesia testing also continues to be widely performed under an Investigational New Drug (IND) application and a Food and Drug Administration (FDA) guidance is expected. Another virus we are now watching is Mayaro.

Mayaro is an alphavirus, as is chikungunya. While the virus is thought to be transmitted by the *Haemagogus* mosquito, the Centers for Disease Control and Prevention (CDC) believe the *Aedes aegypti* mosquito could be a vector as well. Mayaro was discovered in Trinidad in 1954 and is native to South America, mostly in the Amazon regions. But recently, a confirmed case of Mayaro has been reported in Haiti and could be "actively circulating in the Caribbean region," as the CDC wrote in a recent report.

From May 2014 until February 2015, plasma samples from 177 Haitian children were tested for dengue and chikungunya by reverse transcription polymerase chain reaction (RT-PCR). While testing the samples, one child's sample came back as positive for Mayaro, negative for chikungunya, but positive for dengue-1.

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OUR SPACE

ABC Chief Medical Officer Louis Katz, MD New York Blood Center Director, Special Donor Services Debra Kessler, RN, MS HIV/MSM Docket Reopened


The authors of this piece participated in an evening long meeting last week to discuss the most appropriate responses to Food and Drug Administration's (FDA) reopening of its docket on the HIV guidance. The meeting was attended by ABC, Center for Biologics Evaluation and Research (CBER), leadership from FDA, American Medical Association (AMA), HIV clinicians and prominent advocates on behalf of men having sex with men (MSM), all of whom recognized the stigma attached to the continued time-based MSM deferral. The single issue was how (not whether) to move forward on policy adjustments in response to the long controversy around this the deferral. The current one-year deferral is based on sexual identity, as opposed to specific behaviors associated with increased risks for HIV infection. Individual risk assessments are being used elsewhere, but the personnel and environments are completely different than ours.

Everyone recognized two things. First, new policy must not be seen to measurably increase risk from its current level. Second, with current testing, the vast majority of residual risk is from infection in the ≈ 10 -day NAT-negative window period, so isolating the relevant recent behaviors and devising strategies to elicit them in the environment of U.S. donor rooms is the research agenda. (We did not discuss the growing concern of the impact of receipt of antiretroviral therapy on these issues, though this would have to be considered). Most of the non-blood bank participants knew only a little about operational imperatives or competing priorities, so we explained them, and FDA was clear that any changes will require an evidence base that does not yet exist. I think everyone came away with a reasonable sense that new policies are likely some years away.

Good investigators are already planning the studies needed to identify, compose and validate the right questions for donors to elicit the relevant behaviors. The Transfusion-Transmitted Infections Monitoring System (TTIMS) is up and running to provide surveillance data.

So, in the spirit of moving forward, what do we need to address?

1. How will our donors react to questions that are likely to be even more personal about sexual behavior than we have now? This needs to be included in any studies performed.
2. Who are the appropriate stakeholders to represent clinicians, blood recipients, and the bioethics community in this discussion?
3. Who else should we hear from?

Let us know what you think. We need to consider comments to the newly opened docket and plan more complete discussions via webinar or at our meetings as needed. 

lkatz@americasblood.org & dkessler@nybc.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.

America's Blood Centers

President: Susan Rossmann
CEO: Christine S. Zambricki
ABC Publications Editor: Lisa Spinelli
Subscriptions Manager: Leslie Maundy
Annual Subscription Rate: \$390

Send subscription queries to lmaundy@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.

PROACTIVE APPROACH TOWARDS PATHOGENS (continued from page 1)

The symptoms of Mayaro are very similar to dengue and Zika, including fever, headache, myalgia, rash, and joint pain.

Will Mayaro become the next Zika? Mayaro outbreaks of the magnitude of dengue, chikungunya, and Zika have never characterized its epidemiology. But we do know that history teaches us there are always more infectious diseases on the horizon and thinking ahead may help blood centers (and the country) optimize transfusion safety, save time, and money.

“There are two approaches,” said Edward Snyder, MD, at the 35th Annual Immunohematology and Blood Transfusion Symposium at the National Institutes of Health on September 22, “We are reactive in identifying pathogens and creating assays, manufacturers consider developing a kit, hospitals test products, and blood centers consider subsidizing the costs, while FDA drafts guidance; or we become proactive and mandate pathogen reduction.”

Studies have shown pathogen reduction diminishes the titers of many infectious agents in plasma and platelets—about 20 percent of U.S. blood transfusions. Pathogen reduction clinical trials for use on red blood cells will be starting, but the technical hurdles are substantial. While there still may be some hurdles involved with widespread pathogen reduction, it is one way that some blood centers are working to take aim at the ubiquitous pathogens on the horizon.


Another proactive measure some blood centers are taking to prepare for whatever the next big infectious disease may be is to develop a working relationship with one’s state health department. “Communication and implementation is greatly facilitated when you can work closely with the health department,” said Rita Reik, MD, chief medical officer for OneBlood. “A close working relationship is essential.”

Developing a working relationship with one’s state department of health (DOH) can help facilitate a plan for future new outbreaks. By having a seat at the table with the local DOH in decision-making regarding standard operating procedures, communication with the public, and any potential regulatory actions on a state-level, blood centers can have their point of view understood and taken into consideration when guidelines or regulations come to pass—as well as timely acquisition of any test results or pertinent information from state health officials if a new outbreak does occur.

Another proactive measure ABC is taking is a request for unspecified Healthcare Common Procedure Coding System (HCPCS) P-codes to help blood centers recover the costs of testing for whatever infectious disease(s) appear come in the outpatient setting. It takes upward of a year for new HCPCS code to be agreed upon and entered into this billing listing. With the creation of unspecified codes, the blood community would not have to seek new codes for every infectious disease and have to wait years for it to come to fruition. It could also help with any other innovative technologies blood centers want to bill the Centers for Medicare and Medicaid Services for which there is no specified HCPCS.

“An ounce of prevention is worth a FDA guidance full of cure,” said Louis Katz, MD, chief medical officer for ABC.

(Sources: *Fusion*, [Is Mayaro virus the Next Zika?](#) September 20, 2016; *UPI*, [Chikungunya-like Mayaro virus reported in Haiti for first time. September 16, 2016.](#))

Citation: Lednicky J., Beau De Rochars V.M., Elbadry M., et al. Mayaro virus in child with acute febrile illness, Haiti, 2015. *Emerging Infectious Diseases*. November 2016, early online. DOI: 10.3201/eid2211.161015. 



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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.

New Directors Join FABC Board

The Foundation for America's Blood Centers Board of Directors recently nominated and approved the following new members to the board: Todd Cahill, Regional Executive Director, Blood Operations at Institute for Transfusion Medicine-Virginia Blood Services and Central Blood Bank; Christine Hayes, Vice President, Operations, LifeServe Blood Center; Michelle Robinson, Chief Operating Officer, Heartland Blood Centers (Versiti); and Mary Townsend, MD, Senior Medical Director, Blood Systems. "I am very excited that three blood-center-based executives will bring their varied backgrounds and expertise to the FABC board," said FABC Board Chair, Pascal George. "After the recent addition of industry leaders, and of an *ex-officio* representative from ADRP (also a blood center executive) we now have a fabulous team to help reach our fundraising target and also ensure seamless continuity of the FABC mission." The FABC funds educational programs and initiatives that benefit America's Blood Centers members and blood center employees. Currently, the FABC is focused on raising funds for the ABC Professional Institute (API).

Letters from ABC Scholarship Recipients

America's Blood Centers' API Scholarship Program, made possible by a grant from the Foundation for America's Blood Centers (FABC), provides scholarships to blood banking professionals at ABC's member blood centers to supplement costs for attendance to an ABC Specialty Workshop or Meeting. ABC recently held the Information Technology Workshop in Minneapolis, Minn. from September 13 to 14. Below are excerpts from letters to the editor submitted by ABC members who received an ABC Scholarship to attend the workshop.

"I would like to extend my appreciation for the scholarship and the opportunity to attend the ABC IT Workshop. I found the workshop to be very informative and I met a lot of experienced individuals in my field that I was able to build a relationship with.

The whole experience was very well planned, the accommodations were exceptional and most of all the presentations were insightful and full of information. I really enjoyed the round table discussions with other blood centers to find out what they were doing and how they overcome hurdles in their organization.

I look forward to future workshops and again thank you for selecting me for the scholarship. The information and relationships I was able to obtain will be invaluable to help our blood center in the future." –
Curt Nassen, Manager, Information Systems, Community Blood Center, Appleton, Wis.

"I would like to extend my gratitude to ABC for the scholarship for this year's IT Workshop. As with most blood centers, budgets are tight and this scholarship ensured that I was able to attend. Of all conferences and seminars, this one is at the top of my priority list as it provides an excellent cross section of blood centers in terms of vendor solutions and IT environment configurations. The presentations were well done and timely, and the round-table discussions were very informative. It is always exceedingly beneficial to speak with IT staff from different blood centers and share insights and ideas, or simply to commiserate over

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our challenges. As usual, the ABC staff did a top-notch job coordinating this event, and the venue was first-rate. Thank you!!” – **Steve Morales, Director, IT Services, Hoxworth Blood Center, Cincinnati, Oh.**

“I attended ABC’s Fall IT Workshop in Minneapolis, and found it went beyond my expectation. I have attended many workshops in the past and most times I have walked away with little new knowledge other than the networking. The IT conference allowed me to network with a lot of people in “blood” IT as well as learn that others are in the same boat as I am. That boat is the need to supply high quality service with increasing demands on a smaller budget due to cost cutting measures across the entire company. It was great to listen to Angelica from OneBlood as those of us in Versiti are trying to forge the same path they did, multiple companies merging onto one platform. I still don’t know how they did it in such a short timeframe.

Robert Hartmann’s discussion on how to integrate gave me a lot to bring back and discuss with our teams as we are working toward platform, policy and staffing changes. I very much enjoyed all the discussions especially the round tables on the second day. I really enjoyed having the topics move around the tables allowing representatives from the different blood centers to provide their thoughts, experiences, as well as the pros and cons they have on each topic. I found this extremely informative and would love to see this as the opening section possibly allowing better questions or discussion from the section talks. Everyone faces that same issues in our industry, they may be on different platforms but they are the same.

As we are all from blood centers, we all know how tight budgets have gotten. The training budgets across all industries have shrunk over the last 10 years. Being a scholarship recipient allowed me to attend the workshop whereas I would most likely not have been able to justify the cost otherwise. I look forward to working with the ABC IT Forum in the future as well as attend additional workshops.

Thank you again for granting me the scholarship to attend.” – **Andre’ Parea-Huff, Senior Network and Security Admin, Indiana Blood Center, Indianapolis, IN.**

“I want to thank ABC for the scholarship given to me to attend the ABC IT Workshop. It was a great experience to be with all the IT members from the different Blood Banks. The speakers provided insights with several relevant topics and the future of the Blood Bank Industry. Also, the group discussions were a great way to interact and share ideas with others in the group. The hotel was very nice and the stay was very comfortable. Again thanks to ABC for making such a nice arrangement.” – **Gulam Patel, Director, Information Services, Mississippi Blood Services.** ♦

RESEARCH IN BRIEF

Pooling donated red blood cells (RBC) may reduce variability of the transfused product according to a study from the New York Blood Center (NYBC). Investigators at NYBC, evaluating an approach to mitigate the potential variability of how units from individual RBC donors tolerate storage, have demonstrated that pooling reduces that variation. Two units per donor of irradiated, leukoreduced, ABO, D, E, C and K identical RBCs were collected from five donors by apheresis. One unit was pooled with four others and the second unit was used as a control. From day 2 to 28 of storage, adenosine triphosphate decreased by a similar amount, and 2,3-diphosphoglycerate was successfully rejuvenated in both pooled and single units, with no significant difference in either metric. Pooling reduced variability as assessed by standard deviation. The authors suggest further study of this approach.

Citation: Mathur A et al. Storage characteristics of multiple-donor pooled red blood cells compared to single-donor red blood cell units. *Transfusion*. 2016. Early online. doi:10.1111/trf.13866. ♦



(NOT SO) RECENT REVIEWS

With Zika, chikungunya and dengue having engaged us in recent months and years and many other vector-borne infections in the news on what seems like a daily basis, a short background on the basic science of arboviral infections and their ecology and epidemiology would be valuable. Weaver and Reisen published such a paper in 2010.

Citation: Weaver S.C. and Reisen W.K. Present and future arboviral threats. *Antiviral Research*. 2010. 85:328-35. 📌

BRIEFLY NOTED

There is a big lack of investigative tests to determine accurate identifiers for which neonates are at the highest risk for bleeding and should therefore be given plasma transfusions. At least one national audit indicated almost half of all plasma transfusions are given to neonates with abnormal coagulation values with no active bleeding, stated the authors of a new review article. After an analysis of a number of published reviews—randomized, retrospective, systematic and more—the authors of this review article determined there is a lack of accurate tests to define hemostatic problems in neonates and more multicenter randomized studies are needed to explore the prophylactic use of plasma or prohemostatic agents. The authors stressed that for neonates, plasma transfusions should be limited to those with what would be considered a clinical context of bleeding (e.g., vitamin K dependent), disseminated intravascular coagulation, and very rare inherited deficiencies of coagulation factors and should not be used as a prophylactic to prevent intraventricular hemorrhage or for use as a volume expander. 📌

Citation: Keir, A.K. and Stanworth S.J. *Transfusion Medicine Reviews*. 2016 Oct;30(4):174-82. doi: 10.1016/j.tmr.2016.07.001. Epub 2016 Jul 9.

INFECTIOUS DISEASE UPDATES

Investigators from the United Kingdom have described an adaptation of an assay developed for blood samples to use with urine specimens in *JAMA Neurology*. The test has a sensitivity of 40 percent and a specificity of 100 percent in a small group of affected Sporadic Creutzfeldt-Jakob disease patients and controls respectively (162 specimens were tested). Sporadic Creutzfeldt-Jakob disease is not recognized to be transfusion transmissible. Sensitivity for variant Creutzfeldt-Jakob disease, which has been transmitted to four recipients, was low at 1/3 patients (7.7 percent). 📌

Register for the ADRP Recruitment and Collection Team Strategies Webinar

ADRP's Recruitment and Collection Team Strategies webinar will be held on October 20 and focus on strategies for effectively breaking down walls between donor recruitment and donor collections staff. This webinar includes information on recognizing the breakdown of communication lines, developing a communications plan, executing the plan to change morale between the two departments, and achieving those goals. The presentation was highly rated at the 2016 ADRP Conference in Orlando. As one attendee said, "Awesome presentation. I think I had almost a dozen light bulbs go on." The webinar is set for Thursday, October 20 at 3 p.m. EST. It will also be recorded for those, nationally and internationally, who are unable to attend. [Sign up to attend the webinar now.](#) 📌





REGULATORY NEWS

The Food and Drug Administration (FDA) is seeking public comments on the risk factors associated with transfusion-transmissible infections (TTI) in blood donors. The FDA announced they intend to interview blood donors and collect risk factor information associated with testing positive for a TTI. The announcement cites that data will help inform FDA regarding future blood donor deferral policy options, including the feasibility of moving to an individual risk assessment. [Comments must be submitted by November 29, 2016](#), via the electronic or paper submission, all of which must include the Docket No. FDA-2016-N-2836 for “Donor Risk Assessment Questionnaire for the Food and Drug Administration (FDA)/National Heart, Lung, and Blood Institute (NHLBI)-sponsored Transfusion-Transmissible Infections Monitoring System (TTIMS)—Risk Factor Elicitation (RFE).” (Source: FDA, September 30, 2016.)

FDA’s Center for Biologics Evaluation and Research (CBER) has updated codes needed to report an adverse event. Changes have been made to the Biological Product Deviation Reporting, Blood Product Codes, non-blood product codes—which includes Human Tissues and Cellular and Tissue-Based Products (HCT/Ps); and Deviation Codes. These codes were changed October 1 and should be used immediately. To determine if you should report an event, the agency has put a guidance online titled, “[Biological Product Deviation Reporting for Blood and Plasma Establishments](#).” CBER modified some of the deviation codes following publication and implementation of the final rule, “[Requirements for Blood and Blood Components Intended for Transfusion or for Further Manufacturing Use](#),” including changes such as the description of the category Viral Testing (VT) to Relevant Transfusion-Transmitted Infection, and added specific codes to capture events associated with Zika virus. The agency also added specific codes to capture events associated with the control of bacterial contamination and deleted codes related to Hepatitis A, because they noted these reports are no longer required. To read the full changes, click [here](#). ♦

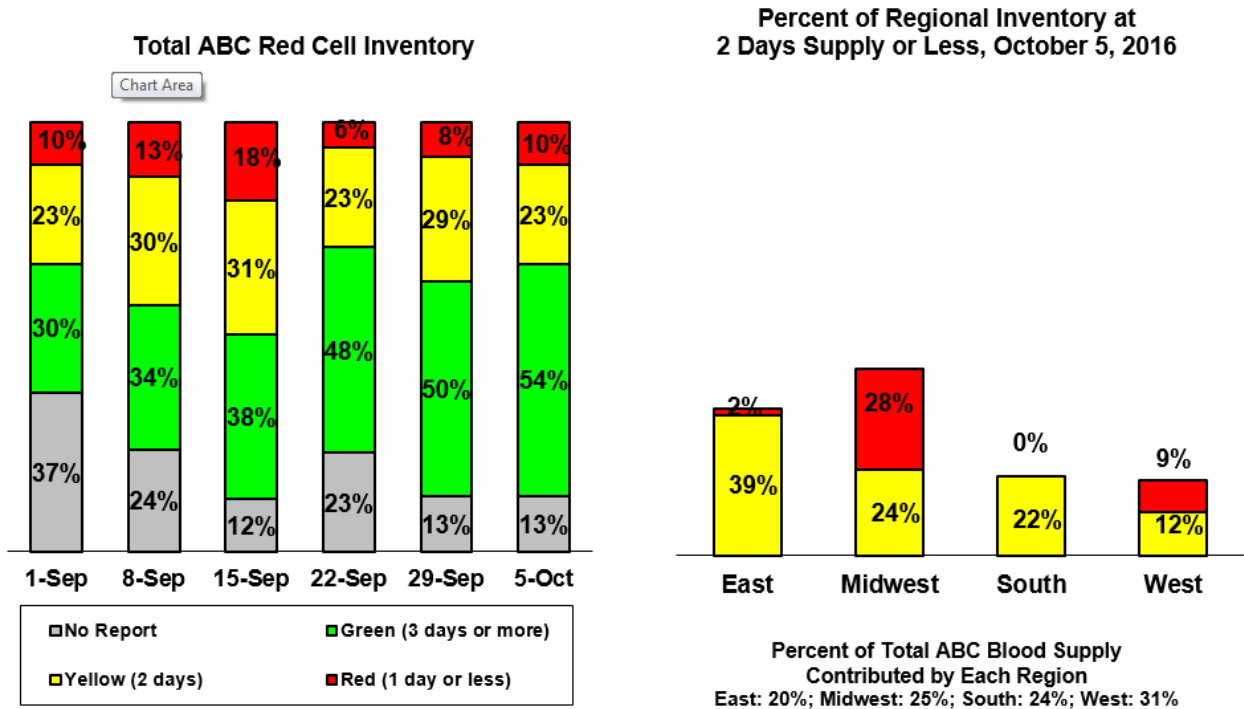
WORD IN WASHINGTON

While Congress adjourned last Friday following passage of a short-term spending deal that funds the government through December 9, 2016, the reprieve will be short-lived. Work continues behind the scenes in Washington, DC in preparation for the expected four-week “lame-duck” session that will start on November 14 following the general elections. A lame-duck session describes the period after the November election and before a new Congress takes effect in January. One of the few items likely to get done is funding the government through the 2017 fiscal year. ABC continues to advocate to congressional staff and federal agencies that the broad Omnibus appropriations bill Congress should include recognition of the need for blood center cost recovery related to the FDA universal testing guidance for Zika. Other actions that could occur during the lame-duck is consideration of the 21st Century Cures Act, a bill aimed at promoting medical research and developing innovative medical solutions.

ABC also continues to monitor the campaign trail – not to advocate for specific candidates (which we do not do) – but to prepare for any changes that could come in Congress and the Administration as a result of voter opinion on November 8. **ABC will hold a webinar for members on Thursday, November 10 at 1:00 PM ET to brief on the results of the elections at the national, congressional, state and local levels and their impact on the blood community.** Additional information is forthcoming. We also encourage blood centers to get involved in races occurring in your state(s) and for blood center employees to register to vote and have your voice heard on Election Day. Today’s candidates are tomorrow’s legislators that will determine policies that impact your operations and bottom line. ♦



STOPLIGHT®: Status of the ABC Blood Supply



Daily updates are available at:
www.AmericasBlood.org

MEMBER NEWS

San Diego Blood Bank and the National Blood Collaborative announced in an October 3rd press release that they are recipients of a sub-award for enrolling participant-volunteers in the Precision Medicine Initiative (PMI) Cohort Program. According to the release, “the sub-award is from the award that will support a Participant Technologies Center through the Scripps Translational Science Institute.” In 2015, President Barack Obama announced the PMI to support research and development of precision medicine, the process of placing therapies into subcategories of disease, usually defined by genomics. “Blood donors in San Diego, and nationally, engage so selflessly and altruistically in saving lives. They are blazing new ground when it comes to answering the question – how can we have even greater impact on our community’s health?” said David Wellis, PhD, CEO of the San Diego Blood Bank. “The



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.

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results generated from this effort will not only impact our donors and their families, they will ultimately impact the healthcare community nationwide.” Additional information on the Precision Medicine Initiative (PMI) is available at: <https://www.whitehouse.gov/precision-medicine>, and the PMI Cohort Program at: <https://www.nih.gov/precision-medicine-initiative-cohort-program>.

Lane Blood Center (LBC) staff members took part in a memorial race in remembrance of 2015 Umpqua community college shooting victims. In honor of the nine lives lost in the shooting last year, LBC sponsored and participated in the Umpqua Strong Event, a 9K memorial race held this past weekend. LBC recalled the day of the shooting in a press release and how they delivered trauma packs to the local area hospitals treating victims; how their Portland team prepared a shipment of blood components, and Oregon state troopers delivered it to the center. The blood center also talked about the generosity of their local community with droves of donors waiting patiently to donate and local businesses donating food for staff and donors. LBC is issuing a call-to-action for the local community to donate blood this month in honor of these victims. (Source: Lane Blood Center News Release) ♦

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) 393-1282; e-mail: lmaundy@americasblood.org.

POSITIONS

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. 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>.

Account Executive. The Blood Center of Central Texas is hiring a dynamic, self-starter to recruit new donor groups for blood drives, maximize existing accounts, and execute strategies to meet draw goals for an established territory in the Austin area. They will maintain successful relationships with blood drive coordinators and cultivate

future coordinators; evaluate new accounts; develop and present proposals to recruit new donor groups. This individual will also work closely with other members of the Donor Recruitment team to maximize drive efficiency and resources. Qualified candidates must have the ability to organize and prioritize under changing conditions, manage multiple projects, and handle stressful situations. Excellent interpersonal, communication, and presentation skills are needed. A college degree or two years of sales experience is required. Must be able to work flexible hours to include evenings and weekends as necessary. Please visit www.inyourhands.org to learn more and to apply online. EEO Employer: Minorities/Women/Veterans/Disabled.

Clinical Apheresis Nurse. The Blood Center of Central Texas is hiring a Registered Nurse (RN) to qualify potential patients/donors referred by physician offices and hospitals to make autologous, therapeutic, and directed donations, as well as perform and oversee these procedures. This position will access central venous catheters (CVC); perform CVC flush and anticoagulation; change CVC dressing; instruct patients on CVC care. They will be a liaison for patients and physicians, as well as review all request forms, physician’s orders, patient history, medications and lab work, as applicable. Qualified candidates must have an active unencumbered State of Texas

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POSITIONS (continued from page 9)

RN license and be certified in CPR. At least one year of nursing experience in a hospital setting, oncology unit, or clinic required. A minimum of three years donor qualification related functions in a blood center may substitute for some clinical experience. Phlebotomy experience required. ICU, ER, pediatrics, apheresis, dialysis and/or oncology experience preferred. Must be available to work a full-time schedule Monday – Friday and be able to participate in the on-call rotation to include nights and weekends. Must be at least 21 years of age, hold a valid driver's license, provide a copy of an acceptable driving record, and show proof of liability insurance. Please visit www.inyourhands.org to learn more and to apply online. EEO Employer: Minorities/Women/Veterans/Disabled.

Quality Manager (Sacramento, CA). Blood Systems is one of the nation's oldest and largest comprehensive transfusion medicine organizations. We serve blood centers, hospitals and health systems, offering shared management and support services, quality excellence and effective contracting. Under minimal supervision, this position is responsible for assisting in managing the review of quality systems and compliance in all areas of technical and clinical operations. This position serves as a resource to operations on quality issues. Participates in performance improvement initiatives through data and process analysis. Knowledge/Education: Bachelor's degree required. Licenses/Certifications: Certification as a Medical Technologist or SBB preferred. Experience: Four years related experience in a regulated industry required. To include: Two years in a quality, regulatory, and/or auditing environment. Six months supervisory experience preferred. Previous quality experience and performance improvement skills e.g., skills in data analysis preferred. Blood Systems, Inc. is an Equal Opportunity Employer. Apply at: [http://www.bloodsystems.org/careers.html/](http://www.bloodsystems.org/careers.html) (Req 16000914). OE/Minority/Female/Disability/Vets

Marketing & Communications Specialist. Blood Centers of the Pacific seeks qualified individual with excellent verbal and written communication skills to join our Marketing team in San Francisco. Will perform marketing and communication duties to support organizational goals. Duties to include promoting blood donations via multi-faceted marketing campaigns, assisting with social media outreach, and supporting departmental goals through data analysis and reporting. Will assist with developing electronic and print public relations materials such as newsletters, website stories, presentation pieces, etc. Will coordinate donor recognition programs which may include award events. Proficiency in Word, Excel and PowerPoint required. Experience with production and/or design software preferred. Requires BA/BS degree in Graphic Design, Communications, PR, Marketing or other related field and two years relevant experience. Equivalencies may be considered. To apply, visit our employment page at <http://www.bloodcenters.org/about-us/employment/>

(Requisition #16000966). Blood Centers of the Pacific is an equal opportunity employer: EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups. Our organization participates in E-Verify.

Chief Medical Officer. San Diego Blood Bank (SDBB) is searching for a Chief Medical Officer (CMO) to provide medical oversight of our opportunities in blood banking, including our reference and cell therapy laboratories, and in life science research and clinical trials, including the Precision Medicine Initiative. The CMO will help drive SDBB's efforts to position itself as a visionary leader in both its traditional blood banking market as well as in emerging life science markets, to achieve its overall blood collection and revenue goals. The position accomplishes this through a respectful, constructive and collaborative style, guided by local, state and national regulations and the objectives of the company. With its great weather, vibrant academic life science community, miles of sandy beaches and major attractions, San Diego is known worldwide as a great place for residents to collaborate, engage and relax year round. M.D. or D.O. degree, subspecialty board certification in hematology or transfusion medicine preferred. Active, unrestricted CA medical license. SDBB is an Equal Opportunity Employer. EOE/Minority/Female/Disability/Vets. Apply today <https://sandiegobloodbank.applicantpro.com/jobs/>

System Analyst. Gulf Coast Regional Blood Center, located in Houston, Texas, is seeking a System Analyst to perform software testing, validation of the enterprise software and computer systems, as well as manage several projects, including software and system upgrades, new implementations, training materials, etc. The candidate must have a bachelor's degree from an accredited college or university in Computer Systems or Information Technology, along with a minimum of three years' work experience in computer support or training role. Must have good customer service and interpersonal skills. Must be detail oriented. Hours are Monday through Friday, 8 a.m. to 5 p.m. Applicants must apply online at www.giveblood.org Job Id: 2221 or <http://jobs.giveblood.org/system-analyst/job/6184694> ♦