

2017 #45

December 22, 2017

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**Please Note:** The ABC Newsletter will not be published on December 29<sup>th</sup> or January 5<sup>th</sup> due to the holidays. We will resume regular publication on January 12<sup>th</sup>. Thank you for your continued interest. We wish you a safe and enjoyable holiday season.

**ABC Advocacy: A Year of Refocus, Renewal, and Reward**

During this season of reflection, we are reminded of all this year's accomplishments and all that awaits us in the New Year. It has certainly been a year unlike any other in Washington, filled with a new Administration, Congress, and a host of public policy and advocacy challenges that will impact blood centers far into the future. While it is tempting to center our thinking on the partisan politics that often stymie constructive dialogue, or simply disengage from the process all together, we must remember that change is still occurring. We must keep pace, remain engaged, and celebrate our successes as they occur. Let's look back at the highlights of 2017.



L to R: ABC's Kate Fry and Rep. Frank Pallone (D-N.J.) donate at Central Jersey Blood Center.

**Priority Issues**

Many policy issues confronted America's Blood Centers (ABC) in 2017. A push towards sustainability of the nation's blood supply continued, with multi-agency efforts to test the elasticity of the system and notable publications in both the *New England Journal of Medicine* and *Health Affairs* that prompted an [ABC response](#). The November Food and Drug Administration (FDA) Blood Products Advisory Committee (BPAC) meeting brought some of the biggest industry "wins" of the year related to [bacterial contamination](#) of platelets and donor screening for Zika. At the Centers for Medicare and Medicaid Services (CMS), [a joint effort](#) between ABC, AABB, and the American Red Cross to revise the payment code for pathogen-reduced platelets was implemented. ABC and 15 member blood centers [submitted comments](#) urging a revised methodology for blood reimbursement in the outpatient hospital setting. On Capitol Hill, ABC [supported](#) the repeal of the Medical Device Tax, [urged funding](#) for priority issues as part of the appropriations process, [supported cybersecurity](#) efforts, and monitored tax reform.

**Strengthened ABC Advocacy**

The year of advocacy for ABC is how 2017 should be remembered, with a renewed

(continued on page 4)



## OUR SPACE

### A Bridge Too Far

The Trump administration would forbid using the terms “vulnerable,” “entitlement,” “diversity,” “transgender,” “fetus,” “evidence-based,” and “science-based” in 2018 budget documents from the Centers for Disease Control and Prevention (CDC). The original story is [here](#). This is not the first [attempt to muzzle an agency](#), but it is the first affecting one with which the blood community works very closely.

As protest builds in social and mainstream [media](#), and the reported ban is being “walked back”, we are adding our voices to the [National Academies](#) and many [others](#). The administration’s appointee to run CDC, [Brenda Fitzgerald MD](#), said in a tweet, “there are no banned words at CDC.” The restrictions are now being characterized as recommendations reflecting political and ideological reality in Congress.

Individuals may oppose or support the priorities of the administration for many reasons, but on this issue, we should speak as one. Research deserves support when the subject is important, the hypotheses are credible, and the methods rigorous—period. Do “civilians” in the executive branch understand the argot of science, medicine, and public health? Is it possible that concepts like “evidence-based” and “science-based” are too arcane? The following has been offered to CDC [as alternative language](#), “*CDC bases its recommendations on science in consideration with community standards and wishes.*” This is apparently clearer to someone, but community standards and wishes are neither evidence nor science, the advancement of which is our responsibility. We recognize that the political priorities of decision makers are also in play, but, the latter accepted, who wins by censoring accurate, concise language in a budget proposal? It is not as if making the words “go away” will make an issue disappear.

Censorship of the language of scientists and other public servants at CDC can have a spectrum of outcomes. At best, it will result in increasingly opaque language to support the same funding requests that would have been proposed absent a ban. At worst, and many of us suspect the worst to be the truth, the intent is to stifle legitimate inquiry by signaling that certain research is “*verboten*.” We have already seen that from Congress as in 1996 when CDC was prohibited from funding [studies of the epidemic of gun violence](#) as a public health issue and from this administration regarding [climate change](#) and [humanity’s role in it](#).

How would one apply for Zika research funding and not use the word “fetus,” when fetal injury is the driver of our response to this epidemic? Closer to home, we in the blood community are engaged in substantive discussions about appropriate approaches to the acceptance or deferral of men who have sex with men and transgender blood donors. If we want research on any risk posed to transfusion safety, how would we write a proposal without the word “transgender?” The crucial characteristic of patient blood management, with its many clinical advantages, is that it is “evidence-based.”

Without taking sides on a specific budget request or area of research, it is incumbent upon us, committed to free inquiry and transparency of governance, regardless of our location on a political spectrum, to condemn this and all such “Orwellian” diktats publicly and explicitly—and we do. Approach the White House and your Congressional delegation in principled, not partisan, opposition to censorship. ABC members can reach out to Washington conveniently [using this link](#) to our advocacy page.

*This statement, drafted by ABC Chief Medical Officer, Louis Katz, MD, represents consensus among members of the America’s Blood Centers Scientific, Medical and Technical Committee. Comments may be submitted to the [Newsletter](#).*

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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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It's About *Life*.

## INSIDE ABC

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

### **Iron Depletion Mitigation Webinar Playback Available**

A recording of the “Current Status of Donor Iron Depletion Mitigation Efforts in the U.S” webinar is now available to ABC members. Please see [MCN 17-084](#) for additional details to access the recording. This webinar equips participants with the tools necessary to know the magnitude of iron depletion in key donor groups, understand the lack of consensus regarding its clinical impacts, as well as the strategies under consideration for its mitigation.

### **SAVE THE DATE**

**ABC Quality Education Process Improvement Test Cases—Best Bang for Your Bucks Webinar**

**January 16, 2017 at 3 PM ET**

*Additional details coming soon!*

### **56<sup>th</sup> ABC Annual Meeting Registration Open**

[Registration](#) is open for America’s Blood Centers (ABC) 56<sup>th</sup> Annual Meeting in Scottsdale, Ariz. March 17<sup>th</sup> – 19<sup>th</sup> at the Scottsdale Plaza Resort. Don’t miss an exclusive opportunity for blood community leaders to experience peer-to-peer collaboration, while discussing the latest trends impacting community blood centers. The meeting will feature the Celso Bianco, MD Lectureship, the Scientific, Medical, and Technical Forum, and the 21<sup>st</sup> Annual *Awards of Excellence*. Additionally, ABC member Blood Systems Inc. will host a networking event at the Musical Instrument Museum. Please make your hotel reservations by February 23<sup>rd</sup> to ensure best availability and the group rate. Click [here](#) for additional details. Contact [Leslie Maundy](#) for available sponsorship opportunities.

### **ADRP Registration & Call for Speaker Abstracts Open**

Early bird registration for the ADRP, an international division of ABC, [2018 Conference and Expo](#) is open. [Register](#) by December 31<sup>st</sup> to take advantage of the discounted rate (\$525). ADRP also invites you to submit abstracts to speak at the conference in Dallas, Texas. All marketing and communications innovators, recruitment visionaries, and collections experts are invited to [submit](#) abstracts on topics including donor collections staffing, the impact of technology on donor flow, internal communications strategies for regulatory changes, reinventing your brand, fixed site recruitment, lead generation for new sponsor groups, first time donor retention programs, and emerging medical issues. Speakers who are chosen will receive a 30 percent discount off conference registration and a complimentary one-year subscription to ADRP. Interested individuals may submit abstracts [here](#).

### **Reminder: ADRP Award Nominations Open**

Recognize a peer or outstanding donor group by nominating them for an [ADRP Award](#). Submissions are being accepted until December 31<sup>st</sup> via the online [nomination form](#). This year’s categories include: Donor Recruiter of the Year, Donor Collections Team Member of the Year, Leader of the Year (Recruitment & Collections), Franzmeier Lifetime Achievement Award, Gilcher MD/CEO Award, Media Partner Award, Blood Drive Award (Creative & Most Productive), School Blood Drive Award, and the Humanitarian Service Award. ♦



## ABC ADVOCACY (continued from page 1)

focus and new resources intended to engage ABC members in the public policy process. ABC began 2017 with the establishment of the 2017 Advocacy Agenda and the ABC Advocacy Forum during [Advocacy Day 2017](#) in conjunction with the ABC Annual Meeting. Representatives from 17 member centers heard from Peter Marks, MD, PhD, director of the FDA's Center for Biologics Evaluation and Research before embarking to Capitol Hill for meetings with Congress. As temperatures heated up in Washington, D.C., so did ABC's advocacy tools with the launch of the [ABC Advocacy website](#), and the first, of what we hope will be many, ABC member blood center tours took place at Central Jersey Blood Center with Rep. Frank Pallone (D-N.J.) as part of a program to begin building relationships between community blood centers and their legislators. The year concluded as ABC made perhaps its most significant step with the establishment and appointment of the [ABC Policy Council](#).

### New Political Landscape

New leadership emerged in the nation's capital, starting with the inauguration of President Trump and the commencement of the 115<sup>th</sup> Congress (see ABC's welcome letter [here](#)). With the installation of the new Administration came a round of nominations and confirmation hearings for Tom Price, MD as Secretary of the U.S. Department of Health and Human Services, Seema Verma as Administrator of CMS, and Scott Gottlieb, MD as commissioner of FDA. The transition has had a few bumps, with the resignation of Dr. Price in September and a continued hold on the nomination of Brett Giroir, MD to serve as the Assistant Secretary of Health at HHS leaving key vacancies in the top healthcare posts.

As we look forward to 2018, we must be ready for new challenges and opportunities on the horizon. Administration and congressional efforts to remove regulation and reduce spending will continue, and broad entitlement program reform is possible. Recognizing this landscape, the full engagement of the ABC membership is critical. ABC Members should stay tuned in January for personal outreach from the ABC Policy Council regarding sustainability, the launch of a new Advocacy Forum, and the 2018 ABC Advocacy Survey. Exciting beginnings await. 💧



AMERICA'S BLOOD CENTERS'

# 56<sup>TH</sup> ANNUAL MEETING

March 17-19, 2018 | Scottsdale, AZ

### 2018 ANNUAL MEETING SCHEDULE

<b>Saturday, March 17:</b>	ABC Board Meeting Opening Session
<b>Sunday, March 18:</b>	ABC Members Meeting SMT Forum & Celso Bianco Lectureship Host Event by Blood Systems
<b>Monday, March 19:</b>	General Session 21st Annual Awards of Excellence

“ I look forward to welcoming America's Blood Centers back to Scottsdale, where the organization began more than 55 years ago. Along with opportunities to discuss emerging issues in our field, the Annual Meeting is a great forum for exchanging ideas and developing collaborations. The more who attend – the greater the value to all involved! ”



**Blood Systems** — Dave Green, MSA, President and CEO  
Blood Systems, Inc.



**Hotel Information**  
Scottsdale Plaza Resort  
Hotel room rate:  
\$219 Single/Double



**For registration information, visit [http://bit.ly/abc\\_annual\\_meeting](http://bit.ly/abc_annual_meeting).**

For sponsorship opportunities, please contact Leslie Maundy at [lmaundy@americasblood.org](mailto:lmaundy@americasblood.org).




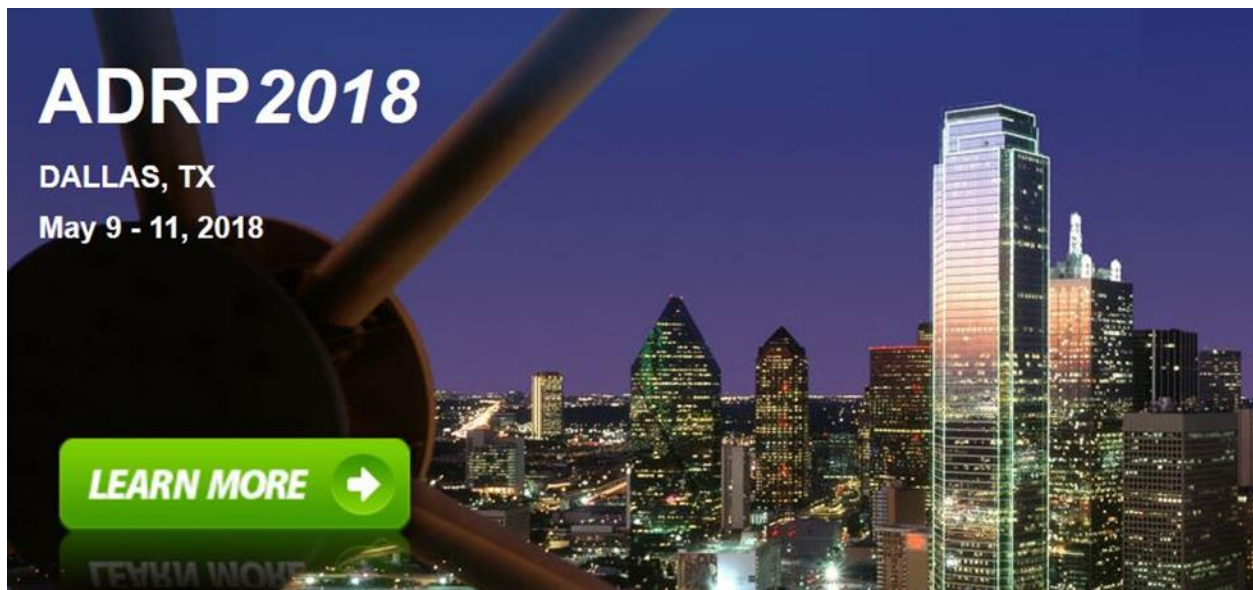
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## RESEARCH IN BRIEF

**High fidelity to a massive transfusion protocol (MTP) and characteristics of activations have been described at a high-volume center.** Three hundred-nine activations of a MTP were called during 2016 at Harborview Medical Center in Seattle, Wash. Two hundred thirty-seven were for trauma, 29 for gastrointestinal bleeds, and 16 for ruptured abdominal aortic aneurisms [sic]. Adherence to a 1:1:1 ratio of red blood cells (RBC), plasma, and apheresis platelets was the rule, and on average 6.6, 6.5, and 1.2 units were used respectively. The modal RBC use was 2 units, the median 4, the mean 6, and the maximum was 91. Unique operational characteristics of the MTP are described, which were associated with an average time until blood arrived bedside of three minutes during trauma activations. Assessment of the correctness of the activations is reported to be “highly appropriate.”

**Citation:** Hess, J.R., Ramos, P.J., Sen, N.E. *et al.* Quality management of a massive transfusion protocol. *Transfusion*. 2017. [doi:10.1111/trf.14443](https://doi.org/10.1111/trf.14443). 



## RECENT REVIEWS

**Two recent papers assessed the continued deferral from blood donation of men having sex with other men (MSM).** Each piece describes the history, current status, and proposed future approaches to this deferral. In most of the developed world, both time and sexual orientation-based donor management strategies are applied. The tensions between this historically successful approach, the paramount importance of a safe blood supply, arguments for evidence-based policies, and social justice permeate both articles. The latter is foundational to the arguments by advocates that there are sexually active MSM at low risk who should be allowed to donate. Further, it is posited that the current approaches deny such MSM access to the “privileged form of moral status” conferred by society on blood donors. The discussions are framed in the medical, epidemiologic, and legal trends of the last 35 years. The experience in jurisdictions using alternative (i.e. not based on sexual orientation *per se*) approaches is also referenced. Both papers conclude by acknowledging the need for policies to reflect transfusion safety, technological advances, and fairness if the blood community is to maintain the trust of communities at large. Additionally, each may serve as a

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## RECENT REVIEWS (continued from page 5)

primer, as the blood community moves forward in response to the Food and Drug Administration's establishment of a public docket entitled "Blood Donor Deferral Policy for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products; Establishment of a Public Docket; Request for [Comments](#)".

**Citations:** Goldman, M., W-Y Shih, A., O'Brien, S.F., Devine, D. Donor deferral policies for men who have sex with men: past, present and future. *Vox Sanguinis*. 2017. [doi: 10.1111/vox.12623](https://doi.org/10.1111/vox.12623).

Haire, B., Whitford, K., Kaldor, J.M. Blood donor deferral for men who have sex with men: still room to move. *Transfusion*. 2017. [doi:10.1111/trf.14445](https://doi.org/10.1111/trf.14445).

**The critical importance of voluntary non-remunerated donation to a safe blood supply has been an article of faith for decades, supported by the historical association of post-transfusion hepatitis with paid donors and by higher rates of evidence of transfusion-transmitted infections in paid source plasma donors.** An evidence-based estimate of the safety impact under contemporary donor selection and testing regimes is not available. Australian authors have conducted a literature search to identify appropriate studies for a qualitative synthesis. Objectives included definition and operationalization of (n=71), attitudes toward (9), impact on donor recruitment and retention by (29), and impact on safety (8) from incentives. Potential first-time donors appear, generally, weakly encouraged to donate by the incentives evaluated in the available literature, while donor retention may be modestly enhanced. A small amount of literature suggests that an appreciable fraction of current volunteer blood donors would be disincentivized by cash payments. Reported safety effects were variable and generally too old to inform speculation in the context of current donor recruitment, screening, and testing methods. The authors systematic review concludes that the evidence base in the literature is limited and inconsistent. The discussion identifies the weaknesses of the available studies and suggests the kinds of study designs that would be needed to generate reliable contemporary assessments.

**Citation:** Chell, K., Davison, T.E., Masser, B., *et al.* A systematic review of incentives in blood donation. *Transfusion*. 2017. [doi:10.1111/trf.14387](https://doi.org/10.1111/trf.14387). ♦

## **BRIEFLY NOTED**

**Advances in gene editing continue to occur with more frequency. Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR) holds much promise for its ability to cut DNA.** *Nature* has published a [video](#) describing both the current and potential future capabilities of CRISPR, "from turning gene expression on and off to fluorescently tagging particular sequences."

(Source: *Nature Video*, 10/31/17)

**Researchers in England examining methods of reducing the complexity of information provided to patients by medical professionals invoked the help of more than 50 local elementary school students.** The kids, who ranged in age from 8 to 10, assisted in editing the content provided to patients. The researchers analyzed six patient information pamphlets on hip replacement surgery from the National Health Service and "found that the average readability level was age 17, even though the average Brit reads at a 4th-grade level." First the students received a lesson on hip replacement, before being asked to create their own brochure with text and illustrations based on "the indications for surgery, complications of surgery, before the procedure, and the procedure." As one might expect, the descriptions provided by the students were direct, simplistic, and easier to comprehend, albeit not entirely accurate. The authors conclude that a balance needs to be struck between what currently exists and the simplicity of the school students "[society should] take

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# TERUMOBCT

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## BRIEFLY NOTED (continued from page 6)

our cue from the children and begin speaking honestly and to the point with our patients in a language they understand.”

(Source: National Public Radio, [Want help explaining a medical procedure? Ask a 9-year-old](#), 12/15/17)

**Myeloma patients in a recent study using chimeric antigen receptor T-cell (CAR-T) therapy from Bluebird Bio Inc. and Celgene Corp. demonstrated a remarkable response rate post-treatment after receiving a “single [therapeutic] infusion.”** Only a single patient out of the 18 who underwent CAR-T therapy treatment failed to respond, “while 56 percent remained in remission with a median follow-up of 40 weeks after treatment.” Two CAR-T therapies were cleared by the Food and Drug Administration earlier this year in [August](#) and [October](#) respectively. The researchers stated that “[l]onger study in more patients is needed before any conclusions about the therapy can be drawn, according to *Bloomberg*.”

(Source: *Bloomberg*, Bluebird, [Celgene myeloma therapy appears to improve in time](#), 12/10/17) ♦

## **WORD IN WASHINGTON**

The Senate and House passed the tax reform bill and a continuing resolution to keep the government funded at current rates through January 19th earlier this week. President Trump signed both bills this afternoon. As part of the spending measure, Congress approved a provision to the “pay-as-you-go budgetary rules” that “waives automatic spending cuts” that would have otherwise triggered deep cuts to several programs including Medicare. The short-term spending bill also includes funds for “\$2.85 billion to fund the Children’s Health Insurance Program through March and funding for community health centers and the Indian Health Service.” Meanwhile, the landmark tax legislation has wide-ranging ramifications for individuals and businesses respectively. The bill reduces the corporate tax rate to a flat 21 percent, eliminates the Affordable Care Act’s individual mandate for health insurance, and includes an excise tax on executive compensation over \$1 million. Provisions for deferred compensation plans that would have eliminated 457 plans for non-profit employers, and intermediate sanction rules that would have eliminated the “presumption of reasonableness” for nonprofit organizations that practice due diligence in setting compensation arrangements were not included.

(Sources: *The Hill*, [White House: Trump will likely sign tax bill Friday](#), 12/21/17; *Reuters*, [Congress votes to avert shutdown, sends Trump stopgap spending bill](#), 12/21/17)

The medical device excise tax is set to be reinstated as of January 1, 2018 after Congress failed to include the issue in any year-end legislation. The tax was originally passed as part of the Affordable Care Act, but has been on hold since the beginning of 2016. There has been bipartisan support from both chambers of Congress for a full permanent repeal of the 2.3 percent tax. ABC [supported](#) legislation to repeal the tax earlier this year and most recently signed on to a [joint letter](#) to House and Senate leadership expressing concern “that an unintended consequence of the medical device tax will be the curtailing of investment in development of life-changing innovations, and creation of fewer next-generation treatments and cures for individuals in need.” ABC will continue to work with AdvaMed and others to urge lawmakers to repeal the tax in the next spending bill expected prior to Jan. 19, 2018. ♦

### **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!





## **FDA APPROVES COBAS<sup>®</sup> ZIKA**

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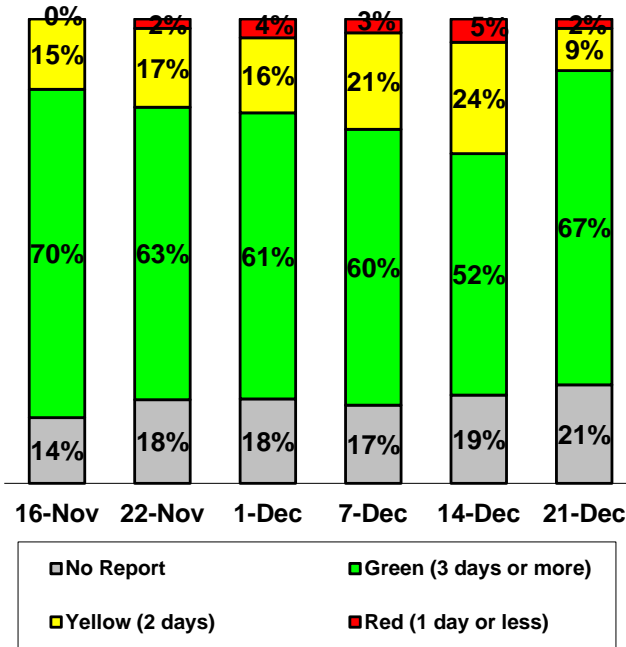
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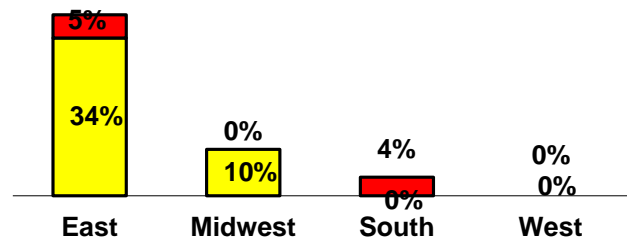


## STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, December 21, 2017



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

Daily updates are available at:  
[www.AmericasBlood.org](http://www.AmericasBlood.org)

## PEOPLE

**Bobby Grigsby** will retire from his position as chief operating officer of the Alliance for Community Transfusion Services (ACTS) at the end of this year. His career in blood banking spanned 43 years. Mr. Grigsby has been with ACTS, since its inception in 2012. “Most people go into retirement without so much as leaving a shred of any evidence that they made a difference during their years at work,” said Merlyn Sayers, MBBCh, PhD, president and CEO of Carter BloodCare. “Bobby’s career could not be more different. His influence, both locally and nationally, has been exemplary. He leaves all of us who worked with him with sincere admiration for qualities of leadership, rare in others, but in abundance in Bobby. In wishing him well in retirement, we say thank you to an individual who brought competence, dignity, professionalism, and an uncanny knack for strategic planning to our discipline.” Prior to joining ACTS, Mr. Grigsby served as the chief operation officer of Carter BloodCare. He has served on the board of Blood Centers of America, Inc., the Community Blood Centers’ Exchange, AABB, the National Blood Foundation, and the South Central Association of Blood Banks.



(Source: Alliance for Community Transfusion Services Announcement, 12/18/17)

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PEOPLE (continued from page 10)

The Biomedical Excellence for Safer Transfusion (BEST) Collaborative recently announced that **Zbigniew “Ziggy” M. Szczepiorkowski, MD, PhD, FCAP** has been elected as chair. “I am extremely humbled by my election as the next chair of the BEST Collaborative to follow Mike Murphy,” said Dr. Szczepiorkowski. “The high quality of BEST Collaborative research is the true value proposition of our group. We need to continue studying critical questions using the highest quality methods and approaches as well as disseminate the knowledge we have all created. I very much look forward to learning from all BEST Members about areas and issues which we could make even better. I look forward to working with everyone and involve even greater number of junior faculty as we continue the BEST success story.” Dr. Szczepiorkowski is a past-president of AABB and currently an Associate Professor of

Pathology and Medicine at Geisel School of Medicine at Dartmouth, Section Chief of Laboratory Medicine, Medical Director of the Transfusion Medicine Service, Medical Director of the Center for Transfusion Medicine Research, and Director of the Cellular Therapy Center at Dartmouth-Hitchcock Medical Center in Lebanon, N.H. He will serve a four-year term. “I am delighted that Ziggy will be my successor as Chair of BEST,” said Mike Murphy, MD, current Chair of the BEST Collaborative. “He has been co-leader of the BEST Cellular Therapy Team for some years, and has made major contributions to BEST. I wish him every success.”

(Source: Biomedical Excellence for Safer Transfusion Collaborative [News Release](#), 12/13/17)

## CALENDAR

***Note to subscribers:** Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Maundy by e-mail ([Imaundy@americasblood.org](mailto:Imaundy@americasblood.org)) or by fax to (202) 393-1282. (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)*

### 2018

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

Feb. 21. **SCABB Regional Symposium: General Topics for Blood Bankers in Clinical Laboratory Medicine, Orlando, Fla.** For more information, contact [Nancy Benitez](#).

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

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

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

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

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



## Learn ♦ Grow ♦ Lead Shed Light on Your Future



### This Month's Featured API Resources

1. **Jerry Haarmann Leadership Program**  
Six courses on leading teams

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

- API pilot participant

2. **Strategic Leadership Program**  
Six courses on change management and communication challenges

### Effective Leadership: How Do You Rate?

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

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- Are trust and commitment part of your team's DNA?
- Do you know what motivates your employees?



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## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: [lmaundy@americasblood.org](mailto:lmaundy@americasblood.org).

## POSITIONS

**Chief Financial Officer (CFO).** LifeShare Blood Center is looking for a Chief Financial Officer (CFO) with responsibilities for directing, organizing, leading and managing the following departments: Fiscal Services, Central Supply, and Properties. Additionally, the CFO provides overall reporting to the President & CEO and the Board of Trustees on all financial aspects of the Corporation. The CFO serves as Secretary/Treasurer of the Corporation, prepares annual budget, prepares and analyzes financial statements in accordance with GAAP and

monitors the financial position of the Corporation at all times. The CFO manages Corporate investments, monitors cash flow information to ensure adequate availability to monies needed for daily operations, reviews and approves expense reports, coordinates annual audit, reviews and files all 990's, and files all annual reports with appropriate bodies. The CFO reviews and approves all capital

(continued on page 13)

POSITIONS (continued from page 12)

expenditures and monitors all property and liability insurance contracts. A Bachelor's degree in business, finance, accounting or other application degree is required. Master's degree preferred. Certified Public Accountant (CPA) certification must be current and maintained or have the ability to obtain within two years of hire. Ten plus years' work experience in public or private accounting, or business finances. Experience working in a not-for-profit organization helpful. Interested applicants may apply through company website at [www.lifeshare.org/careers](http://www.lifeshare.org/careers).

**Medical Technologist (MT).** Blood Bank of Hawaii is seeking a Medical Technologist (MT) to join our Laboratory team!! The candidate is responsible for: Component antigen testing in the donor blood testing section of the laboratory; and patient testing in the Immunohematology Reference Lab, including but not limited to ABO grouping, Rh testing, antibody screening, and antibody identification to include complex work-ups. The ideal candidate will: Encompass a high standard for accuracy, follow-up and follow-through; thrive in an environment where problem solving is a necessity; work with team members ensuring compliance at all times; and serve as a technical resource to hospitals and other departments. Minimum qualifications include Baccalaureate degree in Medical Technology or in a related science from an accredited college or university; Certified Medical Technologist by the ASCP; eligible for Clinical Laboratory Technologist license by the Department of Health of the State of Hawaii. Previous work experience as an MT in hematology and immunohematology is preferred; certification as a Specialist in Blood Banking (SBB) highly desirable. Visit our website at [www.BBH.org](http://www.BBH.org) to complete an online application. 💧