

2017 #40

November 13, 2017

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## Is It Safe to Transfuse RBCs That Are More Than 35 Days Old?

Whether it is safe to transfuse older red blood cells (RBCs) versus fresher RBCs has been the subject of significant concern and debate for many years. The 2008 *New England Journal of Medicine* article by Koch *et. al.* reported that transfusion with older RBCs (stored >2 weeks) versus fresher RBCs (stored <2 weeks) was associated with more complications post-surgery and increased mortality.

Since that time, more than 10 reported trials have attempted to address this concern. None have demonstrated a difference with regards to in-hospital mortality between older and fresher RBCs. Furthermore, these studies did not specifically show that RBCs at the extreme end of allowable storage are safe to transfuse compared to fresh RBCs. An article appearing in *Lancet Haematology* by Cook *et. al.* addresses this concern.

The report presented the results of a secondary analysis of the “Informing Fresh Versus Old Red Cell Management” (INFORM) trial, which is a randomized controlled, multicenter, and multinational (Australia, Canada, Israel, and the U.S.) trial in patients ≥18 years old. Of the 24,726 patients included in the study, 4,480 (18 percent) patients received RBCs with the longest storage period (>35 days), 1,392 (6 percent) patients received RBCs with shortest storage period (<8 days), and 18,854 (76 percent) patients received RBCs stored between 8 to 35 days. No in-hospital mortality difference was found when comparing RBCs stored longer than 35 days versus the freshest RBC units (<8 days) after adjusting for demographics, diagnosis, and blood product use (hazard ratio 0.91, 95 percent CI 0.72–1.14; p=0.40). The authors concluded that “transfusion of blood stored for longer than 35 days has no effect on in-hospital mortality, which suggests that current approaches to blood storage and inventory management are reasonable.” The question may still remain regarding subgroup effects and whether mortality is the only concern regarding the transfusion of older RBCs.

**Citations:** Cook, R. J., Heddle, N.M., *et. al.* “Red blood cell storage and in-hospital mortality: a secondary analysis of the INFORM randomised controlled trial.” *The Lancet Haematology* 4(11): e544-e552. 2017. doi: 10.1016/S2352-3026(17)30169-2.

Gehrie, E. A. and Tobian, A.A.R., “Finally, what we have been waiting for: evidence that transfusion of RBCs at the extreme of the storage spectrum is safe.” *The Lancet Haematology* 4(11): e504-e505. 2017. doi:10.1016/S2352-3026(17)30179-5.

*Contributed by: Yanyun Wu, MD, PhD, Chief Medical Officer at Bloodworks Northwest* ♦



## OUR SPACE

### Harvey & Irma Silver Lining: the HERF

**John Armitage, MD; ABC, Board Member & Oklahoma Blood Institute, CEO**

The recent hurricanes more than earned their status as disasters from the despair, death, and destruction they left in their wakes. For us blood bankers the successful launch of an industry-wide, grassroots relief program has, at least, proven to be a positive outcome. The Hurricane Emergency Relief Fund (HERF), launched August 31st by Blood Centers of America, Inc. (BCA) using online giving tools and tracking supplied by Global Blood Fund (GBF), raised \$27,571 over the subsequent six weeks. ABC, BCA, Cerus Corp., and a half dozen blood centers deserve special recognition for actively promoting this campaign.

Under the aegis of a BCA steering committee chaired by Billy Weales, CEO of The Blood Center (New Orleans), these contributions will go via their employers to a total of forty-six, adversely impacted employees identified by Gulf Coast Regional Blood Center, LifeShare Blood Center, and SunCoast Blood Bank. To please savvy non-profit executives, the overhead allocation was an unbeatable 0 percent thanks to GBF covering the 0.5 percent telecommunications fees/commissions.

Some organizations offered matching funds as an inducement; these dollars essentially represent a new stream of personal generosity deployed to the benefit of fellow blood bankers in economic distress. It is gratifying that over 100 identifiable individuals gave money, with sixteen hitting a beneficence level of \$250 or greater. The exact roster count is unknown as a couple of blood centers aggregated their employee's gifts into lump sums. Personal HERF deposits ranged from \$2 to \$600. At the suggestion of Scott Bush, CEO of SunCoast Blood Bank, our center, Oklahoma Blood Institute, also allowed employees to convert (w/o "constructive receipt") paid time off hours into HERF contributions. This mechanism yielded over \$2,250 from 11 good souls, many of whom would otherwise not have been able to participate.

We, blood bankers, are familiar with the compassionate outpouring that comes in the wake of natural disasters and manmade tragedies. Blood center employees are essentially frontline responders who staff community healing centers (a.k.a. blood drives) for people gathering to process events and heal psychologically. Through the HERF, our industry has pioneered an additional way to assist some of those same helpers when they are struck by misfortune. It is essentially a team-based, self-help resource for blood bankers that brings grassroots power to relief work that has usually been generated bilaterally between institutions (centers, suppliers, associations, etc.). 💧

*John Armitage, MD*

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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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## Could NDAA Provision Provide DoD Decision-making Authority without FDA Approval?

Negotiations surrounding the National Defense Authorization Act (NDAA) created quite a stir in Washington, D.C. this past week, as lawmakers continue to work towards agreement on the NDAA, which authorizes defense agencies and funding. The latest version of this legislation contained a controversial provision that would grant the Department of Defense (DoD) the ability to use medical devices and products, including freeze-dried plasma, for emergency use without the Food and Drug Administration's (FDA) approval.

The Senate Armed Services Committee justified the provision in their conference report, which stated, "[t]raditional pathways to the Food and Drug Administration's approval and licensure of critical medical products for combat casualty care are too slow to allow for rapid insertion and use of these products on the battlefield...this provision could lead to even higher survival rates from severe combat wounds and injuries suffered by service members." DoD would not have complete autonomy as the Defense Secretary would appoint a committee that would make recommendations for unapproved products, followed by the assistant secretary of defense for health affairs "consulting with FDA" prior to authorizing "emergency use of approved treatments," according to *Politico*.

Opponents of the bill seek to delay passage of the NDAA if the provision is not removed according to a statement issued by Rep. Greg Walden (R-OR), House Energy and Commerce Committee Chair, Sens. Lamar Alexander (R-TN), chair of the Senate Health, Education, Labor, and Pensions Committee, and Richard Burr (R-NC) chair of the Senate Select Intelligence Committee, "[t]he men and women who serve in our armed forces deserve the best medical care available, including timely and safe treatments for the wounds they may suffer on the battlefield. However, a new provision in the NDAA, though well-intentioned, could jeopardize the FDA's rigorous and science-based process to ensure the availability of safe treatments and therapies, which may ultimately create more harm than good for those who have risked their lives to defend our nation. We have been and will continue to be committed to working with our counterparts in congress and the administration to craft language that would ensure the swift and safe delivery of treatments without forgoing safety. Based on these discussions, it is our understanding that the White House shares our concerns and supports our efforts to find a workable solution. In the spirit of these good-faith negotiations, we ask House and Senate leadership to delay signing of the NDAA conference report to allow us to reach a compromise that puts the safety of our warfighters first."

A deal with bipartisan support and agreement on the language contained within the provision could be reached as early as this week. It is expected to include revisions "that [have] bipartisan support from congressional health committees and would allow DoD to ask FDA to expedite product reviews as necessary," according to a report appearing in *Axios Vitals*.

(Sources: *Politico*, [GOP senators say they'll oppose defense bill if Pentagon drug policy stays in](#), 11/7/17)

(House Energy and Commerce Committee [Statement](#), 11/8/17)

(*Axios Vitals*, [Deal would keep Pentagon out of product approvals](#), 11/10/17) ♦

### We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to the Editor at [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

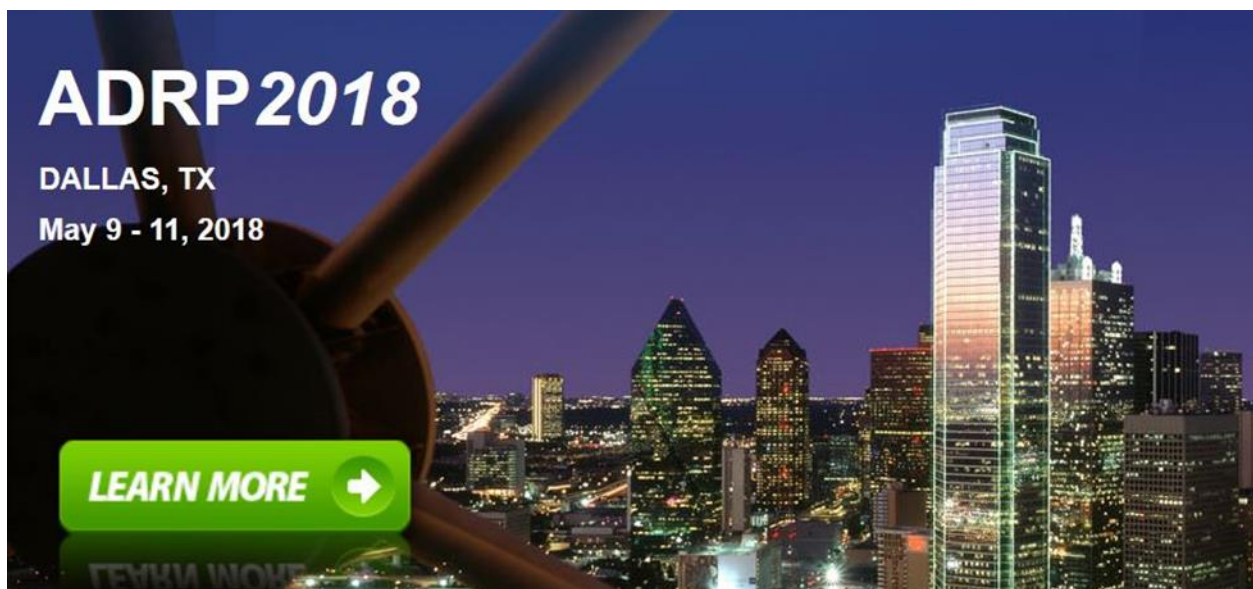
## Response to *NEJM* Blood Sustainability Sounding Board Published by ABC, as Former HHS ASH DeSalvo Weighs in on the Topic

ABC recently [responded](#) to the “[Crisis in the Sustainability of the U.S. Blood System](#)” Sounding Board (Klein, H., *et. al.*) that appeared in the *New England Journal of Medicine*. The response addressed policy development, competition, and reimbursement for blood and blood products expressing the need for all stakeholders to be included in contributing solutions, “[t]he following core principles must be heeded in considering changes to the system. First, policy must be rooted in evidence and formal risk-based decision-making before promulgating public health and safety mandates. Second, hyper-competition must be addressed. Last, reimbursement for blood must capture the full costs of safety and technology initiatives and preparedness for unprecedented disaster scenarios to which the Department of Health and Human Services (HHS) expects blood centers to respond.” The full statement is available [here](#).

Karen DeSalvo, MD, former Assistant Secretary of Health at HHS, and Karen Scott, MD coauthored a blog post for *Health Affairs* entitled “[A Safe And Sustainable Blood System: A Public Health Policy Imperative](#).” The piece references the Rand Corp. [report](#) and calls attention to potential challenges impacting both the current and future sustainability needs of the U.S. blood supply by describing the complexities of the nation’s blood system (e.g. declining blood use, increased technological and safety costs, no cost recovery mechanism) and attempting to identify all stakeholders. The authors conclude by asking “[i]s blood a public good? And, if so, what role should the federal government play in supporting the blood system as it responds to dynamic changes in supply and demand? We believe that the answers to these questions are central to the work of policy makers as they determine the appropriateness of providing supplemental funding to the blood system in the short run, and perhaps long run. The public and private sectors must engage and act on these key policy decisions to ensure that all Americans have equitable, safe access to the blood products that are so important to their health and well-being.”

(Sources: ABC [Statement](#), 11/6/17)

(*Health Affairs*, [A Safe And Sustainable Blood System: A Public Health Policy Imperative](#), 11/9/17) ♦







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It's About *Life.*

## INSIDE ABC

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

### ABC Supports Medical Device Tax Repeal in Joint Letter

On November 8<sup>th</sup>, ABC showed support for repeal of the medical device excise tax which is scheduled to be reinstated on January 1<sup>st</sup>. The Advanced Medical Technology Association (AdvaMed) sent the [joint letter](#) on behalf of fellow alliance partners from patient advocacy, disability, research, and community healthcare organizations, which cosigned the letter to leaders of Congress. It addressed concerns that the tax stifles innovation and hampers medical technology companies from investing in research and development needed for advances in patient care, “[w]e are concerned that an unintended consequence of the medical device tax will be the curtailing of investment in development of such life-changing innovations, and creation of fewer next-generation treatments and cures for individuals in need.” According to a report in the *Washington Examiner*, the proposed House tax bill will not repeal the medical device tax, though “House leaders promised to take them up after they finish with tax reform.”

(Sources: AdvaMed & Alliance Partners Joint [Letter](#), 11/8/17)

(*Washington Examiner*, [House holds off on cutting several Obamacare taxes](#), 11/6/17)

### Reminder: ABC Awards of Excellence Call for Nominations

ABC members are encouraged to nominate blood donation sponsors, corporations, and advocates for the 21<sup>st</sup> Annual Awards of Excellence. This year's ceremony will be in Scottsdale, Ariz. during [ABC's 56<sup>th</sup> Annual Meeting](#) on Monday, March 19<sup>th</sup>. Nominations are currently open until Monday, November 20<sup>th</sup>. Additional details are available in [MCN 17-073](#). The online submission form is available [here](#). Please direct any questions about nominations or the awards ceremony to [Leslie Maundy](#).

#### SAVE THE DATE

**ABC SMT Iron Mitigation Webinar**

**December 7, 2017 at 3 PM ET**

*Additional details coming soon!*

### Final Chance to Participate in Blood Center Compensation & Benefits Survey

All ABC member blood centers are eligible and invited to participate in the 2017 Blood Center Compensation & Benefits Survey prior to the November 17<sup>th</sup> submission deadline. The survey features 32 director and management-level exempt positions, and 35 staff-level positions commonly found in blood centers and focuses on the data needed to provide a strategic overview of the market and where organizations need to position themselves to compete in the future. It also includes a detailed benefits section that will provide insight into the specific benefit practices of blood centers. Contact [Leslie Maundy](#) for additional details and sign-up information.

### ADRP Registration & Call for Speaker Abstracts Open

Early bird registration for the ADRP, an international division of ABC, [2018 Conference and Expo](#) is open. [Register](#) by December 31<sup>st</sup> to take advantage of the discounted rate (\$525). ADRP also invites you to submit

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## INSIDE ABC (continued from page 5)

abstracts to speak at the conference in Dallas, Texas. All marketing and communications innovators, recruitment visionaries, and collections experts are invited to [submit](#) abstracts on topics including donor collections staffing, the impact of technology on donor flow, internal communications strategies for regulatory changes, reinventing your brand, fixed site recruitment, lead generation for new sponsor groups, first time donor retention programs, and emerging medical issues. Speakers who are chosen will receive a 30 percent discount off conference registration and a complimentary one-year subscription to ADRP. Interested individuals may submit abstracts [here](#).

## ADRP Award Nominations Open

Recognize a peer or outstanding donor group by nominating them for an [ADRP Award](#). Submissions are being accepted until November 15<sup>th</sup> via the online [nomination form](#). This year's categories include: Donor Recruiter of the Year, Donor Collections Team Member of the Year, Leader of the Year (Recruitment & Collections), Franzmeier Lifetime Achievement Award, Gilcher MD/CEO Award, Media Partner Award, Blood Drive Award (Creative & Most Productive), School Blood Drive Award, and the Humanitarian Service Award. ♦

## RESEARCH IN BRIEF

**A recent National Institutes of Health study suggests that, for patients with sickle cell disease (SCD) undergoing hematopoietic progenitor cell transplantation (HPCT), “donor and recipient red cell phenotypes should be carefully assessed before transplantation to minimi[z]e and manage the risk of immunoh[e]matological complications.”** This single-center, single-arm observational analysis involved 61 SCD patients who underwent HPCT (42 HLA-matched; 19 haploidentical; 47 (77 percent) of whom developed functional grafts) and were followed for a median of 4.3 years. Twenty-two patients (36 percent) had pre-transplant red cell antibodies (58 allo-; 8 auto-), with the alloantibodies of three of these being incompatible with at least one HPCT donor antigen. Following transplant, six additional

patients (10 percent) developed a total of 13 new red cell antibodies (11 allo- and 2 auto-), with the alloantibodies of three of these being incompatible versus either HPCT donor antigens (n = 2) or a recipient antigen (n = 1). In total, nine of the 61 patients (15 percent) ultimately experienced immunohematological complications, with five of these being clinically relevant – i.e., “[t]he clinical course of complications was highly variable, from no severe effects attributable to antibodies, to sustained reticulocytopenia, to near-fatal h[e]molysis” – though the authors note they could not identify a “significant correlation between immunoh[e]matological complications and graft failure, graft rejection, or death.” The accompanying editorial provides useful perspective about the risks and consequences of immunohematological complications affecting all transfused SCD patients – both those undergoing HPCT (“restricted to patients with severe [SCD]”) and those who are not transplanted. It concludes by emphasizing the need to “decrease the risk of alloimmuni[z]ation in patients with sickle cell disease, irrespective of treatment course,” via a combination

## SAVE THE DATE

### ABC SMT Journal Club Webinar

**November 28, 2017 at 1 PM ET**

*Articles to be covered:*

- *Crisis in the Sustainability of the U.S. Blood System*
- *Safety of the use of group A plasma in trauma: the STAT study*
- *Oral antiplatelet therapy: impact for transfusion medicine*

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## RESEARCH IN BRIEF (continued from page 6)

of: red cell genotyping (“if it becomes cost-effective”); “[g]ood records of previously identified antibodies and adverse reactions;” “effective communication between health-care institutions;” and “improved recruitment of ethnic minority donors.”

**Citations:** Allen, E.S., Srivastava, K., Hsieh, M.M., *et al.* Immunohaematological complications in patients with sickle cell disease after haemopoietic progenitor cell transplantation: a prospective, single-centre, observational study. *Lancet Haematology*. 2017; 4(11):e553-e561.

Volt, F. Red blood cell alloimmunisation in patients with sickle cell disease. *Lancet Haematology*. 2017; 4(11):e506-e507.

*Contributed by: Chris Gresens, MD, Senior Medical Director at BloodSource*

**Authors from Weill Cornell Medical College and Hofstra University suggest that endothelial cells (EC) from younger animals, compared to older animals may have beneficial effects on the hematopoietic microenvironment including in the context of hematopoietic stem cell (HSC) transplantation.** In *ex vivo* culture and *in vivo* models of involving infusion of aged or younger EC, aged EC impaired HSC expansion and marrow repopulation of lethally irradiated mice by HSCs. Younger EC augmented aged HSC engraftment and improved survival of radiated animals, effects that were attributed to differences in marrow microvascular environment. The authors suggest that EC therapies should be evaluated as “adjuvant modalities to enhance HSC engraftment and accelerate hematopoietic recovery” in the elderly with myelosuppression.

**Citation:** Poulous, M.G., Ramalingam, P., Gutkin, M.C. *et al.* Endothelial transplantation rejuvenates aged hematopoietic stem cell function. *J. Clin. Invest.* 2017. 127:4163-78.

**A Chinese study in *Molecular Psychiatry* investigated whether blood-borne amyloid-beta was associated with Alzheimer’s disease (AD) pathology in a parabiotic mouse model.** Wild type mice, with their circulation connected to transgenic AD mice, i.e. parabiosis, developed cerebral amyloid pathology and amyloid beta plaques after 12 months of co-circulation. By way of contrast, there was no evidence of an association of transfusion with AD in a cohort of 11,785 patients receiving blood from donors subsequently diagnosed with AD reported from the SCANDAT2 database in a prior publication. The differences in the two studies may relate to the greater duration and intensity of exposure in the parabiotic model compared to transfusion.

**Citations:** Bu, X-L., Xiang, Y., Jin, W-S. *et al.* Blood-derived amyloid- $\beta$  protein induces Alzheimer’s disease pathologies. *Molecular Psychiatry* (advance online publication). 2017. doi:10.1038/mp.2017.204. Edgren, G., Hjalgrim, H., Rostgaard, K. *et al.* Transmission of neurodegenerative disorders through blood transfusion. *Ann. Int. Med.* 2016. 165:316-24. ♦

## WORD IN WASHINGTON

Alex Azar has been nominated by President Trump to be the next Secretary of the Department of Health and Human Services (HHS). He would fill the opening created by the resignation of Tom Price, MD in September. Mr. Azar has worked both as a pharmaceutical executive and previously within the administration of former President George W. Bush. “We commend President Trump for nominating Alex Azar for

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## WORD IN WASHINGTON (continued from page 7)

Secretary of Health and Human Services. He is a veteran of HHS, bringing with him a wealth of institutional knowledge that will be instrumental in delivering patient-centered health care and combating the opioid crisis,” said House Energy and Commerce Committee Chair Greg Walden (R-OR) and Health Subcommittee Chair Michael Burgess, MD (R-TX) in a statement. “We look forward to working with Mr. Azar on these critical issues and many others in the future.”

(Source: House Energy and Commerce Committee [Statement](#), 11/13/17) 💧

# Learn ♦ Grow ♦ Lead

## Shed Light on Your Future



### This Month's Featured API Resources

- Jerry Haarmann Leadership Program***  
 Six courses on leading teams  
  

“This course gave me many ideas on how to work with the team in my department as well as working with other teams outside my department.”

- API pilot participant
- Strategic Leadership Program***  
 Six courses on change management and communication challenges

### Effective Leadership: How Do You Rate?

Check your leadership effectiveness by answering yes or no to the following questions:

- Do you know exactly what you want employees to understand, think, and do in response to your communications?
- Are trust and commitment part of your team's DNA?
- Do you know what motivates your employees?



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## REGULATORY NEWS

The U.S. Food and Drug Administration's (FDA) Blood Products Advisory Committee (BPAC) issued an [announcement](#) regarding their upcoming meeting on November 30<sup>th</sup> – December 1<sup>st</sup> in Silver Spring, Md. Topics to be discussed include bacterial detection, Zika virus (ZIKV), and classification of human leukocyte antigen, human platelet antigen, and human neutrophil antigen devices. Meeting materials will be available on the FDA BPAC [website](#). The official meeting [notice](#) was published in the Federal

(continued on page 9)



## REGULATORY NEWS (continued from page 8)

Register on November 9<sup>th</sup>. ABC, the American Red Cross, and AABB are working on joint position statements regarding ZIKV and bacterial detection.

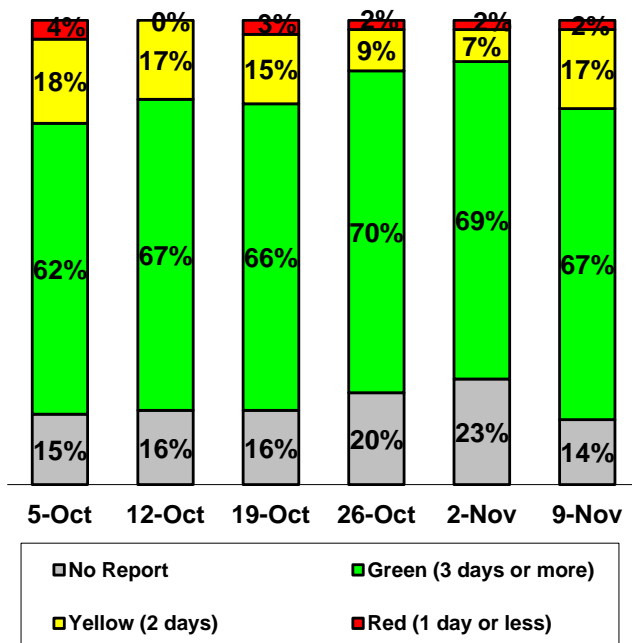
(Source: FDA [Announcement](#), 11/12/17)

**A recent FDA [news release](#) announced that a complete blood cell count instrument has been cleared for use in non-hospital settings.** The Sysmex XW-100 Automated Hematology Analyzer can be used on patients older than the age of 2 to capture a whole white blood cell count and white blood cell differential. The test can be utilized in a wider range of healthcare settings with the hope of providing quicker results to healthcare professionals. “A [complete blood cell count] is one of the most common physician-ordered tests used to evaluate a patient’s blood levels, determine if an infection is present and if immediate intervention is needed. However, in the current health care setting, non-hospitalized patients who require a CBC can experience at least a 24-hour wait for test results, if not longer, when the test is performed by an off-site laboratory,” said Donald St. Pierre, acting director of the Office of In Vitro Diagnostics and Radiological Health in FDA’s Center for Devices and Radiological Health. “This waiting period may be detrimental to the health of patients whose care depends on quick results to rule out conditions that may require immediate medical intervention. With the device cleared today, processing time may now be reduced by making testing available in these additional settings.”

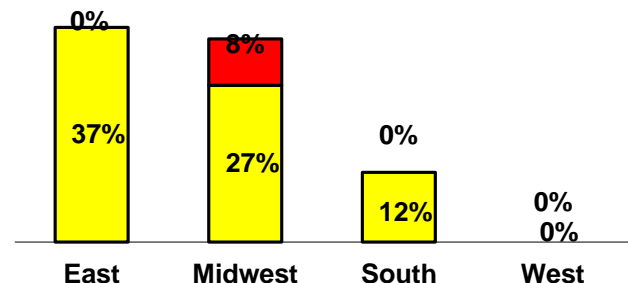
(Source: Food and Drug Administration [News Release](#), 11/6/17) ♦

## STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, November 9, 2017



Percent of Total ABC Blood Supply Contributed by Each Region  
East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:

[www.AmericasBlood.org](http://www.AmericasBlood.org)



## PEOPLE

New York Blood Center President & CEO **Christopher Hillyer, MD** received the 2017 AABB President's Award at the 2017 AABB Annual Meeting in San Diego, Calif. The award "recognizes recipients whose work exemplifies extraordinary public service and contributions in health care and furthers AABB's goals and missions." Dr. Hillyer was recognized for his leadership and contributions as chair of the National Blood Foundation Scientific Research Grants Committee in addition to his influence over those working in transfusion medicine and cellular therapies.



Dr. Hillyer (right) with Dr. Zbigniew M. Szczepiorkowski.

(Source: New York Blood Center)



Unyts Director of Blood Donor Recruitment and ADRP board member **Amanda Farrell** won a local council election in Lockport, N.Y. last week. Ms. Farrell has been with Unyts since January 2007. In her current role, she is responsible for donor communications and recruitment. She is a graduate of Binghamton University with degrees in psychology and human development.

(Source: *Buffalo News*, [City of Lockport: Farrell ousts incumbent Mullane from common council](#), 11/7/17) ♦

## 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 Maundy by e-mail ([лмаundy@americasblood.org](mailto:лмаundy@americasblood.org)) or by fax to (202) 393-1282. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)

### 2017

Dec. 9-12. **American Society of Hematology Annual Meeting & Expo.**, Atlanta, Ga. Register [here](#).

### 2018

Feb. 5-7. **14<sup>th</sup> Annual FDA and the Changing Paradigm for HCT/P Regulation.**, Alexandria, Va. Register [here](#).

Mar. 17-19. **ABC Annual Meeting, America's Blood Centers**, Scottsdale, Ariz. More details available [here](#).

Mar. 21-22. **IPFA 3rd Asia Workshop on Plasma Quality and Supply**, Kuala Lumpur, Malaysia. More details available [here](#).

May 8-10. **ABC Human Resources and Training/Development Workshop**, Dallas, Texas. More details [here](#).

May 9-11. **ADRP Conference & Expo.**, Dallas, Texas. More details [here](#).

May 16-17. **IPFA/PEI 25th Workshop on "Surveillance and Screening of Blood-borne Pathogens,"** Athens, Greece. More details available [here](#). ♦

## 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](mailto:lmaundy@americasblood.org).

## POSITIONS

**Director of Technical Services.** LIFELINE Blood Services is a small independent blood center located in Jackson, Tennessee. Conveniently located between Memphis and Nashville, Jackson was rated "Most Livable Small City in America" (Population less than 100,000) by the Conference of Mayors in 2013. Also, recognized as number 6 of "Best Cities to live in on a \$100K Salary" in the U.S. according to Fortune Magazine's August issue, 2017. LIFELINE Blood Services is moving into its 71<sup>st</sup> year of service and has an exciting opportunity for a Medical Technologist. After 40 years of service, the Director of Technical Services is retiring in the coming months. This position is responsible for directing the Reference Laboratory, Component Production, and Hospital Services of the Blood Center. Bachelors of Science, MT required, with an SBB preferred. This person would be capable of gaining a State of Tennessee Supervisory license. For more information please see the job posting at <http://lifelinebloodserv.org/careers/>.

**Vice President, Clinical Services Administration.** Blood Systems, headquartered in Scottsdale, Arizona, is one of the nation's largest comprehensive transfusion medicine organizations. Our blood centers provide blood, blood components and special services to patients in over 1,000 hospitals across the country. We are seeking a Vice President, Clinical Services Administration for the Corporate Division. This position is responsible for fostering enterprise-wide collaboration among Blood Systems' immunohematology reference and centralized transfusion clinical services, promoting cost-saving standardization and enacting approved changes to provide impeccable laboratory and transfusion services for the patients served by our hospital partners. The ideal candidate will have extensive supervisory experience in immunohematology. Experience: Eight years of related experience required, to include five years' supervisory experience. Knowledge/Education: Bachelor's degree required. Master's degree preferred. Knowledge of large system operations management including fiscal policies, human resource management, and strategic planning required. Knowledge of federal, state, and local regulations that affect business operations required. Licenses/Certifications: SBB or equivalent preferred. To view the job description and apply for this position, please click [here](#).

**Hospital Services Supervisor.** Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distributions annually), has an exciting opportunity for a Hospital

Services Supervisor. This leadership position is responsible for performing, documenting and reviewing all tasks associated with inventorying and distribution of blood components. Will also supervise and coordinate operations, staffing and management of the Hospital Services department to include hospital satisfaction in meeting blood product needs, assuring quality customer service to all customers, and management and coordination of blood and blood component inventories. The ideal candidate should have one year experience working in healthcare, account management, distribution or healthcare, as well as one year experience supervisory experience. Please apply via our website: [www.BBH.org](http://www.BBH.org).

**Technical Support Specialist.** Blood Bank Computer Systems (BBCS) is seeking qualified candidates for a Technical Support Specialist in Auburn, WA. The primary responsibility of this position is the support of clients through a centralized support services model. The role's essential job duties include: providing high quality support for BBCS software, define client needs and document issue including prioritizing/escalating support issues, confer with other departments on client issues, ensure appropriate resolution in a timely manner and reporting/evaluation technical support metrics. The individual must demonstrate a high level of understanding of technical aspects of BBCS products, services, training materials and documentation. Required skills include: strong customer service orientation, oral and written communication skills, analytical and problem solving, ability to handle multiple projects concurrently, function in a fast-paced environment, and ability to understand new technologies quickly. Desired skills include: working knowledge of software documentation from a user and developer perspective, ability to multi-task and prioritize tasks related to project timelines, and experience working in a software development environment, regulatory, medical device or experience with QA testing. A BA/BS or equivalent healthcare industry experience is required. Qualified applicants outside of Washington who prefer a remote position will be considered. Click [here](#) to apply. 💧