



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2016 #9

March 14, 2016

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**Please Note:** The *Newsletter* will not be published on March 18 and will resume regular publication on March 25. Thank you for your continued interest!

## Health and Human Services Announces 1st Shipment of Blood Products to Puerto Rico in Response to Zika

On March 7, the U.S. Department of Health and Human Services (HHS) [announced](#) the arrival of blood products from the continental U.S. to aid with the island's recent Zika virus (ZIKV) outbreak. "Availability of safe blood products for the residents of Puerto Rico is a major priority for HHS," said Karen B. DeSalvo, M.D., M.P.H., M.Sc., HHS acting assistant secretary for health. "We are arranging the importation of blood products from areas unaffected by local Zika transmission to ensure the safety of Puerto Rico's blood supply."

The announcement comes on the heels of the Food & Drug Administration's (FDA) issuance of a final [guidance](#) aimed at reducing the risk of transmitting ZIKV by transfusion on Feb. 16.

The [guidance](#) called for the suspension of collections in Puerto Rico. America's Blood Centers, the American Red Cross (ARC), and Blood Centers of America (BCA) released a [joint statement](#) on providing assistance to Puerto Rico. "Through the support of the U.S. Department of Health and Human Services, the American Red Cross, Blood Centers of America, and America's Blood Centers are providing additional shipments of blood products from the continental United States to Puerto Rico to ensure the safety and availability of the blood supply for the island during an outbreak of Zika virus. On the mainland, there is currently no local transmission of Zika from mosquitoes."

A recent [story](#) appearing in the *San Jose Mercury News* noted that three companies, Grifols Diagnostic Solutions, Roche Molecular Diagnostics, and Hologic are currently working to develop blood tests for ZIKV with the Blood Systems Research Institute and ARC. The FDA issued a Friday, March 11 guidance entitled [Questions and Answers Regarding "Recommendations for Donor Screening, Deferral, and Product Management to Reduce the Risk of Transfusion-Transmission of Zika Virus: Guidance for Industry."](#) It is meant to "provide answers to common questions from blood establishments asked" in response to the Feb. 16 industry [guidance](#).

An updated [AABB Association Bulletin](#) was published March 1. ABC members can find ZIKV information, updates, and resources as well as a library of relevant references on the ABC [member site](#). ♦



## OUR SPACE

*\*\*Editor's note: The bylaws vote occurred after the submission of this column\*\**

**ABC Board Member Chris Staub, MT(ASCP) SBB, COO, Central California Blood Center**

### Change Comes Once Again to Our Bylaws

We now face an ever evolving environment in blood banking more so than ever before. Profound change is the norm in healthcare and for trade associations. Since joining the ABC board in 2011, a few adjustments to our bylaws have been proposed. Now in the midst of my second board term, ABC President Susan Rossmann, MD, PhD appointed me as Bylaws Committee chair. Humbled and excited, I jumped at the chance to be part of the continuous improvement at ABC. The proposed changes to the bylaws are important adjustments designed to accommodate new realities of blood center consolidation. Here is a summary of the proposed changes. Strict language in the older versions of bylaws excluded any center that did not have a "fully sovereign board." This was seldom enforced, but in today's environment, there may be several centers that would describe themselves as relatively "independent," yet have business ownership arrangements that make them not fully sovereign. ABC should not exclude those who want to be at the table.

Another proposed statement under membership would permit the Armed Services Blood Program to be eligible for active membership. Additionally, a bylaws change to accommodate ABC's acquisition of the Association of Donor Recruitment Professionals (ADRP) was proposed. A vote of approval by the membership will hopefully pave the way for this strategic enhancement for both organizations. Lastly, important proposed changes to governance such as the redefinition of a quorum and balancing voting rights in a linear manner with dues will also be put to a vote. The existing bylaws call for the Nominating Committee to nominate three and no more than four new individuals, with at least one of each representing small, medium, and large centers, giving little allowance for balancing the board should a director become employed at a center of different size during his or her term on the board. Because the current bylaws limit the board to no more than 10 directors, I inadvertently created a bylaws conundrum of too many medium center directors when I left Unyts to pursue a new opportunity at Central California Blood Center. ABC's legal counsel recommended modifying the bylaws temporarily to allow the board to be enlarged to as many as 12 in order to rebalance with four centers of each size if necessary.

Indeed we are in the midst of dynamic and fluid change, but the Bylaws committee, the Board, along with ABC leadership and staff, have taken significant steps to position ABC and its members for the future. With the ideas and support of the membership, we will continue to build value, inclusiveness, and relevant leadership in our industry.

[cstaub@donateblood.org](mailto:cstaub@donateblood.org) 💧

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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.

#### America's Blood Centers

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## Multi-institutional Study Demonstrates the Substantial Survival Benefit of Desensitization for Patients Who Receive HLA-incompatible Kidney Transplants from Living Donors

Investigators from 22 U.S. transplant centers carried out a matched case-control study to assess the survival rates of 1,025 heavily alloimmunized patients transplanted using human leukocyte antigen (HLA)-incompatible kidneys obtained from living donors. Those transplants were “associated with a significant survival benefit” when compared with other transplant candidates – many of whom now go un-transplanted. Their findings may have a profound impact on the approach to end stage renal disease (ESRD), allowing many more patients to be transplanted.

Patients with ESRD who were alloimmunized against a broad array of HLA antigens have historically been relegated to regular (often thrice-weekly) dialysis treatments. Many of these patients, compared to their successfully-transplanted counterparts, experience a far lower quality of life and earlier mortality.

During the past two decades, however, a number of desensitization protocols have been developed allowing for such patients to be transplanted successfully. These take many forms, including therapeutic apheresis coupled with intravenous immunoglobulin therapy. Irrespective of the method used, all ultimately lead to a reduction of deleterious antibody levels and reduced risk for organ rejection.

There is a downside as the major risk to desensitization comes from the high intensity of the immunosuppressive regimen needed for it to be effective. Such profound immunosuppression leads to a greater likelihood of infectious morbidity (e.g., cytomegalovirus) and new malignancies. Another obstacle is the high costs that are associated with these regimens. The need to understand the impact of such negative features was motivation for performing this study – i.e., to determine the risks/costs vs. the benefits.

A prior single institution [study](#) suggested the value of desensitization. However, a multicenter analysis was needed to allow generalization of those findings and the current study included 21 additional facilities of varying sizes.

The study compared survival rates for three groups: (1) patients transplanted with HLA-incompatible live-donor kidneys (the experimental group), (2) matched “controls who remained on the waiting list or received a transplant from a deceased donor (waiting-list-or-transplant (WLOT) control group),” and (3) matched “controls who remained on the waiting list but did not receive a transplant (waiting-list-only (WLO) control group).” Patients and controls were matched for numerous parameters including age, gender, race, number of previous transplants, underlying diseases, and time (with patient outcomes assessed starting as early as 1997 and ending in 2011).

Survival rates for the experimental group and the two control groups were relatively similar at one year – i.e., 95 percent for the experimental group, 94 percent for the WLOT group, and 89.6 percent for the WLO group, though the differences still exhibited statistical significance ( $p < 0.001$ ). Over time, however, the survival rates for the three groups diverged, and by eight years they were 76.5 percent, 62.9 percent, and 43.9 percent, respectively ( $p < 0.001$ ). Statistically significant differences also were observed across these three groups when they were stratified according to the levels of their donor-specific antibodies.

The authors noted several limitations of the study. These included: (1) “the heterogeneity in antibody testing and in the interpretation of test results among the centers,” (2) “the change in the measure of sensitization in 2009, when the calculated panel-reactive antibody supplanted the traditional panel-reactive antibody system,” and (3) the reality that “desensitization protocols and their success rates, induction and maintenance immunosuppressive regimens, and treatment of antibody-mediated rejection vary across centers.”

These limitations are, however, unavoidable in a study such as this one. Moreover, one of these limitations (the third) has the advantage that “[t]he likelihood of substantial heterogeneity in these [desensitization]

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## Desensitization Study for Kidney Transplant Patients (continued from page 3)

practices among the centers enhances the external validity of the survival benefit with transplantation of kidneys from incompatible live donors in clinical settings other than that of a single, specialized, high-volume center.” The authors of an accompanying editorial stated that this study supports the transplantation of heavily alloimmunized patients using kidneys from HLA-incompatible donors “because it may save lives and may be cost-effective over time.”

Orandi BJ, Luo X, Massie AB, et al. Survival benefit with kidney transplants from HLA-incompatible live donors. *NEJM* 2016; 374: 940-50.

Rostaing, LPE, Malvezzi P. HLA-incompatible kidney transplantation – worth the risk? (editorial). *NEJM* 2016; 374: 982-4.

Contributed by Chris Gresens, MD, Senior Medical Director and Vice President, Global Medicine, Blood-Source. 💧



**America's Blood Centers**  
It's About Life.

# REGISTRATION NOW OPEN



### America's Blood Centers' Human Resources & Employee Training/Development Workshop

San Antonio, TX – April 26-28, 2016

Hosted by  **South Texas Blood & Tissue Center**

**Marriott Plaza San Antonio**  
**Negotiated hotel room rate: \$149 + tax\***  
[www.marriott.com/hotels/travel/satpl-marriott-plaza-san-antonio/](http://www.marriott.com/hotels/travel/satpl-marriott-plaza-san-antonio/)  
**\*Group rate available through April 1.**

**2016 Workshop Schedule**  
Human Resources topics: April 26  
Joint HR & Employee Training/Development topics: April 27  
Employee Training/Development topics: April 28

**2016 Workshop Fees (early bird/regular)**  
2-day registration: \$410/\$465  
3-day registration: \$485/\$540

South Texas Blood & Tissue Center is excited to host ABC members in San Antonio for the 2016 Human Resources & Training/Development Workshop. We look forward to a dynamic exchange of new ideas and best practices from across the country. I hope to see you in San Antonio in April!

Linda Myers, Chief Executive Officer  
South Texas Blood & Tissue Center

Sponsorship opportunities available. Contact Leslie Maundy at [lmaundy@americasblood.org](mailto:lmaundy@americasblood.org) for details.

The America's Blood Centers Professional Institute Scholarship Program offers scholarship opportunities to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.







San Antonio International Airport (SAT) is served by all major US airlines, including discount carrier Southwest. It offers non-stop service to/from 27 major and secondary US airports; check [www.sanantonio.gov/SAT](http://www.sanantonio.gov/SAT) for more information.

## 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 [newsletter@americasblood.org](mailto:newsletter@americasblood.org).



## RESEARCH IN BRIEF

**A preliminary report from Brazil strengthens the association of Zika virus (ZIKV) with adverse fetal outcomes.** To study the ZIKV's association with microcephaly, 88 pregnant Brazilian women with an acute rash were followed through their pregnancies for evidence of infection and fetal injury. The women were enrolled from Sept. 2015 until Feb. 2016 and evaluated with polymerase chain reaction (PCR) testing and fetal ultrasounds. Seventy-two of the women had ZIKV nucleic acid in urine and/or blood. Fetal ultrasounds in 42 Zika infected women demonstrated fetal abnormalities in 12, but none in 16 uninfected subjects. There were two fetal deaths, five fetuses with growth retardation, other CNS lesions in seven, as well as seven with abnormal amniotic fluid volumes of cerebral or umbilical artery flow patterns. Abnormal findings were identified with infection occurring during all three trimesters. The sonographic findings have been confirmed in the eight births to date. Clinical illness in the infected mothers was mild, with rash, joint pain, conjunctival injection and enlarged lymph nodes most commonly noted. The authors conclude that the "findings point to a link between ZIKV and abnormal fetal and placental development or placental insufficiency in a subgroup of ZIKV positive women."

**Citation:** Brasil P, Periera JP, Gabalia CR et al. Zika virus Infection in pregnant women in Rio de Janeiro — preliminary report. *New Engl. J. Med.* 2016. DOI: 10.1056/NEJMoa1602412.

**While recent studies have failed to demonstrate that the transfusion of older blood has any clinical consequences for patients, a new study has shown that the increased erythrocyte hemolysis in stored blood, a well-known characteristic of the storage lesion, interferes with arteriolar relaxation.** Investigators compared the effects on forearm blood flow of five day old and 40 day old blood after it had been transfused intra-arterially. The authors used acetylcholine as an agonist for vasodilatation in forearm vessels and measured a smaller response after infusion of blood which had reached its storage period limit of 42 days. They postulated that with higher levels of hemolysis, the free hemoglobin in older blood contributed to this outcome by scavenging nitric oxide, an important vasodilation mediator. The authors were careful to attribute hemolysis to storage and not to high intra-arterial infusion rates and showed that hemolysis did not increase as the rates increased. On the strength of their findings, they suggested that, from a clinical point of view, transfusion of blood from "the extreme last week of storage" should be investigated. The authors of an accompanying editorial addressed the observations that clinical sequelae are lacking despite strong evidence for significant dysfunction in stored red cells. They commented that the clinical equivalent to the experimental conditions in the paper, rapid intra-arterial transfusion, is rare and suggested that dilution might play a role in ameliorating the effects of free hemoglobin. Despite these cautionary remarks, the editorialists agreed that the safety of "very old blood" deserved study.

**Citation:** Risbano MG, Kanas T, Triulzi D., Donadee C., Barge S, Badlam J, Jain S, Belanger AM, Kim-Shapiro DB, Gladwin MT. Effects of Aged Stored Autologous Red Blood Cells on Human Endothelial Function. *American Journal of Respiratory and Critical Care Medicine.* November 15, 2015, Vol 192, Number 10, 1223-1233.

Hebert PC, Tinmouth A. Does Age of Blood Matter? It Depends. Editorial. *American Journal of Respiratory and Critical Care Medicine.* November 15, 2015, Vol. 192, Number 10, 1150-1151.

Contributed by Merlyn H. Sayers MBBCh, PhD, President and CEO, Carter BloodCare

(continued on page 6)



RESEARCH IN BRIEF (continued from page 5)

**In *Transfusion*, a multihospital Canadian registry study of almost 20,000 non-group O patients reports an association between receipt of ABO-nonidentical red blood cells (RBCs) and in-hospital mortality in group A patients.** The authors examined data from the Transfusion Registry for Utilization, Surveillance, and Tracking (TRUST) database on patients admitted to one of three academic hospitals between 2002 and 2011 who received at least one unit of blood. Group O patients were excluded since they can receive only ABO-identical RBCs. Of 19,973 non-O patients, 14,356 (71.9 percent) were group A; 4,097 (20.5 percent) were group B; and 1,520 (7.6 percent) were group AB. 1,130 had incomplete information and were excluded. Cox regression analysis controlled for sex, age, hemoglobin, creatinine, in-hospital interventions, number of units of RBCs transfused, their storage age, and year of admission. Group A patients had significantly increased risk of in-hospital death upon receiving a nonidentical unit of RBCs (RR 1.79; 95 percent CI, 1.20-2.67;  $p=0.005$ ). There was no evidence of increased risk for group B or AB patients. Similar results were seen when trauma patients were excluded and when patients with circulatory disease alone were analyzed. These findings are consistent with previous studies that have found an association between mortality and exposure to ABO-nonidentical RBCs in trauma patients. It is the first to consider the effects of ABO-nonidentical RBCs in patients with circulatory disease. Study limitations include that it is retrospective and there may be unrecognized confounders for which the model could not be adjusted, including the receipt of other blood products that may have been ABO-nonidentical. It is unclear why group A patients would be affected differently by exposure to nonidentical RBCs. Confirmatory outcome studies and exploration of the potential mechanisms will be needed before adjusting policies about the use of ABO-identical RBCs.

**Citation:** Pai M, Cook R, Barty R, et al. Exposure to ABO-nonidentical blood associated with increased in-hospital mortality in patients with group A blood. *Transfusion*. 2016;56(3):550-7.

Contributed by Stephanie Kinney MD, Pathology Resident, Indiana University School of Medicine.

**A report in *Transfusion* suggests that regular blood donation may be one way to mitigate hypertension, which has a global public health impact and produces multiple negative health consequences.** Sustained reduction of systolic blood pressure (SBP) and diastolic blood pressure (DBP) reduces the risks from hypertension significantly. A recent uncontrolled, observational study showed that blood donation, and frequent donation in particular, statistically improved both SBP and DBP. 146 normotensive (BP < 140/90) and 146 hypertensive (BP  $\geq$  140/90) first-time donors or donors who had not given in 12 months, between the ages of 18 and 65, were enrolled to donate blood. Donors were asked not to change their lifestyle or diets for the duration of the study. BMI measurements were made during each donation to follow for compliance. Donors self-selected their frequency of donation. Following a five minute resting period, BP was measured four sequential times, with about two minutes between three measurements. The participants then gave whole blood, and the post-donation BP was repeated using three measurements. Blood donation resulted in an immediate reduction in SBP by a mean of 3.3 mm Hg and 7.1 mm Hg in the control and hypertensive groups respectively. The reduction of BP was more pronounced with successive donations with the highest reductions in the hypertensive donors who gave the most donations; mean reductions for two, three and four donations were 5.9, 10 and 12.2 mm Hg ( $p<0.001$ ). BP reductions were most pronounced in donors with Stage II hypertension (net reduction of 17.1 mm Hg,  $p<0.0001$ ) after four donations. In addition to reductions in BP, several donors were able to reduce or eliminate their dosage of antihypertensive medications over the course of the study. Mechanisms considered for the effect included decreased blood viscosity, an increased relative number of young over old red cells, reduction in hematocrit and fibrinogen and reduction in oxidative stress and inflammation. The authors speculated about the value of blood donation in the therapeutic intervention for the treatment of hypertension, stating “we do not believe that the notice of health benefits of donating blood violates the nature of altruism.” Indeed, in this reviewer’s

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## RESEARCH IN BRIEF (continued from page 6)

opinion, the nature of altruism and blood donation continues to be blurred as donors with hereditary hemochromatosis and polycythemia due to testosterone replacement have been accepted as volunteer, allogeneic donors under specified circumstances. The issue of what constitutes “volunteer” donation has been debated and will no doubt continue to be challenged as additional benefits to blood donation are identified and publicized.

**Citation:** Kamhieh-Milz S, Kamhieh-Milz J, Tauchmann Y et al. Regular blood donation may help in the management of hypertension: an observational study on 292 blood donors. *Transfusion*. 2016. 56:637-44.

Contributed by Mary Townsend, MD Senior Medical Director, Blood Systems Inc. 💧

**BRIEFLY NOTED**

**The Food and Drug Administration (FDA) leadership embraced the promise of universal pathogen reduction in commentary in the *Journal of Infectious Diseases*.** The blood community has recently responded to transfusion-transmitted West Nile virus, concerns about dengue and chikungunya, the most recent threat from Zika virus, and all recognize that more infections will emerge in the future. According to authors, FDA has committed the agency to “do whatever it can to assure the safety of the blood supply while facilitating further development of pathogen-reduction technologies as a more universal approach to emerging pathogens.” The article can be found [here](#).

**Citation:** Marks PW, Epstein JS, Borio L. [Maintaining a safe blood supply in an era of emerging pathogens](#). *J. Inf. Diseases*. Advanced Access. March 8, 2016. 💧

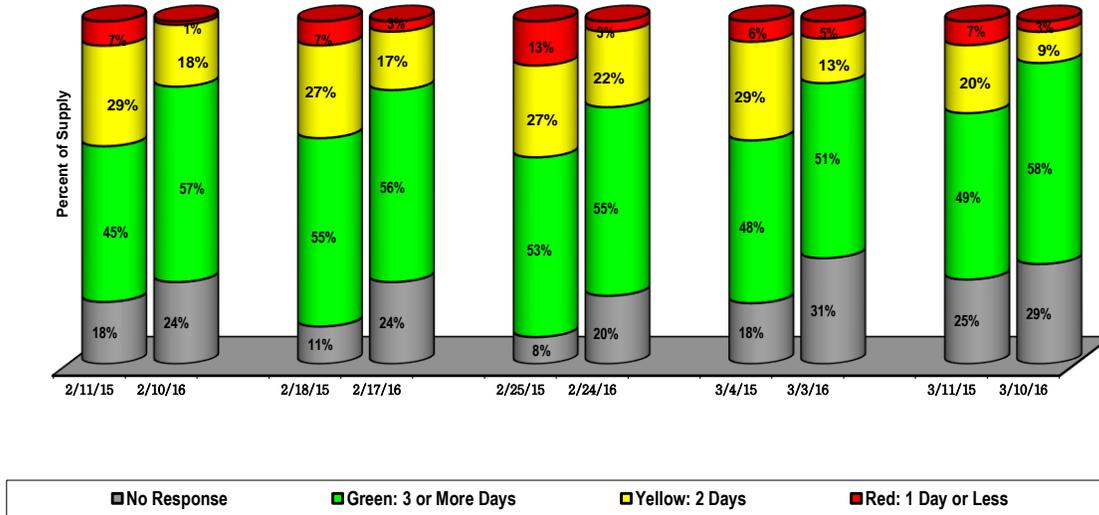
**REGULATORY NEWS**

**The Food and Drug Administration (FDA) recently approved Idelvion according to a recent [announcement](#).** The coagulation factor IX (Recombinant), Albumin Fusion Protein, manufactured by CSL Behring can be used to treat individuals with the bleeding disorder Hemophilia B. This condition that primarily affects males and can lead to joints damaged from articular bleeding. “Idelvion provides another important therapeutic option for children and adults with Hemophilia B to help prevent or control bleeding and reduce the frequency of bleeding episodes,” said Peter Marks, M.D., Ph.D., director of the FDA’s Center for Biologics Evaluation and Research. This marks the first such approval for a coagulation factor-albumin fusion protein product. Idelvion becomes only the second approved Factor IX fusion protein in the U.S. modified to last longer in blood. (Source: FDA Press Release, 3/4/16) 💧

**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 at [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

**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

**MEMBER NEWS**

**LifeStream** honored Kenneth Hamblin on March 8 as he became a 100 gallon donor. Mr. Hamblin began donating in 1959 while a member of the U.S. Marine Corps for nine and a half years. He became the ninth LifeStream blood donor to reach the 100 gallon milestone. “Top baseball teams have an outstanding ‘starting nine’ and today LifeStream completes a very, very accomplished nine-member squad of our own,” said Lifestream president, CEO, and medical director Rick Axelrod, MD. Mr. Hamblin celebrated the occasion with his wife Barbara, daughter-in-law Jenny; and granddaughter Arianna. In addition to being a regular platelet donor, he volunteers at the local Veterans Affairs hospital as a shuttle driver twice a week assisting patients and their families to the facility. (Source: LifeStream 3/10/16)



Left to right: Kenneth Hamblin is congratulated by LifeStream’s President, CEO, and Medical Director Rick Axelrod, MD



**San Diego Blood Bank** recently announced the creation of Clear-sate™, a new human platelet lysate product that is a potent media supplement for the culture of human cells. Clear-sate™ is a human source of platelet-derived growth factors. It can be utilized as an alternative to human AB serum and fetal bovine serum (FBS), which is used in higher concentrations and requires more media

supplementation for cell culture. Clear-sate™ is free of residual plasma and cellular contamination and avoids non-human material in cell expansion. 💧



## PEOPLE

NHS Blood and Transplant (NHSBT) announced the appointment of **Gail Miflin, MD** as medical and research director beginning June 1. She replaces Lorna Williamson who will retire at the end of May. “Lorna is a valued colleague and friend,” said ABC Chief Medical Officer Louis Katz, MD. “We will miss her many contributions to transfusion medicine, but welcome Gail in her new role with best wishes for success.” Dr. Miflin joined NHSBT in 2010 after a stint as a consultant hematologist at the Royal Free Hospital. Since 2012, she has been an associate medical director at NHSBT. In her new role, she will be responsible for the governance framework and clinical governance systems across NHSBT, while leading the Clinical Directorate. “I feel enormously privileged to be taking on this role, said Dr. Miflin. We already work to the highest clinical standards and I will build on these wherever possible.” Dr. Miflin will also oversee research and development. ♦



## COMPANY NEWS

Last week, **Blood Bank Computer Systems, Inc. (BBCS)** has announced a new partnership with **Blood Centers of America (BCA)**. The partnership builds on BCA’s standardization initiative and will allow BCA member blood centers to choose common Blood Establishment Computer Systems (BECS), while reducing their software costs through group purchasing. “Our members continuously explore ways to become more efficient,” said BCA CEO Bill Block. “We have a significant number of members already using BBCS and many members that are in the process of evaluating moving to a new BECS system.” The partnership establishes the first national BECS contract. (Source: Blood Bank Computer Systems Release 3/8/16) ♦



## MEETINGS

April 26 - 28 **ABC Human Resources and Member Employee Training and Development Workshop San Antonio, Texas**

The ABC Human Resources & Training/Development Workshop, hosted by ABC member South Texas Blood & Tissue Center, in San Antonio, Texas, will take place at the Marriott Plaza San Antonio. P.A.C.E. and HRCI credits will be offered. Online registration is open; register by April 1. View details including agenda, fees, hotel, travel, and scholarships via your invitation, or contact [Lori Beaston](#). If we missed you, email [Lori Beaston](#) to register today for this workshop!

August 1 - 4 **ABC 55<sup>th</sup> Summer Meeting Honolulu, Hawaii.**

The ABC 55<sup>th</sup> Summer Meeting in Honolulu, Hawaii, hosted by Blood Bank of Hawaii, will take place August 1-4, 2016 at the Hilton Waikiki Beach. It will feature the ABC Medical Directors Workshop and the Foundation for America’s Blood Centers Golf Tournament. Registration information coming soon. ♦



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

### POSITIONS AVAILABLE:

**Executive Director.** The Community Blood Bank of Erie, Pennsylvania is a successful, growth-oriented, independent, not-for-profit organization serving hospitals in Northwestern Pennsylvania and Western New York. The incumbent will provide overall leadership, direction, and general management and will work closely with the organization's Board of Directors and its senior leadership to advance the organization's vision and to design and implement strategies to achieve those goals. Responsibilities include delivery of the blood bank's mission while maintaining the organization's financial viability. Requirements for this position include a bachelor's degree with five years' experience in a leadership position in blood banking, health care, life science or related field in a managerial capacity would be accepted. Candidates with an MBA or MHA are preferred. Candidates must possess exceptional strategic planning abilities coupled with strong interpersonal, financial and human resource skills. To be considered for this opportunity, email a resume with cover letter, a five year salary history and three professional references to [sbeeler@fourhearts.org](mailto:sbeeler@fourhearts.org). CBB is an equal opportunity employer.

**Donor Suitability and Quality Specialist (Memorial Blood Center).** (Department: Collections Quality; Location: St. Paul, MN; Status: Full-Time, 1.0FTE, and Exempt; Benefits: Medical, Dental, Vision, 401K, PTO and EST to name a few!) Position Summary: To ensure quality systems are maintained and monitored in Collections Department. Qualification: RN or LPN degree required. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19081382&t=1>

**Automation Specialist II (AS2) (Phlebotomist III / Senior Phlebotomist) (Memorial Blood Center).** Location: Metro Donor Centers- Plymouth Location; Status: Full-Time, 1.0 FTE (40 hours per week), Non-Exempt; Shift: Will include some weekends and varying am and pm shifts; Benefits: Medical, Dental, Vision, 401K, PTO and EST to name a few!) Responsibilities will be focused on automation collections of platelet donors, double red cells, and or Auto-C. Attention is paid to accurate and concurrent documentation, taking blood samples, working with blood donors automation/whole blood and staff, and ensuring compliance with Quality Assurance standards, cGMP, Standard Operating Procedures (SOPs), and

regulatory standards. Maintains a professional appearance and attitude while ensuring excellent customer service. May be scheduled to collect Whole Blood as needed. The Automation Specialist performs all routine functions in platelet apheresis, double red cell apheresis, and or Auto-C plasmapheresis and helps draw whole blood donors as needed. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19080712&t=1>.

**Automation Specialist I (ASI) (Phlebotomist II / Double Red Cell Donations) (Memorial Blood Center).** (Location: Metro Donor Centers (Plymouth and Coon Rapids); Job Type: Full-time, 1.0 FTE (40 hours per week), Non-Exempt; Schedule: Varies; Shift: Will include weekends and varying shifts covering day and evening shifts; Benefits: Medical, Dental, Vision, 401K, PTO and EST just to name a few!) Responsibilities will be focused on automation collections of double red cells. Attention is paid to accurate and concurrent documentation, taking blood samples, working with blood donors automation/whole blood and staff, and ensuring compliance with Quality Assurance standards, cGMP, SOP's, and regulatory standards. Maintains a professional appearance and attitude while ensuring excellent customer service. May be scheduled to collect Whole Blood as needed. The Automation Specialist performs all routine functions in double red cell apheresis and helps draw whole blood donors as needed. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19080702&t=1>.

**Reference Lab Med Tech** (\$5,000+ Sign-On Bonus Depending On Experience; Benefits Start at Date of Hire!). Our Reference Laboratory is one of only 55 AABB accredited Immunohematology Reference Laboratories in the country. Come join a dynamic team in performing molecular immunohematology testing, performing routine and complex transfusion service testing, and assisting area hospitals in saving lives by resolving unexpected serologic results. Position requires excellent organizational, communication and computer skills with a certification by a recognized certifying agency and a LA

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## POSITIONS (continued from page 10)

CLS license. The Blood Center pays a competitive starting wage and full benefits package including paid holidays, health, dental and life insurance on date of hire, paid time off after six months and an employer contributed retirement plan. If you meet the above qualifications and would like to work for a company that cares about its employees and the community please apply for the Reference Lab Med Tech position online at [www.thebloodcenter.org](http://www.thebloodcenter.org). EOE/AAE

**Assistant Manager Donor Testing (Memorial Blood Center).** (Department: Donor Testing Laboratory; Reports To: Manager Donor Testing Lab; Status: Full-time, 1.0FTE, Exempt; Schedule: Monday – Friday, 2nd Shift) Manages testing laboratory 2nd shift staff and coordinates operations associated with testing blood donors for infectious disease and immunohematology during these shifts. Provides adequate training and performance appraisals. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19080682&t=1>

**Manager of Education & Quality.** The Rhode Island Blood Center is hiring a manager of Education & Quality within the Donor Services department. In this position, you will work closely with department staff to ensure quality blood collection and services. This position coordinates the SafeTrace and Vista information systems with the IT department to include validation, training and hardware maintenance and collaborates with QA/Compliance regarding change control and CAPAs. Supervisory role includes planning, assigning, and directing the activities of direct reports as well as the recruitment, selection, and training of staff. You will also evaluate job performance/competency and resolve employee issues. Bachelor's degree or equivalent in medical technology, Nursing or other relevant science required. Broad blood bank or QA and compliance knowledge in lieu of education may be considered. Three to five years of blood banking or relevant QA/Compliance experience is required. A minimum of five years in a leadership role is also required. Please apply at [www.ribc.org](http://www.ribc.org). JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!! We are an Equal Opportunity Employer.

**Post-Doctoral Fellow.** Hoxworth Blood Center/University of Cincinnati is searching for a post-doctoral research fellow with an interest in one or more of the following: signal transduction, hematopoietic stem cells, pluripotent stem cell based disease modeling in hematopoiesis, mouse cancer genetic models, inflammation in hematopoiesis and hierarchical organization of hematopoiesis in health and disease. The applicant should have a doctoral degree in Biology, Molecular Biology, Genetics, Immunology, or related field, and a strong interest in blood/cancer research. The applicant should also be highly self-motivated and have a track record of publications (first-authored publications in respected journals). Applicants with experience in hematology, immunology,

mouse genetics, flow cytometry and/or bioinformatics analyses are a plus. Contact: Jose A. Cancelas MD, PhD; E-mail: [jose.cancelas@uc.edu](mailto:jose.cancelas@uc.edu). 💧