

ABC will be postponing publication of the November 18 newsletter until Monday, November 21.

Issue #40
November 14, 2016

Changing the Universal Mindset A Push For More Type-Specific Blood Matching

A call for more randomized trials on ABO type-specific blood matching for transfusion recipients was made during a research and progress (RAP) session, "Is it time to revisit the concept of 'ABO Universal Donor' red cells and plasma?" at the 2016 AABB Annual Meeting. While many hospital transfusion services try to use ABO-identical blood products as much as they can, when inventory runs low, type-compatible products are frequently substituted. Increasingly, centers seem to be ramping up group O inventory, which could lead to an increase in adverse patient outcomes.

"There are no shortages of A red cells. We have simply chosen to have inventory policies of transfusing the oldest unit available and are working with the incorrect assumption that O red cells are as safe as A red cells for A patients. They are not," said Neil Blumberg, MD, director of the Transfusion Medicine Unit, Blood Bank and Stem Cell Storage Facility at the University of Rochester Medical Center and a presenter at the RAP session.

During the session, Dr. Blumberg presented evidence from small randomized clinical trials and larger observational studies from the last four decades showing associations between patients given mismatched ABO blood products and an increase in morbidity and mortality rates. The biggest culprit, as one might expect,

was pairing A blood type patients with compatible, but not type-specific, donor blood products.

Dr. Blumberg spoke on research spanning 30 years—from a small trial in the 1980s of 13 people experiencing a higher rate of refractoriness from mismatched platelets to an observational study in the 2010s of a Swedish registry database showing mismatched AB



plasma recipients experienced an increased rate of mortality in hospital settings. Some recent studies have also shown associations with mismatching blood types and an increase in in-hospital deaths for A-type transfusion recipients (Pai, 2016) and an decrease in non-re-lapse survival and increase in graft-versus-host disease rates for major-ABO mismatched stem cell transplant recipients (Hefazi, 2015).

"The ABO non-identical platelet problems of supply would change overnight

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OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

Just Sayin'

The Blood Product Advisory Committee will discuss iron depletion in donors this week. We have long known that an impressive proportion of our donors, frequent donors and especially young women, are affected. We have not yet done much about it mainly because: 1) many of us are unconvinced that the clinical consequences of iron depletion, short of anemia, warrant complex interventions, and 2) we are afraid of the effects of mitigation schemes on the adequacy of the incredible public good we call the blood supply. The latter concern has grown with our implementation of more stringent hemoglobin standards with the [Final Rule](#).

Absent definitive evidence demonstrating historic phlebotomy practices are producing measurable morbidity among qualified donors, I do not believe it is time for regulation from the Food and Drug Administration (FDA) that will adversely affect the robustness of the blood supply. This is of particular importance with increasing, disproportionate demands for “universal” group O red blood cells and AB platelets and plasma to support acutely bleeding patients and others. The 2016 changes in donor hemoglobin thresholds, to protect against iron depletion, are producing substantial increases in donor deferrals and their impact on the prevalence of iron depletion remains uncharacterized. I suggest that:

1. Professional obligations (i.e. *primum non nocere*), not guidance by the agency, should drive our response. Regulatory action can await better understanding of the impact of iron depletion on donor health, the impact of such programs on donor iron depletion, and on the available supply of RBCs and platelets. Professional standards (e.g. from AABB) may be more flexible than regulation to help us all “volunteer” to move this forward.
2. There are mixtures of donor education and consent, extension of interdonation intervals for high-risk donors, iron supplementation, and assessment of iron stores that are likely acceptable. All should be evaluated in our donor rooms and labs for their clinical and operational effects. The algorithms, to which ABC has contributed, being brought forward by AABB are a good starting point.
3. Our centers, and the blood community generally, have an affirmative responsibility as engines of innovation to implement a spectrum of these strategies and evaluate their impact on iron depletion and supply adequacy across donor subgroups (e.g. gender, age, donation frequency). The outcome is a menu of best practices.
4. High quality research into the clinical impact of iron depletion on blood donors should remain a priority at National Heart, Lung and Blood Institute, FDA, and the blood collection organizations.
5. If mitigation is important, we need a consensus on an acceptable prevalence of donor iron depletion in order to judge the adequacy of these programs.

*These are personal opinions of the author and not official ABC positions. ♦

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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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CHANGING THE UNIVERSAL MINDSET (continued from page 1)

if we changed our culture,” Dr. Blumberg said. “There is literally no excuse for giving O red cells to A individuals in anything other than emergency situations.”

Nancy Heddle, FCSMLS (D), MSc, director of Transfusion Research Program and professor of hematology at McMaster University, also spoke at the RAP session and discussed a pilot study with data captured in the Canadian Transfusion Registry for Utilization, Surveillance and Tracking (TRUST) database. Her team found 90 percent of the patients receiving mismatched blood transfusions had comorbidities post-transfusion.

The Pai study from earlier this year, of which Ms. Heddle was a co-author, showed data from 18,843 non-group O patients, admitted between 2002 and 2011, who received at least one unit of blood in the McMaster University hospital. The researchers found group A patients had significantly increased risk of in-hospital mortality upon receiving at least one unit of mismatched blood unit (RR, 1.79; 95 percent confidence interval, 1.20-2.67), but there was no difference for B or AB recipients.

“The field of transfusion medicine is largely in denial about these studies,” said Dr. Blumberg.

Majed Refaai, MD, Associate Professor at the Department of Pathology and Laboratory Medicine at URMC, also presented mechanistic laboratory data demonstrating that exposure to anti-A and anti-B caused platelets with the corresponding antigens to become dysfunctional, as quantitated by aggregation, thromboelastography, and thrombin generation. Furthermore, exposure to laboratory generated soluble antigen based ABO immune complexes leads to a ten fold increase in hemolysis of group O red cells in vitro, as well as impaired platelet function and increased inflammatory cytokine release.

Despite studies showing the increase in morbidity and mortality rates for patients receiving mismatched blood products, the proportion of Group O inventory being given to non-O recipients is increasing in Canada, said Ms. Heddle.

“The percentage of our group O inventory transfused to non-O individuals has gone up to eight to nine percent and has been on the increase,” said Ms. Heddle. “Why is it occurring?” Ms. Heddle suggested that while blood centers have always recruited more group O donors in case of a shortages, there seems to be even more type O negative blood on the shelf as of late. One reason for the extra Os could be that policy dictates neonates can only be given O negative blood. Another reason could be that O negative RBCs are seen as the universal back-up plan, it is more likely to go off the shelves and be used, making it the cost-effective type to recruit for blood centers who are experiencing tightening financial status.

Not all O negative blood is equal. While nothing is certain, a connection between the reaction rates of group A patients may be linked to the high titer and avidity of A antibodies and red cell concentrate supernatant from the group O blood RBC and platelet units received, said Dr. Blumberg. There is also evidence to suggest that group B and AB patients are at increased risk of bleeding and mortality when receiving large amounts of B antibodies found within group A blood type products, he added.

In Europe, countries have started defining the titer threshold for mismatched patients to help ensure that even if blood is mismatched, the patient’s reaction could be less severe. In the U.S., it is still left mostly up to the hospital to determine the titer levels. The United Kingdom has been screening for high-titer anti-A and/or anti-B in using a single dilution cut-off of 1 in 100 by automated direct agglutination for a number of years, while Scotland uses a dilution cutoff of 1 in 50 (Quillen, 2011).

Washing group O blood to remove the high-levels of anti-A could be one way to keep the high inventory of O negative blood, yet still ensure a lower adverse reaction rate for patients, suggested Dr. Blumberg.



CHANGING THE UNIVERSAL MINDSET (continued from page 3)

To ensure washed blood products do indeed provide the optimal care for blood transfusion recipients, more studies will be needed.

“I would like to see a randomized trial of washed, leukoreduced ABO identical whole blood platelets versus standard aphaeresis platelets performed. But I doubt anyone will do it. There is too much vested interest in using aphaeresis platelets and too much aversion to the idea of washing. Clinicians will eventually demand washed transfusions for their patients when the appropriate trials are performed and published. It may be a decade or two, but it will happen.”

Citations: Pai M., Cook R., Barty R., et al. Exposure to ABO-nonidentical blood associated with increased in-hospital mortality in patients with group A blood. *Transfusion*. March 2016. DOI:10.1111/trf.13376.

Grube M., Wolff D., Ahrens N., et al. ABO blood group antigen mismatch has an impact on outcome after allogeneic peripheral blood stem cell transplantation. *Transfusion*. October 3, 2016. DOI: 10.1111/ctr.12840.

Hefazi M., Litzow M., Hogan W., et al. ABO blood group incompatibility as an adverse risk factor for outcomes in patients with myelodysplastic syndromes and acute myeloid leukemia undergoing HLA-matched peripheral blood hematopoietic cell transplantation after reduced-intensity conditioning. *Transfusion*. October 7, 2015 DOI: 10.1111/trf.13353.

Logan A.C., Wang Z., Alimoghaddam K., et al. ABO Mismatch Is Associated with Increased Nonrelapse Mortality after Allogeneic Hematopoietic Cell Transplantation. *Biology of Bone and Marrow Transplantation*. April 2015. DOI: <http://dx.doi.org/10.1016/j.bbmt.2014.12.036>.

Zaffuto BJ, Conley GW, Connolly GC, Henrichs KF, Francis CW, Heal JM, Blumberg N, Refaai MA. ABO-immune complex formation and impact on platelet function, red cell structural integrity and haemostasis: an in vitro model of ABO non-identical transfusion. *Vox Sanguinis*. April 2016. DOI: 10.1111/vox.12354. ♦

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.



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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.

The Foundation for America's Blood Centers (FABC) Introduces ABC's Got Talent Season 2!

After a very successful inaugural talent show at the ABC Annual Meeting in March 2015—which raised over \$30,000—the FABC is bringing the talent back to Washington, D.C. in 2017!

ABC's Got Talent is a fun way for ABC blood center member employees, family members, friends, vendors, or anyone affiliated with an ABC member blood center to support the FABC while showcasing the many talents of the blood donation industry.

All types of talent are welcome. For instance, in season one we enjoyed a belly dancer, a rope tricker, (lasso), a bagpipe player, ballroom dancers, and singers—just to name a few. Simply submit a video, no more than five minutes long to [Jodi Zand](#), Manager of Fundraising and Events at FABC, and you will find your video uploaded to the [ABC's Got Talent You Tube Channel](#).

Once your video has been uploaded, contact [Jodi Zand](#) again for a fundraising link containing your video and an option to donate “votes” via donations to the FABC. A minimum donation of \$5.00/per vote is suggested. ABC will provide you with tips and tricks for increasing your votes, as well as showcase the talent and fundraising links in our ABC Newsletter, website, and social media channels.

The top five contestants who raise the most money (votes) will be invited to perform live at the ABC Annual Meeting Awards of Excellence and Talent Show on Monday, March 27, 2017 in Washington, D.C. Live voting will take place via donations from the audience (contestants will start over with votes, previous funds raised will not carry over). The winner of the live talent show will enjoy a grand prize still to be determined. Last year's winner, Emily Shenk-DeMay of Mississippi Valley Regional Blood Center, enjoyed a weekend in Napa Valley, Calif., to celebrate her victory. To see Emily's winning performance click [here](#).

The first ABC's Got Talent was a success, but we know there's even more talent in the industry! Please talk to your family, friends, co-workers, and customers, record your talent and upload your videos by February 24, 2017!

For any questions, please contact Jodi Zand at jzand@americasblood.org. ♦

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!



RESEARCH IN BRIEF

Zinc Protoporphyrin (ZPP) is not an effective predictive measure of iron stores, concludes an award-winning poster from the AABB 2016 Annual Meeting. The poster presented by OneBlood, examined 328 donors (192 male; 136 female) from four sites between December 1, 2015 and March 31, 2016 and evaluated their hemoglobin levels. The researchers took the donors' ferritin and ZPP levels both via venous and capillary collections and compared the results to a fingerstick hemoglobin test. All donor sets had subgroups with subclinical iron deficiency. ZPP predicted only 27 percent of the ferritin variants. The results confirm prior studies suggesting that ZPP is not likely an effective point-of-care assessment of iron stores.

Citation: Toffolo T., Gammon R., Kendrick C., *et al.* Evaluation of Iron Stores After Red Blood Cell Donation by Zinc Protoporphyrin Analysis. AABB 2016 Annual Meeting.

Blood donor screening can help identify multiple metabolic risk factors for adolescents. The results of a study on the risk factors found during the donor screening process was an award-winning research poster presented at the 2016 AABB Annual Meeting from Carter BloodCare. The study of 37,930 donors (16,704 male; 21,226 female), between the ages of 16 and 19, found males had a higher instance of risk factors: including higher glycated hemoglobin, higher non-fasting cholesterol levels, and higher blood pressure (58.6 percent of males vs. 46.3 percent of females). Ethnicity also played a role in the occurrence of the risk factors studied.

Citation: Eason S., Gore O., and Sayers M. Screening for cardiometabolic risk in adolescent blood donors age 16 – 19. AABB 2016 Annual Meeting.

A recognizable pattern of structural anomalies and functional disabilities in infants infected with Zika in utero has emerged, noted a new study. After searching Zika studies in English in Medline and EMBASE databases from the datasets' inception through September 30, 2016, researchers determined congenital Zika syndrome has five distinctive features: severe microcephaly with partially collapsed skull; thin cerebral cortices with subcortical calcifications; macular scarring and focal pigmentary retinal mottling; congenital contractures; and marked early hypertonia and symptoms of extrapyramidal involvement. By defining this phenotype, scientists hope to help clinicians ensure appropriate etiologic evaluation to ensure a diagnosis and essential on-going care for infants born with the syndrome, noted the authors.

Citation: Moore C.A., Staples J.E., Dobyns W.B., *et al.* Characterizing the Pattern of Anomalies in Congenital Zika Syndrome for Pediatric Clinicians *JAMA Pediatrics*. November 3, 2016 online. DOI:10.1001/jamapediatrics.2016.3982.

A report described a method to deliver oxygen intravenously. In a new report in the journal *PNAS*, scientists described the fabrication of a polymer-based intravascular oxygen delivery agent—polymer hollow microparticles (PHMs). PHMs are thin-walled, hollow polymer microcapsules with tunable nanoporous shells that can be easily charged with oxygen gas and release the oxygen only when exposed to desaturated blood. The authors stated the PHMs can deliver five times more oxygen than human red blood cells, and that the function was stable under storage at ambient conditions for two months. Further research will be needed to demonstrate the delivery of clinical significant volumes of oxygen intravenously.

Citation: Seekell R.P., Lock A.T., Peng Y., *et al.* Oxygen delivery using engineered microparticles. *PNAS*. October 17, 2016 online. DOI: doi:10.1073/pnas.1608438113. 

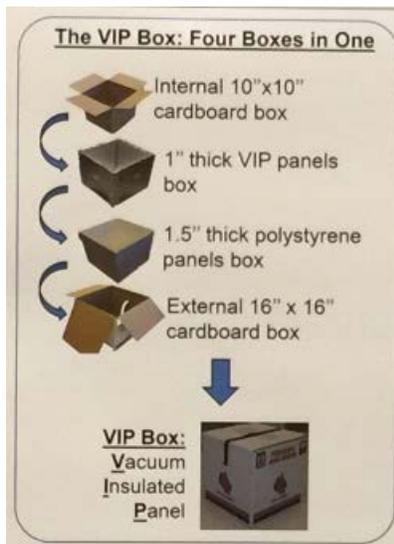


BRIEFLY NOTED

Florida-based blood center OneBlood did an assessment on how many donors were lost due to the travel-based deferral regarding Zika. A sample of 7,216 eligible donors who had given blood between January 1 and March 14, 2016, were queried via email about their travel to Mexico, Caribbean, and Latin America in the last six months. Of those donors, 1,512 (21 percent) responded and 119 (7.8 percent) said they had traveled to one of those Zika-endemic areas. Another 175 (11.5 percent) said they planned on visiting one of those areas at some point in 2016. The study did not take into account potential donors who self-deferred due to the public nature of the travel-deferral.

Citation: Leparc G., Reik R., and Zielinski T. Rapid Assessment of Donor Loss Rates Associated to Past and Future Travel From Areas with Zika Virus Activity in the Donor Population. SP141 AABB 2016 Annual Meeting.

A secure way to transmit personally identifiable information and sensitive patient data is a concern for many health organizations. Many centers still rely on unsecure WiFi to transmit the data to and from mobile blood units or other off-site blood drives; however, safer options are available. In a recent article on [Med-PageToday.com](#), the author suggests using a Citrix mobile application named Citrix Receiver for smaller organizations with a limited budget, or setting up a laptop with virtual private network (VPN) that connects to the blood/health center. Using encrypted cellular or wireless methods to send and receive patient data can help keep it protected from hackers and data-thieves. (Source: MedPageToday, [Protecting Patient Data: Options for Smaller Medical Practices](#). October 28, 2016).

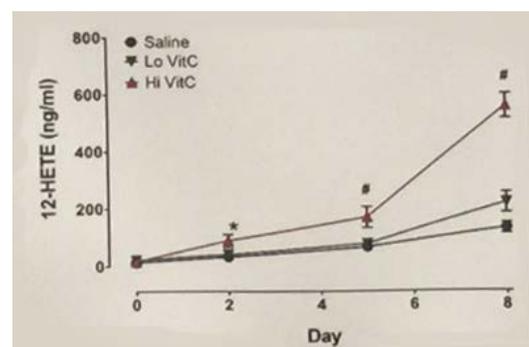


A new approach to chilling and shipping whole blood was presented by Hema-Quebec at the 2016 AABB Annual Meeting. The Canadian-based blood center created a reusable and easy way to pack, chill, and transport whole blood for up to 24 hours. The center needed a refrigeration system to help them transport blood long distances from remote collection sites to their blood processing center under extreme temperature conditions (-35 degrees to 45 degrees Celsius). The center created the VIP Box, a 10x10 cardboard box with thick panels and five conditioned ice packs (IP) to keep the temperature of the blood between 1 degree and 10 degrees Celsius. The box can hold up to four 500 mL whole blood units. Direct contact with the IP and units allowed the blood to maintain a cooled temperature for 24 hours.

Citation: Ducas E., de Grandmont M.J., Brouard D., *et al.* A New Approach to Chill and Ship Whole Blood. SP49 AABB 2016 Annual Meeting.

Adding Vitamin C to platelet units could help reduce bacterial growth. A poster at AABB from Virginia Commonwealth University showed a significant reduction in bacterial growth in platelet concentrates inoculated with vitamin C, compared to saline treated units, without significantly altering platelet function. On the eighth day of the study, bacterial growth was present in two of the 10 low-vitamin C added units (0.3mM), same as with the high-Vitamin C (3mM) added units, whereas all 10 saline units had bacterial growth.

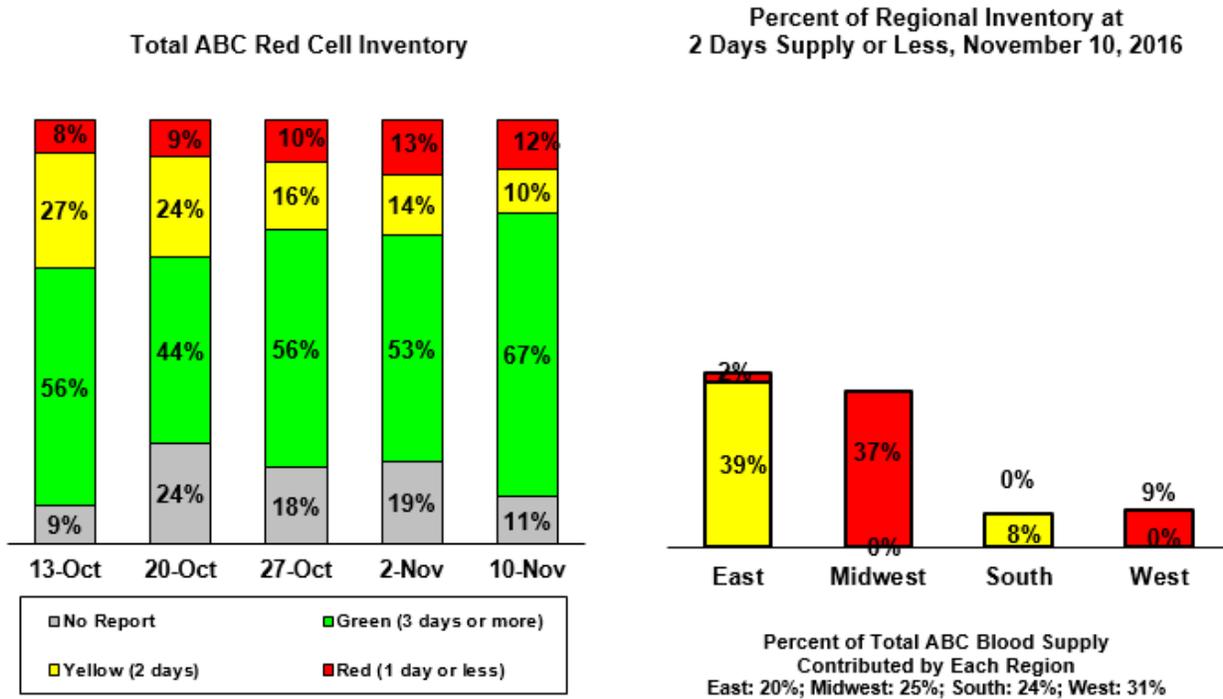
Citation: Mohammed B.M., Sanford K.W., Fisher B.J., *et al.* Extended Platelet Storage: Is Vitamin C the Answer? SP210 AABB 2016 Annual Meeting. 📌



VitC supplementation induced the release of free fatty acids with bacteriostatic/bactericidal functions (2-3 fold; p<0.05)



STOPLIGHT®: Status of the ABC Blood Supply



Daily updates are available at:
www.AmericasBlood.org



Register for the ADRP November Webinar

Join ADRP for a webinar titled “Successful Social Media Advertising Strategies.” Jennifer Maul, a renowned marketing executive from Carter BloodCare, will host the webinar alongside the center’s agency partner to discuss precision marketing and how to get a stronger return on investment by growing your social media presence and following.

The webinar will be held on Thursday, November 17, 2016, at 2 p.m. EST. To register for this webinar and to watch ADRP’s October webinar, "Effectively Building Strong Donor Recruitment and Donor Collections Relationships," click [here](#). ♦



INFECTIOUS DISEASE UPDATES

Changes in the Ebola genome may have contributed to the size of the 2015 to 2016 West Africa epidemic. Based on sequencing of isolates from the recent outbreak and *in vitro* infectivity assays, a single amino acid change, A82V, in the Ebola glycoprotein of the epidemic strain early in the outbreak has been associated with greater infectivity for human and primate cells and may be associated with somewhat increased virulence, according to two studies in *Cell*.

Citation: Urbanowicz R.A., McClure C.P., Sakuntabhai A., et al. Human Adaptation of Ebola Virus during the West African Outbreak. *Cell*. 167, 1079–1087. November 3, 2016. DOI: <http://dx.doi.org/10.1016/j.cell.2016.10.013>.

Diehl WE, Lin AE, Grubaugh ND et al., Ebola Virus Glycoprotein with Increased Infectivity Dominated the 2013–2016 Epidemic 2016, *Cell* 167, 1088–1098. November 3, 2016. <http://dx.doi.org/10.1016/j.cell.2016.10.014>

Three viruses were predicted as the next potential Zika. Usutu, Ilheus, and Louping ill viruses are three infectious diseases that medical professionals and public health officials should be watching and studying before they become a global problem, noted Kevin Olival, the associate vice president for research at the nonprofit EcoHealth Alliance, at the International Meeting on Emerging Diseases and Surveillance in Vienna, Austria. Mr. Olival used a formula to predict these three viruses as potential sources of the next major infectious disease outbreaks. He said the formula was derived from the number of animal species a virus can infect and the number of vectors that can transmit it. (Source: *Stat News*, [What's the next global disease threat? Some predictions](#). November 7, 2016.)

Scientists may have found a way to help protect against maternal-fetal transmission of the Zika virus. A specific monoclonal antibody (mAb) was derived from patients who had previously been infected with Zika. Zika-infected mice were then injected with ZIKV-117 mAb. After one dose, pregnant mice exhibited a reduction in viral loads, tissue pathology, placental and fetal—including brain infection, and mortality. The ZIKV-117 mAb was associated with a broad neutralization of the African, Asian, and the American strains of Zika.

Citation: Sapparapu1 G., Fernandez E., Kose N., et al. Neutralizing human antibodies prevent Zika virus replication and fetal disease in mice. *Science*. November 7, 2016 online. DOI: 10.1038/nature20564. ♦

REGULATORY NEWS

Centers for Medicare and Medicaid Services (CMS) announced a Town Hall meeting to discuss add-on payments for new medical services and technologies under the hospital inpatient prospective payment

WORD IN WASHINGTON

Election results. Less than one week after Election Day, Congress returns for a one-month “lame duck” session that will wrap up its work for the 114th Congress. Top on the agenda for lawmakers is passage of a consolidated appropriations package that will keep the government funded past December 9, 2016. ABC has advocated that funds should be allocated to blood centers as part of this package for costs associated with universal Zika testing. With Republicans maintaining their majorities in the House of Representatives and Senate in the national elections, as well as capturing the Presidency, it is likely to be a far quieter lame duck session than some expected. In addition to passage of the spending package, leadership elections will be on tap this week.. For a recap of the 2016 election results and what blood centers should expect in the 115th Congress convening in January 2017, listen to the [ABC election webinar](#) from Thursday, November 10. ♦

(continued on page 11)



ABC's Premier Education Resource is now online

Register today for industry-leading education

The **ABC Professional Institute** Learning Portal provides access to webinars and self-paced online courses and resources that are intended to support the success of blood center employees and industry partners. The **ABC Professional Institute** offers industry-level training, allowing you to focus on organization-level training.

Current Course Offerings Include

- Community Blood Center Advocacy Day
- Leadership development courses
- Customer service courses
- Selection of recorded ABC webinars



- Industry Fundamentals
- Customer Service Strategies & Techniques
- Leadership Best Practices



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ABC's
Got Talent

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Season II Is Coming

MARCH 27, 2017

Start Practicing & Stay Tuned for Details!

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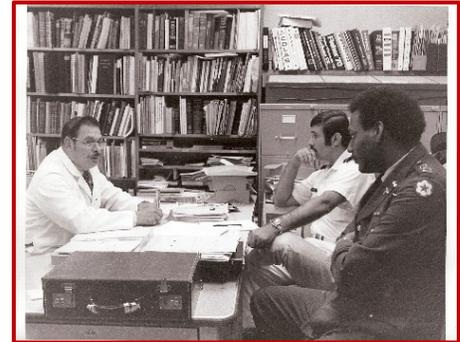


REGULATORY NEWS (continued from page 9)

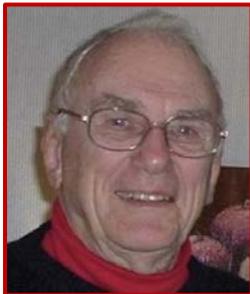
system. The Town Hall is open to the public, but you must register to attend. The meeting will be held in the main auditorium in CMS' central building at 7500 Security Boulevard, Baltimore, Md., on Tuesday, February 14, 2017 at 9:00 a.m. EST. Check-in is at 8:30 a.m. Deadline to register for the event for those not presenting, is 5:00 p.m. EST on Wednesday, February 8, 2017. Deadline for Submission of Agenda is January 30, 2017, and for comments or agenda items is 5:00 p.m. EST on Monday, January 30, 2017. Click [here](#) find out more information. ♦

PEOPLE

Army Col. William Hann, MD, was posthumously awarded the Armed Services Blood Program (ASBP) annual Lifetime Achievement Award. The award was accepted on Dr. Hann's behalf at the ASBP session during the 2016 AABB Annual Meeting. Hann is best known for his work with the ASBP's Specialist in Blood Banking Fellowship Program and taught four of ASBP's previous Lifetime Achievement Award winners during his 40-plus-year-career. He earned his master's degree in 1956 and his doctorate degree in bacteriology and microbiology in 1964 from the George Washington University School of Medicine. Hann passed away on May 31, 2009. He is interred near the Department of Biological Sciences at Bowling Green State University.



IN MEMORIAM



Dr. John Lemuel Thornton III, 89, died on November 2, 2016. A board certified specialist in Pathology and Nuclear Medicine, Dr. Thornton practiced in Richmond for over 40 years, primarily at Johnston-Willis Hospital. He joined the Naval Reserve when he was 17 and remained a service member for the rest of his life. He attended Hampden-Sydney College, Duke University, and The Medical College of Virginia. He went on to help found the Physicians Clinical Laboratories, which merged into what is now LabCorp, and the Richmond Metropolitan Blood Service, which later became Virginia Blood Services. Dr. Thornton was awarded the Richmond Academy of Medicine's first Distinguished Service Award in 1998. Dr. Thornton served as president of Virginia Society for Pathology, American Blood Commission, First Unitarian Church, Richmond Metropolitan Blood Service, Richmond Area Chapter MOAA, Johnston-Willis Hospital, and CJW Medical Center. He was a member of the Board of Directors of Hospital Corporation of America and maintained active membership in Richmond Academy of Medicine, Medical Society of Virginia, American Medical Association, Virginia Society for Pathology, College of American Pathologists, American Legion, Fleet Reserve Association, Navy League, Military Order of the World Wars, Military Officers Association of America, and the Royal Order of Penguins. Dr. Thornton is survived by his three children and eight grandchildren. A celebration of his life will be held at the Country Club of Virginia on Thursday, November 17, at 3 p.m. ♦



MEMBER NEWS

The Community Blood Center of the Carolinas (CBCC) has started their 12th Annual Puppies for Patients program. For the next two months, donors who give blood can sign a gift tag to be attached to a stuffed puppy toy, which will be delivered by CBCC to children in area hospitals and care facilities. Since 2005, CBCC has delivered thousands of these puppies to pediatric patients staying at local hospitals. “Our donors are the local blood supply, and of course we could not meet local patient needs without them,” Martin Grable, president and CEO of CBCC said to a local newspaper. “By having donors sign the tags attached to the puppies, we are creating a connection between donors and patients, a remarkably rewarding experience for everyone involved. I believe it’s the best gift anyone can give this holiday season.” (Source: *The News Herald*, [Blood center to bring joy to young patients through program](#). November 8, 2016.) ♦



FELLOWSHIPS

An opportunity to become a fellow with the Department of Health and Human Services in the office of HIV/AIDS and Infectious Disease Policy has become available. This ORISE fellow would not be working with the blood and tissue division, but rather the HIV and hepatitis communities. Applicants should be recent (within the last five years) graduates, a masters or terminal-level degree encompassing a variety of general public health subjects (e.g., epidemiology, biostatistics, health policy, sociology, and health systems) with preference given to those with academic concentrations involving aspects of population-based infectious diseases (e.g., HIV and Hepatitis) and/or substance abuse prevention and treatment. To find out more on ORISE fellow positions and previous fellows, click [here](#). ♦

CALENDAR

2016

Nov. 17-18. **FDA Blood Products Advisory Committee, Silver Spring, Md.** Find out more information [here](#).

Nov. 28-29: **HHS Advisory Committee on Blood and Tissue Safety and Availability, Crystal City, Va.** 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

Blood Center Optimization Director (or Associate Director, based on experience). (Company: Cerus Corporation; Location: Continental United States, near major airport) This new role will focus on assisting key blood center customers increase availability of INTERCEPT treated products to match their demand. Develop mechanisms to support blood centers looking to optimize donation targeting, increase INTERCEPT compatibility, decrease cost, improve inventory management, improve staff and donor schedule, and forge stronger partnerships with blood-consumers to advance patient blood management and enlist blood-consumers as collection partners. In order to accomplish the aforementioned, candidates will have experience within multiple aspects of blood banking, lean manufacturing and full-life-cycle project management leadership, leading to a culture change. Candidates should possess the skills required to both personally assist and develop tools to indirectly assist centers: project plan, gaining buy in at all organizational levels, execute, monitor progress and close out projects that have long-term organizational change impact. Positioned as a strategic advisor, work

alongside business leaders and in the weeds to help determine how and why goals can be developed and met. Bachelor’s degree with 10 plus years of experience in Blood Bank practice (quality, hospital relations, blood product preparation, apheresis techniques). For full JD and to apply visit <http://www.cerus.com/Careers/current-openings-usa/> and select link for job title.

Reference Laboratory Technologist. Mississippi Valley Regional Blood Center (MVRBC) is offering a full time opportunity to join our team in our St. Louis facility. MVRBC is the exclusive provider of blood products and services to 85 hospitals in IA, IL, WI and MO. Our aim is to provide world-class blood products and services to communities in need. To achieve this, we need passionate, talented professionals to join our team. This individual will be performing antibody testing, antigen typing, and providing consultation to hospital staff as needed. This position is full time with a working schedule of, Monday through Friday 4:00 p.m. to 12:00 a.m.,

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including on-call rotation for weekends and holidays. Candidates will possess MT/MLS certification with ASCP or equivalent. SBB is a plus, but not required. Ideally candidates will have three years of blood banking experience in the past five years. MVRBC offers an opportunity to be a part of a dedicated team that makes us a recognized leader in the blood center industry, an environment that makes work/life balance a priority with a generous paid time off account, a fantastic benefit package and a competitive salary. Pre-employment drug screen and background check required. Interested candidates may visit <https://www.localjobnetwork.com/apply/add/21199153> to apply. EOE: Minorities, Women, Veterans, Disabilities

Director, Blood Collections. The director assists with overseeing and coordinating operational functions of the Nursing & Community Wellness Department in conjunction/consultation with the COO and CIO. A key function of this position involves monitoring and developing metrics and benchmarks to ensure effectiveness, standardization, and regulatory compliance of collection processes. A crucial function of this role requires working cooperatively with other members of management and with department heads, to achieve the overall goals of the organization. RN Preferred, not required. Please apply online at: <https://sandiegobloodbank.applicantpro.com/jobs/483582.html>. San Diego Blood Bank is an Equal Opportunity Employer. EEO/Minority/Female/Disability/Vets

Serologist II. (Location: St. Paul, MN; Status: Full-time, 1.0FTE (40 hours per week), and Non-Exempt; Shift: 3rd Shift and call Friday 23:30 to 06:00 Saturday) Join our team of lab professionals! In this role, you will precisely and accurately perform and interpret technical procedures to satisfy hospital referrals and requests. Complete all ancillary duties including reporting of test results, sample processing, reagent preparation, and record keeping. Serve as a consultant regarding resolution of patient testing, assist in development of new procedures, and participate in continuing education. To apply please go directly to our website with an updated resume [here](#).

Operations Supervisor Logistics. (Department: Collections Drivers Metro; Status: Full-Time, 1.0FTE (40 hours per week), and Exempt; Location: St. Paul, MN; Benefits: Medical, Dental, Vision, 401K, PTO and EST to name a few!) To ensure collections operations (mobiles) are run in a manner that results in safe and compliant blood products and service that consistently delights donor and sponsors. To ensure a working

environment for staff on the applicable team that is supportive and productive through recognition, feedback, coaching and development. To apply please go directly to our website with an updated resume [here](#).

Hospital Services Supervisor. Bloodworks Northwest in Renton, WA is seeking an experienced supervisor to contribute to the productivity of the department, while supporting Bloodworks' operational goals. The incumbent will guide the performance of 10 employees by providing explanatory information and operational expertise. This position monitors and controls the inventory of the Renton Branch and collaborates with Transfusion Services management to ensure that satellite lab inventory levels are adequate. It also provides routine and emergency support to Blood Services hospitals in the regional vicinity, performs training and quality control procedures, develops SOP's and represents Blood Service Laboratories to internal and external customers. Requirements: B.S. or equivalent combination of education and work experience: demonstrated leadership in a position at another Blood Center, in the health care industry or in a laboratory environment, or equivalent people management experience in a fast moving customer service-oriented industry. Visit our careers page at <http://www.bloodworksnw.org>. Bloodworks Northwest is an AA/EEO Employer.

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.

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

POSITIONS (continued from page 14)

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.

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. 🍀