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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2016 #3 **January 22, 2016**

INSIDE:

ABC Survey Illuminates Implementation of New MSM Deferral

The Food and Drug Administration (FDA) has ended its permanent deferral of male blood donors with a history of sex with other men (MSM) even once since 1977. An America's Blood Centers' member survey, distributed after the final guidance was issued in December provides insight into the operational realities of implementing the new 12-month deferral. Notably, more than half of the respondents estimated it would take their centers six to nine months to begin accepting newly qualified MSM donors, and several indicated up to one year.

When blood centers implement the new policy, MSM will be able to donate blood if 12 months have passed since the most recent male-to-male sexual encounter and they meet all other eligibility requirements. While ABC and the blood community have long supported this scientifically rational change, it is widely recognized in the transfusion medicine community that implementing the policy will require time and rigorous efforts to update blood center policies and procedures in this highly regulated environment.

ABC's survey on the impact of the new MSM deferral garnered responses from 60 out of 64 ABC member blood centers, of which nearly all (90 percent) indicated that they intend to allow MSM donors who meet the new MSM eligibility criteria to donate. The 10 percent that are "undecided" cited mainly the need for clarity about the acceptability to plasma fractionators of recovered plasma from MSM donors for further manufacture.

Reflecting the complexity of the operational tasks that must be undertaken to begin accepting MSM donors in a current Good Manufacturing Practices environment, 59 percent of respondents said it would take six to nine months, 28 percent responded three to six months, and 11 percent estimated nine to 12 months. Only 1.9 percent felt they could implement the changes in less than three months.

A critical logistical and economic challenge associated with the new deferral is whether fractionators in the European Union (EU) will be able to accept recovered plasma collected from MSM donors for manufacture into medicines like intravenous immunoglobulin. EU regulations do not currently permit the use of plasma from the newly qualified MSM donors. If such regulations are maintained, blood centers will need to develop processes, including a donor question and computer controls, to prevent plasma collected from MSM donors from entering that supply chain.

(continued on page 3)

OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

Wither Zika Virus?

ABC posted talking points about Zika virus to the Member Website last week. That was in the context of this *Flavivirus* spreading from its "home" in Africa eastward, with extensive epidemics in South and Central America and the Caribbean Islands (see Fauci AS, Morens DM). Driving immediate concern is a temporal and geographic association of Zika activity with the increased incidence of a devastating neurodevelopmental abnormality, microcephaly, especially in Brazil. The hypothesis is that *in utero* Zika infection is responsible. CDC has issued a warning for pregnant U.S. women going to affected countries (see CDC's Interim Guidance).

Zika can be present in the blood of well donors; there is precedent for transfusion-transmission of other flaviviruses (hepatitis C virus, West Nile, and dengue) and one news report of infection after transfusion from Brazil (see Outbreak News Today). There has been a handful of imported, but no autochthonous, infections recognized in the U.S. since 2007. The mosquito vectors are present in the U.S. but large epidemics are probably unlikely here, as is also true for dengue and chikungunya, which spread efficiently via the same vectors in more tropical, less developed regions outside the U.S.

What can and should we do? It is easy to say, "follow the development of scientific and epidemiologic evidence that Zika threatens transfusion recipients" – we are and will continue doing that. While large outbreaks are confined to ex-U.S. countries and we try to understand the relationship of Zika to microcephaly, it is time to decide if we should require donors to delay presenting for 28 days after travel to the long and expanding list of countries in the Western Hemisphere with epidemic Zika. This is beyond an interval during which we expect the virus to circulate in blood. Surveys by the AABB Transfusion Transmitted Diseases Committee suggest that, during the winter travel season, a broader 28-day deferral will affect approximately 4 percent of donors beyond current malaria restrictions (see Spencer BR, *et al*).

This will provide substantial protection from Zika, but also dengue, chikungunya, and the other acute arboviral infections that experience tells us will continue to emerge and spread as the globe shrinks. On the downside, we will briefly defer some donors, with a greater burden in regions with more travel and greater impact on donors at mobile blood drives to which our centers go only once or twice a year – for pathogens whose threat to blood recipients may be small, poorly characterized, or completely theoretical.

ABC members must understand these countervailing arguments, consider how they might operationalize the approach, and how to inform and educate staff and donors to minimize deferral and confusion while protecting recipient safety. My personal opinion is that Zika is the "straw that breaks the camel's back" in a caravan of arboviral infections: a deferral is a justified precaution.

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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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MSM Deferral Implementation (continued from page 1)

More than half of respondents indicated either that their plasma fractionators' stance on accepting MSM-donated plasma would affect their willingness to accept MSM donors, or that they were uncertain at the time of the survey. However, about 46 percent of respondents said that their willingness to accept newly qualified MSM donors would not be affected by the willingness of their plasma fractionator to accept recovered plasma from these donors.

Other common challenges noted in the open-answer portions of the survey included:

- Updating blood establishment computer systems (BECS) to properly apply the new deferral criteria and to operationalize the collection of recovered plasma from MSM donors;
- Updating donor history questionnaires and donor education materials, which must be accepted by FDA; and
- Training staff to understand and properly implement the new deferral criteria.

With a final guidance now in hand, a majority (65 percent) of respondents indicated that they would like ABC to develop communication templates to assist with explaining the new deferral and associated blood center procedures to donors and the public. ABC will begin working with the appropriate staff and committees to develop materials including:

- Media talking points;
- Donor/public letters and educational materials;
- Hospital letters;
- Talking points for blood center staff; and
- Advocacy template letters to work with plasma fractionators and the EU on recovered plasma.

With regard to how blood centers would manage newly qualified donors, the majority (58 percent) said that their BECS would not allow for a bulk removal of prior MSM deferrals. More than half indicated that they would remove deferrals following a case-by-case requalification process – with a majority of those respondents indicating they would qualify those donors before presenting to donate, but only if the donor contacted the blood center beforehand.

Respondents were split as to whether they would proactively attempt to identify and notify previously deferred MSM that they may be eligible to donate. About 42 percent said they would not, 22 percent said they would, and 35 percent were undecided.

ABC staff continues to work on developing materials and gaining a better understanding of how blood centers will operationalize the new MSM deferral. ABC members with questions, comments, or potential resources may contact Chief Medical Officer Louis Katz, MD, (lkatz@americasblood.org). ♦

Don't Miss Out on Early Bird Sponsorship Package Opportunities!

America's Blood Centers and the Foundation for America's Blood Centers would like to remind their valued sponsors that the deadline to register for early bird sponsorship packages to support ABC's meetings and workshops is **Jan. 31.** This discounted rate is available to any organization sponsoring two or more ABC meetings/workshops. Sponsoring an ABC meeting allows sponsors to increase visibility among their customers and to network with key blood center decision-makers. Contact Jodi Zand (jzand@americasblood.org) for more details.

FDA's CBER Announces 2016 Guidance Priority Calendar

The Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) published its 2016 calendar listing the regulatory guidance documents planned to be published this year. Among other important topics, a draft guidance that would increase the flexibility of plasma regulations, carried over from 2015, is among CBER's regulatory priorities for 2016 (see *ABC Newsletter*, 1/30/15).

America's Blood Centers has worked with the agency, other regulatory bodies, and blood community colleagues to change plasma labeling regulations so that blood centers can more easily sell apheresis plasma that is not transfused to manufacturers to make life-saving plasma therapeutics. Whole blood plasma can be shipped as "recovered plasma" to create essential plasma derivatives at any time during its shelf-life, while apheresis plasma must expire (one year from collection) before it can be sent for fractionation. To resolve this discrepancy, ABC and its blood organization partners have advocated for a universal product label for component plasma.

FDA and Department of Health and Human Services (HHS) officials have worked collaboratively with the blood community and has an open dialogue on this issue over the last several years. It is expected that the Draft Guidance, "Relabeling of Apheresis Plasma Intended for Transfusion or Concurrent Plasma for Further Manufacture," will address this issue, but it remains unclear to what degree the blood community's desired outcome will be reflected. ABC will keep its members updated on this issue and any further advocacy actions that may be required once the draft guidance is published (see ABC's one-pager).

Other important topics that CBER plans to address in Draft Guidances for Industry this year include recommendations to reduce the risk of transfusion-transmitted chikungunya virus, labeling red blood cell units with historical antigen typing results, and amendments to the guidance on serological testing to reduce the risk of transfusion-transmitted *Trypanosoma cruzi*. CBER plans to publish Final Guidance for Industry on revised measures for reducing the risk of transfusion-transmitted Creutzfeldt-Jakob disease (CJD) and variant CJD, as well as several relating guidances on human cells, tissues, and cellular and tissue-based products. (See full listing here.) ♦

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 Betty Klinck 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.

ABC's Social Media Pick of the Week

Have you checked out America's Blood Centers on Facebook, Twitter, and Instagram? Well you should! We are sharing posts from our fellow member blood centers to increase the visibility of your blood center and connect you with other blood center networks around the country.

It's a great way to learn from your colleagues' social media strategies and to expand your social media network by connecting donors with a national community of other lifesavers. Each week we'll feature a particularly popular or engaging post that we borrowed from a member blood center. This week we're giving a shout out to Bonfils Blood Center, which is asking donors why they donate and sharing on Facebook.

Want to get more involved with ABC's social media presence? Ask your donors to post selfies with the hashtag #americasgotblood to join in our National Blood Donor Month Celebration – or just use the hashtag in your own blood center posts. We're re-posting and using the photos to create one big national blood donor collage at the end of the month. Can't wait to see you online!

We Welcome Your Letters

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

RESEARCH IN BRIEF

An international team of researchers has illuminated a molecular mechanism governing fetal-type hemoglobin (HbF) expression, which could lead to the development of future therapies for hemoglobinopathies. Mutations of adult-type globin genes cause the blood disorders sickle cell disease and thalassemia. While treating these hemoglobinopathies with stem cell transplants and gene therapy is possible, a need exists for pharmacologic solution to treat large patient populations. Both sickle cell and thalassemia typically require lifelong, regular blood transfusions, which can cause iron overload and impose lifestyle and cost burdens upon patients who frequently require medical care. One promising approach is to reactivate the repressed expression of HbF in adult erythroid cells. Takeshi Masuda, PhD, of the Brigham and Women's Hospital in Boston, Mass., and colleagues published a study in *Science* investigating the mechanisms that repress HbF in adults. They found that HbF repression is mediated by the LRF/ZBTB7A transcription factor. "These findings may enable the development of therapies to turn on fetal globin expression in individuals with hemoglobinopathies displaying defective adult globin gene expression," conclude the authors.

Citation: Masuda, *et al*. Transcription factors of LRF and BCL11A independently repress expression of fetal hemoglobin. Science. 16 Jan. 15. 351(6270).

BRIEFLY NOTED

AABB released Association Bulletin #16-02, Mitigating the Anti-CD38 interference with Serologic testing, according to the Jan. 15 *AABB Weekly Report*. CD38 monoclonal antibodies are a new class of therapeutic agents used to treat multiple myeloma. These therapies interfere with the results of compatibility tests used by transfusion services. Specifically, the anti-CD38 may lead to false positive results in the antibody screen, antibody identification panels, and antihuman globulin crossmatches; it may mask the presence of a clinically significant antibody. To prevent unnecessary delays, AABB recommends that hospitals establish procedures to inform transfusion services whether a patient is scheduled to begin taking an anti-CD38 therapy. AABB recommends several steps that transfusion services should take both before and after the patient begins therapy. More information can be found in the Association Bulletin here. (Source: AABB Weekly Report, 1/15/16)

REGULATORY NEWS

AABB's Blood Bank and Transfusion Service Standards Program Unit (BBTS SPU) recently reviewed and approved variance requests from several facilities for the use of a pathogen reduction process in lieu of irradiation to prevent transfusion-transmitted graft-versus-host-disease (GVHD), reported the *AABB Weekly Report* on Jan. 15. Variances are approved when an alternative method is demonstrated to be an equivalent means of achieving the intent of a standard, and that variance applies only to the requesting facility, stated AABB. The BBTS SPU plans to issue an interim standard that addresses alternative methods to prevent transfusion-associated GVHD. The interim standard will undergo a 30-day public comment period and is expected to be finalized and ready for implementation in April. In the meantime, facilities that are interested in implementing alternative strategies to prevent transfusion-associated GVHD are required by AABB to apply for a variance. (Source: AABB Weekly Report, 1/15/16)

REGULATORY NEWS (continued on page 7)

REGULATORY NEWS (continued from page 6)

The Health Resources and Services Administration (HRSA) recently issued a request for nominations to fill expected vacancies on the Advisory Council on Blood Stem Cell Transplantation (ACBSCT). The ACBSCT advises the secretary and administrator of HRSA on matters related to the activities of the C.W. Bill Young Cell Transplantation Program and the National Cord Blood Inventory Program. Nominations should be submitted to the Executive Secretary, ACBSCT, Healthcare Systems Bureau, HRSA, 6500 Fishers Lane, Room 08N182, Rockville, MD 20857. Nominations may also be submitted electronically to PStroup@hrsa.gov and PTongele@hrsa.gov. Questions may be directed to Patricia A. Stroup, MBA, MPA, executive secretary, ACBSCT, at (301) 443-1127. More details can be found in the Federal Register announcement. (Source: Federal Register, 1/21/16)

GLOBAL NEWS

The International Plasma Fractionation Association (IPFA) made available online the proceedings of the IPFA Workshop 2015 in Cape Town, South Africa. The two-day workshop focused on improving access to plasma and plasma products in the Southern Africa Region. It was preceded by an educational day exploring action planning for increased plasma supply in the Southern Africa region. Those interested can visit the IPFA website to find presentations on a number of topics including quality management for plasma fractionation, maximizing plasma products from whole blood, and much more. (Source: IPFA website, 1/21/16)

The World Marrow Donor Association (WMDA) and the International Coalition for Commonality in Blood Banking Automation (ICCBBA) have collaborated to launch the Global Registry Identifier for Donors (GRID) project, reported the *AABB Weekly Report* on Jan. 15. The project seeks to standardize the way in which potential hematopoietic progenitor cell (HPC) donors are identified. Its goals are to provide a standard machine-readable format that can be used by diverse computer systems and a universal method to identify prospective donors with a unique alphanumeric GRID code, reported AABB. There are currently millions of registered potential donors, many on multiple registries and some with more than one identification number. Donors will be assigned a GRID for Life, meaning they'll retain their number and link to their records when registering with or transferring to different organizations. More information and online resources from WMDA can be found here. (Source: AABB Weekly Report, 1/15/16)

MEMBER NEWS

Blood Bank of Hawaii (BBH) recently generated some media buzz with the opening of its new primary donor center on 1907 Young Street, which was previously a satellite donor center. BBH completely renovated and more than doubled the Young Street space to accommodate more blood donors. The opening ceremony, held Jan. 5, attracted several city council members, the state governor, and a U.S. senator. Elected officials and the public were quite interested in this effort as the original primary donor center was forced to relocate due to nearby rail construction. The new state-of-the-art Young Street center is the only home for platelet and apheresis donors and accounts for about one-third of the state's

Blood Bank of Hawaii
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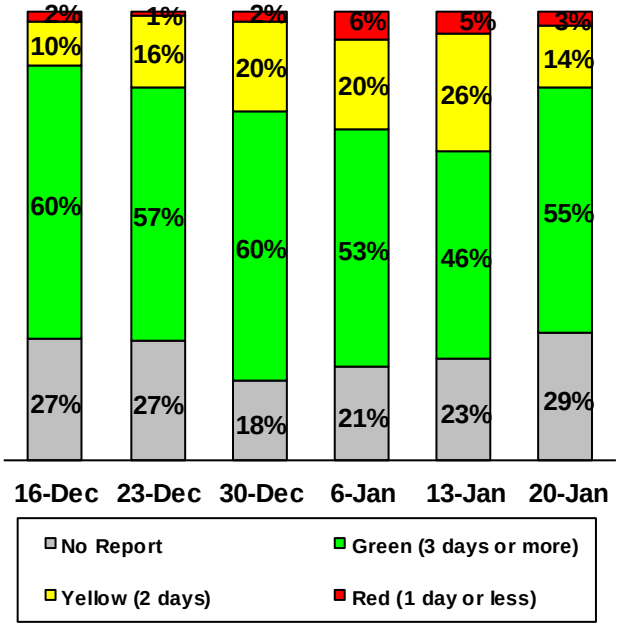
MEMBER NEWS (continued from page 7)

blood supply. The Young Street center has been reconfigured to accommodate more donors and has undergone an exterior makeover so the building is more noticeable, recognizable and memorable. A signature art wall – created by a local artist, former BBH employee and loyal blood donor – welcomes donors on the second floor. Attendees at the opening ceremony celebrated the 500th platelet donation of one of BBH's loyal donors. The new center garnered coverage in the local paper, a weekly newspaper, and the *Business Journal's Pacific Business News*. (Source: BBH press release, 1/5/16; Business Journal, 1/5/16)

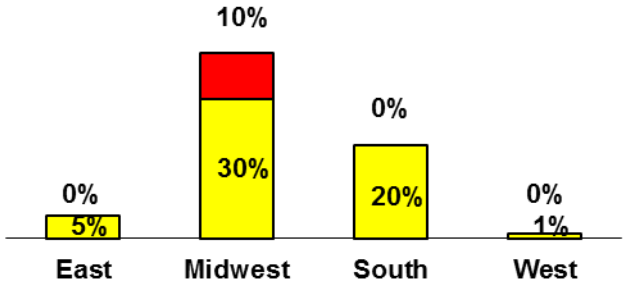
San Diego Blood Bank (SDBB) held a grand opening ceremony on Thursday celebrating the opening of its newly relocated Coastal Donor Center to a 3,700-ft. center located on Via Centre in Vista, Calif. Donors, volunteers, local dignitaries and the general public attended the grand opening event and enjoyed tours of the new facility and a brief presentation by SDBB CEO David Wellis, PhD, Deputy Mayor Amanda Y. Rigby, and blood donor Robert Negrete. The new center is equipped with 10 donor beds, a private screening room for clinical trials, and research collections and a components laboratory. "The businesses and residents of Vista and neighboring communities have been very supportive of our mission and San Diego Blood Bank is proud to return that support by investing in the community with the purchase of a new building," said Dr. Wellis. (Source: SDBB press release, 1/22/16)

STOPLIGHT®: Status of America's Blood Centers' Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Jan. 20 2016



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

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February 15 – 19, 2016

AMERICA'S BLOOD CENTERS' COMMUNITY BLOOD CENTER ADVOCACY WEEK

Schedule Your Home District Appointments Now!

PEOPLE

Christopher Staub, MT(ASCP) SBB, recently joined Central California Blood Center (CCBC), Fresno, Calif., as the chief operating officer, a selection that was made after a nationwide search. The CCBC provides blood and services to 30 hospitals in Fresno, Madera, Mariposa, Tulare and Kings Counties, Calif., in addition to areas across the nation when resources are needed. "Chris brings a wealth of scientific and operational leadership to our blood center. His experience in the field of blood banking is extraordinary and I am excited to have him working with us as we assure a safe and plentiful community blood supply and transfusion medicine support to area hospitals and their patients," said Dean Eller, CEO and president of the CCBC. Prior to coming to Fresno, Mr. Staub was the vice president for Blood Services at Unyts in Buffalo, N.Y., for eight years, and a director of multiple departments at Community Blood Services in New Jersey for nine years. He presently serves on ABC's board of directors in his second term and recently assumed the chair of the Bylaws Committee of ABC. (Source: CCBC press release, 1/22/16)

PEOPLE (continued on page 10)

PEOPLE (continued from page 9)

Peter Marks, MD, PhD, was recently named the director of the Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER). Dr. Marks received his graduate degree in cell and molecular biology and his medical degree at New York University. Following this, he completed an internal medicine residency and hematology/medical oncology fellowship at Brigham and Women's Hospital in Boston, where he subsequently joined the attending staff as a clinician-scientist and eventually served as Clinical Director of Hematology. He then moved on to work for several years in the pharmaceutical industry on the clinical development of hematology and oncology products prior to returning to academic medicine at Yale University where he led the Adult Leukemia Service and served as chief clinical officer of Smilow Cancer Hospital. He joined the FDA in 2012 as deputy center director for CBER and became center director earlier this year. Dr. Marks is board certified in internal medicine, hematology and medical oncology, and is a fellow of the American College of Physicians. More information can be found here. (Source: CBER website, 1/22/16)

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 AVAILABLE

Chief Operating Officer. Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distribution annually), is seeking a chief operating officer. This exciting position will provide leadership and direction to the organization, as well as direct and oversee donor recruitment, collections and technical operations. Responsibilities include strategic planning and development, creation of annual expense and operations budget, and monitoring of annual distribution and collection goals against budget. Bachelor's degree with 15 plus years of blood banking or blood center experience required. Demonstrated expertise in leading organizations utilizing combined technical and interpersonal skills required. Ideal candidate will possess superior leadership, supervisory and communication skills with the ability to facilitate change and growth through collaboration and teamwork, while successfully promoting Blood Bank of Hawaii's mission, vision and values. Headquartered in Honolulu, we are the sole provider of blood to the state's hospitals. We offer a competitive salary and excellent benefits. Apply online now at http://www.bbh.org/about-bbh/employment.html.

Supervisor, HLA/Relationship Testing. (Job Grade: 34; Status: Full Time/Management) Management of daily HLA Laboratory workload, compliance with and maintenance of ASHI (American Society for Histocompatibility and Immunogenetics) and AABB standards in the performance of HLA testing and techniques, training technologists to perform HLA testing, management of HLA Laboratory staff including performance appraisal, and DNA testing for relationship testing. Also, this position requires advanced knowledge of HLA serologic and molecular techniques and DNA testing, plus techniques for handling hazardous chemicals and biologic specimens. Supervisory Responsibilities: Supervise HLA/Relationship Testing Laboratory Staff and others as assigned. Educational Requirements/Experience: B.S. in Medical Technology or related field. Certified Technologist/Specialist in Histocompatibility and Immunology (CHT or CHS). At least four years blood banking experience, two of which were at the supervisory level or at least two years HLA experience in a supervisory capacity. Proficiency in the use of Microsoft Office Products such as Word, Excel and Outlook. Please apply online at www.ribc.org or through the Dashboard. We are an Equal Opportunity Employer.

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POSITIONS (continued from page 10)

Telerecruitment Manager. Hoxworth Blood Center has an immediate need for a telerecruitment manager in the Donor Recruitment and Community Relations Division. This experienced call center manager will lead staff in blood donor recruitment; implement call center strategies, improve systems and processes and manage staff. They will assure excellent customer service and productivity through staff monitoring and management. This position is located in the Hoxworth Western Hills Call Center. The ideal candidate will have three to five years successful history of directing and maintaining a customer-service driven call center; experience with union staff; excellent verbal communication skills and the ability to work with potentially difficult customers. Minimum Qualifications: Bachelor's degree with three (3) years experience; -OR- associate's degree with five (5) years experience; -OR- seven (7) years experience. Bachelor's degree must be in related field. Experience must include at least one (1) year of supervision. Apply for position (Req ID 9889) at https://jobs.uc.edu/.

Director, Quality (16000020). Under minimal direction, this position is responsible for review of the quality systems and compliance in all areas of technical and clinical operations. Participates in operational excellence and other performance improvement initiatives. Oversees staff participation in performance improvement initiatives to include data and process analysis. Serves as a resource to operations on quality issues. Requirements: Bachelor's degree; five years of related experience in a regulated industry to include two years of supervisory experience and three years of experience in quality, regulatory, and/or auditing. Certification as a Medical Technologist or Specialist in Blood Banking (SBB) by a recognized certifying agency or RN licensure preferred. For immediate consideration, please apply on our website www.bloodsystems.org no later **Friday, January 29, 2016** - req # 16000020. Blood Systems offers a competitive benefits package such as: affordable medical, vision, and dental coverage, matched 401(k), education assistance and much more! Pre-employment background check and drug screen is required. Visit our website at: www.bloodsystems.org. Blood Systems Inc. is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans

Clinical Laboratory Scientist I. Bonfils Blood Center's Reference Laboratory is a team of thirteen in the Laboratory Services division who provide around the clock immunohematology reference laboratory and transfusion services support not both Colorado healthcare facilities, as well as blood centers and Reference Laboratories nationwide. Bonfils' Reference Lab is one of about sixty AABB-accredited immunohematology reference laboratories in the world and is the only one in Colorado. Applications accepted here: http://www.bonfils.org/index.cfm/about-us/employment/. The Clinical Laboratory Scientist I performs and interprets complex serologic tests, provides blood products for patients with antibodies, answers technical questions, maintains inventories, and participates in continuing education and competency programs. Education: Bachelor's degree in medical technology, clinical laboratory, physical or biological science AND/OR master's degree in medical technology, clinical laboratory, chemical, physical, or biological science and Medical Technologist (ASCP), Clinical Laboratory Scientist (NCA), or Blood Banking (ASCP) required. This is a full-time position. The Reference Lab operates 24 hours per day, the hours for this position will vary within the operating hours Monday through Friday, based on business need. This position will also be on-call, as needed on Saturday and Sunday. Schedules are released at least three weeks in advance. All qualified applicants will receive consideration for employment without regard to race, color, religion, age, gender, sexual orientation, national origin, gender identity, disability, or protected veteran status.

President/CEO. Small southern blood center in Jackson, Tenn. seeking a president/CEO. The successful candidate will be the third CEO in the 70-year history of the organization. Demonstrated leadership in blood center management or related industry required; post baccalaureate degree or certification preferred. Please submit resume to Search Committee, LIFELINE Blood Services, 183 Sterling Farms Drive, Jackson, TN, 38305.

Recruitment Director. A regional blood services provider is seeking a recruitment director to lead a team of donor recruiters who cover multi-state territories. Minimum qualifications for success in this new role will include a bachelor's degree with at least five-10 years prior related experience managing a sales team in the blood banking or medical services industry. Other job requirements are advanced skills in influence and negotiation, communications, interpersonal relations with the public, creative problem solving, analytics and reporting, customer service, multi-task prioritizing, organizing and public speaking. This is a management-level position that will require multi-state travel up to 60 percent of the time. Primary job responsibilities will involve building new and existing business relationships, developing team goals and holding staff accountable for meeting blood collection goals set for multiple mobile and facility locations, developing community partnerships for marketing and business expansion opportunities, executing the company's strategic business initiatives and developing staff skills in influence/negotiation, customer service and relationships management. For consideration, please submit a resume and salary expectations to the following address: bbankdirector@yahoo.com.

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POSITIONS (continued from page 11)

Transfusion Medicine Physician. Bonfils Blood Center is seeking a full-time transfusion medicine physician to join its fast-paced, growing organization. Working directly with the president/CEO, this position is responsible for proactively coordinating medical and business communications between the blood center, the local medical community, and Blood Systems, Inc.'s Corporate Medical Affairs office. Responsibilities include consultation and visits with hospital partners, patient blood management over-sight, CLIA laboratory directorship, and medical direction to: collections, manufacturing, research/specialized donations, NMDP and reference laboratory functions. Demonstrated excellence in blood banking / transfusion medicine-related topics and exceptional communication and collaborative skills are critical. Qualifications: MD or DO, board certification in CP with board eligibility / certification in Transfusion Medicine (within two years of hire) or certification in IM or Pediatrics with Hematology certification. Fellowship training in Blood Banking / Transfusion Medicine or two (and preferably five) years' experience at a blood center or hospital with blood banking is required. Previous research and immunotherapy experience required. Current or prompt licensure will be required within Colorado and neighboring states. Relocation assistance will be considered. For a complete job description, please send your request to Employee_Recruitment@bonfils.org. Applications accepted here: http://www.bonfils.org/index.cfm/about-us/employment/.

Director of Collections. The director of collections (DC) provides effective leadership, supervision and direction for the operations of collections. Oversee the direction, coordination, and evaluation of collections, providing direction for subordinate management team members to ensure excellent services and an adequate, safe, pure and potent blood supply. Responsible for developing tissue related operational procedures and tasks that comply with core current good tissue practice (cGTP) requirements. Ensures all procedures and processes are performed as designed to prevent circumstances that increase the risk of the introduction, transmission, or spread of communicable diseases through the use of human cells, tissue and cellular and tissue-based products (HCT/Ps). Effectively monitor production, inventory and performance in areas within the scope of assigned departments; develop, implement, monitor, and determine the effectiveness of department processes and plans; take appropriate corrective measures when necessary; and identify new applications, innovations, quality and/or safety improvements; report findings/results to the CFO and medical director, as appropriate. Employer will assist with relocation costs. Additional Salary Information: TBD. Please apply at www.BBH.org.