



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: [www.americasblood.org](http://www.americasblood.org)

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## Impact on Blood Centers of Raised Minimum Hemoglobin (Hgb) Cutoff for Male Donors

The Food and Drug Administration's (FDA) final rule that raised the minimum Hgb cutoff for male blood donors to 13.0 g/dL, from 12.5 g/dL, was implemented on May 23 at blood centers nationwide—one year after publication of the final rule. Blood industry professionals fear the raised cutoff will negatively affect blood donations by increasing donor deferrals, and the impact may be particularly important during the upcoming summer months when centers typically see a dip in donations. A study from Spencer *et al.* in the journal *Transfusion* examined the potential impact of the Hgb cutoff for males on the blood supply and discussed how centers can lessen the loss in their overall supply.

Potential donors have their Hgb or hematocrit (Hct) measured to ensure they are not iron-deficient (anemic) and that they are healthy enough to give blood. Donating blood is necessarily tied to iron loss, which if sufficient is cause for deferral and can result in anemia. The gender independent “one size fits all” acceptable donor Hgb level of 12.5 g/dL has for years deferred normal females and allowed males with low levels to be bled. For example, in the third National Health and Nutrition Examination Survey, the Center for Disease Control found that 95 percent of adult men had an Hgb level of 13.5 g/dL or greater (39.9 percent Hct), and 95 percent of females had Hgb levels of 12.0 g/dL or greater (35.7 percent Hct). African-American males had slightly lower Hgb and Hct levels and African-American females had even lower counts.

Accordingly, the FDA raised the Hgb cutoff for male donors to 13.0 g/dL. The new rule has some blood centers particularly worried about the loss of male donors, especially repeat and platelet apheresis donors who are at high risk of iron depletion.

“Numerous studies demonstrate a high prevalence of iron depletion in donors, so from a donor safety standpoint, most of us in the blood community accept the need for this change,” said Louis Katz, M.D. and chief medical officer at America's Blood Centers, “along with the need to consider much more aggressive approaches to donor recruitment and retention.”

The final rule included an allowance for accepting female donors at a hemoglobin of 12.0 g/dL after the FDA approves acceptable blood center measures to protect these donors from iron depletion. Acceptable measures are not yet well defined, but groups at both ABC and AABB are preparing proposals that can be considered.

(continued on page 3)



## OUR SPACE

Rachelle Fondaw, ABC Dir. of Education and Grants &  
Leslie Maundy, Manager of Membership Services

### Are You Taking Advantage of the Continuing Education Credit Opportunities through America's Blood Centers Professional Institute?

America's Blood Centers Professional Institute (API) offers many ways to earn continuing education credits throughout the year. Whether the course is a webinar, a face-to-face workshop, a session in our annual or summer meetings, or an upcoming eLearning course, many of our courses are eligible for continuing education credits.

The API delivers practical knowledge and skills to help blood center employees be more successful on the job and in the industry. Continuing education credits provide the additional benefit for maintaining licensure or certification in a number of fields. Continuing Medical Education (CME) credits are intended for physicians and nurses. Human Resources Certification Institute (HRCI) credits support human resource professionals. Professional Acknowledgment for Continuing Education (P.A.C.E.) credits are intended for clinical and laboratory professionals, and Continuing Professional Education (CPE) credits are intended for finance and accounting professionals. API courses can provide training as well for many departments throughout the blood center, including collections, human resources, employee training & development, quality & regulatory, executive, and more.

Many of our webinars are eligible for continuing education credits as well. Our webinars are recorded and available for viewing if you miss them and can still count towards P.A.C.E continuing education credits 30 days from the day of the presentation. For example, a typical 90-minute webinar can give 1.5 credits. The recent Human Resources/Training and Development Workshop provided eligible attendees with 18.75 HRCI and 18 P.A.C.E credits for the three day workshop. The [calendar](#) on the ABC Member Site is updated when new offerings are scheduled. Current face-to-face opportunities for continuing education credits include:



- [Medical Directors Workshop](#), August 1 in Honolulu, Hawaii
- [SMT Forum](#), August 2 in Honolulu, Hawaii
- [2016 IT Workshop](#), September 13 to 14 in Minneapolis, Minn.

Registration is now open for our Medical Directors Workshop and Summer Meeting. [Register here](#) or contact [Lori Beaston](#) to register.

ABC member centers are encouraged to make sure their staff can access the ABC Member Site and listservs. These accounts will ensure your staff is informed when training in their area is available. If you have any questions about the API, you can contact [Rachelle Fondaw](#). For questions regarding continuing education credits, please contact [Leslie Maundy](#). We look forward to your participation in one of our courses soon! ♦

*Rachelle Fondaw*

*Leslie Maundy*

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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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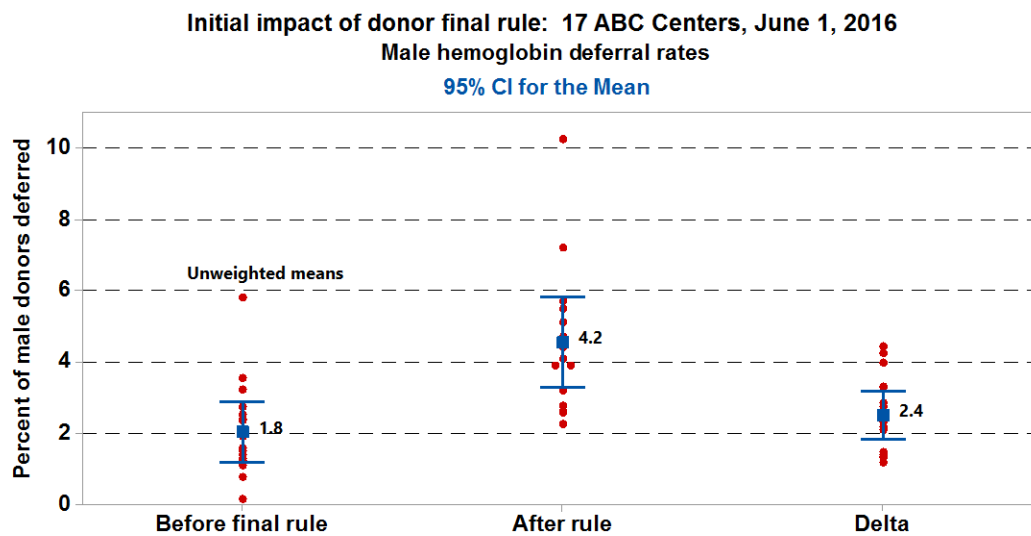
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Impact on Blood Centers of Raised Minimum Hgb (continued from page 1)

In the Spencer *et al.* study, the authors examined donor data from the National Heart, Lung, and Blood Institute’s Retrovirus Epidemiology Donor Study-II (REDS-II) and the REDS-II Donor Iron Status Evaluation (RISE) study. Of the total 2.7 million male donors in the REDS-II study, an average 5 percent of them (135,694) had Hgb levels of lower than 13 g/dL. The authors estimated a loss of 135,694 donations at this level from male donors. This loss of male donations could, therefore, be offset by the additional female donations at a lower Hgb cutoff, the authors concluded—a lower cutoff not established, but allowed by the FDA at this time, as previously stated.

The REDS-II data showed females made up for 55 percent of the unique donors and 46 percent of the RBC supply over the four years studied. Of the 460,324 female donors who were deferred for low Hgb during 2006 to 2009, an average 42 percent of them had Hgb levels between 12.0 and 12.49 g/dL. A recovery of these ineligible donors could add 193,000 units over four years, cites the study.



In a rapid poll ABC conducted this week, a 2.4 percent increase in male whole-blood Hgb deferrals is shown at 16 blood centers in the graph above from before the May 23 FDA implementation compared to after. The graph should be taken as very anecdotal evidence and not conclusive as some apheresis deferrals are likely reported within these figures, among other limitations. Further studies and follow-ups to the implementation are needed. 📌

**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 Lisa Spinelli at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



**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. ♦

## ABC's Absorption of ADRP Provides Exciting Opportunities for Members



Incorporating ADRP as a division within ABC is an exciting strategic initiative that leverages the strengths of both organizations to provide greater member value.

ADRP brings to the table an established brand of excellence in donor professional education, including a robust international component for knowledge sharing. The strengths of both organizations will come together to provide a better member experience for donor professionals everywhere and expand the success of the current ADRP Conference and Expo.

By aligning activities and infrastructure, both organizations can focus on increasing and improving educational offerings for their constituents. Partnering together allows us to present the best educational opportunities to all our members, efficiently and effectively.

(continued on page 5)



AMERICA'S BLOOD CENTERS

## 54TH SUMMER MEETING



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

**“In the late 1700s, Polynesian navigators voyaged thousands of miles of open ocean and discovered Hawaii.**

Using modern day wayfinding techniques, together we will explore ways to navigate the challenging times ahead facing the blood banking industry. Let the island host culture inspire us with its Aloha Spirit, high energy of world-famous Waikiki, natural beauty, entrancing hula and the thrill of fire knife dancing. Discover our paradise this summer.”

– Kim Anh Nguyen, MD, PhD, president and CEO, Blood Bank of Hawaii



**Blood Bank of Hawaii**  
Give Blood. It's Safe. It's Simple. It Saves Lives.

Honolulu International Airport (HNL) is served by most major airlines. Visit <http://www.honoluluairport.org>.

August 1-4, 2016 – Honolulu, HI  
Hilton Waikiki Beach on Kuhio  
special room rate: \$240 + tax

### Future Leader Scholarship Program

Supported by the FABC, these scholarships offer non-C-suite blood center executives the opportunity to advance professionally by attending the ABC Summer Meeting. Details available upon registration.

### Registration Fees

ABC Summer Meeting: \$760  
Non-members (non-vendor), contact Lori Beaston at [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org) for invitation and registration fees and information.

### Meeting Schedule

**Monday August 1:**  
Links for Life Golf Tournament  
Links for Life Golf Reception  
**Tuesday, August 2:**  
Medical Directors Workshop  
Hospitality/Networking  
**Wednesday, August 3:**  
SMT Forum  
Blood Center Leadership Forum  
Host Event by Blood Bank of Hawaii  
Hospitality/Networking  
**Thursday, August 4:**  
ABC Members Meeting

For sponsorship opportunities contact Jodi Zand at [jzand@americasblood.org](mailto:jzand@americasblood.org).

## ABC'S ABSORPTION OF ADRP (continued from page 4)

ADRP subscribers, the majority of which are affiliated with ABC member blood centers, will benefit from the educational infrastructure that ABC offers in terms of listservs, webinars, and the ABC's Professional Institute (API) for future certificate programs and online learning opportunities. Consolidating content offerings under one umbrella reduces duplication and cost, while providing a larger platform to reach donor professionals.

ADRP will continue to hold its annual education conference with support and input from ABC, and ABC will continue to hold its annual and summer member meetings. Some ABC workshops may be folded into the ADRP education conference to provide a more robust educational opportunity. ADRP members will be able to take advantage of the API which offers teachings and trainings in a virtual environment via webinars, and online courses. ABC will be also able to utilize the current education programs already available through ADRP.

The recent affirmative vote of ADRP membership follows closely on the heels of the ABC member vote on this issue in March. A transition plan is being executed with a July 1, 2016 effective date in mind.

### Missing Type Campaign Webinar

America's Blood Centers is pleased to announce the "Missing Type Campaign 2016" webinar on Monday, June 6 at 4:00 p.m. EDT, presented by the Communications and Donor Management Committee.

Join us as campaign creator Jon Latham, assistant director of marketing and donor services at the National Health Service Blood and Transplant division in the United Kingdom, outlines plans for the [Missing Type Campaign](#). Tools, resources, and campaign updates are always available [here](#).

For additional information about the webinar, ABC members can click [here](#). 💧


## RESEARCH IN BRIEF

**An investigational enzyme immunoassay (EIA) shows promise in providing a cost-efficient and effective blood donor screening test for *Babesia microti*, concluded the authors of a new study published on May 25.** *Babesia microti*, a tick-borne pathogen that infected over 1,760 Americans in 2013, is the most frequent infectious disease risk to blood recipients in endemic areas of the U.S.; however, no Food and Drug Administration–licensed screening tests are available and a question on the donor health questionnaire is ineffective.

In this study, 26,703 blood donors from endemic areas (ABC members Innovative Blood Resources in Minnesota and the New York Blood Center), and non-endemic New Mexico donors from Blood Systems were tested for an antibody to *B. microti* using an EIA under development Boston-based Immunetics. Samples testing positive were then retested with the EIA and with polymerase chain reaction (PCR), blood smears, an immunofluorescent assay (IFA), and an immunoblot assay. Thirty-eight of 13,757 (0.28 percent) donors from N.Y.; seven of the 4,583 (0.15 percent) samples from Minn.; and 11 of 8363 (0.13 percent) from N.M. were repeat reactive by EIA. Further testing of repeat-reactive samples found 37 that were positive by IFA and 40 that were positive by immunoblot. Nine of the 56 EIA repeat-reactive donors (eight from N.Y. and one from Minn.) were positive by PCR. Seronegative donors were not tested with PCR.

RESEARCH IN BRIEF (continued from page 5)

Limitations of the assay include its inability to detect window phase infections that are antibody negative PCR/parasite positive and infectious, and the occurrence of false positive reactions.

**Citation:** Levin A., Williamson P., Bloch E., *et al.* Serologic screening of United States blood donors for *Babesia microti* using an investigational enzyme immunoassay. *Transfusion*. Early online. May 25, 2016. DOI:10.1111/trf.13618. 

**BRIEFLY NOTED**

**A randomized pilot study, establishes the feasibility of a pivotal trial of restrictive versus liberal transfusion triggers in acute leukemia patients.** Numerous studies have been performed in critical care and other patient populations of high versus low hemoglobin transfusion thresholds, but not in acute leukemia patients. Feasibility was established using four pre-specified criteria: more than 50 percent of the eligible patients could be consented, more than 75 percent of the patients randomized to the restrictive arm tolerated the trigger, fewer than 15 percent of patients crossed over from the restrictive to the liberal arm, and no indications to pause the study for safety concerns were recognized. No clinical differences were found between the two groups.

**Citation:** DeZern A., Williams K., *et al.* Red blood cell transfusion triggers in acute leukemia: a randomized pilot study. *Transfusion*. April 2, 2016. DOI: 10.1111/trf.13658.

**Using symptom or antibody-based surveillance will not be very effective when trying to reduce the risk of Zika-contaminated blood donations, reads a new paper from the World Health Organization.** Using findings from 25 cases, investigators estimate a mean incubation period of 5.9 days as 95 percent of symptomatic Zika infections will display symptoms by 11 days post-infection. The virus is detectable for an average of 9.9 days, and in 5 percent of patients for more than 18.9 days (95 percent confidence intervals 12.6-79.5 days). Seroconversion occurs nine days after infection on average. The authors recognize that small numbers may limit the precision of these estimates.

**Citation:** Justin T., Lessler J., Ott C., *et al.* [Times to key events in the course of Zika infection and their implications: a systematic review and pooled analysis](#). *Bulletin of the World Health Organization*. April 1, 2016.

**A study in *Transfusion* suggested that therapeutic plasma exchange (TPE) in thrombotic microangiopathy (TMA) patients without severe ADAMTS13 deficiency does not improve 90-day survival rates.** Thrombotic thrombocytopenic purpura (TTP) is a rare TMA with a 90 percent mortality rate in untreated patients. Classic TTP involves a deficiency in the enzyme due to anti-ADAMTS13 autoantibodies. By removing the offending autoantibody and replacing missing ADAMTS13, TPE reduces mortality to less than 20 percent. In this study of 186 adults from the Harvard Thrombotic Microangiopathy Research Collaborative registry, patients were selected if they had TMA suggestive of TTP, but an ADAMTS13 activity level of more than 10 percent. Before propensity matching of patients to control for clinical differences among patients, those treated with TPE had a significant decrease in mortality rates after 90 days (hazard ratio 0.51; 95 percent CI, 0.30-0.87); however, after matching there was no significant difference to be found (hazard ratio 0.88; 95 percent, CI, 0.44-1.77). The authors concluded “Our data suggest that routine use of TPE in the diverse group of TMA patients without severe ADAMTS13 deficiency may not significantly improve outcomes.”



## BRIEFLY NOTED (continued from page 6)

**Citation:** Li A., Makar R., *et al.* Treatment with or without plasma exchange for patients with acquired thrombotic microangiopathy not associated with severe ADAMTS13 deficiency: a propensity score-matched study. *Transfusion*. May 27, 2016. DOI: 10.1111/trf.13654. ♦

## REGULATORY NEWS

**The Center for Disease Control and Prevention (CDC) issued a call to the public for comments and recommendations on the [National Healthcare Safety Network \(NHSN\) tracking system](#).** NHSN was designed to collect data on healthcare-associated infection trends and events, including blood safety errors. Currently made up of five parts: patient safety, healthcare personnel safety, biovigilance, long-term care facility, and dialysis, the NHSN's "Outpatient Procedure Component" is set to be released in 2017/2018, the CDC reported. Comments may be submitted either through the [Federal eRulemaking Portal](#) or via mail, with reference to the docket no. CDC-2016-0046, to Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329. ♦

## THE WORD IN WASHINGTON



**The Center for Disease Control and Prevention (CDC) Director Thomas Frieden lambasted members of Congress for borrowing money from funds meant to fight Ebola to help fund Zika efforts.** At a National Press Club luncheon on May 26, Frieden was quoted as saying, "You don't stop fighting terrorism in the Middle East to fight terrorism in Africa," by *MedPage Today*. As we noted in our [May 20 newsletter](#), a bill providing \$1.1 billion in emergency Zika response

financing passed the U.S. Senate on May 17 with a Republican-backed bill making its way through the House of Representatives the next day that cut funding down to \$622 million. The two sides are left at an impasse with President Obama promising to veto the House-backed bill due to a lack of necessary funding and Congress about to terminate session for the summer on July 15. If a compromise is not reached, the CDC could be forced to go without any federal funding, in which case it could eliminate emergency public health funds from many health districts, including Washington, D.C., New York City, and Los Angeles, starting in July. (Sources: *MedPage Today*, [Frieden Presses Case for Zika Funding](#), May 26, 2016; *The Hill*, [Local health departments brace for funding loss amid Zika standoff](#), May 29, 2016.) ♦

## GLOBAL NEWS

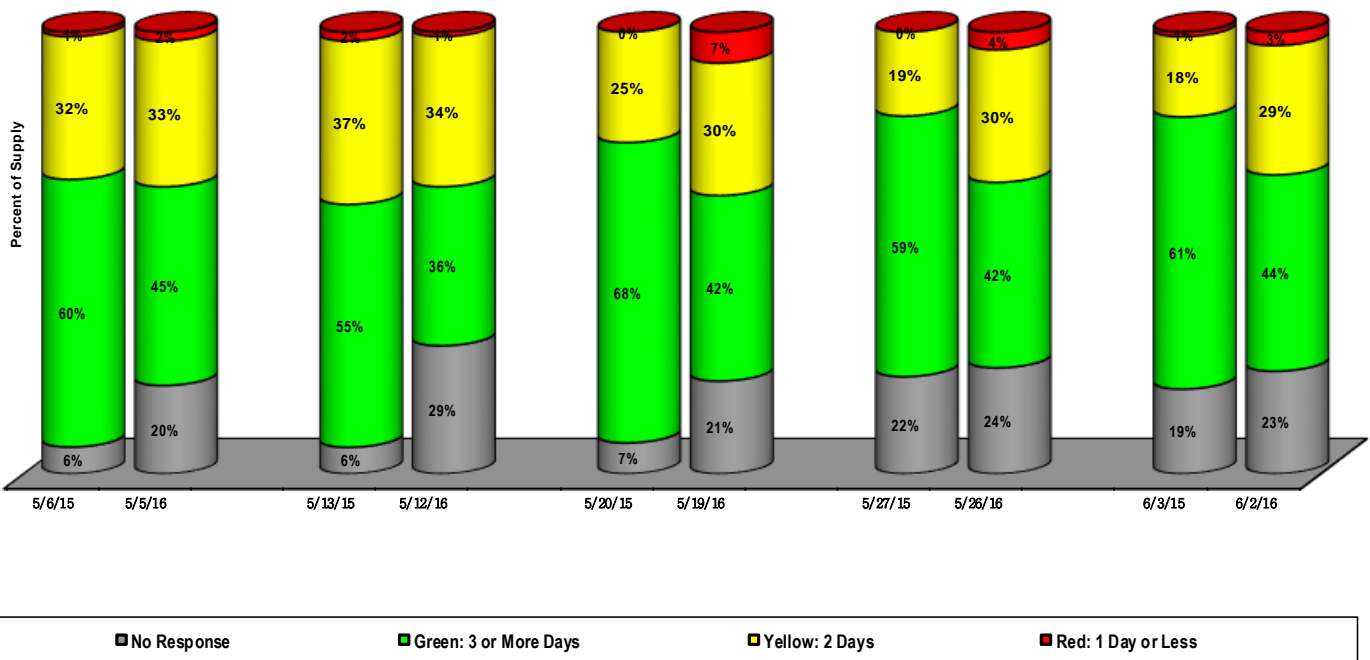


**Europeans are preparing for the summer heat and a possible influx of Zika virus infections with the 6th version of the [Rapid Risk Assessment on Zika Virus Disease](#).** No autochthonous vector-borne Zika virus transmissions had been reported in the European Union (EU) of mainland Europe as of May 19. However, 607 imported cases of Zika infection in 18 EU and European Economic Area countries had been recorded. The assessment, published on May 20, stressed that information be distributed to people traveling to and from Zika endemic areas; how the virus can be spread during sex; and called on EU countries to be vigilant in surveying the population this summer for new infections, among many points. ♦

## INFECTIOUS DISEASE UPDATES

**Biotech firm seeks government approval to market mosquitoes as a pesticide to prevent spread of Zika and dengue viruses.** A company named MosquitoMate has filed an application with the U.S. Environmental Protection Agency to rear male mosquitoes infected with a particular strain of bacteria, *Wolbachia*. The male mosquitoes will mate with wild female mosquitoes and lay infected fertilized eggs. The fertilized eggs will not hatch, because the paternal chromosomes do not form properly, according to MosquitoMate. The approach has reduced wild mosquito populations in other areas, but is noted as being costly and has never been proven to work in reducing Zika or dengue infections. (Source: *Nature*, [U.S. reviews plan to infect mosquitoes with bacteria to stop disease](#), May 24, 2016.) 📌

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



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

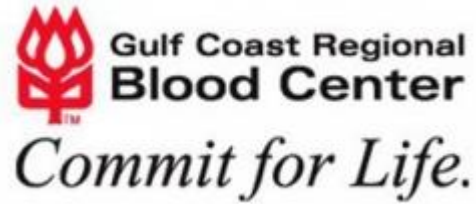
### We Welcome Your Letters

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 Lisa Spinelli 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.



## MEMBER NEWS

**Gulf Coast Regional Blood Center (GCRBC) is now testing for the Zika virus using the Roche cobas® 6800/8800 system.** As reported in our [April 29 newsletter](#), GCRBC is the first United States blood center to announce they will be testing donors for Zika virus (ZIKV) in blood donated within the continental U.S., as part of the Roche Molecular Systems-sponsored clinical trial under a Food and Drug Administration-approved Investigational New Drug protocol. Testing, which the center has the capacity to do on 3,600 samples per day, will be done in addition to screening donors based on answers about travel and residence patterns and whether donors have had sexual contact in the last three months with someone at risk for ZIKV infection. (Source: GCRBC, May 23, 2016.)



**Sheppard Community Blood Center (SCBC) of Augusta, Ga. became a member of the Alliance for Community Transfusion Services (ACTS) on May 24, 2016.** The independent blood center joins 10 other ABC-member blood centers in this alliance which looks to “strengthening relationships between community blood programs and local hospitals,” reads a press release from the Alliance. ACTS member blood programs believe their collective knowledge gained, as well as the industry relationships they have formed, will translate into producing best practices for the group that will help members centers streamline efficiency, quality, cost-containment, and supply consistency without sacrificing local customer service, reads the ACTS website. (Source: ACTS, May 25, 2016.) ♦

## PEOPLE



Louis Katz, M.D., chief medical officer at ABC and medical director of Scott County Health Department in Davenport, Iowa, gave the 2016 Bill T. Teague Lectureship, hosted by the Gulf Coast Regional Blood Center (GCRBC) on May 18. The lecture, “Emerging Infections: The Future of Pathogen Reduction in the U.S.,” discussed the qualitative and quantitative issues facing the blood industry along with the expanding list of agents, including pathogen reduction, that offer proactive approaches for mitigating risks. GCRBC has hosted the annual lecture in transfusion medicine for 20 years with the purpose of presenting lecturers by nationally-recognized authorities in the areas of transfusion medicine and blood banking science, administration, and technology. ♦

## COMPANY NEWS

**The Food and Drug Administration (FDA) [approved](#) Afstyla [antihemophilic factor (recombinant), single chain] for adults and children diagnosed with hemophilia A, on May 25.** Afstyla is intended to be administered via intravenous dosing two to three times per week for on-demand treatment and control of bleeding episodes, routine prophylaxis to decrease the frequency of bleeding episodes, and perioperative management of bleeding. It is expected to be available early this summer. ♦



## MEETINGS

June 9 - 11

### **14<sup>th</sup> International Cord Blood Symposium, San Francisco, Calif.**

AABB, with support from the Cord Blood Association, will host the 14<sup>th</sup> International Cord Blood Symposium from June 9 to 11 in San Francisco, Calif. The scientific program brings all of the umbilical cord blood related fields of hematopoietic stem cell transplantation, banking, and potential in regenerative medicine together in one interactive three-day conference. The [program](#), registration details, and other information can be found [here](#).

June 10

### **AABB Zika Virus Symposium: Blood & HCT/P Safety, Washington, D.C.**

A one-day conference featuring industry experts who will discuss the recent recommendations to minimize the risk of transmission of Zika virus through blood transfusion or transplantation of HCT/Ps. The speakers will also address approaches to preparedness while anticipating the emergence of mosquito-borne transmission in the United States and the current experiences with donor testing under investigational new drugs, the use of pathogen inactivation and research initiatives. Register [here](#) for the conference.

August 1 - 4

### **ABC 54th Summer Meeting and 6th Annual Links for Life Golf Tournament, Honolulu, Hawaii**

Registration has begun for the ABC 55th Summer Meeting in Honolulu, Hawaii, hosted by Blood Bank of Hawaii, to take place August 1 to 4 at the Hilton Waikiki Beach on Kuhio Ave. It will feature the ABC Medical Directors Workshop and the Foundation for America's Blood Centers Links for Life Golf Tournament. Contact [Lori Beaston](#) for more information.

September 8

### **FDA Public Workshop on Development of HCT/Ps, Silver Spring, Md.**

This free, first-come-first serve, public workshop titled the [Scientific Evidence in the Development of Human Cells, Tissues, and Cellular and Tissue-Based Products Subject to Premarket Approval](#) was organized to identify and discuss scientific considerations and challenges to help inform the development of human cells, tissues, and cellular and tissue-based products (HCT/Ps) subject to premarket approval, including stem cell-based products. The workshop will take place at White Oak Campus, 10903 New Hampshire Ave., Building 31 Conference Center, Great Room in Silver Spring, Md.

September 12 - 13

### **FDA Public Hearing on HCT/Ps, Bethesda, Md.**

Early registration for this public hearing to collect comments on the draft guidances relating to the regulation of human cells, tissues or cellular or tissue-based products will last until June 1. The hearing will take place at the Masur Auditorium, Building 10, 9000 Rockville Pike, in Bethesda. More information can be found [here](#). ♦

### **ABC Calendar of Events**

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!

## 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

**Marketing Manager.** Since 1948, BloodSource has proudly served as a leader in our industry. We are a globally-recognized leader in blood transfusion medicine! With Donor Center locations throughout Northern and Central California, more than 2,200 community blood drives every year and a dedicated donor base, we are the source of nearly every unit of blood used by more than 40 hospitals in approximately 25 counties. Our reputation is one of excellence, quality and service. We recognize our most valuable asset – our employees-with excellent benefits, competitive salaries and an environment based on respect, collaboration, and teamwork. We are looking for a Marketing Manager to join our leadership team at BloodSource! The Marketing Manager is responsible for overseeing the development of marketing and communication strategies that reflect and support organizational goals to ensure that community blood needs are effectively communicated and operational goals are consistently achieved. This individual will be responsible for developing, executing and measuring the effectiveness of all strategic marketing, public relations and special events to support attainment of BloodSource Collections goals in multi-site locations and our newly forming Pacific Region (Northern California, Sacramento, San Francisco and North-West Nevada). Link to Apply: <http://www.bloodsource.org/About-Us/Employment>

**Fairbanks Center Manager.** The Blood Bank of Alaska (BBA) is looking for a Fairbanks Center Manager. The Fairbanks Center Manager is responsible for oversight and coordination of the daily operational collection functions and related product processing work flow for the BBAF Center. Directs the activities of such team to facilitate reaching and exceeding goal. Oversight and partnership with BBA management team in planning, program formulation, and technical decision making with particular reference to the role, functions, and operation of the blood bank's technical areas. This position is full-time exempt. The Blood Bank of Alaska offers competitive wages and an exceptional benefits plan. We offer medical, dental, vision, life and short/long term disability programs to qualified employees. Educational assistance, paid annual leave and holidays, a health and wellness program, and a 401 (k) program are also available. The Blood Bank is an equal opportunity employer. Qualified applicants are

considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status or any other legally protected status. Interested candidates please apply online at [www.bloodbankofalaska.org](http://www.bloodbankofalaska.org).

**Assistant Professor / Professor of Transfusion and Cell Therapies.** The Faculty of Medicine at Helsinki University, Finland, invites applications for the position of assistant professor / professor of transfusion and cell therapies. The Faculty and Helsinki University Central Hospital are among the 10 best medical centers at European level and the 50 best centers in the world. The applicant will carry out and supervise scientific research, provide research-based teaching and follow scientific progress and take part in societal interaction in his/her field and in international collaboration. International and cross-disciplinary experience, success in obtaining research funding and playing an active role in research community will be appreciated. The appointee and the Finnish Red Cross Blood Service (FRC BS) may negotiate over a suitable secondary position. FRC BS is a non-profit organization responsible for collecting blood and supplying blood products all over Finland. FRC BS also hosts the Finnish Stem Cell Registry. FRC BS has an annual research budget of over 2 million euros and publishes about 35-40 scientific publications each year. Further information can be found at: <https://www.helsinki.fi/en/open-positions/assistantprofessor-professor-of-transfusion-and-cell-therapies>.

**Apheresis Registered Nurse.** The Apheresis Registered Nurse is responsible for supporting and monitoring standard operating and special blood banking procedures to ensure safety of blood products and alignment with organization goals and compliance with regulatory guidelines. This position will be responsible for assisting with donor counseling function for reactive testing markers and to serve as a resource RN for blood bank personnel, donors and the public. Must be able to create and maintain accurate, detailed reports and records. Must be able to work independently and have critical thinking skills. This position is full-time non-exempt. The Blood Bank of Alaska offers competitive wages

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and an exceptional benefits plan. We offer medical, dental, vision, life and short/long term disability programs to qualified employees. Educational assistance, paid annual leave and holidays, a health and wellness program, and a 401 (k) program are also available. The Blood Bank is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status or any other legally protected status. Interested candidates please apply online at [www.bloodbankofalaska.org](http://www.bloodbankofalaska.org). ♦