



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #23

July 12, 2024

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**Please Note:** The ABC Newsletter will not be published on July 19<sup>th</sup>. We will resume regular publication on July 26<sup>th</sup>. Thank you for your continued interest.

## CMS Proposed Rule Includes Recognition of Prehospital Blood Transfusions

The Centers for Medicare & Medicaid Services (CMS) has [proposed a rule](#) that includes recognition of low titer O+ whole blood transfusion as part of the Ambulance Fee Schedule (AFS). This change may not immediately impact reimbursement rates, but it sets precedent regarding the clinical importance of blood transfusion in this setting while also laying the groundwork for recognition and reimbursement of prehospital blood transfusions by private insurance companies.

CMS explicitly noted in the proposed rule that, “we do not have the authority to provide an additional payment, such as an add-on payment for the administration of whole blood transfusion therapy (WBT) under the AFS.” The agency also stated that most ambulances that carry blood would already be classified as advanced life support level 2 (ALS2), and therefore the expected impact is minimal. Additionally, CMS cited the [Prehospital Blood Transfusion Initiative Coalition](#) (PHBTIC) highlighting the importance and impact of the work of this coalition. ABC sits on the PHBTIC Steering Committee.

Comments to the proposed rule are due September 9<sup>th</sup>. ABC plans to submit comments by the deadline and welcomes input from member blood centers. Please [contact](#) ABC Vice President of Government Affairs Diane Calmus, JD with questions or to provide feedback. The proposed rule will be published in the *Federal Register* on July 31<sup>st</sup>.

(Source: CMS [Proposed Rule](#), 7/10/24) 💧

## Blood Community Joint Comments to CMS Requesting New Level II HCPCS Code

America's Blood Centers (ABC), the Association for the Advancement of Blood & Biotherapies (AABB), and the American Red Cross (ARC) have submitted [comments](#) to the Centers for Medicare & Medicaid Services (CMS) in response to the agency's Healthcare Common Procedure Coding System ([HCPCS Level II Code Public Meeting held on May 30<sup>th</sup>](#)). In the comments, the blood community requests that CMS' Division of Coding and Diagnosis Related Groups (DCDRG) “revisit and approve” the submitted application for establishment of a new HCPCS Level II

(continued on page 2)

CBER Updates Guidance Agenda (continued from page 1)

that, “identifies Red Blood Cells, Leukocytes Reduced, Oxygen/Carbon Dioxide Reduced (RBCs, LR, O2/CO2 Reduced) (request #4, HCP231002Y5WRL).”

The comments explained that, “RBCs, LR, O2/CO2 Reduced is a novel blood product where leukocyte reduced red blood cells are processed by the Hemanext ONE system to store and reduce the oxygen and carbon dioxide levels. Research shows that for certain populations, RBCs, LR, O2/CO2 Reduced can improve post-transfusion recovery, improve oxygen delivery for transfusion dependent patients, and potentially reduce healthcare costs by decreasing the number of transfusions a patient may need.” ABC, AABB, and the ARC also noted in the comments that, “in patients requiring chronic RBC transfusions (e.g., transfusion-dependent sickle cell disease and beta thalassemia), these functional advantages offer the potential to reduce transfusion requirements, reduce iron overload associated with frequent transfusion, and attenuate a multitude of pulmonary, cardiovascular, renal and other serious clinical complications associated with RBC hemolysis.”

The organizations added that U.S. Food and Drug Administration (FDA) has [approved](#) the Hemanext ONE system, “[t]herefore, our organizations strongly support the application for a new HCPCS Level II code for FDA-approved RBCs, LR, O2/CO2 Reduced. There is a clear need for a new code for this product, which is clearly distinct from other blood components. CMS has established specific HCPCS Level II codes for other FDA device-based systems.” The blood community listed examples of, “HCPCS code descriptor terms identifying specific blood component processing methods, associated existing HCPCS codes including pathogen reduction and irradiation, and how these processing methods clinically differentiate each product,” explaining that, “[i]n a number of instances, individual HCPCS-coded blood products incorporate multiple processing methods that differentiate their functionality in multiple ways for use in specific clinical situations.”

The comments concluded by recommending that, “CMS’ policies should uniformly support patients’ access to novel products, which are often differentiated based on the processing method. We request that CMS reconsider the request for establishment of a HCPCS Level II code specifically identifying RBCs, LR, O2/CO2 Reduced.”

(Source: Blood Community [Joint Comments](#), 7/8/24) 💧

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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## CBER Updates 2024 Guidance Agenda

The U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) has [published](#) an update to its guidance agenda for 2024. The agenda outlines the guidance and draft guidance documents that CBER "is considering for development" throughout the calendar year. A new addition to the guidance agenda is, "Revised Recommendations to Reduce the Risk of Transfusion-Transmitted Malaria; Draft Guidance for Industry." This comes in the [wake](#) of FDA's [May 2024 BPAC Meeting](#) on, "strategies to reduce the risk of transfusion-transmitted malaria by testing blood donations from donors at risk of malaria exposure." ABC previously submitted [comments](#) to FDA ahead of the meeting with malaria testing recommendations.

Other topics of note that the agency will look to address include:

- "Collection of Platelets by Automated Methods; Draft Guidance for Industry;
- Compliance Policy Regarding Blood and Blood Component Donation Suitability, Donor Eligibility and Source Plasma Quarantine Hold Requirements; Guidance for Industry;
- Blood Pressure and Pulse Donor Eligibility Requirements; Compliance Policy; Guidance for Industry; [and]
- Recommendations for Testing Blood Donations for Hepatitis B Surface Antigen; Draft Guidance for Industry."

Topics categorized as tissue and advanced therapies that may be of interest include:

- "Accelerated Approval of Human Gene Therapy Products for Rare Diseases; Draft Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of *Mycobacterium tuberculosis* by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Disease Agents Associated with Sepsis for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Human Immunodeficiency Virus (HIV) by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Draft Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Hepatitis C Virus (HCV) by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Draft Guidance for Industry; [and]
- Recommendations to Reduce the Risk of Transmission of Hepatitis B Virus (HBV) by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Draft Guidance for Industry."

America's Blood Centers will continue to provide updates to member blood centers on its advocacy efforts regarding the CBER guidance agenda as they become available. Please contact ABC Director of Regulatory Affairs and Public Policy [Justine Coffey, JD, LLM](#) with questions. The complete listing of the potential guidances is updated periodically throughout the year and always available on the [FDA's website](#).

(Source: FDA [Announcement](#), 7/3/24) ♦





## RESEARCH IN BRIEF

**Implementation Of Pathogen Reduced Cryoprecipitated Fibrinogen Complex.** A [study](#) in the *American Journal of Clinical Pathology* “describe[d] the rationale for and process of implementation of Intercept Fibrinogen Complex (IFC) and compare[d] the waste and turnaround time (TAT) of cryoprecipitated blood products before and after implementation.” The authors noted that the study, “retrospectively analyzed institutional data on cryoprecipitated products that were returned and subsequently wasted.” They explained that, “[a]lthough the overall waste rate was ~10 percent historically, [it was] found to be significantly higher in operative locations (~17 percent). [Additionally,] consideration was given to the New Technology Add-On Payment (NTAP) that would be applicable to Medicare patients receiving IFC. This reimbursement amounts to \$2,500 per Medicare patient receiving IFC but is only available for three years from [the] Centers for Medicare & Medicaid Services.” The researchers described that, “IFC go-live occurred on June 6<sup>th</sup>, 2022, and the study periods included the six-month periods before and after this date.” The data set included, “3,835 blood product orders for 840 unique patients who received a median of two pooled units of cryoprecipitated blood products.” They found that, “[a]fter the implementation of IFC, data analyzed for the following six months demonstrated a waste rate of 2.2 percent in operative locations and 2.5 percent in non-operative locations. Cumulatively, the overall waste of cryoprecipitated products across all locations was reduced from  $8.8 \pm 1.5$  percent to  $2.4 \pm 0.6$  percent (73 percent reduction,  $P < .001$ ) after implementing IFC. Notably, the IFC waste in operative locations post-implementation was 1.95 percent, which was significantly lower than the intraoperative waste rate of cryoprecipitate during both study periods (16.7 and 33.3 percent).” The authors explained that, “[t]he most common cause for wastage of IFC was due to inappropriate storage of the product in a cooler and return to the [blood bank] outside of the regulated transportation temperature range...The intraoperative turnaround time (TAT) for cryoprecipitated products was reduced from  $30.4 \pm 9.4$  to  $14.6 \pm 11.3$  minutes (58 percent reduction,  $P < .01$ ) from the time when the transfusion issue order was received to the time of product issue.” The study also found that [p]ost-implementation, “IFC resulted in a significant financial savings for the hospital, but the difference was largely due to the NTAP. Since this reimbursement will only be available for a limited period, the cost advantage should be disregarded when determining long-term impact.” The study’s findings concluded that, “the waste reduction is largely due to the improved storage characteristics of IFC.”

**Citation:** Sethapati, V.R., Pham, T.D., Quach, T., *et al.* “[Implementation and early outcomes with Pathogen Reduced Cryoprecipitated Fibrinogen Complex.](#)” *American Journal of Clinical Pathology*. 2024.

*Contributed by Richard Gammon, MD, Medical Director at OneBlood* 💧

## MEMBER NEWS

North Carolina Health and Human Services Secretary Kody H. Kinsley [donated blood](#) this week at **The Blood Connection**’s Raleigh, North Carolina location in support of the “[Summer of Giving](#)” campaign. Darian Aaron, director of Local News, U.S. South at GLAAD, explained in a statement, “North Carolina Health and Human Services Secretary Kody H. Kinsley’s blood donation and participation in GLAAD and America’s Blood Center’s ‘Summer of Giving’ is a celebration of the LGBTQ community and decades of work to remove the stigma too many potential blood donors have endured. Today, LGBTQ blood donors should be treated the same as any other blood donor when they walk into their local blood center. This campaign and Sec. Kinsley’s actions send a loud message that LGBTQ people are welcome at blood centers, who can generously contribute to their communities to help save lives.”



(Source: GLAAD [News Release](#), 7/10/24) 💧



**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 staffs only, unless otherwise specified.*

### **ABC WELC Webinar: “Lessons in Leadership — A View from the Top” Set for July 17th**

The next America's Blood Centers (ABC) Women's Executive Leadership Community (WELC) webinar will take place on Wednesday, July 17<sup>th</sup> at 3 p.m. EDT titled, “Lessons in Leadership — A View from the Top.” This virtual event will feature three chief executive officers (CEOs):

- Stacy Sime, MT(ASCP)SBB, president and CEO of LifeServe Blood Center;
- Delisa English, MBA, president and CEO of The Blood Connection; and
- Janet Howard, CEO of Western Kentucky Regional Blood Center.

Each will share their insights as they delve into their remarkable leadership journeys in this webinar moderated by Audra Taylor, SBB, executive director for Blood Operations at South Texas Blood & Tissue. Having experienced nearly every role within a blood center during their careers, these blood community leaders will discuss invaluable lessons learned from navigating the complexities of leadership, inspiring and managing teams, and adapting to and embracing change. Don't miss this opportunity to gain tips and techniques to enhance your leadership skills, expand your perspective, and prepare yourself and your teams for the challenges and opportunities ahead! A link to registration and additional information are available in [MCN 24-038](#).

### **Join Us for the July 23<sup>rd</sup> Advocacy Forum Webinar on Blood Center Rules for Political Activity**

ABC invites member blood centers to the Advocacy Forum Webinar titled, “Staying Out of Hot Water: The Rules of the Road for Lobbying and Political Activity by 501(c)(3) Blood Centers.” This webinar is set to take place Tuesday, July 23<sup>rd</sup> at 2 p.m. EDT and will feature Jeffrey S. Tenenbaum, Esq., managing partner at Tenenbaum Law Group PLLC, providing expertise and insight on what is lobbying and what limitations 501(c)(3) blood centers have on lobbying activities, required recordkeeping, hosting events with political candidates and public officials, and how to avoid common pitfalls of political activities. A link to registration and additional information are available in [MCN 24-041](#).

### **ADRP July Webinar Announced: Marketing Insights to Drive Change**

[Registration](#) is open for the Wednesday, July 24<sup>th</sup> [ADRP Webinar: Marketing Insights to Drive Change](#). This event will highlight findings from the first-ever ADRP Marketing Survey, a tool designed to enhance marketing strategy at blood centers. During this webinar, attendees will receive key information from the ADRP Marketing Survey to help drive future decision-making, including aggregate data on:

- appointment acquisitions and donor retention;
- spend allocation through various marketing channels; and
- paid advertising, donor incentives, and social media activity.

The webinar's keynote speaker will be [Riley T. Krotz, PhD, MBA](#) who will also share findings from his

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research in “Saving Lives in the Social Media Era: Increasing Blood Donations.” Dr. Krotz is an award-winning marketing professor at Florida State University exploring blood donations, frontline employees, and public policy. His work has appeared in marketing and supply chain management’s most prestigious academic journals and has received over \$200,000 in grant funding from globally recognized organizations, including the American Marketing Association, the Academy of Marketing Science, the Association for Consumer Research, and the American Antitrust Institute. The will webinar will close by celebrating the 2024 ADRP Marketing Showcase winners. 💧

**BRIEFLY NOTED**

Reporters in *Science* [wrote](#) a July 3<sup>rd</sup> feature on blood substitutes titled, “There Will Be Blood.”

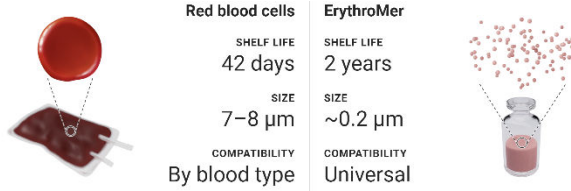
The authors examined hemoglobin-based oxygen carriers (HBOCs), their history, and the ongoing quest for blood substitutes. The *Science* article described ErythroMer and its potential noting that, “artificial ‘blood’ could, perhaps, fill the void [left by blood shortages]. In settings where fresh blood is hard to come by, such as battlefields and rural areas

(where ambulance wait times are sometimes as high as 45 minutes), ErythroMer could be given on the fly to maintain the vital flow of oxygen to organs until someone reaches a hospital. It’s a freeze-dried powder that remains usable for years and can be reconstituted by simply mixing it with widely available saline. And ErythroMer should be safe for any blood type, because its membrane doesn’t include the red blood cell surface proteins that cause mismatches. Last year, the Defense Advanced Research Projects Agency (DARPA) announced a \$46 million grant to a University of Maryland (UMD)-led consortium to develop a shelf-stable, field-deployable whole blood substitute with ErythroMer as its core.” The authors also explain the troubles that HBOC products have encountered such as Hemopure, “when *The Journal of the American Medical Association (JAMA)* published [a meta-analysis](#) of it and four other HBOCs. [*The JAMA authors*] concluded [that] all of the products were intrinsically toxic to the heart, and that patients treated with them were 30 percent more likely to die than if they got conventional transfusions. Trials were halted, investors panicked, and firms either went bankrupt or stopped developing HBOCs entirely. Biopure, Hemopure’s developer, was sold a year later to a different biotech company.” To combat concerns over vasoconstriction, researchers have begun enveloping their hemoglobin-based products, “in an artificial membrane designed to mimic how a red blood cell controls the capture and release of oxygen.” Allan Doctor, MD, a physician and researcher at UMD who developed ErythroMer, explained that, “[w]e’ve imitated the mechanism in normal red cells for optimizing oxygen transport from lungs to tissue...The principal idea is not to interfere with the signaling between red blood cells and blood vessels.”

(Source: *Science*, “[There Will Be Blood](#),” 7/3/24) 💧

**WORD IN WASHINGTON**

On June 28th, in a 6-3 [decision](#), the U.S. Supreme Court overturned a 40-year-old precedent known as “Chevron deference.” As a result, courts will no longer defer to the expertise of a federal agency when interpreting ambiguous language in the law pertaining to the work of that agency. Chief Justice Roberts delivered the opinion of the Court explaining that the, “Administrative Procedure Act requires courts to exercise their independent judgment in deciding whether an agency has acted within its statutory authority,



Red blood cells	ErythroMer
SHELF LIFE 42 days	SHELF LIFE 2 years
SIZE 7–8 $\mu\text{m}$	SIZE $\sim 0.2 \mu\text{m}$
COMPATIBILITY By blood type	COMPATIBILITY Universal

Graphic Courtesy of Science

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WORD IN WASHINGTON (continued from page 6)

and courts may not defer to an agency interpretation of the law simply because a statute is ambiguous; Chevron is overruled.” He also noted in the opinion that, “perhaps most fundamentally, Chevron’s presumption is misguided because agencies have no special competence in resolving statutory ambiguities. Courts do.” This change will likely increase the amount of litigation following agency actions and is expected to increase the amount of uncertainty in the outcome of such litigation. America’s Blood Centers will continue to monitor the impact of this decision on its member blood centers. Specifically, this ruling will likely impact litigation on the U.S. Food and Drug Administration’s (FDA) [final rule](#) on Lab Developed Tests (LDTs).

(Source: Supreme Court [Opinion](#), 6/28/24) 💧

**GLOBAL NEWS**

**Canadian Blood Services and the Department of Defen[s]e and Veterans Affairs Canada are [partnering on an initiative “to revive” the use of freeze dried blood components.](#)** A news release announcing the collaboration stated that, “[d]ried plasma can save lives as it can be much more easily administered on the battlefield. It can be stored at room temperature and requires less storage space, meaning that soldiers can carry it into combat for medics to administer on the spot. A Canadian supply of dried plasma may also benefit civilians who suffer traumatic injuries...During the Second World War and the Korean War dried serum was used extensively in battlefield surgery and was produced in Canada. However, for blood safety reasons the program was discontinued. Since then, there have been many advances in the safety of the blood system and dried plasma is once again being considered to support battlefield medicine. Canadian Blood Services has been funded by Veterans Affairs Canada on behalf of the Department of National Defen[s]e to carry out the necessary research to work towards re-establishing the ability to produce dried plasma with the addition of modern testing and pathogen reduction processes. This important collaboration is expected to also have domestic benefits for the Canadian blood system.”

(Source: Canadian Blood Services [News Release](#), 7/10/24)

**The Czech Ministry of Health has [shifted to individual donor assessments as of July 1<sup>st</sup>.](#)** According to a report from *BRNO Daily*, “these changes were designed in cooperation with the Society for Transfusion Medicine and based on internationally accepted recommendations.” The policy shift eliminates blanket deferrals for gay men and replaces it with individual donor assessments that defer all individuals who, “have had anal intercourse with a new sexual partner or multiple partners in the last four months or provided sex in exchange for money or drugs.”

(Source: *BRNO Daily*, “[Czech Health Ministry lifts ban on homosexual men donating blood](#),” 7/4/24)

**The European Commission (EC) has “[granted marketing authorization](#)” for Valneva SE’s single dose **chikungunya vaccine (IXCHIQ) in individuals 18 years of age and older in the prevention of disease caused by chikungunya virus.** Initial doses of the vaccine are anticipated to be available in Europe in the fourth quarter of this year. The vaccine is also currently approved by the U.S. Food and Drug Administration (November 2023) and Health Canada (June 2024). “IxchIQ is the world’s only licensed chikungunya [vaccine]. In accordance with the International Recognition Procedure (IRP), Valneva has also submitted a Marketing Authorization Application (MAA) to the UK Medicines and Healthcare products Regulatory Agency (MHRA). An additional marketing authorization application is under review by the Brazilian Health Regulatory Agency (ANVISA) to make the vaccine available in certain Low- and Middle-Income Countries (LMIC), with potential approval in 2024.”**

(Source: Valneva SE [News Release](#), 7/1/24) 💧



## COMPANY NEWS

**Terumo Blood and Cell Technologies (Terumo BCT)** recently [announced](#) that it is celebrating “60 years of partnerships across the Front Range.” In a company news release, Terumo BCT Chief Executive Officer Antoinette Gawin explained, “[w]e think globally and act locally. This has been our approach for 60 years and will continue to guide us. Impact starts at home. Our strong foundation in Colorado allows us to serve patients, extend care outward and make a difference globally.”

(Source: Terumo BCT [News Release](#), 7/10/24)

**Delcon** has [launched](#) the OpenChair platform. According to a news release the software solution, “leverages artificial intelligence (AI) to increase blood donation appointments. The platform sends messages direct to blood donors to encourage appointment bookings...The software works by analyzing donor characteristics, grouping them based on demographic, health, and various other data related to their donation experiences. The system generates personalized messages, refining and adjusting the content based on recipients’ responses and interactions. This allows the system to address hyper-specific needs identified from initial or ongoing data, such as availability and responsiveness to different communication styles.”

(Source: Delcon [News Release](#), 7/9/24) ♦

## CALENDAR

***Note to subscribers:** Submissions for a free listing in this calendar (published weekly) are welcome. Send information to [newsletter@americasblood.org](mailto:newsletter@americasblood.org). (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)*

### 2024

July 17. **America’s Blood Centers (ABC) Women’s Executive Leadership Community (WELC) Webinar: “Lessons in Leadership — A View from the Top.** More information and a link to registration available [here](#).

July 23. **ABC Webinar: Staying Out of Hot Water: The Rules of the Road for Lobbying and Political Activity by 501(c)(3) Blood Centers.** More information and a link to registration available [here](#).

July 24. **ADRP Webinar: Marketing Insights to Drive Change.** [Registration](#) is open. More information available [here](#).

July 28-Aug. 1. **National Alliance of Sickle Cell Centers Annual Meeting and Consensus Conference. Minneapolis, Minn.** More information available [here](#).

Aug. 12-14. **National Institutes of Health (NIH) National Heart, Lung, and Blood Institute’s (NHLBI) Annual Sickle Cell Disease Research Meeting. (Hybrid) Bethesda, Md.** More information available [here](#).

Sept. 3-6. **American Society for Clinical Pathology (ASCP) Annual Meeting. Chicago, Ill.** [Registration](#) is open. More information is available [here](#).

Sept. 18-19. **2024 ADRP Master Class: Bring in the Coach — The Path to Effective Leadership (Virtual).** [Registration](#) is open. More information available [here](#).

Sept. 30-Oct. 3. **American Association of Tissue Banks (AATB) Annual Meeting. Denver, Colo.** [Registration](#) is open. More information available [here](#).

Oct. 16-17. **Biomedical Excellence for Safer Transfusion (BEST) Fall Meeting. Galveston, Texas.** More information available [here](#).

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## CALENDAR (continued from page 8)

Oct. 19-22. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Houston, Texas.** More information available [here](#).

Nov. 6-7. **ABC Women's Executive Leadership Community (WELC) Workshop. San Antonio, Texas.** More information is coming soon.

Nov 19-20. **Plasma Protein Forum. Washington, D.C.** More information available [here](#).

## 2025

Mar. 10-12. **ABC Annual Meeting. Arlington, Va.** More information is coming soon.

May 6-8. **2025 ADRP Annual Conference. Oklahoma City, O.K.** More information is coming soon.

May 20-21. **International Plasma Protein Congress. Warsaw, Poland.** More information is coming soon.

Oct. 12-15. **AATB Annual Meeting. Atlanta, Ga.** More information is coming soon.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** More information is coming soon. 💧

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC 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, e-mail: [newsletter@americasblood.org](mailto:newsletter@americasblood.org)

## POSITIONS

**Laboratory Education Coordinator.** LifeSouth Community Blood Centers is looking for a team-oriented, goal-driven individual with a passion for education to join the team as a Laboratory Education Coordinator in Gainesville, FL. This position is responsible for the overall execution and development of LifeSouth's Blood Banking and Transfusion Medical education programs. Additional responsibilities include assisting with the training of laboratory employees, assessing competencies, and maintaining training materials. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

**Supervisor, Immunohematology Reference Lab (San Diego Blood Bank).** The San Diego Blood Bank is currently seeking a motivated, knowledgeable professional to lead the Immunohematology Reference Lab. This person will oversee the daily operation of the department as well as support the greater Lab Management Team following safety, cGMP, and Quality Plan. Additionally, the ideal candidate will supervise the flow of samples, blood, and blood components through the department from satellite centers, mobile collection vehicles, hospitals, blood banks, and laboratories. Qualifications include a minimum of 2 years in blood bank related fields to include

leadership experience and IRL experience. Certification/Licensure required include MLS(ASCP)CM/MT(ASCP) or equivalent experience and a California Clinical Laboratory Scientist License (CLS). Certification as a Specialist in Blood Bank (SBB) or equivalent is preferred. For a full description of this job posting and to apply, visit: [Careers | San Diego Blood Bank \(recruitingbypaycor.com\)](#)

**Immunohematology Reference Laboratory CLS (San Diego Blood Bank).** Under the direction of the department leadership, the Medical Laboratory Scientist I will assist the Immunohematology Reference Laboratory in daily operations according to cGMP compliant policies and Standard Operating Procedures implemented by the San Diego Blood Bank (SDBB). The ideal candidate will successfully complete/pass an initial training program resulting in the ability to provide guidance and expertise for the laboratory to meet the needs of SDBB customers, in accordance with accepted standards and regulations. Requirements: Bachelor's degree, MLS/MT (ASCP)CM or equivalent experience, Clinical Laboratory Scientist (CLS). Certification as a Specialist in Blood Banking (SBB) preferred. For a full description of this job posting and to apply, visit: [Careers | San Diego Blood Bank \(recruitingbypaycor.com\)](#)

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## POSITIONS (continued from page 9)

**Laboratory Supervisor.** ARUP Laboratories is looking for a Laboratory Supervisor for our Transfusion Services department. ARUP Laboratories is a national nonprofit and academic reference laboratory at the forefront of diagnostic medicine. We are a CAP-, ISO 15189-, and CLIA-certified diagnostic lab with 40 years of experience supporting clients through unparalleled quality and service. The Supervisor is responsible for the day-to-day supervision and oversight of the laboratory operation and personnel performing testing and reporting test results. The Supervisor assists the leadership team with operational and administrative functions that facilitate excellent patient care, maintain laboratory functions, and ensure quality objectives. The Supervisor acts as needed to cover absences and/or increased production demands. The ideal candidate will have leadership experience, a passion for patient care, a bachelor's degree in Medical Laboratory Science with applicable ASCP or AAB certification and four or more years of high complexity clinical diagnostic testing experience to include blood bank. Come join our amazing Transfusion Medicine team at ARUP. We are dedicated in providing quality blood and blood products to those in need while maintaining excellent patient care. Interested candidates can apply here: [ARUP Transfusion Supervisor](#).

**Immunohematology Reference Laboratory Manager (Oklahoma City, OK).** The Our Blood Institute, a large, successful blood center servicing Oklahoma, Arkansas, Texas and beyond, seeks qualified candidates for the position of **Immunohematology Reference Laboratory Manager**. Successful applicants must have a Bachelor of Science degree with a MT/MLS training program, ASCP or equivalent. The position will manage the AABB accredited Immunohematology Reference Laboratory and ensure compliance with all regulatory requirements. Be the on-site Immunohematology subject matter expert and provide consultation services for resolution of complex serological problems. Manage the IRL team of laboratory technologists, laboratory technicians, and lab associates, to include hiring, scheduling, training and competency, disciplinary actions, and performance evaluations. Manage the OBI rare donor red cell unit inventory and ensure appropriate use of the rare donor inventory. Manage processes within the Ref Lab to prevent errors and increase efficiency. Salary Range: Competitive salary with excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. How to apply: <https://obi.org/about/careers/>.

**Immunohematology Reference Lab Medical Technologist.** LifeSouth Community Blood Centers is looking for an experienced Laboratory Medical Technologist, with a passion for making a difference, to join our Immunohematology Reference Laboratory team in Atlanta, GA.

The position is responsible for following established policies and procedures, identifying problems that may adversely affect test performance or reporting of test results, and either correct the problems or immediately notify a supervisor, manager, or director. The IRL Medical Technologist will resolve immunohematology and compatibility problems to provide the safest donor blood for the patients in our community. We focus on providing the best possible customer service. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

**Immunohematology Reference Lab Medical Technologist.** LifeSouth Community Blood Centers is looking for an experienced Laboratory Medical Technologist, with a passion for making a difference, to join our Immunohematology Reference Laboratory team in Jacksonville, FL. The position is responsible for following established policies and procedures, identifying problems that may adversely affect test performance or reporting of test results, and either correct the problems or immediately notify a supervisor, manager, or director. This individual will resolve complex immunohematology and compatibility problems to provide the safest donor blood for the patients in our community. We focus on providing the best possible customer service. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

**Executive Director (Lawton, OK).** Our Blood Institute is seeking a "community spirited" professional to LEAD its Lawton/Wichita Falls team in fulfilling the mission 1) to recruit blood donors, drive sponsors, and volunteers and 2) to store and deliver blood units for local hospitals. This public-facing, "visible" position not only requires an outgoing, bright, and energetic personality to foster relationships, but also demands detailed attention to planning, communication, regulations, finances, and personnel. Significant successes in project management and organizational expansion/entrepreneurship are desirable. Connectivity with regional leaders and access to key social networks would also be positives. The successful candidate will present and maintain a credible, positive image of Our Blood Institute in the local community. A bachelor's degree with at least three years of senior level operations and/or large project management experience is preferred. Community relations, marketing, sales, fundraising or blood banking experience is a plus. Candidates should have excellent written and verbal communications skills and proven abilities in managing multiple, complex projects and processes. Our Blood Institute provides a competitive salary and excellent benefits package including Health, Dental, Vision, Life,

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## POSITIONS (continued from page 10)

LTD, Flex Plan, 401(k), Paid Time Off, Tuition Reimbursement and holiday pay. \$500 bonus after 6 months and \$1,000 bonus after 1 year! How to apply: <https://ourbloodinstitute.org/about/careers/>

**Director of Operations.** Rock River Valley Blood Center, based in Rockford IL, is seeking a Director of Operations. Lead daily operations in recruitment, collections, and special services, ensuring organizational objectives are met, including collection and recruitment targets. Implement strategies for a balanced inventory aligned with organizational and hospital needs. Additionally, this position will oversee all aspects of Special Services, including cell therapy and therapeutic phlebotomy programs. This role requires strong leadership, operational expertise, and a commitment to quality and compliance. Qualifications include: bachelor's degree in business administration or related field, seven plus years progressive management experience, proven track record of meeting production goals, and management experience in blood center operations or non-profit preferred. Please visit our careers site online to apply <https://www.rrvbc.org/careers/>.

**Marketing Executive.** LifeSouth Community Blood Centers is looking for a highly skilled leader with a solid understanding of marketing principles and techniques, a data-driven approach, and a passion for innovation, to join the team as Marketing Executive in Gainesville, FL. This position is responsible for the overall marketing strategy across the organization. This position requires active communication with executive leadership and department directors within the organization to ensure adequate planning and execution of strategic marketing plans. This position is dedicated to advancing the organization's objectives in blood donation, cord blood services, cellular therapy, new business development, and meeting patient needs. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)



**Assistant/Associate Director, Blood Transfusion Service (Massachusetts General Hospital; Boston, Massachusetts).** The Department of Pathology at the Massachusetts General Hospital (MGH), a founding hospital of Mass General Brigham, and a major teaching affiliate of the Harvard Medical School, seeks a full-time, early- or mid-career, academically oriented transfusion medicine physician. The successful candidate will combine clinical and teaching activities with a research program in a field relevant to transfusion medicine, hematology, or hemostasis. The Blood Transfusion Service at MGH encompasses an FDA-licensed donor center, therapeutic apheresis, an outpatient transfusion/infusion clinic, a transfusion service, and progenitor cell collection and processing. We collaborate closely with colleagues in bone marrow and solid organ transplantation, CAR-T cell therapy, cardiac surgery, trauma and critical care, neurology, and pediatrics. Our faculty also work closely with transfusion medicine faculty within the MGB network. Service and teaching responsibilities will be shared with two full- and several part-time staff physicians. Candidates must be BC/BE in Transfusion Medicine, with primary training in either Pathology or Hematology/Oncology (adult or pediatric). Academic rank as Associate Professor, Assistant Professor or Instructor and salary will be commensurate with experience and accomplishments. Interested candidates should send a personal statement with research interest, three potential referees and Curriculum Vitae to: Dr. Robert Makar; Director, Blood Transfusion Service; Department of Pathology; Massachusetts General Hospital; 55 Fruit Street, GRJ 148; Boston, MA 02114. Email: [rmakar@mgh.harvard.edu](mailto:rmakar@mgh.harvard.edu) C/O Diane Savickas [dsavickas@mgb.org](mailto:dsavickas@mgb.org). We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.



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