

The Newsletter will not publish next week due to the Summer Meeting. Publication will resume the following week, August 11.

Issue #27
July 28, 2017

American Red Cross Testing Labs Joins Creative Testing Solutions

The American Red Cross (ARC) testing labs will join Creative Testing Solutions (CTS) as of January 2018, announced CTS on Thursday. The move will make CTS responsible for testing approximately 75 percent of the U.S. blood supply.

“With challenging economic conditions across the blood banking industry, joining together to combine donor testing services creates benefits for all existing and future CTS customers. Combining laboratories into one organization will enhance backup capability within the system to ensure continuity of operations,” said Sally Caglioti, president of CTS, in a joint statement.

The ARC testing labs will become an equal partner with Blood Systems, Inc. (BSI), a founding member of CTS. OneBlood, the other founding member, will retain minority partnership in CTS. The new organization will perform testing on approximately nine million blood donations annually, at six high-volume donor testing laboratories across the U.S.

“In the coming years, this partnership will increase operational efficiencies by standardizing testing processes and procedures across all six laboratories. We are pleased that there are no plans at this time to reduce staff as part of this reorganization,” added Chris Hrouda, newly-appointed president of Red Cross Biomedical Services (please see the [People](#) section of this newsletter).

Currently, CTS operates three high volume donor testing laboratories in Dallas, Phoenix, and Tampa. In addition to donor specimen testing, the laboratories perform source plasma testing

and participate in clinical evaluation of reagents, test kits, and equipment. CTS is already the largest independent blood donor testing organization in the U.S. The testing platforms currently used at all CTS and ARC labs are the same—nucleic acid testing on the Grifols system (with the exception of the Roche IND at the CTS facility in Tampa); and Abbott system for serology.

Approximately 400 current staff members are employed at ARC labs and lab support functions will transition their employment status to CTS to support this



partnership. The move will transition ARC blood donation testing away from an internal process to a shared one with CTS and rebrand the ARC testing labs to be CTS laboratories. (Source: CTS email, July 27, 2017) ♦

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OUR SPACE

Pascal George, CEO of Central New Jersey Blood Center & President FABC

Donating to a Grizzly Cause

The 2017 ABC Summer Meeting is around the corner!

This year, we have modified the schedule to ensure those who want to participate in the Links for Life Golf Tournament would not have any meeting-related conflict. We have also added a modestly priced beginners' training session for those, like myself, who have rarely, and mostly ineptly, wielded a club in their lives. So far, we have seen good participation from both sponsors and players, but we welcome additional participants.

However, my main goal in writing today's column is to appeal to you as individuals to [support the Lou Katz grant](#). As you may recall, this project originally started when Dr. Katz had announced his "retirement" from ABC. Many of us felt that he has been not only a knowledgeable, efficient, and tireless advocate for our industry with the regulators, but also a wonderful colleague, always available to provide insight and information whenever needed. And then, Dr. Katz doubled down on his commitment by deferring his retirement to provide leadership to our association at a critical time. It is fair to say that without his guidance, ABC would be in a much less favorable position to handle the drastic changes required to adapt to the new environment.

And we all know that inside that grizzled, sarcastic, bluntly honest persona lies a heart of gold, always concerned about the people: patients, donors, staff, and colleagues alike. We would like to thank all those who have already donated to this fund. I further appeal to those of you who have not yet donated to show your love and make whatever contribution is right for you, no amount too small, in the next few days, or in-person during the Summer Meeting in Providence. Please pick a flyer at the registration desk for full instructions.

I look forward to seeing all of you soon in Providence!

pgeorge@cjbcblood.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.

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INSIDE ABC

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

Participate in One of the Most Important Benchmarking ABC Surveys

ABC is pleased to announce the annual ABC Executive Compensation Survey has been sent to members. The survey is an important benchmarking tool for our executive and human resources members. The survey covers salaries and benefits for C-suite members—including chief executive officers, chief operating officers, chief financial officers, and medical directors—as well as directors and manager-level positions. The ABC Executive Compensation Survey typically has a high participation rate (95 percent in 2015), and we ask you to help us in continuing this tradition! Survey results are grouped by the size of blood center budgets and, as with all ABC surveys, data is strictly confidential and anonymized. With this information, ABC can provide a strategic overview of the industry and where blood organizations need to position themselves to compete in the future. Members should have their responses in by August 15. Thank you for participating in this important survey! If you have any questions, contact ABC Director of IT and Business Intelligence [Sameer Ughade](#).

Join Us for the ABC Technical/Lab Director Committee Webinar

As part of the America's Blood Centers' Professional Institute (API) educational and professional development offerings, the ABC Technical/Lab Directors Committee is pleased to announce the webinar "Where have all the Med Techs gone?" on August 15 at 3:00 p.m. EDT.

A recurring theme from a number of ABC members is the difficulty in recruiting qualified and, in some cases, licensed medical technologists, particularly senior level technologists with supervisory experience. The challenge varies by geographical area. Senior Manager of Scientific Engagement and Research Edna Garcia at American Society of Clinical Pathology (ASCP) and Technical Director Adam Summers from the Northern California Community Blood Bank will lead the discussions.

By participating in this webinar, attendees will be able to:

- Explain the outlook for new medical technologists (MTs)—both licensed and not—entering the field as well as senior staff approaching retirement and any projected gap.
- Identify the challenges to retaining the workforce.
- Compare compensation (salaries/incentives) from blood centers and hospitals for MTs.

Register for the webinar [here](#).

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 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.



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Click here for more information about the BD FACS Via™ System.



AMERICA'S BLOOD CENTERS'
55TH SUMMER MEETING
 August 1-4, 2017 – Providence, RI

HIGHLIGHTS

Common Ground: The Impact of Reimbursement

Jack Berry, American Hospital Association's Regional Executive

Customers & Negotiations: Building Relationships

Andrea Coleman, Former Hospital CEO and VP with VHA West Coast

Pediatric Transfusion Thresholds Update

Steven Sloan, Blood Bank Medical Director, Children's Hospital Boston

Iron Mitigation at Blood Centers

Ralph Vassallo, EVP / Chief Medical & Scientific Officer, Blood Systems

***Members Meeting (ABC Members only)**

Links for Life Golf Tournament (Warwick Country Club)

“ All of us at the Rhode Island Blood Center look forward to hosting our ABC colleagues, family and friends at the ABC Summer Meeting in August. New England, and Rhode Island in particular, are beautiful places to visit in the summer. We hope you have some extra time and can take the opportunity to see what Rhode Island has to offer this August. ”

– Larry Smith, President & CEO,
 Rhode Island Blood Center



Hotel Information

Renaissance Providence Downtown

Hotel room rate: \$169 + tax



**Registration is now open,
 visit www.bit.ly/abc_meetings**

The Future Leader Scholarship will be available upon registration.

For sponsorship opportunities, please contact Leslie Maundy at lmaundy@americasblood.org.



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RESEARCH IN BRIEF

Researchers published a study on a preservative cocktail that could stabilize white blood cells in whole blood *ex vivo* for up to 72 hours. Deterioration of leukocyte viability in stored whole blood represents a challenge for implementing functional neutrophil assays for research and clinical applications. A new study shows preservation of neutrophil function, leukocyte viability, and CD45 biomarker expression in whole blood stored at ambient temperatures—refrigerated storage options are already available. The cocktail includes *Q-VD-OPh* hydrate and Boc-D-FMK, broad spectrum caspase inhibitors, dissolved in dimethyl sulfoxide and stored at -20 degrees Celsius.

Citation: Sandlin R.D., Wong K.H.K., Boneschansker L., *et al.* Preservative solution that stabilizes erythrocyte morphology and leukocyte viability under ambient conditions. *Scientific Reports*. July 18, 2017. DOI: 10.1038/s41598-017-05978-7.

THERAFLEX UV-Platelets and the THERAFLEX MB-Plasma Systems were effective for inactivating Zika virus in platelet concentrates and plasma spiked with Zika. Pathogen reduction (PR) has been shown to be effective in deactivating a number of arboviruses, including Zika, dengue, and chikungunya. MacoPharma's THERAFLEX UV-Platelets system uses ultraviolet C light and the plasma system, methylene blue with 630 nm light, to inactivate a pathogen's genomic nucleic acid. The Australian study showed an average inactivation was 5 logs in platelets and 5.7 in plasma. These systems are not currently being evaluated in the U.S.

Citation: Fryk J.J., Marks D.C., Hobson-Peters J., *et al.* Reduction of Zika virus infectivity in platelet concentrates after treatment with ultraviolet C light and in plasma after treatment with methylene blue and visible light. *Transfusion*. July 17, 2017. DOI: 10.1111/trf.14256. 🔴

RECENT REVIEWS

U.K. investigators review the most appropriate approaches to transfusing patients with gastrointestinal (GI) bleeding. GI hemorrhage is the second most common cause for a red blood cell (RBC) transfusion in the U.K. In a review of GI bleeding data, 43 percent of acute upper GI bleeding (UGIB), and 26 percent with lower GI bleeding (LGIB) received RBC transfusions in this U.K. study. The available literature suggests restrictive transfusion is probably appropriate for most stable patients without cardiovascular disease with UGIB. The authors find the evidence base for a specific strategy weak for LGIB, as is that for use of plasma and platelet transfusions across the spectrum. The authors call for further studies.

Citation: Oakland K., Jairath V., Murphy M.F. Advances in Transfusion Medicine: Gastrointestinal Bleeding. *Transfusion Medicine*. July 24, 2017. DOI: 10.1111/tme.12446. 🔴

BRIEFLY NOTED

Recommendations for anemic and hematinic-deficient pregnant women during pregnancy and in the post-partum period were released. The guidelines come from the Network for the Advancement of Patient Blood Management, Hemostasis, and Thrombosis (NATA) in collaboration with the International Federation of Gynecology and Obstetrics (FIGO), and the European Board of College of Obstetrics and Gynecology (EBCOG). Some of the guidelines include specific recommendations for the detection and classification of anemia in pregnancy, prevention of, and different modes of treatment depending on the level of severity—which include oral iron supplements, erythropoiesis-stimulating agents, intravenous iron, and red blood cell transfusions. The authors discussed blood management practices in conjunction with these treatment methods and noted that red blood cell transfusion should be limited to “severely anemic women who develop circulatory instability due to post-partum hemorrhage” and that these women should be on a very restrictive transfusion protocol.

(continued on page 6)

**BRIEFLY NOTED** (continued from page 5)

Citation: Muñoz M., Peña-Rosas J. P., Robinson S., *et al.* Patient blood management in obstetrics: management of anaemia and haematinic deficiencies in pregnancy and in the post-partum period: NATA consensus statement. *Transfusion Medicine*. July 19, 2017. DOI: 10.1111/tme.12443.

The National Institutes of Health (NIH) abandons grant cap. NIH abandoned their initiative to cap grant support to any individual principal investigator and instead began setting up a \$1 billion fund devoted to new and midcareer scientists. The system they proposed earlier this year was met with criticism from researchers who feared that a rigid cap would inhibit collaboration and stifle more costly innovative research studies. The new program will take about five years to ramp up before reaching the full \$1.1 billion in funding. (Source: *Science*, [NIH abandons grant cap, offers new help to younger scientists](#). June 8, 2017)

A significant reduction in red blood cell (RBC) transfusions occurred after implementation of numerous interventions. In a before-and-after study conducted at an academic medical center, there was a 67.1 percent reduction in multi-unit RBC transfusions and a 47.4 percent reduction in transfusions for hemoglobin above 7 g/dL. The interventions included a Best Practice Advisory to reduce unnecessary blood product transfusion using real-time clinical decision support; a process for providing information at point-of-care to help inform decisions about a patient's care; and enhancements to the health system's computerized provider order entry system. The overall inpatient RBC transfusion rate decreased from 89.8 to 78.1 units/1000 patient days during the intervention period. The researchers estimated the annual cost savings was \$1,050,750.

Citation: Jenkins I., Doucet J.J., Clay B., *et al.* Transfusing Wisely: Clinical Decision Support Improves Blood Transfusion Practices. *The Joint Commission Journal on Quality and Patient Safety*. August 2017. DOI: <http://dx.doi.org/10.1016/j.jcjq.2017.04.003>. ♦

INFECTIOUS DISEASES UPDATES

First case of Japanese encephalitis (JE) transmitted by a blood transfusion has been reported in Hong Kong. JE virus, a flavivirus, is transmitted to humans through the bite of infected *Culex* mosquitoes, and can cause coma and death. A lung transplant patient received blood from a donor subsequently found to have asymptomatic JE infection. The patient was hospitalized for significantly longer than the incubation period of mosquito-borne JE prior to illness onset, suggesting an alternative route of infection. Both the recipient and two samples from the donation tested positive and preliminary RNA sequence identity of the donor and recipient viruses suggest the donor is the source. Two other patients received the donor's blood, without clinical evidence of infection. This is the first JE case apparently transmitted via blood transfusion. (Sources: Honk Kong Informational Services Department [press release](#), July 21, 2017; South China Morning Post, [Hong Kong tackles world's first case of patient contracting Japanese encephalitis through blood transfusion](#), July 21, 2017)

A probable case of local Zika virus transmission has been reported from the Hidalgo County in the Rio Grande valley of Texas. The patient involved had not travelled and admitted no other known risk factors. The infection likely dates from the last few months, and appears to be an isolated event according to the Texas Department of State Health Services. Prior autochthonous infections were identified in the Brownsville region during late 2016. The State Health officials note there is no evidence of ongoing Zika transmission in the state at this time. (Source: Texas Department of State Health Services' [press release](#), July 26, 2017)

(continued on page 7)



INFECTIOUS DISEASES UPDATES (continued from page 6)

The International Federation of Red Cross (IFRC) and Red Crescent Societies reported 296 people have died due to dengue fever in Sri Lanka. “Dengue patients are streaming into overcrowded hospitals that are stretched beyond capacity and struggling to cope, particularly in the country’s hardest hit Western Province,” reads a recent report from the international humanitarian relief organization. The total number of infections since the start of 2017 is at 103,000. The World Health Organization said these figures are 4.3 fold higher than the average number of cases for the same period between 2010 and 2016. Both organizations noted the figures are probably under-reported and there are likely more infections and deaths associated with the outbreak. Massive flooding in 15 of the 25 districts of Sri Lanka is, in part, to blame for the outbreak, said the WHO. Supportive medical efforts and funding from the WHO and IFRC have begun. (Sources: [IFRC press release](#), July 24, 2017; [WHO disease outbreak news](#), July 19, 2017) ♦

REGULATORY NEWS

The Occupational Safety and Health Administration (OSHA) will launch the Injury Tracking Application (ITA) on August 1. The ITA is a new web-based form, accessible from this [webpage](#), and is for employers to submit injury and illness data from their completed OSHA Form 300A. Since January 2017, employers with 250 or more employees who are required to keep OSHA injury and illness records must submit their 2016 Form 300A electronically and have until December 1, 2017 to do so. Beginning in 2018, these establishments must submit their information from all 2017 forms (300A, 300 and 301) electronically by July 1, 2018. (Source: OSHA [press release](#), July 14, 2017) ♦

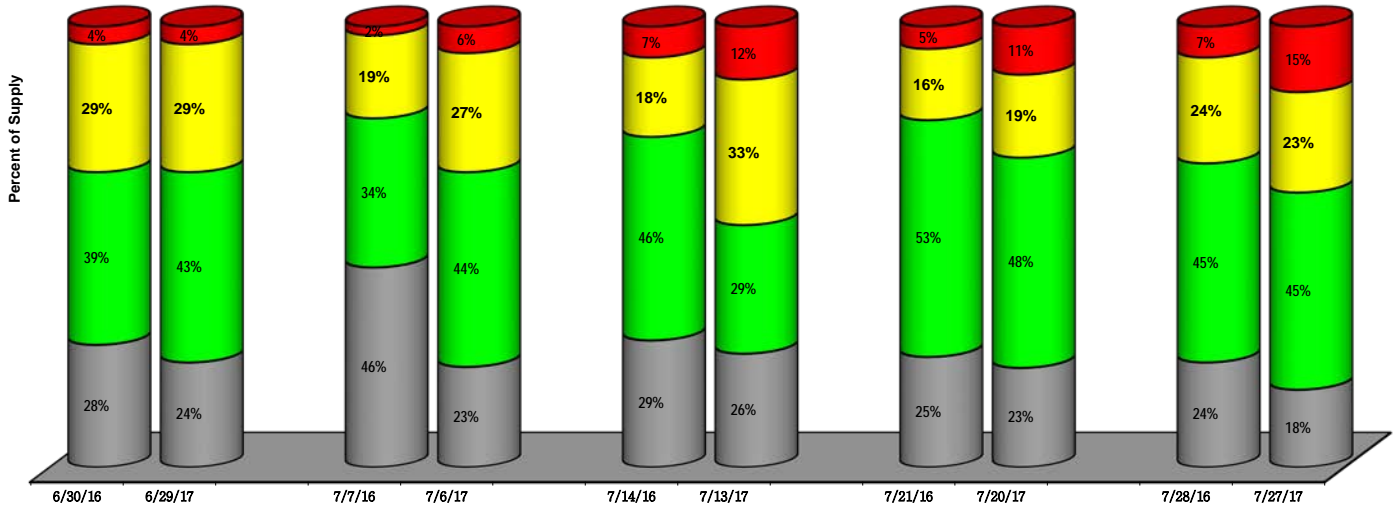
WORD IN WASHINGTON

New “skinny” bill rejected. The U.S. Senate rejected a “skinny” bill early Friday morning (51 to 49) to repeal the parts of the Affordable Care Act (ACA) without replacing it. The bill would have repealed a small number of the ACA’s provisions, notably the employer mandate and medical device tax. ABC has long supported repeal of the medical device tax as part of our advocacy agenda. There were three Republicans who voted against the bill, including John McCain (R-Ariz.). “What are their ideas?” said Senate Majority Leader Mitch McConnell (R-Ky.) after the vote about the Democrats. “It’ll be interesting to see what they suggest as the way forward.” (Sources: *New York Times*, [Senate Health Care Vote: Here’s Where They Left Off and What’s Next](#), July 27, 2017; *Washington Post*, [Senate rejects measure to partly repeal Affordable Care Act, dealing GOP leaders a major setback](#), July 28, 2017)

Overtime rule revisited. The U.S. Department of Labor (DOL) is asking for employers and interested parties to submit information and ideas on exemptions to the Fair Labor Standards Act (FLSA) overtime rule. According to the rule, employers subject to the FLSA must pay their employees who work more than 40 hours per-week an overtime rate of time-and-a-half and changed the threshold for exempt salaried employees from \$23,660 to \$47,476 per year. However, the rule was blocked from taking effect in November 2016 after a federal district court judge granted an emergency motion for preliminary injunction. A new request for information has now been issued from the DOL, in essence starting the process over again with potentially new thresholds being formed. (Sources: DOL [website](#); Lexology, [DOL Signals A “Do Over” For Overtime Rule](#), July 25, 2017; Society for Human Resources Management, [What’s Next for Employers Under the FLSA Overtime Rule?](#) March 15, 2017) ♦



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



■ No Response
 ■ Green: 3 or More Days
 ■ Yellow: 2 Days
 ■ Red: 1 Day or Less

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

7th Annual Links for Life Golf Tournament

Warwick Country Club

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PEOPLE



Chris Hrouda was named president of American Red Cross (ARC) Biomedical Services. The ARC announced Chris Hrouda as the new president of their Biomedical Services this week. Previously serving as the executive vice president of Biomedical Services, Mr. Hrouda brings more than 28 years of ARC blood program experience to the position. The promotion was effective on July 15. Mr. Hrouda replaces Shaun Gilmore, who has accepted another executive role in the organization.

Mr. Hrouda began his career with ARC Biomedical Services in 1988 as a medical technologist with the University of Missouri's hospital and clinics in the Missouri-Illinois Region. He has served in many leadership positions within the organization, including vice president of the Southeast Division and chief executive officer for both the Southern Blood Services Region, Douglasville, Ga., and Heart of American Region in Peoria, Ill.

Mr. Hrouda received his bachelor's degree in Health Sciences from the University of Missouri, Columbia, is a certified medical technologist with the American Society of Clinical Pathologists. He currently serves as the Chair of the National Blood Foundation and is an AABB member. He has previously served as the chair of the Alliance of Blood Operators, on the AABB board, and as the president of the Heart of America Association of Blood Banks. (Source: ARC press office email)



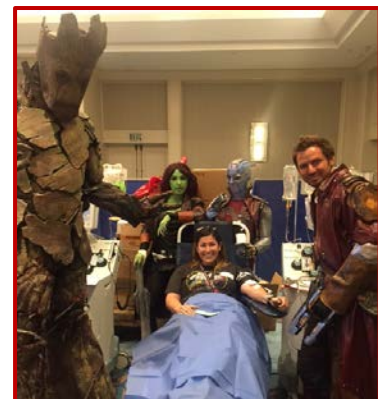
United Way of the Quad Cities Area named Mississippi Valley Regional Blood Center CEO Mike Parejko and R.K. Dixon CEO Bryan Dixon as co-chairmen for the agency's annual fundraising campaign. "United Way of the Quad Cities Area funds programs for the health, education, and financial stability of every person in our community," said Mr. Parejko. "Supporting the 'Live United' campaign is a natural extension of the community partnerships we rely on to fulfill our mission as a blood provider."

The two co-chairmen began the fundraising year by leading United Way of the Quad Cities Area's "Birdies for Charity" campaign, which resulted in \$1.2-million in pledges during the recent John Deere Classic Professional Golf Association tournament, held in the Quad Cities. "I'm fairly new to the area, however, I've supported United Way for years in the communities where I've lived," Mr. Parejko said to a local paper. "United Way is the best way to invest my dollars to make a real impact in our community, and for that reason I'm honored to lead this year's campaign." (Source: QConline.com, [United Way names fundraising co-chairmen](#). July 4, 2017) ♦

MEMBER NEWS

The San Diego Blood Bank (SDBB) collected a historical amount of blood donations at this year's annual Comic-Con Blood Drive. SDBB reported they collected over 1,800 units of blood at its [41st Annual Robert A. Heinlein Blood Drive at Comic-Con International](#), from July 20 to 23, at the Manchester Grand Hyatt, making it the most successful year in the history of the drive.

The drive's previous record was 1,498 pints collected in 2013. This year, donors received an exclusive Guardians of the Galaxy T-shirt and goody bag, and were entered into daily drawings for prizes donated by exhibitors, professionals, and staff. This is one of the most important drives of the summer for SDBB as it will help ease the burden of the summertime lull.



(continued on page 10)



MEMBER NEWS (continued from page 9)

Blood Systems Research Institute (BSRI) announced a collaboration with Hologic. BSRI is using the Panther system from Hologic to measure the human immunodeficiency virus (HIV) latent reservoir in clinical samples and in exchange will provide access to the Panther system to key thought leaders at the amfAR (The Foundation for AIDS Research) Institute for HIV Cure Research, a collaborative enterprise consisting of BSRI HIV experts; University of California, San Francisco (UCSF); the Gladstone Institutes; and other partners. The institute focuses on developing and validating new approaches in HIV research that could ultimately lead to a cure. “This is really helpful to study longitudinal samples of patients in latency reversal trials or other cure interventions,” said Michael Busch, MD, associate investigator at BSRI. “Utilizing the Panther system allows us to detect very minor blips of virus [that is supposedly latent].” (SOURCE: [BSRI press release](#), July 21, 2017) ♦

GLOBAL NEWS

Changes to 12-month blood donor deferral of men who have sex with men (MSM) in the U.K. The U.K.’s Advisory Committee on the Safety of Blood, Tissues, and Organs (SaBTO) released a report changing their recommendation for a 12-month MSM blood donor deferral to three-months. The change from an outright ban of MSM donors to a 12-month deferral after sex occurred in England, Scotland, and Wales blood services in 2011. In Ireland, the year-long deferral went into effect just last year. A working group was set up in 2016 and an anonymized, unlinked survey of 65,000 blood donors was carried out to understand compliance with donor selection criteria. The surveyors found MSM blood donors were more likely to comply with a temporary deferral. The Committee members, after a literature and data review, and a formal risk-based decision making process, concluded that three-months was beyond the test negative window periods for modern donor screening assays. Some news [reports](#) expect the new deferral policy to be implemented as soon as this fall. (Source: SaBTO report, [Blood, tissue and cell donor selection criteria report: 2017](#). July 23, 2017)

Venezuela, once a leader in vector-control, is now having an increase in vector-borne neglected infectious diseases. Due to the political destabilization over the last 17 years and economic collapse of Venezuela, dengue, chikungunya, and Zika virus infections are all now on the rise. Other contributing factors to the rising infectious rate include a decrease in people hoarding water, government funding for dengue, and an increase in vandalism of scientific labs and institutions.

Citation: Hotez P.J., Basáñez M.G., Acosta-Serrano A., and Grillet M.E. Venezuela and its rising vector-borne neglected diseases. *PLOS Neglected Tropical Diseases*. June 29, 2017. DOI: <https://doi.org/10.1371/journal.pntd.0005423>. ♦

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. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



CALENDAR

2017

July 31-Aug. 1. **The Center for Medicare and Medicaid Services (CMS) Advisory Panel on Clinical Diagnostic Laboratory Tests annual public meeting, Baltimore, Md.** For more information and registration click [here](#).

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; Register [here](#) or 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. 18-19. **Public Workshop- Advancing the Development of Pediatric Therapeutics (ADEPT): Application of "Big Data" to Pediatric Safety Studies, Silver Spring, Md.** For more information, click [here](#).

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.

Sept. 27. **7th Annual Symposium Red Cell Genotyping 2017: Patient Safety, Bethesda, Md.** The Department of Transfusion Medicine, NIH Clinical Center, National Institutes of Health, and the Blood Center of Wisconsin are co-hosting this symposium on the NIH campus. For information, registration fee and advance registration contact [Phyllis Kirchner](#).

Sept. 28. **36th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** No registration fee. Advance registration is encouraged. Contact [Karen Byrne](#) or visit the [website](#).

Oct. 7-10. **AABB Annual Conference, San Diego, Calif.** More information and registration [here](#).

Oct. 19-20. **Austrian Red Cross Content Marketing Workshop, Vienna, Austria.** [Email](#) for more information.

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: lsinelli@americasblood.org.

POSITIONS

Positions also available on our [website](#)

Assistant Manager Donor Testing Laboratory. Memorial Blood Centers in St. Paul, Minnesota, is looking for a full-time Assistant Manager of our Donor Testing Laboratory (Laboratory Supervisor). This day shift, Monday through Friday, 9:00 p.m. to 5:30 a.m. role manages the staff at the testing laboratory during the third shift. Benefits include medical, dental, vision, PTO/EST, 401K and more. This is a great next step for a lead technologist who is ready to take on more leadership duties. To apply, click [here](#).

Donor Testing Lead Technologist. Memorial Blood Center in St. Paul, Minn., is looking to add a Donor Testing Lead Technologist to their Donor Testing Department. This full-time role will supervise donor testing technical staff and coordinate all operations on either a second or third shift schedule. Benefits include: medical, dental, vision, PTO/EST, 401K and more! Candidates with four or more years of laboratory experience are encouraged to apply with the following link: <https://home2.eease.adp.com/recruit/?id=19228782>.

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. Candidate must have a four-year college degree and a combination of three or more years of experience in blood banking/laboratory or manufacturing with solid familiarity of GMP, safety in a manufacturing setup, and CAL-OSHA regulations. 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 applications especially Word and Excel; be able to prepare and perform training of staff. MT or Specialist in Blood Banking (SBB) certification, CQA certification,

Registered Nurse, knowledge of quality improvement concepts and quality management tools, are all highly desired. Stanford Blood Center. For more information about us, visit our website at <http://bloodcenter.stanford.edu/>. Apply online at <http://www.stanfordhealthcarecareers.com>, ref. job# 42175.

Clinical Laboratory Scientists (technologists). Stanford Blood Center Histocompatibility Lab has several openings for Clinical Laboratory Scientists (technologists) to perform highly complex human histocompatibility testing for organ transplantation, including molecular typing, HLA antibody identification, and crossmatch testing including both machine and manual assays. Test specimens, analyze, interpret, and report results. Clinical test results are used directly to inform patient care decisions, with errors potentially leading to adverse events. Experience in HLA is a plus, but we will train. The candidate must have a bachelor's degree in medical technology or a life science, and a 12-month internship in medical technology or 12 months of work in an approved histocompatibility laboratory. The applicant must also hold or qualify for California license: Clinical Histocompatibility Scientist (MTR) license (qualify if you are certified by ABHI as CHS or CHT), or Clinical Laboratory Scientist (MTA) license (qualify if you are certified by ASCP or AAB as medical technologist). If currently out-of-state, California license must be obtained within 6 months of start date. For more information on Stanford Blood Center, click [here](#). Please apply online at: <https://www.stanfordhealthcare.org>, reference job codes 41863, 41845, 41994, and 41995. Note: Specific work schedules are indicated on the individual job postings.

Medical Director. LifeShare Blood Centers is looking for a Medical Director (MD or DO) with appropriate specialty, such as hematology or pathology. Prior blood banking experience helpful with 15+ years of experience as a physician or medical practitioner, either in private practice or in association with a major hospital or medical teaching institution. Must have knowledge of regulations, laws, statutes and standards pertaining to blood donation, disease testing, and blood compatibility, transfusion of blood and blood components, and patient or donor reactions. The Medical Director is responsible for providing medical support and consultation to all LifeShare Blood Center locations as needed concerning donors, donor reactions, physician or hospital requests, apheresis services and related procedures. The Medical Director

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investigates all suspected TTD's and submits reports; reviews transfusion reaction reports and takes appropriate action; reviews all post-donation illness reports and makes decision concerning product disposition. The Medical Director reviews abnormal donor test results, including all HIV positive test results and makes notification to the donor. To apply, please go to <http://www.lifeshare.org/careers>.

Component Manufacturing Manager: MEDIC Regional Blood Center is looking for a Component Manufacturing Manager with demonstrated ability to lead others and prior supervisory experience. The Component Manufacturing Manager is responsible for supervision of employees and blood production within component manufacturing to ensure the well-being of our community by providing a safe, adequate and economical supply of blood products. The Manager will ensure inventory and production levels are maintained in coordination with Hospital Services and Distribution Manager. Responsible for staff schedules, daily work flow, inventory levels and supply/equipment maintenance. Excellent verbal and written communication and organizational skills. Basic computer experience, familiar with Microsoft office suite. Prefer health care and/ or blood banking experience MEDIC offers a competitive compensation and benefits package including medical/dental coverage, company-matched 401(k), and PTO (Paid Time Off). To apply, please go to <http://medicblood.org> and select the Jobs tab.

Vice President of Medical Affairs/Medical Director. Mississippi Blood Services (MBS) is seeking the right candidate to assume the role of Vice President of Medical Affairs/Medical Director. From this highly visible position, you'll provide medical guidance to the organization, and continuing education to hospital customer transfusion services encompassing immunohematology, therapeutic apheresis, cellular therapy, and other activities. In this position you'll have the ability to impact the health of MBS blood donors and hospital patients. MBS is the only blood service headquartered in Mississippi and currently serves nearly 50 hospitals across Mississippi, Tennessee, Arkansas and

Louisiana. The right candidate should be a board certified/board eligible physician with three to five years of experience, preferably in hematology, transfusion medicine, cellular therapy, clinical pathology or related fields; comfortable communicating in a manner that will motivate and persuade others, while being aware of their needs and concerns; strategic, big-picture thinking backed by an added focus on the tactical aspects of the work; cooperative and comfortable working as a member of a team, building appropriate relationships with donors, MBS associates, the Mississippi medical community, and medical directors across the country. To apply: Submit a letter of interest with a CV to Human Resources, attention K. Lee, 115 Tree Street, Flowood, MS 39232, email klee@msblood.com, or upload [here](#).

Reference Laboratory Manager. Kentucky Blood Center, located in Lexington, Ky., is seeking a proactive professional responsible for the oversight and management of the reference laboratory (AABB IRL). Responsibilities will include the development of short- and long-term plans; budget preparation and monitoring; oversight of compliance with staff training, processes, and procedures; workload of reference laboratory including staff supervision, employee evaluation, and other standard management functions. Qualified applicants must have a four-year degree, MT(ASCP)SBB, with a minimum of three years management experience preferred. Proof of education/certifications required during the interview process. Must have a working knowledge of industry regulations including the Food and Drug Administration, AABB Standards for Immunohematology Reference Laboratories and AABB Standards for Blood Banks and Transfusion Services. Must be proficient with MS Office products; have proven data analysis skills; be highly organized, reliable, and have outstanding interpersonal skills. Strong written and oral communication skills, a do-what-it-takes work ethic, and a team player attitude are 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.kybloodcenter.org. Drug-free and EOE/AAP. ♠