

Finding the Right Partner Reaps Big Rewards

Who knew that when GIs returned from World War II one of the most perfect partnerships would be born? It is well documented that during WWII GIs were given peanut butter rations as a protein source in lieu of easy-to-spoil meat products. The GIs spread jelly on those sandwiches to make them palatable and when they returned to America, peanut butter and jelly sales soared. Partnerships this smooth are hard to come by in the business world, but finding the right partner can help deliver on revenue in a very big way.

“I can’t think of any other blood drives that, annually, bring in as many units for Virginia Blood Services,” said Todd Cahill, executive director at Virginia Blood Services (VBS), about his partnership with Midas franchise owner Mark Smith of Richmond, Va. Mr. Smith gives away a free oil change to all blood donors who present at his blood drives. On average, a blood drive with one of his Midas locations will bring in about 400 units of blood—the next most productive blood drive for VBS is at 300 units. Every eight weeks, Mr. Smith hosts his blood drive at three of his locations and is determined to surpass annual collections each year, said Michelle Westbay, marketing and communications manager at VBS. The partnership with Mr. Smith’s stores began in 2001 after 9/11 and has resulted in over 21,000 units of blood for VBS. On May 20, Mr. Smith will host his 100th blood drive in the area.

“The key and the secret of a great partnership is finding someone passionate about the community,” said Mr. Cahill. “His commitment is not wavering, he’s not half in, he’s all in—in anything he chooses to participate in...he’s very ingrained in the community.”



Local businesses and personalities that are ingrained in the community, with a good reputation, and provide a service everyone needs or wants—like oil changes or pizzas—is a good place to start looking, said Sue Thew, public and media relations specialist from United Blood Services (UBS) in Arizona.

“We were thinking... what is the universal thing everybody loves and, well, who doesn’t love pizza?!” she said. “What attracted us to Streets of New York was they are a local company founded here, but they also have 26 locations across the Valley. They are well-branded and respected. It’s usually a challenge to create a partnership with franchises because they normally have multiple owners, but we got lucky with Streets of New York, because they all have one owner.”

The partnership started in 2012 after UBS submitted a proposal to the Italian restaurant. Streets of New York gives away a free pizza for every blood donor and has helped bring in 68,928 donors since its inception—mainly during December and other times when the blood center is experiencing its most critical-need. One of the

INSIDE:

Our Space:

The Perfect Can Be the Enemy of the Good.....	2
Register for the ABC Technical and Quality Workshop.....	3
Global Healing Survey....	3
RESEARCH IN BRIEF....	5
BRIEFLY NOTED	6
RECENT REVIEWS	6
INFECTIOUS DISEASES UPDATES.....	7
WORD IN WASHINGTON	9
REGULATORY NEWS ...	9
PEOPLE	9
STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017	10
MEMBER NEWS	11
CALENDAR	11
POSITIONS	12



OUR SPACE

Linda Barnes, Chief Operating Officer, Bloodworks Northwest

The Perfect Can Be the Enemy of the Good

At the recent International Blood Safety Forum, many of the global representatives reflected on the challenge of building a voluntary, non-remunerated base of blood donors to sustain a safe blood supply. In my work, I have seen a spectrum of high index nations, and low- and middle-income countries (LMIC), grapple with this issue; yet it is particularly problematic in LMICs. In Sub-Saharan Africa alone, there is an estimated 40 million unit shortfall in the supply of blood annually.

In LMIC, blood is not consistently available nor readily accessible because of scant infrastructure and the demanding logistics associated with time dependencies and cold chain requirements. This shortage of blood exacts a terrible human cost. Post-partum hemorrhage (PPH) is the most frequent cause of death in pregnancy and childbirth. Severe anemia from malaria increases the likelihood of death in children less than 5 years old. The unavailability of blood also contributes to deaths for traumatic accident patients (85 percent in LMIC). Overall, approximately 23 to 56 million people each year are impacted, primarily in low-resource settings. We should do more to improve blood availability, in addition to blood safety.

The World Health Organization characterizes blood donors into three categories: voluntary non-remunerated; family/replacement donors; and paid donors. The voluntary non-remunerated donor is the gold-standard and the repeat donor is the safest, having been multiply-tested over time. Both family/replacement and paid donation are discouraged.

It is the category of the family/replacement that is most tricky. The definition is poorly understood and the practice patterns variable. I have seen settings where a donor must be found in lieu of payment for transfusion or situations where patient discharge is delayed until a replacement is identified. Yet, I have also seen more benevolent applications of family donation. I was recently consulting in the Caribbean and a community member posted on social media that her nephew was in an automobile accident. In this small island nation, many were related to the victim, yet they were driven by altruistic motivations to donate. Effective prenatal programs for expectant mothers may include education of family members about blood donation before the baby is delivered. This encourages blood donation from relatives given on behalf of the mother. These examples could be construed as a family donation.

Many times in the U.S., families and relatives sponsor blood drives in gratitude for kin who benefited from blood transfusion. We encourage these acts of civic responsibility regardless of familial relations. It is understood that someone will benefit from the gift, just as the sponsoring family did. Voluntary, non-remunerated donation should not impugn family or relatives, particularly if the alternative is no blood at all. 🩸

LindaB@BloodworksNW.org

The *ABC Newsletter* (ISSN #1092-0412) is published 46 times a year by America's Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2017 by America's Blood Centers. Reproduction of the *ABC Newsletter* is forbidden unless permission is granted by the publisher. (ABC members need not obtain prior permission if proper credit is given.)

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

President: Martin Grable

CEO: Christine S. Zambricki

ABC Publications Editor: Lisa Spinelli

Subscriptions Manager: Trudy Thompson

Annual Subscription Rate: \$390

Send subscription queries to

TThompson@americasblood.org

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.



America's Blood Centers[®]
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.

Register for the ABC Technical and Quality Workshop



Downtown Omaha, Neb., in the Spring

If you have not yet registered for the [ABC Technical and Quality Workshop in Omaha, Neb.](#), in June, there is still time!

The workshop kicks off with an evening welcome reception on June 5 at the hotel—the Doubletree in downtown Omaha, from 6 p.m. to 7:30 p.m. Refreshments will be served before attendees head out to dinner in Omaha's Historic District. The next day will be dedicated to technical and lab directors with such exciting morning sessions on everything from pathogen reduction to HLA Testing. Roundtable discussions finish the afternoon with such important topics as managing sickle cell anemia patients and staffing challenges. ABC President Martin Grable, president and CEO of Community Blood Center of the Carolinas, will kick off the next day, June 7, with a presentation on the RAND study on the sustainability of the blood industry and the Advisory Committee on Blood and Tissue Safety and Availability outcomes. The entire day will be a joint session with presentations that technical/lab and quality personnel will find both riveting and useful with topics, including the use of whole blood, iron management, and cybersecurity. The last day of the workshop, June 8, will be for quality staff members with sessions on social media and impact on quality assurance and transitioning to electronic records, a deep-look into process improvements, and then roundtable discussions on exciting topics like transgender issues and external inspection trends. A joint reception with Blood Centers of America (BCA) will cap off the night nearby (membership with BCA not required) and a quality networking event the next day will finish the event (for BCA members only). To register for the event and read the full agenda, with presentation topics and speakers, please click [here](#). We are excited to see you in Nebraska for this great education and networking event!

Global Healing Survey



GLOBAL HEALING

Global Healing sent out a survey for those who participated in the International Blood Safety Forum 2017 at the beginning of the 55th ABC Annual Meeting in Washington, D.C. If you attended the meeting, please participate in this short [survey](#), due by the end of the week.

PARTNERSHIPS (continued from page 1)

biggest drives for that many donors showing up, besides the tasty Italian dish, is that Streets of New York owner Lorrie Glaeser was well connected with local sports teams, who were also partners with the restaurant. The sharing of networks helped create what has been shown to be one of the most profitable types of partnerships for blood centers—sports team partnerships.

While local partnerships like the ones discussed above can really help turn on the faucet for community knowledge and involvement in the centers, one undeniable truth remains, the mass public love celebrities—especially sports celebrities. The UBS partnership with the Streets of New York led to sports team connections with the Arizona Diamondbacks and the Phoenix Suns, which contributed to the large returns UBS has seen with the partnership, especially when it came to attracting the media.

As the official pizza for the Arizona Diamondbacks and Phoenix Suns teams, Streets of New York used their influence to secure programs for UBS, offering co-branded T-shirts to fans who become new blood donors. The restaurant participated as a major contributor to the international Missing Type campaign and supported other media efforts by recruiting Diamondbacks baseball legend Luis Gonzalez, whose contributions have resulted in numerous TV and print-media stories, bi-lingual (Spanish and English) interviews, and public service announcements. For these efforts and more, the Streets of New York recently won the ABC Corporation of the Year Award at the 20th *Awards of Excellence* ceremony during the 55th ABC Annual Meeting.

Arguably one of the most recognized sports teams and brands in the world is the New York Yankees and their 22-year partnership with the New York Blood Center (NYBC) has led to nothing short of astonishing figures. Through the New York Yankees High School Blood Donor Championships, the sports team has motivated students to give blood and encourages their classmates to do the same. The partnership now awards the top performers of the 500 New York-area high schools that host blood drives with NYBC each year and has helped secure well over one million high school blood donors. In exchange for the students' altruistic gifts, NYBC awards hundreds of thousands of dollars in scholarships each year to the students.

Other sports teams that NYBC also partners with are the Mets—whom some say are the true favorite baseball team of New Yorkers, with whom blood drives result in thousands of units each year. “We also have a partnership with our Community Blood Center (KS/MO) with the Kansas City Royals,” noted Andrea Cefarelli, executive director of Donor Recruitment at NYBC. “We also have partnerships with all of our minor league baseball teams.”

On the other side of the country, San Diego Blood Bank has partnered with the San Diego Chargers of the National Football League team for blood drives. Over the last 38 years, the blood drives have helped collect more than 73,000 pints of blood in an annual day-long community-wide blood drive where donors can meet Chargers players and get autographs. It is considered one of the largest and longest-running single-day blood drives in the nation.

While many of these sports teams may not need a boost in publicity, the [halo effect](#) of partnering with a blood center has helped strengthen their brand image and thereby rewarding both sides through the partnership.

“Partnerships are not a one-way street,” said Mr. Cahill. “We also provide that additional exposure for Midas and highlight one aspect of their community outreach—it’s truly a win-win partnership. It’s constantly evolving, constantly benefiting the philanthropist, his business, our blood center and the community—it’s very hard to come by, but once you find a partnership like this one, it’s worth the investment.” ▲



RESEARCH IN BRIEF

Blood donor age and sex were not associated with recipient survival, reads a new bi-national study.

The study from Denmark and Sweden included 968,264 patients (56 percent female and 44 percent male) whose data were entered into the Scandinavian Donations and Transfusions (ScanDAT) database and who were transfused between January 2003 and December 2012. Using three statistical models, the researchers found no association between age and/or sex of blood donors and survival of recipients after adjustments to accommodate confounding. The lack of association persisted after adjustment for receipt of multiple units of blood from very old donors. Recipients who received multiple transfusions of blood from aged donors had a cumulative mortality difference of <0.5 percent compared to those who received units only from younger donors. The study was performed, in part, in response to a 2016 study from Chassé *et al* that found increased patient mortality associated with transfusion from young and female donors. The authors of a commentary note that differences in the two studies are likely explained by the advanced approaches for control of confounding variables in the new paper.

Citation: Edgren G., Ullum H., Rostgaard K., *et al.* Association of Donor Age and Sex with Survival of Patients Receiving Transfusions. *JAMA Internal Medicine*. April 24, 2017 online. DOI: 10.1001/jamainternmed.2017.0890.

Chassé M., Tinmouth A., English S.W., *et al.* Association of blood donor age and sex with recipient survival after red blood cell transfusion. *JAMA Intern Med*. September 2016. DOI: 10.1001/jamainternmed.2016.3324.

Roubinian N.; Brambilla D., Murphy E.L. Statistical Caution in Big Data Approaches to Transfusion Medicine Research. *JAMA Internal Medicine*. April 24, 2017. DOI:10.1001/jamainternmed.2017.0914.

Human umbilical cord blood plasma treatments of mice may revitalize aging hippocampal functions.

Umbilical cord plasma may promote synaptic plasticity and when injected into older mice might improve cognitive functions related to learning and memory. Test mice were given cord plasma injections every four days for two weeks, while the control group received saline. The test group outperformed their control counterparts on the cognitive tests evaluated. The protein found to be the most significant in these beneficial effects was tissue inhibitor of metalloproteases 2, or TIMP2. Beneficial effects were not found in other parts of the brain from these injections, including the amygdala and motor cortex.

Citation: Castellano J.M., Mosher K.I., Abbey R.J., *et al.* Human umbilical cord plasma proteins revitalize hippocampal function in aged mice. *Nature*. April 19, 2017. DOI: 10.1038/nature22067.

Polydopamine (PDA) coated hemoglobin (Hb) nanoparticles transport oxygen without apparent toxicity.

Chinese researchers synthesized PDA hemoglobin nanoparticles as part of an *in vitro* study. The Hb-PDA nanoparticles inhibited the generation of the oxidative species, methemoglobin and ferryl iron, both of which can limit oxygen transport and are common in blood substitutes. The Hb-PDA nanoparticles also reduced potentially damaging free radicals in the blood and intracellular hydrogen peroxide induced reactive-oxygen species generation.

Citation: Wang Q., Zhang R., Lu M., *et al.* Bioinspired Polydopamine-Coated Hemoglobin as Potential Oxygen Carrier with Antioxidant Properties. *Biomacromolecules*. March 21, 2017. DOI: 10.1021/acs.biomac.7b00077. 

BRIEFLY NOTED

Centers for Disease Control and Prevention (CDC) funds to help fight Zika might end in July. According to an article from Frontline, during a CDC meeting in Atlanta two weeks ago, state officials were told the money initially set aside at CDC to help track Zika infections and Zika-related births will run dry by July. Last year there were 1,367 completed pregnancies from mothers with Zika infections during pregnancy. Of those babies [58 were born alive](#) with birth defects related to Zika, according to CDC. The agency estimates [\\$10 million](#) will be needed to care for each of those babies with birth defects throughout their lifetimes. The state's money to fight Zika already came out of the \$400 million CDC received last year and was given to various state public health departments with not much money left for the federal agency to continue with tracking efforts or its own Zika testing. The federal budget, however, has not yet been set. (Source: Frontline, [As Zika Season Nears, States Brace for an End to CDC Funding](#), April 21, 2017)

On April 22, hundreds of thousands of protestors participated in the March for Science across the world. While the organizers tried to keep the march non-partisan, there were many jeers, signs and gestures toward President Trump and the Republican Party. The March for Science website reads that the organizers are centered on evidence-based policies and want science to be a well-funded and publicly communicated “pillar of human freedom and prosperity.” They called upon participants and scientists to write to the President and their legislators to ensure more evidence-based policies based on data are in place, that funding for science is not cut, they continue to support scientific education and diversity within the scientific fields, as well as dispel with gag rules on scientists. (Source: *STAT News*, [7 takeaways from the March for Science](#), April 23, 2017) ♦

RECENT REVIEWS

A summary of actions by EU blood system authorities regarding hepatitis E (HEV) has been published. While some EU countries like the United Kingdom and Ireland have already implemented HEV RNA screening—and the Netherlands will start this year, blood authorities in countries like France, Greece, Italy, Portugal, and Spain are considering or still conducting further investigations. Eurosurveillance reported on the prevalence of HEV in a number of European countries and how the blood authorities within these countries are handling testing of blood donors for HEV. The authors of this piece suggested that screening on donors should be based on assessed risk of transmissible by transfusion HEV for these more susceptible patients, but ultimately stopping HEV-infected pigs from entering the human food chain will need to happen to control the disease.

Citation: Domanovic D., Tedder R., Blumel J., *et al.* Hepatitis E And Blood Donation Safety In Selected European Countries: A Shift To Screening? *Eurosurveillance Edition 2017*. April 20, 2017. DOI: <http://dx.doi.org/10.2807/1560-7917.ES.2017.22.16.30514>.

Identification of modifiers of pathogenesis and clinical expression could have beneficial effects on sickle cell disease (SCD) patients. In a review of SCD, its pathophysiology and the common complications arising from the disease, the authors discuss how a better understanding of the genetic modifiers of SCD is essential for advances in disease management and treatment and non-genetic risk factor identification could help those with the disease. Non-genetic modifiers like climate, air quality and other environmental factors have inconsistent effects in the literature, possibly due to demographic, economic and environmental differences in locations being studied, for example data suggest more pain is associated with living at high-altitudes—which might be remedied with a greater availability of prophylaxis and treatment. Preventive interventions including immunizations, oral hydroxyurea and penicillin prophylaxis can prevent and treat SCD and be a cost-effective treatment for SCD children in low-income countries. A better understanding



RECENT REVIEWS (continued from page 6)

and more studies into the genetic basis of phenotypic heterogeneity in SCD could lead to better treatments for SCD patients.

Citation: Piel F.B., Steinberg M.H., Rees D.C. Sickle Cell Disease. *New England Journal of Medicine*. April 20, 2017. DOI: 10.1056/NEJMra1510865. ♦

INFECTIOUS DISEASES UPDATES

Hepatitis E (HEV) infection in Canada is uncommon, and infected blood donors are rare. HEV has been linked to eating raw and undercooked pork products as well as unsanitary water. The disease is usually self-limiting, but some cases can be severe and cause life-long symptoms. HEV is an emerging infection and can be transfusion-transmitted. In a study of 13,993 blood donors, polymerase chain reaction (PCR)-tested in pools of 48 or 100 using 100 mL from each donation for each pool size, no PCR-positive samples were found. Of the 13,993 donors, 4,102 were tested for anti-HEV IgG antibody and 241 were antibody reactive, for an overall seroprevalence of 5.9 percent (95 percent CI, 5.16 to 6.59 percent) .

Citation: Fearon M.A., O'Brien S.F., Delage G., *et al.* Hepatitis E in Canadian blood donors. *Transfusion*. April 10, 2017 online. DOI: 10.1111/trf.14089.

A combination of two anti-viral agents cured 99 percent of participants in a phase three multi-national trial on Hepatitis C (HCV), presented a researcher. The results, presented by Xavier Forns, MD, at the International Liver Congress, a meeting of the European Association for the Study of Liver Diseases (EASL). Taking a combination of glecaprevir, an HCC protease inhibitor, and pibrentasvir, an NS5A inhibitor, in an oral pill form for three months cured 99 percent of the 146 patients with chronic HCV with compensated liver cirrhosis, reported MedPage Today. HCV patients can usually be cured with direct-acting antiviral drugs, however, there are some patients whose disease is not responsive to other antiviral drugs. One patient had a viral relapse eight weeks after finishing the treatments. One patient died of a cerebral hemorrhage after completing the study and another person developed liver cancer. (Source: *MedPage Today*, [New Hep C Combo Cures Most Patients with Cirrhosis](#). April 20, 2017)

The Florida Keys Mosquito Control District released *Wolbachia*-infected mosquitoes as an *Aedes aegypti* control effort. This mosquito is the main vector for dengue, chikungunya and Zika viruses, as well as urban yellow fever. The District released 20,000 male *Aedes aegypti* mosquitoes infected with the bacterium, on Stock Island two weeks ago. Infected male mosquitoes that mate with wild female mosquitoes produce eggs that do not hatch. They will continue to release one thousand mosquitoes two times per week for 12 weeks. (Source: Florida Keys Mosquito Control District [press release](#)).

The National Institutes of Health (NIH) announced they will be funding [seven international centers for research into malaria](#). The National Institute of Allergy and Infectious Disease, part of NIH, announced \$9 million in first-year funding will be made available for seven malaria centers, three of them new and four existing centers in 14 different countries across Africa, Asia and Latin America. The announcement came just a few days before the announcement the world's first malaria vaccine is being tried in three countries in Africa: Kenya, Ghana and Malawi. The World Health Organization is running that pilot program involving 750,000 children between 5 years and 17 months old. (Source: *BBC News*, [Malaria: Kenya, Ghana and Malawi get first vaccine](#). April 24 2017).

Prophylactic platelet transfusions are not better, and may even be worse than supportive care for adult patients with dengue complicated by thrombocytopenia. Prophylactic platelet transfusions are

(continued on page 8)



RECENT REVIEWS (continued from page 7)

commonly given to these patients, in response to laboratory, not clinical, parameters. In a multi-national randomized trial of 372 adults with dengue and thrombocytopenia in Malaysia and Singapore the end point was clinical bleeding. Of the 182 in the transfusion group, 174 received four units of pooled platelets, and eight received one unit of single-donor derived platelet transfusion. Of the 182 patients receiving transfusions, 40 of them (21 percent) experienced the primary endpoint compared to 48 (26 percent) in the control group (risk difference -4.98 percent (95 percent confidence interval [CI] -15.08 to 5.14); relative risk 0.81 [95 percent CI 0.56 to 1.17]). By day 21, severe bleeding occurred in three (2 percent) in the transfusion group and seven or 4 percent in the control group. There were 13 adverse events in the transfusion group and two in the control group, including transfusion-related acute lung injury. No deaths were reported. In an invited commentary, the authors note that the study was not designed to account for the efficacy of different doses of prophylactic platelet transfusions. The commentator noted that this study adds to a wealth of data suggesting that prophylactic platelet transfusions may not have an appropriate cost-benefit and called for an end to this approach to dengue in adults.

Citations: Lye D.C., Sophia Archuleta S., Sharifah F., Syed-Omar S.F., *et al.* Prophylactic platelet transfusion plus supportive care versus supportive care alone in adults with dengue and thrombocytopenia: a multicentre, open-label, randomised, superiority trial. *The Lancet*. March 7, 2017 online. DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)30269-6](http://dx.doi.org/10.1016/S0140-6736(17)30269-6).

Assir M.Z.K. Time to stop prophylactic platelet transfusion for adult dengue. *The Lancet*. March 7, 2017 online. DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)30545-7](http://dx.doi.org/10.1016/S0140-6736(17)30545-7). 



THE DIFFERENCE OF **SIMPLIFIED FLOW CYTOMETRY**

The new BD FACSVia™ System is an easy-to-use clinical flow cytometry solution designed for simplicity and excellence in residual white blood cell enumeration.

[Click here for more information about the BD FACSVia™ System.](#)





REGULATORY NEWS

American Hospital Association (AHA) speaks out on bacterial risk guidance for platelets. AHA published [a letter to the Food and Drug Administration](#) (FDA) raising concerns about the “[Bacterial Risk Control Strategies for Blood Collection Establishments and Transfusion Services to Enhance the Safety and Availability of Platelets for Transfusion](#)” draft guidance from March 15, 2016. The docket details guidance on secondary bacterial testing of platelets on day four or five and, as an alternative to bacterial testing, guidance on using pathogen reduction technology (PRT) treated platelets within 24 hours of treatment. In the letter, AHA addresses that the guidance will force patients to wait longer for needed surgeries, cause excess waste of outdated platelets, and put undue constraints on the platelet supply and costs on hospitals. ABC submitted a second round of comments on the draft guidance last month, citing a loss of inventory during pathogen reduction, and financial constraints for blood centers as concerns. Some of the comments ABC provided called upon the FDA to look at the United Kingdom model of primary testing with delayed culture; more permissible guard bands when dealing with PRT products; and extending the timeline for implementation. Read the full ABC comments [here](#). (Source: AHA email) ♦

PEOPLE



Brett Giroir, MD, was named the next Assistant Secretary of Health and Human Services for the health division. Dr. Giroir, president and CEO of ViracYTE, LLC and an adjunct professor of Pediatrics, Tropical Medicine and Medical Ethics and Health Policy at Baylor College of Medicine in Houston, was the former executive vice president and CEO of the Texas A&M Health Science Center. He has also served as the director of the Defense Science Office of the Defense Advanced Research Projects Agency (DARPA), and as a chief medical officer at Children’s Health in Dallas. He obtained an A.B., magna cum laude, in Biology from Harvard University and his M.D. from the University of Texas Southwestern Medical Center. He has received the Secretary of Defense Medal for Outstanding Public Service and the Texas A&M University System Award for Innovation and served as chair of the Veterans Choice Act Blue Ribbon Panel to Review and Assess the Veterans Health System, a scientific advisory board member at the Cancer Moonshots Program at the MD Anderson Cancer Center, and at the A. Alfred Taubman Medical Research Institute at the University of Michigan. (Source: Healthcare IT News, [Trump nominates life science expert as HHS assistant secretary](#). April 26, 2017) ♦

WORD IN WASHINGTON

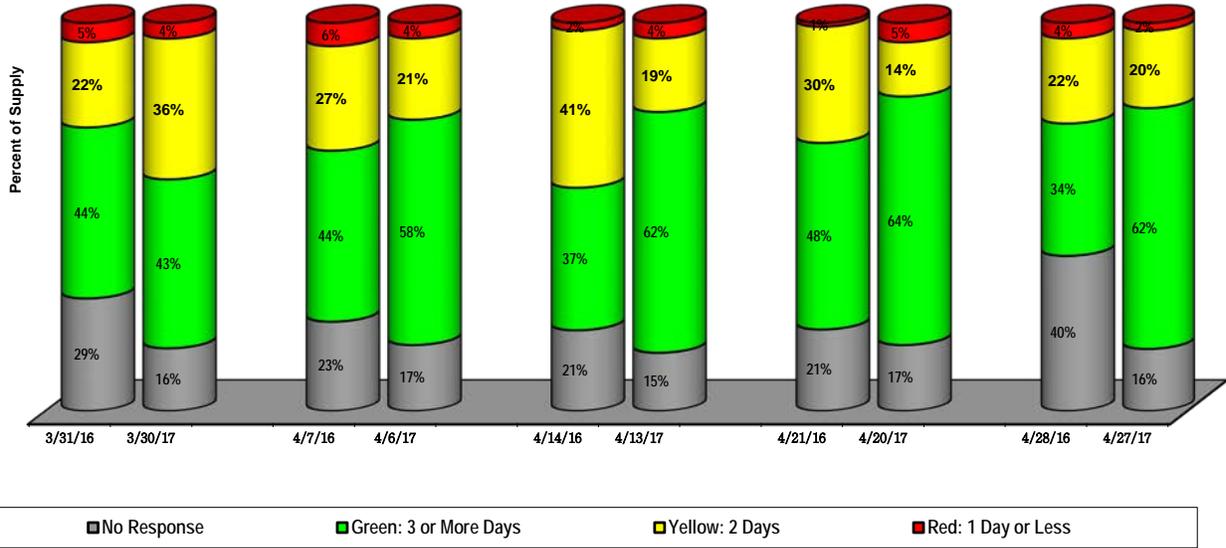


Scott Gottlieb, MD. The Senate Committee on Health, Education, Labor, and Pensions voted 14 to 9 on Thursday to advance Dr. Gottlieb for his nomination as the next Commissioner of the Food and Drug Administration. Next, he will face a full Senate vote. For more on Dr. Gottlieb, read the [Newsletter #10](#). (Source: STAT News, [Senate committee votes to advance Gottlieb’s nomination to lead FDA](#). April 27, 2017)

Stopgap passed. On Friday, the U.S. House of Representatives avoided a government shutdown by passing a stopgap spending package, keeping the federal government funded until May 5. The bill now goes to the Senate. If the government passes a larger spending package, it could keep its agencies funded until the end of their fiscal year, September 30. (Source: Politico, [House passes stopgap bill to avoid government shutdown](#). April 28, 2017) ♦



STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017



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

Featured Topics

- HLA Testing & TRALI Mitigation
- Whole Blood – What’s Old is New Again
- Cybersecurity for Quality & Technical Professionals
- Making the Leap to Process Improvement

For registration information, visit www.bit.ly/abc_meetings.

Scholarship opportunities are available to ABC members.

Sponsorship opportunities available. Contact Jodi Zand at jzand@americasblood.org for details.

Hotel Information

DoubleTree by Hilton Omaha Downtown
Hotel room rate: \$144 + tax

ABC is proud to sponsor this meeting in historic Omaha, Nebraska. We are bringing quality and technical professionals together and will provide both educational updates and an opportunity for networking. The value of different perspectives enriches this event and provides a platform for the discussion of issues that cross common boundaries.

— Louis M. Katz, MD, CMO, America's Blood Centers



MEMBER NEWS



Crystal Shirkey, Mr. Williams' sister, gives blood. – Courtesy of Fresno Bee

Central California Blood Center held a drive in tribute to a slain security guard Carl Allen Williams III on what would be his 30th birthday. “He liked giving blood, he donated to Big Brothers/Big Sisters, he gave to Toys for Tots – he just loved doing things to help the community,” Crystal Shirkey, his sister, said before donating blood. Mr. Williams was shot and killed on April 13 while working at a local Fresno motel. His fiancée was also at the drive donating, but too emotional to speak with reporters. By later that afternoon, more than 60 people had donated blood in his honor. The gunman who shot Mr. Williams was arrested and is being charged with murder for Mr. Williams’ death, but also for the [death of three others](#) during a shooting rampage in downtown Fresno that occurred five days after Mr. Williams’ death. (Source: The Fresno Bee, [Family, Friends honor slain security guard with blood drive](#). April 20, 2017) ♦

CALENDAR

2017

May 1-3. **ADRP 2017 Annual Conference, Chicago, Ill.** More information is available on the [website](#).

May 16-17. **IPFA/PEI 24th International Workshop on “Surveillance and Screening of Blood-borne Pathogens”, Zagreb, Croatia.** To register, click [here](#).

May 17-19. **Cellular Therapies and Transfusion Medicine in Trauma and Critical Care-Looking Towards the Future, San Francisco, CA.** Presented by Blood Systems, Blood Systems Research Institute and the University of California San Francisco. For more information, or to register, click [here](#).

June 6-8. **Technical & Quality Workshop, America’s Blood Centers, Omaha, Neb.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

June 17-21. **27th Regional Congress of the ISBT, Copenhagen, Denmark.** Click [here](#) to register for the event.

July 26. **Transfusion Safety Officer & Patient Blood Management Seminars (Advanced Program), Ft. Lauderdale, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America’s Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 4. **Board Meeting, America’s Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 11-12. **IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** [Registration is open.](#)

Sept. 27-28. **Financial Management & IT Workshops, America’s Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#). ♦



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 Lisa Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: lspinelli@americasblood.org.

POSITIONS

Also available on our [website](#)

Immunohematology Medical Technologist. Love blood banking? Interested in learning more about blood than just your blood type? Come join LifeShare Blood Center's Immunohematology Reference Lab (IRL). Medical Technologists in the IRL engage in high complexity problem solving on a daily basis and we have the resources and expertise to make you a master at your craft. Technologists in the IRL use a wide array of serological methods along with molecular/DNA analysis to solve transfusion-related issues and provide the safest possible blood for patients in need. Candidates must have: BS Degree in Medical Technology or related science field; MT(ASCP), MLS(ASCP) or other national accreditation; current CLS Licensure, or license eligible, by Louisiana State Board of Medical Examiners. Personal requirements are liability, attention to detail and an inquisitive mind. Confidentiality is essential. Candidates must pass a pre-employment background check, drug screen and have a clean motor vehicle record. To apply, please go to: <http://www.lifeshare.org>.

Director of Blood Collections and Training. Kentucky Blood Center, located in Lexington, Kentucky is seeking a resourceful, self-motivated individual to assist the Vice President, Donor Services in oversight of all aspects of technical and administrative functions of the Blood Collections operations and training, ensuring quality, accuracy, excellent customer service and efficiency of the departments. Responsibilities include, but are not limited to; monitoring and reviewing staff schedules; reviewing and approving Performance Evaluations; supporting Blood Collection Managers with personnel challenges; assisting with special projects; overseeing training and proficiency of Blood Collections staff to assure safe and pleasing donation experiences for donors and safe blood products for recipients; and overseeing staff competency. MLS or Registered Nurse required. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.ky-bloodcenter.org. Drug-free and EOE/AAP.

Director of Collections Operations (Minnesota Division). (Reports to: Vice President Donor Services; Location: St. Paul, MN; Status: Full-Time, 1.0FTE, and Exempt; Benefits: Medical, Dental, Vision, 401K, Life Insurance, PTO and EST and more) We are looking for

an operational leader to guide 100 plus employees ranging from front line staff, technical leads, supervisors, and managers in both our Metro and Duluth collections operations. Our next Director of Collections, MN, will be able to effect positive guidance and leadership to teams focused on excellence in service with donor interactions and care as well as excellence in the technical and regulated collections processes across Minnesota. Make a live saving difference every day! To apply please go directly to our [website](#) with an updated resume:

Contact Center Manager. JOIN A LEADERSHIP TEAM THAT SAVES LIVES EVERY DAY! This role will help transform a traditional, successful call center into an operation utilizing current technology, demographics and key metrics to engage with our current and prospective donors across multiple platforms in creative, innovative ways. YOU WILL: Provide dynamic motivational leadership; identify and implement state of the art technology solutions; ensure the integrity of the donor database through effective quality control and reporting mechanisms; meet Contact Center financial objectives; and manage cross- functional project teams. YOU ARE: A proven manager with five plus years of key people leadership roles in recruiting or telemarketing. A bachelor-level graduate or related experience. A manager for your people. Technology/data driven. An excellent communicator. Strong in operations background. Position is based in Renton, WA. Annualized salary DOE / DOQ: \$66435 - \$106,288. Full benefit package. Submit resume to: HumanResources@bloodworksnw.org or fax to 1-866-286-8495, or mail to: 921 Terry Avenue, Seattle, WA 98104. Reference job # 8141. EEO Employer/Protected Vet/Disability. Should you have a disability that requires assistance and /or reasonable accommodation with the job application process, please contact HumanResources@bloodworksnw.org, or at (206) 292-6500, or at 921 Terry Avenue, Seattle, WA 98104.

Quality Assurance Director (Full Time). Houchin Community Blood Bank, located in Bakersfield, California, is recruiting for a full time Quality Assurance Director. Houchin is a community blood bank centrally located in California, serving Kern County for over 60 years. We operate in a state-of-the-art, three-year-old, 42,000 square foot facility. Under minimal direction, this

(continued on page 13)

POSITIONS (continued from page 12)

position is responsible for the review of the quality systems and compliance in all areas of technical and clinical operations. Oversees staff participation in performance improvement initiatives, to include data and process analysis, and also serves as a resource to operations on quality issues. Successful candidates must have a bachelor's degree, along with certification as a Medical Technologist, Specialist in Blood Banking (SBB) by a recognized certifying agency, or RN licensure. Five years of related experience in a regulated industry required, to include one to two years of supervisory experience and two to three years of experience in quality, regulatory, and/or auditing. Must have a participative management style, strong team development skills, coaching skills, and ability to lead and motivate senior level managers. Competitive salary, positive work environment, excellent benefits, including two retirement plans, and more. For more information about our company, visit www.hcbb.com. Resumes can be emailed to careers@hcbb.com.

District Director. LifeSouth Community Blood Centers is currently seeking a confident and independent professional for the District Director position in Jacksonville, FL. This position is responsible for supervising all issues related to the operation of regions and mobile collection units within the district. The selected candidate will be expected to develop and implement new and innovative ideas for increasing donor acquisition and retention as well as increasing the district team cohesiveness. Bachelor's degree in a related field required. Previous management experience required. Valid driver's license required. Must also meet and maintain LifeSouth driver's eligibility requirements. The ideal candidate will possess a Master of Business Administration degree, five or more years of management experience and blood banking or FDA regulatory experience. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. To apply, click [here](#).

Laboratory Services Supervisor. LifeSouth Community Blood Centers is currently seeking a skilled individual for a Laboratory Services Supervisor position in our Immunohematology Reference Laboratory in Atlanta, GA. This position is responsible for monitoring staff and providing laboratory oversight. This position will also perform pre-analytic, analytic, and result reporting/releasing procedures. Bachelor's degree in clinical laboratory, chemical or biological science required. SBB Certification required. Clinical laboratory training program and five years of clinical laboratory experience at a licensed, certified or accredited facility required. Master's degree may compensate for less experience. Relocation expenses negotiable. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. VEVRAA Federal Contractor. To apply, click [here](#).

Laboratory Services Manager. LifeSouth Community Blood Centers is currently seeking a skilled individual for a Laboratory Services Manager position in our Immunohematology Reference Laboratory in Atlanta, GA. The selected candidate will have an opportunity to help grow and develop a new lab to expand its services. This position is responsible for overseeing all laboratory testing activities performed in the LifeSouth facility. This includes meeting the needs of customers for accurate, timely and high-quality immunohematology reference laboratory testing and services. This position is also responsible for providing oversight for compliance with established laboratory policies, governmental regulatory requirements – including CLIA, HIPAA and state regulations – and accrediting organizations such as the AABB. Bachelor's degree in clinical laboratory, chemical or biological science required. SBB Certification required. Five years of clinical laboratory experience at a licensed, certified or accredited facility required. Previous supervisory experience required. Master's degree may compensate for less experience. Relocation expenses negotiable. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. VEVRAA Federal Contractor. To apply, click [here](#).

Registered Nurse II (San Bernardino, CA; Riverside, CA; Ontario, CA). Conducts donor and patient interviews, physical assessments, and phlebotomies. Oversees donation process and recovery. Depending on location, work includes performing Whole Blood, special services, and multiple Component Collections in order to provide excellent customer service and to produce safe quality blood products for patients. May be required to learn and maintain skills on multiple Apheresis Technologies based on organizational need. Gives attention to detail and conducts work according to Policy, Procedure, and Regulatory Guidelines. Works as a positive Team Player to provide effective donor/patient processing. Assumes charge RN responsibilities as assigned. Works at other draw locations as needed. Education and Experience: AS Degree in Nursing. Minimum three months to one year of generalized Nursing and/or Clinical experience. Current California Registered Nurse (RN) License and current CPR Certification. Current valid California Driver's License. For further information and to apply online please visit: www.LStream.org. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the federal governments E-Verify program to determine employment eligibility. The employer will consider qualified applicants with criminal histories in a manner consistent with the Los Angeles Fair Chance Initiative for Hiring.

Medical Technologist, Reference Lab. This position is responsible for performing all reference laboratory procedures, which requires a thorough understanding of immunohematology and the principles and properties of

POSITIONS (continued from page 13)

red cell antigens and antibodies, including problem solving abilities. A reference laboratory technologist will provide consultation to hospital clients and may be involved in training staff. Education/Experience: Bachelor's Degree from a four-year college or university; BS in medical technology preferred. One to two years related experience and/or training; or equivalent combination of education and experience. Minimum of 2 years of experience in blood bank including skill in antibody identification procedures is mandatory. MT (ASCP) certification, BB or SBB or eligible preferred. Knowledge or experience in flow cytometry preferred. The position is available immediately. Interested candidates **must** apply online at communitybloodservices.org. For questions, call Monica Melendez at 201-389-0436.

Medical Technologist, Technical Services. Responsible for performing routine donor testing, utilizing automated lab instruments or equipment. Perform high complexity testing: platelet crossmatch and platelet antibody screen. Medical Technologist degree required. NYS license required. ASCP preferred. One to two years of experience in blood banking or chemistry preferred. The position is available immediately. Interested candidates **must** apply online at communitybloodservices.org. For questions, call Monica Melendez at 201-389-0436.

Quality & Regulatory Affairs Specialist. The Stanford Blood Center is seeking a quality & regulatory affairs specialist. Under the general supervision of the Director of Quality and Regulatory Affairs, this position will perform the quality and regulatory affairs duties and responsibilities by reviewing department procedures, forms, training documents, product and equipment quality control (QC), change control processes, validations, and assist with development, as necessary. Develop, perform and report departmental, system audits, and safety inspections. Perform Good Manufacturing Practice (GMP) and safety training, trend analysis of events and quality indicators, root cause analysis, process improvement, corrective and preventive actions; maintain

compliance by enforcing applicable regulations and standards set by regulatory agencies and submit appropriate reports, when required. Four year college degree and at least three years of blood banking experience with solid familiarity of cGMP in a manufacturing setup, AABB BB/TS Standards, and Title 21 of Code of Federal Regulations required. Must have exceptional attention to detail, able to exercise flexibility, and prioritize tasks; strong collaboration and effective communication skills both verbally and in writing, able to problem solve, analyze and evaluate complex situations; work independently and initiate improvement ideas to enhance QRA program; proficient in Microsoft Office. Learn more [here](#), job #41357

Lead Collections Trainer. The Stanford Blood Center is seeking a Lead Collections Trainer. Under the general supervision of the Training Supervisor is responsible for the training of new and current Donor Services staff as required by each department, and all new and current Collections staff responsible for collecting whole blood and apheresis, blood donor evaluation and blood donor relations. Collaborate with department management to ensure all Donor Service new and current staff meeting training requirements and that training documentation is accurate and complete. Ability to work a 4/10 work schedule. Ability to be flexible with work schedule based on operational needs, including days, evenings and weekends is required. Schedule includes a rotating work cycle, from 5am to 10pm, Sunday through Saturday, with potential for daily changes in schedule and location. Four-year degree required. Two years of training, mentoring or presenting experience in a healthcare setting required. Previous supervisory experience desired. Blood donor collections at a blood center or direct patient care in a medical facility experience desired. Experience working as a trainer, phlebotomist, or charge nurse in a blood center preferred. California State Licensed Registered Nurse preferred. Must exemplify strict adherence to regulatory and government agency requirements. Must possess and keep current a Basic Life Support (BLS) for Healthcare Provider certification and valid noncommercial California Driver's License. To learn more, click [here](#), job #41319. ♦