



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2024 #26

August 9, 2024

INSIDE:

REGULATORY NEWS.....	3
RESEARCH IN BRIEF	3
BRIEFLY NOTED.....	4
MEMBER NEWS.....	5
ABC Workforce Trends Survey Is Open.....	6
SMT Journal Club Webinar Set for August 16 th	6
Register for ABC WELC Rise & Lead Workshop.	6
ABC Economic Outlook Survey Report Available	7
GLOBAL NEWS	7
COMPANY NEWS	7
CALENDAR.....	8
POSITIONS.....	10

Blood Community Encourages Nationwide Blood Donation

In an August 5th [news release](#) from the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism, of which ABC is a member, the blood community urged all eligible individuals to donate blood explaining that, “[t]he nation’s blood supply is currently strained.”

The task force news release also noted that, “[c]urrent reports from the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism indicate that the blood supply in the United States is lower than it should be and trending downward at concerning levels. In fact, many blood collection organizations have faced, or are currently facing, a critical shortage this summer. This has been further impacted by recent disruptions in blood collections in the [s]outheast United States, including the landfall of Tropical Storm Debby into Florida’s west coast.”

John Hagins, chair of the Task Force, added in the news release, “[w]e are asking potential donors — both regular and first-time donors — to make a commitment to donate blood or platelets at this time. Donating now, or making an appointment to donate soon, will help to ensure that sufficient blood is available for all patients who need it.”

The American Hospital Association (AHA) also [published](#) a “Special Bulletin” alerting its member to need for blood donations with a call to action that stated, “[h]ospitals and health systems are encouraged to urge eligible individuals in their communities to make an appointment to donate blood or platelets at their nearest blood collection location. Regular blood donations are a critical resource for hospitals and health systems to provide lifesaving care for their communities. The public understands the lifesaving importance of blood and blood products and often steps forward to donate when made aware of a supply shortage.”

ABC will provide additional updates from the task force as they become available.

(Source: Task Force [News Release](#), 8/5/24) ♦

CMS FY 2025 IPPS Final Rule Does Not Include Blood or Blood Products as Essential Medicines

The Centers for Medicare & Medicaid Services (CMS) has [issued](#) a final rule titled “Fiscal Year (FY) 2025 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS).” The rule does not include blood or blood products in the list of essential medicines. America’s Blood Centers, the Association for the Advancement of Blood & Biotherapies,

(continued on page 2)

CMS FY 2025 IPPS Final Rule (continued from page 1)

and the American Red Cross previously requested in [joint comments](#) that listing include blood and blood products to, “ensure that the payments are sufficient to cover all costs associated with procuring and maintaining essential medicines, including a ‘buffer stock’ of blood and blood products.”

The agency responded to comments by explaining that, “[w]e appreciate the commenters’ feedback and diverse clinical perspectives on defining an appropriate and effective list of essential medicines. As we discussed in the proposed rule, the Advanced Regenerative Manufacturing Institute (ARMI) List is a prioritized subset of 86 essential medicines from the Executive Order 13944 List that are either critical for minimum patient care in acute settings or important for acute care with no comparable alternatives available. The medicines included in the ARMI List were considered, by consensus, to be most critically needed for typical acute patient care. In this context, acute patient care was defined as: rescue use or lifesaving use or both (that is, Intensive Care Units, Cardiac/Coronary Care Units, and Emergency Departments), stabilizing patients in hospital continued care to enable discharge, and urgent or emergency surgery. Development of the ARMI List focused on assessing the clinical criticality and supply chains of small molecules and therapeutic biologics...[W]hile the EO 13944 List includes blood and blood products, this policy is not intended to include medicines that would be used for longer-term chronic management including those needed to cure a condition through weeks or months of outpatient treatment in the outpatient setting or chronic care. Based on the comprehensive assessment and process followed to develop the ARMI List, as well as the inclusion of a variety of inputs and perspectives across the pharmaceutical supply chains—from industry to clinical community and the public at large — we believe that use of the ARMI List to identify essential medicines for purposes of this policy is appropriate to promote supply chain resilience at this juncture. After consideration of the comments received, we are finalizing as proposed our use of the ARMI List.”

Additionally, the final rule includes an, “increase in operating payment rates for general acute care hospitals paid under the IPPS that successfully participate in the Hospital Inpatient Quality Reporting (IQR) program and are meaningful electronic health record (EHR) users is 2.9 percent. This reflects a projected FY 2025 hospital market basket percentage increase of 3.4 percent, reduced by a 0.5 percentage point productivity adjustment.”

The final rule will be published in the *Federal Register* on August 28th.

(Source: CMS [Final Rule](#), 8/6/24) 💧



The *ABC Newsletter* (ISSN #1092-0412) is published by America’s Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2024 by America’s Blood Centers. Reproduction of the *ABC Newsletter* is forbidden unless permission is granted by the publisher (ABC members need not obtain prior permission if proper credit is given).

ABC 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.

America’s Blood Centers

Chief Executive Officer: Kate Fry
 Chief Medical Officer: Jed Gorlin
 Editor: Mack Benton
 Subscriptions Manager: Leslie Maundy
Annual Subscription Rate: \$420

Send subscription queries to memberservices@americasblood.org
 America’s Blood Centers
 1717 K St. NW, Suite 900, Washington, DC 20006
 Phone: (202) 393-5725
 Send news tips to newsletter@americasblood.org.

REGULATORY NEWS

The Association for the Advancement of Blood & Biotherapies (AABB) has [published](#) the 34th edition of “Standards for Blood Banks and Transfusion Services (BB/TS Standards) and 11th edition of Standards for Cellular Therapy Services (CT Standards).” Updates include:

- “[the addition of] a new deferral period for individuals who have received Ixchiq (Valneva Austria GmbH) to Reference Standard 5.4.1A, “Allogeneic Donor Qualification,” in the 34th edition of BB/TS Standards; [and]
- [removal] of the requirement to screen donors for Zika virus from Reference Standards 5.12B, “Clinical Evaluation and Laboratory Testing of Living Allogeneic Donors;” 512D, “Clinical Evaluation and Laboratory Testing of Mothers of Cord Blood or Gestational Material Donors;” and 5.12E, “Clinical Evaluation and Laboratory Testing of Cadaveric Donors,” in the 11th edition of CT Standards. The decision to remove the screening requirement is based on FDA’s decision that this is no longer needed for donors of cellular therapy products.”

(Source: AABB [Announcement](#), 8/2/24)

The U.S. Food and Drug Administration (FDA) Blood Products Advisory Committee charter has been [renewed](#). According to a notice published in the *Federal Register*, “[t]he Commissioner has determined that it is in the public interest to renew the Blood Products Advisory Committee for an additional 2 years beyond the charter expiration date. The new charter will be in effect until the May 13, 2026, expiration date... [BPAC] reviews and evaluates available data concerning the safety, effectiveness, and appropriate use of blood, products derived from blood and serum or biotechnology which are intended for use in the diagnosis, prevention, or treatment of human diseases, and, as required, any other product for which FDA has regulatory responsibility. The [c]ommittee also advises the [FDA] Commissioner [of] its findings regarding screening and testing (to determine eligibility) of donors and labeling of the products, on clinical and laboratory studies involving such products, on the affirmation or revocation of biological products licenses, and on the quality and relevance of FDA's research program, which provides the scientific support for regulating these agents.”

(Source: *Federal Register* [Notice](#), 8/8/24) ◆

RESEARCH IN BRIEF

Effectiveness of Ferritin Guided Donation Intervals. A [study](#) in *Lancet*, “evaluate[d] [the] effects of ferritin-guided donation intervals on donor health, including (functional) iron deficiency and its symptoms, and on the blood supply.” The authors reported on the, “Ferritin Measurement In Donors-Effectiveness of Iron Monitoring (FIND’EM) [38-month] randomi[z]ed trial that was run across the 138 fixed and mobile donation cent[er]s in the Netherlands.” The trial’s primary outcomes were described as, “ferritin and h[e]moglobin concentrations, h[e]moglobin deferral, and iron deficiency.” Secondary outcomes were donor return within six months and iron deficiency symptoms assessed through questionnaires.” The researchers noted that the study, “assessed samples from 37,621 donations [and] 7,573 donors completed questionnaires.” The study found that, “[t]he prevalence of iron deficiency and h[e]moglobin deferral decreased after implementation of the policy.” Specifically, the authors explained that, “[t]he intervention was associated with a 1.51 ng/mL higher mean ferritin concentration ($p < 0.0001$) and 0.30 g/dL ($p < 0.0001$) higher mean h[e]moglobin concentration at 36–38 months after implementation in male donors.” In premenopausal and postmenopausal female donors, mean ferritin concentration increased by 1.26 ng/mL ($p < 0.0001$) and 1.48 ng/mL ($p < 0.0001$) at 36–38 months after implementation, respectively, compared with pre-implementation. Mean h[e]moglobin increased by 0.12 g/dL ($p = 0.0074$) and 0.16 g/dL ($p = 0.0044$) at 36–38 months after implementation in premenopausal and postmenopausal female donors, respectively.” The authors of the study also noted that, “iron deficiency in male donors significantly decreased by 36–38 months

(continued on page 4)

RESEARCH IN BRIEF (continued from page 3)

after implementation compared with pre-implementation, with an OR of 0.24 ($p < 0.0001$). Premenopausal and postmenopausal female donors also had a significant decrease in iron deficiency by 36–38 months 0.49 [$p < 0.0001$] and 0.24 [$p < 0.0001$], respectively.” H[e]moglobin-based deferral significantly decreased among male donors (OR at 36–38 months 0.21 [$p < 0.0001$]) compared with the pre-implementation period. However, for premenopausal and postmenopausal female donors, there was no significant difference in h[e]moglobin-based deferral compared with pre-implementation (OR 0.81 [$p = 0.29$] and 0.50 [$p = 0.051$].” The study found that, “[t]here were no consistent significant patterns for restless legs syndrome, pica, fatigue, cognitive functioning, mental and physical wellbeing, and warm glow after implementation of the new policy.” The researchers further explained that, “[c]ompared with the previous standard of h[e]moglobin monitoring only, [the study] found that implementation of ferritin-guided donation intervals significantly increased ferritin and h[e]moglobin concentrations and significantly decreased iron deficiency for male and female donors. Furthermore, h[e]moglobin-based deferral significantly decreased for male donors, but not significantly for premenopausal and postmenopausal female donors. Conversely, [the study] found that the odds of donor return within six months decreased substantially with roll-out of the intervention. Iron deficiency symptoms remained unaffected. The continuity of the blood supply was maintained, but additional efforts were required to account for the decreased donor availability.”

Citation: Meulenbeld, A., Ramondt, S., Sweegers, M.G., *et al.* “[Effectiveness of ferritin-guided donation intervals in whole-blood donors in the Netherlands \(FIND'EM\): a stepped-wedge cluster-randomised trial.](#)” *Lancet*. 2024.

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

BRIEFLY NOTED

A perspective [published](#) in *The New England Journal of Medicine* highlights the importance of “ensuring a safe and sufficient global blood supply.” The authors of the article noted that, “[a] safe and sustainable blood supply remains elusive for many low- and middle-income countries (LMICs). The World Health Organization (WHO) considers blood and blood components to be essential medicines, which underscores their importance to health systems. Essential medicines are products that are deemed to be necessary to meet the health care needs of the majority of the population and therefore must be in adequate supply, accessible, and affordable, with their quality assured. Yet nearly two thirds of countries — including countries in central, eastern, and western sub-Saharan Africa, Oceania, and South Asia — lack sufficient blood to meet clinical demand.” They address three challenges of particular concern including:

- “the composition of the donor pool, which affects both safety and sustainability of the blood supply. Voluntary, nonremunerated blood donors have long been considered the safest donor group. But replacement donors (i.e., friends or family members of the intended recipient) and, to a lesser extent, paid donors account for a substantial portion of donors in many LMICs;
- the inappropriate use of blood — which can involve administering transfusions for improper indications, transfusing too much or too little blood, or failing to consider alternative treatment options (e.g., iron supplementation for patients in stable condition with iron deficiency) — is an important area for improvement. Evidence-based transfusion thresholds for a range of clinical indications generally favor a restrictive transfusion strategy, but lack of adherence to guidelines can result in blood being wasted; [and]
- dependence on external funding, which is vulnerable to changes in politics and policy, for transfusion services in LMICs.”

The authors conclude the perspective by stating that, “[a] holistic approach will be required to address each element in the pathway from blood collection to transfusion.” Their solutions include:

(continued on page 5)

BRIEFLY NOTED (continued from page 4)

- “[implementation of] more effective messaging that involves promoting the status of blood products as essential medicines, akin to antibiotics and anesthetics;
- engaging with stakeholders to prioritize transfusion in national health systems, along with adoption of evidence-based transfusion practices; [and]
- situational analysis is needed to provide robust evidence regarding blood deficits in LMICs. Under the current circumstances, the continued neglect of blood safety and availability represents a tacit acceptance of suboptimal standards for LMICs.”

Citation: Jacobs, J., Bates, I., M’baya, B., *et al.* “[Ensuring a Safe and Sufficient Global Blood Supply.](#)” *NEJM.* 2024 💧

MEMBER NEWS

OneBlood [has resumed](#) a, “normal course of business for distribution of blood products to hospitals following a ransomware event,” according to an August 8th announcement. “With the blood supply stabilized OneBlood has informed the Association for the Advancement of Blood & Biotherapies (AABB) Inter-organizational Task Force on Domestic Disasters and Acts of Terrorism that supplemental shipments of blood and platelets to OneBlood are no longer needed, at this time.” OneBlood Senior Vice President of Corporate Communications and Public Relations Susan Forbes added in the announcement, “[t]he priority has been to bring the critical software system used to manage the blood supply back online and this has been accomplished. OneBlood is processing and distributing blood products to the more than 250 hospitals we serve at a normal output... We are grateful for the support we have received from the blood community during an unprecedented time for OneBlood. The combined efforts from the task force, along with a tremendous response from OneBlood donors answering the call for blood and platelet donations ensured our lifesaving mission prevailed, no matter the circumstances.”

(Source: OneBlood [Announcement](#), 8/8/24)

The Blood Emergency Readiness Corps (BERC) [announced](#) an activation on August 6th in response to blood inventory needs Florida’s Gulf Coast in the wake of Hurricane Debby. According to a BERC news release, the following ABC members assisted in the activation:

- **Blood Bank of Hawaii;**
- **Houchin Community Blood Bank;**
- **ImpactLife;**
- **Inova Blood Donor Services;**
- **LifeStream Blood Bank;**
- **Mississippi Blood Services;**
- **Northern California Community Blood Bank;**
- **South Texas Blood & Tissue;**
- **Stanford Blood Center;**
- **Vitalant;** and
- **We Are Blood.**

Don Campbell, chief operating officer at SunCoast Blood Centers, added in the news release, “[i]n an emergency, it’s critical to have a sufficient supply of blood components available at a moment’s notice. Support from Blood Emergency Readiness Corps ensures our ability to continue providing this lifesaving resource for hospitals in our region in the immediate aftermath of Hurricane Debby.”

(Source: BERC [News Release](#), 8/6/24) 💧



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 Workforce Trends Survey Is Open

The new America's Blood Centers (ABC) Workforce Trends Survey has launched and will remain open until August 23rd. Instructions regarding how to access the survey have been distributed to authorized individuals. This valuable benchmarking survey is the most comprehensive source of information available on workforce trends at blood centers. The survey analyzes overall trends in compensation, benefits, and human resources (HR) policies and provides specific data for 74 different blood center employee roles. The survey also provides insights into employee turnover and retention for the preceding calendar year, analyzing trends overall as well as by department and length of service. This survey combines the previous Compensation & Benefits and Employee Turnover & Retention surveys. Results are complimentary to participants. Non-participants may purchase the report [here](#). Please [contact us](#) with any questions or to add/change authorized individuals.

SMT Journal Club Webinar Set for August 16th

The next ABC Scientific, Medical, and Technical Journal Club Webinar will occur on August 16th at 12 p.m. EDT. The webinar will feature a review of the following articles:

- Traumatic subcutaneous emphysema following blood donation: A case report ([Transfusion](#));
- Survey of policies at U.S. hospitals on the selection of RhD type of low-titer O whole blood for use in trauma resuscitation ([Transfusion](#)); and
- Clinical outcomes, blood utilization, and ethical considerations for pediatric patients in a bloodless medicine and surgery program ([Anesthesia & Analgesia](#)).

This webinar is eligible for 1.0 continuing medical education (CME) credit hours upon completion of the activity and evaluation. Additional information including the articles and a link to registration are available to ABC members [here](#). Contact us with any [questions](#).

Register for ABC WELC Rise & Lead Workshop

[Registration](#) is open for the ABC Women's Executive Leadership Community's (WELC) [Rise & Lead Workshop](#). This event will take place November 6th -7th in San Antonio, Texas at the Hyatt Regency Hill Country Resort. The workshop will ignite meaningful conversations and cultivate diverse perspectives. This event goes beyond traditional conferences by encouraging dynamic conversations that spark connections and drive personal and professional growth. At the Rise & Lead Workshop, you will delve into topics that matter, participate in interactive networking sessions, and walk away with tangible, real-life strategies to become a more resilient leader in today's ever-evolving world. Elevate your leadership journey with us! A [preliminary agenda](#) is available. [Book](#) your room by October 9th to secure the group rate.

(continued on page 7)

Rise & Lead

A WOMEN'S LEADERSHIP WORKSHOP

INSIDE ABC (continued from page 6)

ABC Economic Outlook Survey Report Available

The ABC Economic Outlook Survey results are in! ABC member blood centers that participated in the survey can [access the results](#), download final trend reports, and create customized reports based on selected filters. This survey is a new resource that consolidated the previous ABC Financial Ratio and Median Service Fee surveys while offering a comprehensive look at blood center finances, including 19 of the most frequently used ratios for benchmarking the financial health of an organization as well as median service fees for 30 different blood products and blood center procedures. ABC member blood centers that were non-participants may purchase the report [here](#). Please [contact us](#) with questions. 💧

GLOBAL NEWS

The World Health Organization (WHO) has [published](#) a report titled “Pathogens Prioritization: A Scientific Framework for Epidemic and Pandemic Research Preparedness.” The agency explained in a publication announcement that, “[the] document outlines the findings of a global pathogen prioritization process involving over 200 scientists from more than 50 countries who evaluated the evidence related to 28 Viral Families and one core group of Bacteria, encompassing 1,652 pathogens. This process emphasized the imperative nature of collaborative efforts to attain global resilience against epidemics and pandemics.”

(Source: WHO [Report](#), 7/30/24)

The WHO and the Medicines Patent Pool (MPP) have [announced](#) the creation of a program to, “accelerate the development and accessibility of human avian influenza (H5N1) messenger RNA (mRNA) vaccine candidates for manufacturers in low- and middle-income countries.” According to a joint news release, the program will be led by Argentinian manufacturer Sinergium Biotech. The company continues to develop a, “candidate H5N1 vaccines and aims to establish proof-of-concept in preclinical models. Once the preclinical data package is concluded, the technology, materials, and expertise will be shared with other manufacturing partners, aiding the acceleration of the development of H5N1 vaccine candidates, and bolstering pandemic preparedness efforts.”

(Source: WHO and MPP [Joint News Release](#), 7/29/24) 💧

COMPANY NEWS

Octapharma USA, Inc. recently [announced](#) that the U.S Food and Drug Administration (FDA) has expanded approval of its, “fibrinogen (Human) lyophilized powder for reconstitution (fibryga®).” The additional indication from the FDA is for, “fibrinogen replacement in bleeding patients with acquired fibrinogen deficiency (AFD). According to an Octapharma news release, “the FDA approval of fibryga® was based on the FIBRES [FIBrinogen REplenishment in Surgery] study published in *JAMA*, which was a head-to-head, multicenter, randomized clinical trial in 735 patients, demonstrating that fibrinogen concentrate was non-inferior to cryoprecipitate and may be used instead of cryoprecipitate for the treatment of bleeding related to AFD. Fibryga has already received regulatory approval for the treatment of AFD in both the European Union in 2019 and Canada in 2020.” This is the third approval for fibryga® from the agency and, “represents a rapid and more precise option for severe bleeding scenarios than the current standard of care (cryoprecipitate),” stated Octapharma in the news release. “In 2017, the FDA granted an approval for

(continued on page 8)

COMPANY NEWS (continued from page 7)

acute bleeding episodes in adults and adolescents with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia. A second was received in 2020 for pediatric patients under 12 years for treatment of acute bleeding episodes in congenital fibrinogen deficiency.”

(Source: Octapharma USA, Inc. [News Release](#), 8/1/24)

BioMarin Pharmaceutical Inc. is [shifting](#) the “focus” of its commercial business operations for its gene therapy treatment (Roctavian®) for severe hemophilia A. The company explained in a news release that it will, “focus commercial operations on three markets, the United States, Germany and Italy, where the medicine is approved and reimbursed as a treatment for severe hemophilia A.” BioMarin also noted that, “expansion into other markets will be dependent on progress in the U.S., Germany and Italy. With ample commercial supply of Roctavian® on hand to serve anticipated demand, the company has placed the gene therapy manufacturing facility in an idle state until such time when additional production is necessary. [BioMarin] will not enroll new participants in clinical development programs but will continue to support patients who have already received Roctavian® treatment, generate long-term safety and efficacy data from previously enrolled studies, and fulfill the regulatory commitments related to its clinical programs.”

(Source: BioMarin Pharmaceutical Inc. [News Release](#), 8/5/24)

Zipline recently published the five-year impact of its drone delivery service in Ghana, according to a [report](#) from *The Multimedia Group*. It includes data on the delivery of blood products by Zipline drones in the country, which Zipline noted had, “led to a 67 percent reduction in wasted blood products.” Additionally, the company’s collaboration with the Ministry of Health of Ghana has resulted in the completion of, “over 550,000 drone deliveries in Ghana, supplying vaccines, blood products, essential medicines, and diagnostic specimens to over 2,500 health facilities.”

(Source: *The Multimedia Group*, “[Zipline shares impact report on 5 years of operations in Ghana](#),” 7/29/24)



CALENDAR

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

2024

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](#).

Aug. 16. **America’s Blood Centers (ABC) Scientific, Medical, and Technical (SMT) Journal Club Webinar.** More information and a link to registration available [here](#).

Aug. 21. **ADRP Webinar — Riding the Wave: Political Partnerships and State Legislation.** [Registration](#) is open. More information available [here](#).

Aug. 29. **ADRP Webinar Sponsored by Terumo Blood and Cell Technologies — Empowering Lifesavers: Innovations in Blood Donor Recruitment and Retention.** [Registration](#) is open. 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](#).

(continued on page 9)

CALENDAR (continued from page 8)

Sept. 5. **U.S Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Town Hall: Cell Therapy Chemistry, Manufacturing, and Controls (CMC) Readiness for Late-Stage Investigational New Drug Applications (INDs) (Virtual).** [Registration](#) is open. More information is available [here](#).

Sept. 12. **FDA Grand Rounds – Advancing Blood Safety and Patient Health in HIV/AIDS through FDA’s Research on Viral Genome Surveillance, Diagnostic Technologies, and Biomarker Discovery (Webcast).** [Registration](#) is open. More information 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 26. **ABC Women’s Executive Leadership Community (WELC) Webinar.** More information coming soon.

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](#).

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.** [Registration](#) is open. More information is available [here](#).

Nov. 13. **2024 ADRP International Showcase.** More information 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

POSITIONS

Medical Laboratory Scientist (MLS)/Technologist (MLT). This role at LIFELINE Blood Services performs lab procedures such as compatibility testing, reference lab work, specimen processing, test performance, and reporting test results. Also, may perform computer aided labeling, component production, and distribution. Responsible for maintenance and storage of blood components including temperature monitoring, labeling of blood, biohazard disposal, Quality Control and Preventative Maintenance, bexWISE Process and bexWISE Affirm Operation, component preparation, packing recovered plasma, daily orders, blood shipments and returns, shipping recovered plasma, inventory control, resource management, importing and exporting, irradiation of Blood Products. Laboratory Duties include qualifications of Apheresis Platelets and Plasma, lot release, sending tubes to testing lab, RRC program, and management of Soot. RRC Duties include pulling retention samples to send to Ortho Diagnostics for antigen typing and recruit new donors for the RRC program based on the needs of the manufacturers. EDUCATION: MLS, Bachelor's degree in Medical Technology, Clinical Laboratory Science or chemical, physical, or biological science and Current State of Tennessee licensure. Apply for Medical Laboratory Scientist/Technologist by clicking [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 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!](#)

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!](#)

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!](#)

Transfusion Lab Supervisor Needed! Join Florida's leading blood center, **OneBlood**, as a Blood Bank Lab Supervisor in Lakeland, FL. Bring your leadership, technical expertise, and management experience to support the transfusion testing procedures on patient and/or donor samples. Qualified candidates should possess three (3) or more years' experience in a clinical laboratory, preferably blood banking environment, including one (1) or more years' experience in supervision and management experience, as well as a valid and current Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking; Supervisor license strongly preferred. To apply and view a complete Job Description of this Lab Supervisor position, visit www.oneblood.org/careers. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

(continued on page 11)

POSITIONS (continued from page 10)

IRL Supervisor. Bloodworks Northwest, a recognized leader in transfusion medicine, currently has an opening for an IRL Supervisor in the Immunohematology Reference Laboratory. Key responsibilities include supervising departmental staff, ensuring the management of departmental projects, and participating in interdepartmental projects according to established priorities and timelines. Coordinating quality review and management of errors. Providing technical expertise in IRL testing and the development and implementation of new methods and as needed and perform clinical laboratory testing. Requirements include: Must qualify as General Supervisor, High Complexity Testing, under CLIA personnel requirements

found in Subpart M of the Code of Federal Regulations. Certification as a Specialist in Blood Banking (SBB) is required. Certification as a Medical Laboratory Scientist (MLS) is preferred. Five years of laboratory technical experience with at two years of experience in immunohematology reference testing is required or an equivalent combination of education and experience. Three years of laboratory supervisor or Lead experience is preferred. Demonstrated expertise in immunohematology reference testing. Basic knowledge of molecular techniques is preferred. We offer competitive benefits: Medical, dental, vision, life insurance, retirement plan, subsidized back-up childcare program, subsidized transit program, educational reimbursement and more! Interested candidates should apply directly on our website at www.bloodworksnw.org/careers

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 \(recruitingbypaycor.com\)](http://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 \(recruitingbypaycor.com\)](http://Careers | San Diego Blood Bank (recruitingbypaycor.com))

 **Massachusetts General Hospital**
Founding Member, Mass General Brigham

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 C/O Diane Savickas 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

(continued on page 12)

POSITIONS (continued from page 11)

identity, sexual orientation, pregnancy and pregnancy-related conditions, or any other characteristic protected by law.



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

