America's Blood Centers®
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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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

ABC will be postponing publication of the November 11 newsletter until Monday, November 14, due to the Veterans Day holiday.

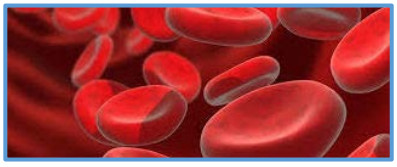
Issue #39
November 4, 2016

Fresh versus Old Blood: An Old Debate Settled?

There was no significant difference in mortality in a new multicenter study comparing fresh red blood cells (RBCs) versus older units. The trial, named Informing Fresh versus Old Red Cell Management (INFORM), spanned three years, at six hospitals in Canada, the U.S., Israel, and Australia. In this pragmatic clinical trial, 20,858 hospitalized patients with blood types O and A who needed red blood cell transfusions were randomly assigned to the freshest vs. the oldest RBCs available. The trial design did not require informed consent since all subjects received treatment consistent with the standard of care. Relevant clinical data were abstracted from electronic medical records. In the primary analysis, those given fresh blood (median storage time of 11 days) versus those who received long-term stored blood (median of 23 days) had a 9.1 percent mortality versus 8.8 percent (1.05; 95 percent confidence interval [CI], 0.95 to 1.16), respectively.

The question of whether fresh blood is better for patients than older blood units has been hotly debated for many years, especially since 2008 after the publication of a *New England Journal of Medicine* study from Koch, *et al.* that associated receipt of older RBCs with increased mortality. Thousands of patients, both adult and pediatric, have since been studied in trials to elucidate the clinical impact of RBC storage duration with clinical outcomes.

Yet of the 13 *randomized* trials since 1980, none have found fresher blood to be associated with better outcomes compared to older blood. This data set led AABB to recommend in their red cell transfusion guidelines that all patients, including neonates, who require a red cell transfusion, receive units that are at any point within their licensing date and not to limit patients to units stored for less than 10 days.



"It's been a contentious issue, but our study finally puts an end to the question about whether stored blood could be harmful and fresher blood would be better," said lead author Nancy Heddle, MSc, professor emeritus of medicine at McMaster University and research director of the McMaster Centre for Transfusion Research, to *HealthDay News*. "Our study provides strong evidence that transfusion of fresh blood does not improve patient outcomes, and this should reassure clinicians that fresher is not better."

(continued on page 3)

INSIDE:

Our Space:

OUR SPACE

ABC CEO Christine Zambricki, DNAP, CRNA, FAAN,

Election Fatigue? Not at ABC!

Many people ask "what it is like to work in Washington D.C. in the midst of the election?" In reality, the Presidential election is a distant news story here. The frenzy of activity in the nation's capital is fed by our work with members of Congress as well as ongoing communication with our regulatory partners at the Food and Drug Administration, Centers for Disease Control and Department of Health and Human Services.

Support for ZIKA implementation costs

ABC is working in conjunction with the HHS and Hill leaders to develop a plan to support the implementation costs incurred by blood centers when they had to "drop everything" to comply with the FDA guidance recommending universal individual donor nucleic acid testing for Zika. According to member survey results, the majority of ABC blood centers are participating in the Investigational New Drug cost recovery program. ABC is seeking funding to reimburse blood centers for the "aggravation factor" of the short timeline that resulted in having to put other programs on hold, delay needed blood center projects, and one-time costs of additional training and paperwork involved with the change. Stay tuned for more information soon and please share your thoughts on this with your ABC team.

OPPS Final Rule

On November 1, CMS released the final rule for Medicare hospital outpatient reimbursement (also known as OPPS). Earlier this year, ABC filed comments with the Centers for Medicare and Medicaid Services (CMS), a division of the HHS on the proposed rule. Read more in depth about our comments and the final rule responses to them in our Regulatory News section.

Blood Donor Deferral Policy Comment Letter

As you might recall, the FDA has requested comments to assist the agency in their commitment to reevaluate and update blood donor deferral policies as new scientific information becomes available. ABC, in conjunction with AABB and ARC, is in the process of finalizing our joint comment to be submitted at FDA's request. These comments are intended to assist FDA in identifying key issues that should be considered at the time FDA begins the reevaluation process for deferral polices. Suggested topics for further research include: study of the implementation aspects of the one year deferral for men who have sex with men. Confirmation that infection marker rates have not been impacted; and analysis of questions for individual behavioral assessment.

All of this activity is taking place in the midst of a government transition. Approximately 100 HHS senior leaders, all political appointees, will tender their resignation letters soon to allow the new administration, whomever that may be, to select their own people for these positions. Election fatigue? No time for it. The beat goes on in Washington, D.C. and ABC is working daily to make sure that your voice is heard.

Christine S. Zambricki

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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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FRESH VS. OLD BLOOD (continued from page 1)

Neither diagnosis, country, or blood type played a significant role in the outcomes of the trial. The hazard ratio for in-hospital death in the stratified Cox regression model was 1.08 for fresher blood (95 percent CI, 0.98 to 1.19). For example, at 30 days, the cumulative probability of death was 6.9 percent in the short-term storage group and 6.5 percent in the long-term storage group.

The analyses also examined high-risk subgroups and compared mortality for patients in the intensive care unit (13.3 percent and 12.8 percent), cancer patients (8.4 percent and 8.8 percent), and those undergoing cardio-vascular surgery (12.3 percent and 11.2 percent), in the short-term storage group versus the long-term storage group. The study did not enroll infants or children and did not study massive transfusion recipients.

Citations: Heddle N., Cook R.J., Arnold D.M., *et al*. Effect of Short-Term vs. Long-Term Blood Storage on Mortality after Transfusion. *New England Journal of Medicine*. October 24, 2016. DOI: 10.1056/NEJMoa1609014.

Tobian A. and Ness P.M. Red Cells — Aging Gracefully in the Blood Bank. *New England Journal of Medicine*. October 24, 2016. DOI: 10.1056/NEJMe1612444.

Another Dip Into Testing For Zika And Other Infectious Diseases

During the Zika "Hot Topic" presentation at the 2016 AABB Annual Meeting, Lyle Petersen, MD, director of the Division of Vector-Borne Diseases at the Centers for Disease Control and Prevention, did an overview of the salient epidemiological and clinical features of Zika infection. There was little new data, other than the continued occurrence of limited vectoral transmission in South Florida. Representatives of the two Investigational New Drug (IND) sponsors for Zika testing, Jeff Linnen from Hologic/Grifols and Lisa Pate from Roche Molecular Systems, presented data on the performance of their assays.

Two important issues were discussed: First, because the screening assays appear to be significantly more sensitive than alternate nucleic acid testing, confirmation of donor infection status is likely to depend on a combination of repeat reactivity on the IND tests and/or appropriate evolution of a serologic profile suggestive of Zika infection. The latter, of course, can take days to weeks. Few of the more than 20 initially reactive blood donors identified to date in the continental U.S. have completed sufficient follow-up to arrive at a final classification of their true infection status. Second, data were presented suggesting that Zika RNA persists in the red blood cell (RBC) fraction of blood in the presence of antibodies well beyond its detection in plasma or serum. This is true also for both dengue viruses and West Nile virus (WNV). It will be critical to understand the meaning of this observation with regards to the infectivity of such RNA-reactive units, and the use of RBC-based nucleic acid testing for diagnostic indications. Late transmissions of WNV by transfusion from components with negative plasma RNA using current donor assays have not been described.

Susan Stramer, PhD, executive scientific officer at the ARC, discussed her studies of *Babesia* within seven states of the northeast endemic area. She noted the ineffectiveness of *Babesia* questioning to screen potentially infected individuals and that antibody testing for individuals who were once infected remains positive for years after. While using their current testing scheme for *Babesia* has removed over 700 potentially infectious units from the blood market, pathogen reduction could help eliminate the need for testing if a whole blood or RBC cell option becomes available.

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TESTING FOR ZIKA AND OTHER INFECTIOUS DISEASES (continued from page 3)

Roger Dodd, PhD., presented evidence that might be used to convince regulators to eliminate testing for c cytomegalovirus, hepatitis B, and syphilis for blood products. "Future prospective mini-pool NAT testing continues to increase in volume and complexity," said Dr. Dodd. "Current testing menus have accumulated without continuing review for relevance…Current and future developments…should advocate and plan for rational reductions in testing load."

Pathogen Reduction Implementation and Advancements

As the number of tests for pathogens in blood donations keeps increasing, blood centers are progressively looking towards pathogen reduction technology (PRT) as a means to inactivate harmful diseases in plasma and platelet donations. At the 2016 AABB Annual Meeting, a lively discussion took place on how blood centers are implementing the technology, the drawbacks and benefits of such testing, and the next step.

The National Institutes of Health (NIH) Transfusion Services supervisor, Sherry Sheldon, MT (ASCP) SBB, presented his department's implementation of the Cerus INTERCEPT technology in 12 months. In December 2014, the Food and Drug Administration (FDA) approved the CERUS PRT, the next month NIH decided to implement the technology. By April, NIH had an implementation team in place and by January 2016, the first round of PRT platelets were being produced for their patients.

The biggest hurdles for NIH were IT support, the costs associated with purchasing the equipment and implementing it, and the eight to 10 percent loss of product, said Mr. Sheldon.

"Resting time is really critical, some collections weren't getting enough rest time," he noted. "Now we are resting them in the transfusion service. Also we're resting them in the incubator rather than on the counter so the temperature range is where it needs to be." Another key in timing Mr. Sheldon noted was the agitation time in the CAD container (six to 16 hours).

After a nine-month look-back, Mr. Sheldon noted there were fewer adverse reactions experienced in the 668 patients transfused with PRT platelets than 4,000 historically transfused with untreated apheresis platelets at NIH Clinical Center.

Another major limitation that P. Dayand Borge, Jr., MD, PhD**,** medical director for the American Red Cross National Reference Laboratory and Blood Group Serology service, recognized was PRT cannot be used on triple platelet donations—only single and double collections. This limitation can be a conundrum for blood centers, who must sustain both a safe and adequate platelet supply. Mirasol-treated whole blood is approved for use in Ghana, noted Jean-Pierre Allain, MD, PhD, where a 226-patient trial was performed in 2014 that demonstrated excellent effectiveness against malaria transmission and found no significant adverse events among those given PRT-treated whole blood.

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!

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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.

ABC and ADRP Welcome Steve Bolton

ABC and ADRP, an international division of ABC, are very excited to welcome Steve Bolton. Mr. Bolton is the new executive director of ADRP, effective as of November 1, 2016.

Mr. Bolton began his blood-banking career in 2002 and worked at the Gulf Coast Regional Blood Center (GCRBC) in Houston, Texas, for 14 years. His last position with the center was as the donor recruitment manager. Mr. Bolton received his undergraduate degree from University of Oklahoma and Lean Six Sigma yellow belt from the University of Houston. He served on the board of directors for ADRP, serving as conference co-chair and treasurer.

Earlier this year, Mr. Bolton retired from his full-time position at GCRBC and moved to Colorado. He found himself longing to be back in the world of donor recruitment again and happily accepted the position with ADRP just one month ago. Welcome Mr. Bolton. We are glad to have you back!

"I am very excited for the opportunity to work with ADRP and ABC as these great organizations join forces," said Bolton

Announcing the Release of ABC's cGMP Video and Training Resources

As part of America's Blood Centers Professional Institute (API) educational and professional development offerings, the ABC current Good Manufacturing Process Working Group (cGMP) is pleased to announce the release of the ABC cGMP video, facilitator guide, and sample evaluations. The video and accompanying resources were sent out on October 27 to the ABC blood center employees designated on the ABC cGMP Deployment Needs Survey to receive these materials.

Many thanks to the ABC cGMP Video Workgroup, OneBlood Production team, the Foundation for America's Blood Centers, the ABC team, and the numerous additional ABC member volunteers who contributed their time and expertise to make this program possible. We hope this video will become an important part of your center's cGMP training program.

RESEARCH IN BRIEF

Authors of a Japanese study of fecal microbiota transplantation (FMT) as an alternative treatment for steroid-resistant or dependent acute graft-versus-host disease (aGVHD) reported no serious adverse events. While three of the four patients in this pilot study did eventually die of aGVHD, the authors stated these patients were at high risk of relapse, and one patient did not relapse until over a year after FMT. Infection-related death was not observed. All four patients in the study responded to the two-dose FMT treatment. The FMT was obtained from spousal or other related donors with negative screening for transmissible diseases. Three had complete and one had a partial response. No serious adverse events were recognized.

Citation: Kakihana K., Fujioka Y., Suda W., *et al*. Fecal microbiota transplantation for patients with steroid-resistant acute graft-versus-host disease of the gut. *Blood*. October 20, 2016. DOI:10.1182/blood-2016-05-717652.

A metabolomics study into hypoxia showed metabolic adaptations by red blood cells just hours after ascent to high altitudes that persisted for weeks. The AltitudeOmics study followed 21 volunteers (12 males and nine females, between 19 to 23 years old) at sea level (130 m, average barometric pressure = 749 mm Hg) and after ascent to Bolivia's Mount Chacaltaya (5260 m; average barometric pressure= 406 mm Hg), for one, seven, and 16 days. Two-hundred and twenty-nine metabolites were monitored at the mountain's summit, re-measured after descent from the mountain, and then again one week later upon re-ascent to 1,525 meters. Metabolic changes were correlated with adaption to physical activities under hypoxic conditions. On re-ascent there was evidence that the metabolic changes were preserved. The study could impact the understanding of red blood cell oxygen delivery and capacity in pulmonology, trauma/hemorrhagic shock induced hypoxemia, and transfusion medicine, according the authors.

Citation: D'Alessandro A., Nemkov T., Sun K., *et al*. AltitudeOmics: Red Blood Cell Metabolic Adaptation to High Altitude Hypoxia. *Journal of Proteome.* September 20, 2016. DOI: 10.1021/acs.jproteome.6b00733.

A large portion of blood products issued during massive transfusion protocols (MTPs) are not transfused, found a new study. However, the authors found low wastage and felt that ordering more products than are ultimately used is necessary to ensure enough product is on-hand to deliver optimal care to trauma patients. The study reviewed blood product transfusion ratios and waste after MTPs were activated for 183 patients at three U.S. level 1 trauma centers. Three hours after MTP was activated, data on transfusion, units returned to blood banks and units wasted were recorded. The percentage of red blood cells (RBCs), plasma, and platelets (PLTS) transfused during MTPs were 39 percent to 65 percent, 43 percent to 66 percent, and 75 percent to 100 percent, respectively. Wastage rates were comparable for RBCs (0 percent to 9 percent), plasma (0 percent to 7 percent), and PLTs (0 percent to 7 percent). Cryoprecipitate had the highest wastage rates at all three sites (7 percent to 33 percent). The authors noted one issue with keeping units from being wasted could be temperature-control for plasma units, especially freshly thawed units, and promptly returning unused blood products to the blood centers is critical in minimizing waste.

Citation: Dunbar N., Olson N., Szczepiorkowski Z., *et al*. Blood component transfusion and wastage rates in the setting of massive transfusion in three regional trauma centers. *Transfusion*. October 23, 2016 Early View. DOI:10.1111/trf.13880.

Repeat donors with absent iron stores (AIS) who were counseled and then deferred for 24 weeks had an increased likelihood of returning to donate, said a new study from Blood Systems, Inc. An award-winning poster at the AABB Annual Meeting presented data from Blood Systems on a 12-month study that

(continued on page 7)

RESEARCH IN BRIEF (continued from page 6)

assessed 12,140 male donors with hemoglobin (Hb) levels from 12.5 to 13.4 g/dL and 31,692 female donors with Hb levels of 12.5 to 12.9 g/dL with a ferritin serum evaluation to determine their iron store levels. Absent Iron Stores (AIS) (ferritin <12 ng/ml) were found in 2,757 of the men (23 percent) and 10,323 of the females (33 percent). When donors with AIS were notified by letter, counseled on iron-rich foods and over-the-counter iron supplements, and temporarily deferred (24 weeks) from RBC-containing donations, the overall return of donors notified of AIS status was 71 percent compared to an 82 percent return for those low to normal ferritin levels (12 to 19 ng/mL in females and 12-29 ng/mL in males) who did not get counseled.

Citation: Kamel H., Bravo M., Vassallo R. Impact of Donor Notification of Iron Status on Select Repeat Donors' Return and Hemoglobin. Poster #134. AABB Annual Meeting 2016.

BRIEFLY NOTED

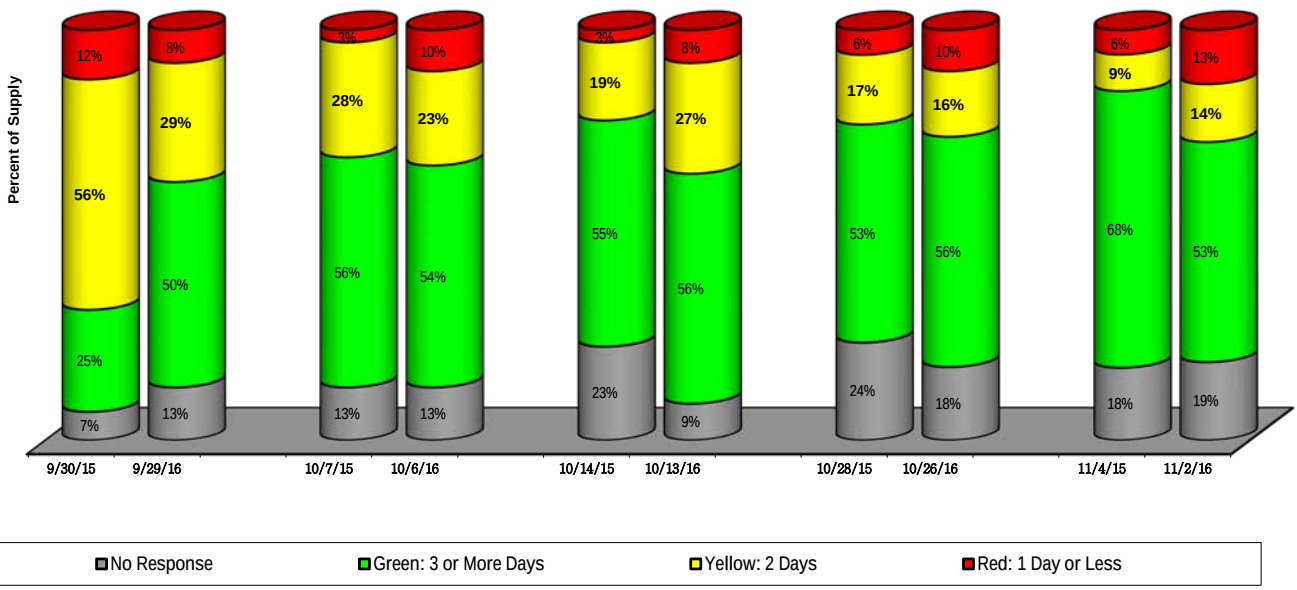
Tranexamic acid was associated with a lower risk of bleeding than was placebo, without a higher risk of death or thrombotic complications within 30 days after surgery, reads a new study on coronary-artery surgery patients in Australia. However tranexamic acid was associated with a higher likelihood of postoperative seizures for those patients. The study enrolled 4,662 patients, 4,631 of whom underwent surgery, 2,311 were assigned to the tranexamic acid group and 2,320 to the placebo group. A primary outcome event (a combination of death and thrombotic events) occurred in 386 patients (16.7 percent) in the tranexamic acid group and in 420 patients (18.1 percent) in the placebo group (relative risk, 0.92; 95 percent confidence interval, 0.81 to 1.05).

Citation: Myles P.S., Smith J.A., Forbes A., *et al*. Tranexamic Acid in Patients Undergoing Coronary-Artery Surgery. *New England Journal of Medicine*. October 23, 2016. DOI: 10.1056/NEJMoa1606424.

The Commonwealth Transfusion Foundation (CTF) awarded $328,500 in grants during its annual board meeting. Virginia Commonwealth University was awarded a grant of $119,500 to provide four scholarships in its Clinical Laboratory Science program and to purchase equipment to ensure students are trained with on current technology. A grant for $125,000 to fund an Eastern Virginia Medical School study aimed at preventing Transfusion Related Lung Injury (TRALI). Mountain States Health Alliance was awarded $84,000 to purchase equipment that will help its clinical staff pinpoint a patient's transfusion needs. Since the founding of the CTF, over $2.7 million in grants has been awarded, said Board Chair Freddy Cobb in a news release. (Source: CTF news release, October 30, 2016)

The University of Nebraska was awarded $19.8 million to teach federal health care workers how to deal with infectious disease outbreaks like Ebola. The U.S. Department of Health and Human Services awarded the university the money to develop a "training, simulation and quarantine center to teach federal health care personnel procedures in treating highly infectious diseases and to create a place to monitor persons who have received a high-risk exposure to a highly infectious disease, such as Ebola," reads a press release. The new 183,742-square-foot facility will cost a total of $102 million and be located in Omaha. "It is anticipated that construction of the facility will begin in the next several months with completion scheduled for September 2018," read a press release. (Source: University of Nebraska press release, November 1, 2016.)

STOPLIGHT®: Status of the ABC Blood Supply, 2015 vs. 2016



The order of the bars is (from top to bottom), red, yellow, green, and no response

ADRP
An International Division of ABC

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. CST. 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

A fourth area was identified last week in Miami-Dade County where Zika is being locally transmitted. The area, Miami's Little River neighborhood, is across Biscayne Bay from Miami Beach, where the aerial spraying for Zika-infected mosquitoes was taking place. Miami Beach Public health authorities are speculating that the virus may be here to stay. (Source: *NPR*, Zika May Be In The U.S. To Stay. October 26, 2016.)

Despite the potential for Zika to cause serious harm to fetuses, the numbers of those infants born with serious birth defects like microcephaly are below what scientists expected from Brazilian data, reads a new *Washington Post* article. A majority, 75 percent, of the 2,175 babies born in the past year with congenital neurological damage linked to Zika, have been born in the northeastern section of Brazil and just 142 cases of birth deformities from Zika were found to be outside that South American country. These observations are leading to speculation about surveillance artifacts and potential cofactors in Brazil that may increase risks of congenital Zika syndrome. (Source: *Washington Post*, Scientists are bewildered by Zika's path across Latin America. October 25, 2016).

WORD IN WASHINGTON

Workplace injuries and illnesses were down in 2015, read a recently published report from the Bureau of Labor Statistics (BLS).

About 2.9 million nonfatal workplace injuries and illnesses in 2015 were reported in the private sector—a decline of about 48,000 from 2014. This decline is in spite of an increase in total hours worked, reports the Occupational and Safety and Health Administration. For every 100 cases, three were reported to BLS—down from 3.2 in 2014. The number of cases reported per 100 employees has dropped every year, but for one, in the last 13 years

REGULATORY NEWS

Earlier this year, ABC filed comments with the Centers for Medicare and Medicaid Services (CMS), a division of the Department of Health and Human Services (HHS), on the proposed rule, "Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program; Proposed Rule, (81. Fed. 45617, July 14, 2016)," also known as the "OPPS" proposed rule. CMS took to heart a number of ABC's comments and included them in their final rule for calendar year 2017, published on November 1, 2016.

In response to ABC's comments regarding the need to keep payments for blood and blood products separate, CMS did not bundle the payments and wrote that they will continue to establish payment rates for blood and blood products using their blood-specific cost-to-charge ratio (CCR) methodology. "We continue to believe that the hospital-specific, simulated blood-specific CCR methodology better responds to the absence of a blood-specific CCR for a hospital than alternative methodologies, such as defaulting to the overall hospital CCR or applying an average blood-specific CCR across hospitals," read the final rule.

ABC also commented that we felt a stakeholder group with representatives from ABC, American Red Cross, AABB, and hospitals could discuss the framework to revise the current Healthcare Common Procedure Coding System (HCPCS) procedural (p)-codes listing as the codes are several years old and do not reflect the current state-of-the-art in transfusion medicine. CMS acknowledged our comments and wrote that they will be considered in the development of new and revised HCPCS p-codes.

ABC members can read the details and content of ABC's comment letter and the CMS final rule for CY2017 here.

New

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

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Find out more and register: americasblood.org or members.americasblood.org

PEOPLE

Dr. Hunter receiving his award. Courtesy of Time-Standard

Willard "Bill" Hunter, MD, a member of the Board of Directors for the Northern California Community Blood Bank, received the Frederick Plessner Memorial Award from the California Medical Association (CMA) on October 15. Dr. Hunter is the chief medical officer for the Open Door Community Health Centers of Humboldt and Del Norte counties. The award was giving due to Dr. Hunter's work and ethics as a rural county doctor. "Dr. Hunter not only delivered babies, but he also set broken bones, treated chain saw injuries, and cared for the dying," read a press release from CMA. "His talent and versatility have made him a standout to patients and referring physicians alike."

Joe Fielden is the new board chair of the Commonwealth Transfusion Foundation (CTF). Mr. Fielden was appointed to the position at the CTF annual board meeting last week. "I look forward to helping the Foundation continue its mission of improving and advancing the art and science of transfusion medicine" said Mr. Fielden. CTF also recognized two outgoing directors. Sallie Cook, MD has chaired CTF's Grant's Committee since it was formed in 2013 and was previously on the board at Virginia Blood Services (VBS). Her record of service goes back to 1990 when VBS was known as Richmond Metropolitan Blood Bank. "There have been many changes since I first became involved" said Dr. Cook who chaired the Quality and Safety Committee for many years. Freddy Cobb, who served as Chair of the VBS Board in 2008 and 2009, was also recognized during the meeting. He became Chair again in 2012 and played a key leadership role in the development of CTF. In recognition of his leadership during the formation of CTF and his guidance in helping shape its direction, the Board of Directors bestowed the honor of *Chairman Emeritus* to Mr. Cobb. CTF also named three new Directors: John Armitage, President and CEO of Oklahoma Blood Institute, in Oklahoma City; Kevin Belanger, MS, MA, MT(ASCP) SBB, President and CEO of Shepeard Community Blood Center in Augusta, Ga.; and Rick Youngblood, President and CEO Blood Assurance, Chattanooga, Tenn.

An amendment to the European Blood Alliance (EBA) Statutes was approved in Frankfurt during the EBA board meeting last month to help reappoint Philippe Vandekerckhove as EBA President. The 21 member state association unanimously approved in favor of the amendment in the transitional article in the EBA Statutes, which made it possible for Philippe Vandekerckhove to be re-elected as EBA President, as no successors had been nominated by the EBA Board.

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. 2. **FDA IDE Submissions Workshop, Washington, D.C.** Find out more information and register here.

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.

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@rrvbc.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

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: https://home2.eease.adp.com/recruit2/?id=19180342&t=1.

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: https://home2.eease.adp.com/recruit2/?id=19174332&t=1

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.

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

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POSITIONS (continued from page 13)

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: High School diploma or equivalent required; Must be a registered nurse; Current driver's license and MVR that meets insurability; Current license to practice as a RN in the state of Iowa. Offers of employment are contingent on the successful completion drug testing and background checks. Interested applicants should apply at www.lifeservebloodcenter.org. LifeServe Blood Center is committed to equal employment opportunity. Applicants receive consideration for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identification, genetic information, marital status, pregnancy, disability, veteran status or other legally protected status.

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

AP/CP or CP Trained Pathologist. The Department of Pathology at the University of Utah is seeking an AP/CP or CP trained pathologist (board certified), with subspecialty training in Transfusion Medicine (board certified or eligible). The successful candidate will share responsibility with one other medical director for supporting the Transfusion Service at the University of Utah Hospital, the Huntsman Cancer Institute and Primary Children's Hospital. The position will also support the Associated Regional and University Pathologists (ARUP) Blood Donor Center and Immunohematology Reference Laboratory. The successful candidate will be expected to support laboratory and hospital quality improvement, com-pliance, and accreditation initiatives, and to provide consultation to clinicians. Participation in teaching of medical students, pathology residents, and hematology fellows is also expected. Research in the area of applied transfusion medicine is encouraged. Academic rank and salary will be commensurate with experience. Applicants should submit electronically to http://utah.peopleadmin.com/postings/50868 a curriculum vitae, a brief cover letter, and the names and addresses of three references. Please contact allison.boyer@path.utah.edu with any questions. The University of Utah Health Sciences Center is a patient-focused center distinguished by collaboration, excellence, leadership, and respect. The University of Utah Health Sciences Center values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to the mission of the University of Utah Health Sciences Center.

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