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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #32 **September 20, 2024**

INSIDE:

Please Note: The *ABC Newsletter* will not be published on September 27th. We will resume regular publication on October 4th. Thank you for your continued interest.

FDA Publishes Oropouche Virus and Blood Donation Communication for Blood Establishments

In the wake of the Centers for Disease Control and Prevention (CDC) health advisory warning of an increase in Oropouche virus (OROV) disease in the Americas region, the U.S. Food and Drug Administration (FDA) issued a communication for blood establishments on September 13th. In the communication, FDA provided background information on OROV and noted that, "[w]orldwide, there have been no reports of transmission of OROV by transfusion of blood or blood components."

The FDA also provided considerations for blood establishments in the communication explaining that, "[r]outine measures used to screen every blood donor effectively prevent individuals with symptomatic infections from donating blood. For example, blood donors must be in good health and must have a normal temperature on the day of donation (21 CFR 630.10). These safeguards likely identify individuals who present to donate who may have symptoms of OROV disease or have been diagnosed with OROV disease. In addition, blood establishments typically instruct blood donors to report illnesses or symptoms that develop shortly after blood donation so that the blood establishment can assess if their donation is suitable for transfusion."

The agency added that, "Taking into consideration the existing safeguards for blood safety, the current small number of OROV disease cases among U.S. travelers, and no reports of OROV transmission by blood and blood components, screening donors by asking them specific questions about exposure to OROV or travel to areas with OROV outbreaks is not warranted at this time. A screening test for OROV is not available. The blood establishment responsible physician must determine donor eligibility and may wish to consider a short deferral (e.g., 4 weeks) if a donor volunteers that they were recently diagnosed with or have recovered from OROV disease."

OROV is transmitted, "by biting insects (midges) and certain mosquito species. Approximately 60 percent of individuals infected with OROV will experience symptoms, including fever, severe headache, chills, muscle aches, and joint pains. Other individuals infected with OROV do not experience symptoms."

(FDA Communication 9/13/24)

REGULATORY NEWS

America's Blood Centers (ABC) submitted comments on September 18th to the U.S. Food and Drug Administration (FDA) Patient Engagement Advisory Committee regarding informed consent ahead of an October 30th Committee Meeting. These comments were previously submitted to the FDA in response to a draft guidance on informed consent from earlier this year. The comments explained that, "FDA should clarify the recommended length of key information, "[t]he draft guidance recommends [that] the 'key information section of a consent document be relatively short (e.g., generally no more than a few pages).' ABC recommends that FDA provide further clarity around the recommended length of the key information, to ensure this information is understandable and consistent."

(Source: ABC Comments, 9/18/24)

The Centers for Disease Control and Prevention (CDC) published a notice in the *Federal Register* on September 19th announcing a, "reorganization of the Office of Laboratory Science and Safety (OLSS)." According to the notice, "OLSS was retitled to the Office of Laboratory Systems and Response (OLSR) and additional organizational updates were approved by the director of CDC on September 13th and became effective September 13th." OLSR will now, "(1) provid[e] cross-cutting laboratory products, services, and systems (quality, safety, informatics, workforce, response readiness) support for CDC laboratories that conduct research, surveillance, and routine and emergency diagnostic testing, and develop diagnostic tests; (2) collaborat[e] with the nation's laboratories (public health, clinical, industry, academic, and other government) to ensure scientifically advanced, timely, and efficient laboratory response and diagnostic testing; (3) provid[e] scientific, technical, and managerial expertise and national leadership in the development and enhancement of laboratory quality, safety, informatics, and training and workforce development programs; (4) ensur[e] regulatory compliance and monitors implementation and evaluation of the laboratory safety and quality management programs across CDC; (5) overse[e] the development and distribution of agency guidance on diagnostic testing and clinical laboratory operations and interpretation of laboratory regulations; and (6) bridg[e] and strengthe[n] the nation's clinical and public health laboratory system by continually improving quality and safety, response readiness, informatics and data science capability, and workforce competency."

(Source: *Federal Register* Notice 9/19/24)

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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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WORD IN WASHINGTON

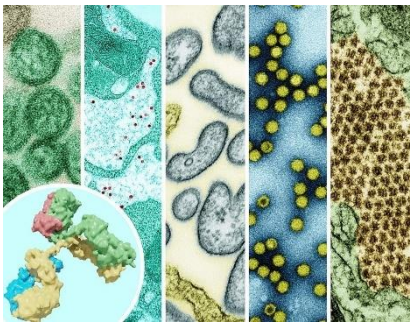

Photo Courtesy of NIAID: "The ReVAMPP network will support monoclonal antibody and vaccine research on pathogens from many different groups of viruses, including those shown here: hantavirus, yellow fever virus, Nipah virus, picornavirus, and Chikungunya."

The National Institutes of Health (NIH) has formed a pandemic preparedness research network. An agency news release stated that the network aims to, "conduct research on high-priority pathogens most likely to threaten human health with the goal of developing effective vaccines and monoclonal antibodies." Funding for the initiative will be provided by NIH's National Institute of Allergy and Infectious Diseases (NIAID), which is expected to contribute an estimated $100 million annually (pending availability of the funds). Specifically, the agency explained that the, "Research and Development of Vaccines and Monoclonal Antibodies for Pandemic Preparedness network — called ReVAMPP — will focus its research efforts on 'prototype pathogens,' representative pathogens from virus families known to infect humans, and high-priority pathogens that have the potential to cause deadly diseases. By studying specific prototype pathogens, scientists will build a knowledge base that could be applied to other related viruses. For example, NIAID's earlier work on the Middle East respiratory syndrome coronavirus (MERS-CoV) played a crucial role in understanding and developing safe and effective treatments and vaccines for SARS-CoV-2, the virus that caused the COVID-19 pandemic. The ReVAMPP network will study viruses from virus families that have caused human disease for millennia — many of which have the potential to become pandemic threats in the future."

(Source: NIH News Release, 9/13/24)

The Health Resources and Services Administration (HRSA) at the Department of Health and Human Services (HHS) will provide close to $100 million, "to grow, support, and strengthen the health workforce and improve access to quality care in high-need areas across the country." In an agency news release, HHS Secretary Xavier Becerra, JD, explained, "HHS launched our Health Workforce Initiative last year to make sure our country has enough health workers, and that those health workers are receiving the support they deserve. The Biden-Harris Administration continues to invest in recruiting, training, and supporting the health workforce, so high-quality care is accessible for all. It is especially important that we address workforce shortages in underserved and rural communities, where access is often lacking."

(Source: HHS News Release, 9/17/24)

HRSA also announced this week, "the first ever multi-vendor contract awards to modernize the nation's organ transplant system to improve transparency, performance, governance, and efficiency of the organ donation and transplantation system for the more than 100,000 people on the organ transplant waitlist." According to HRSA, the Organ Procurement and Transplantation Network (OPTN) modernization awards will support:

- "improving patient safety;
- supporting OPTN information technology (IT) modernization;
- increasing transparency and public engagement in OPTN policy development;
- strengthening patient-centered communications; [and]
- improving OPTN financial management."

(Source: HHS News Release, 9/19/24)

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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 staffs only, unless otherwise specified.

ABC WELC Webinar Set for September 26th

The next America's Blood Centers (ABC) Women's Executive Leadership Community (WELC) Webinar: "Authentic Confidence" will take place on September 26th at 3 p.m. EDT. The featured speaker for this webinar is Brian Rollefson, founder of Live Wide Leadership and vice president of Human Resources and Organizational Infrastructure at The Community Blood Center. This interactive program will guide participants on their confidence-building journey, providing tools and insights to leverage your inherent strengths, resolve areas for development, and propel yourself to your maximum potential. Through an intuitive confidence profile assessment, participants will increase their self-awareness, leading to stronger relationships, better communication, and transformation from inner critic to future influencer. More information and link to registration are available to ABC members here.

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. Book your room by October 9th to secure the group rate.

The full agenda is available and features speaker Vicki Guy, a strategist, coach, and facilitator with more than two decades of corporate experience in sales, management and leadership development who partners with corporate and non-profit organizations to optimize their talent and create high performing teams. Take advantage of this exclusive opportunity to boost your leadership journey as this 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!

Input Requested: 2024 Prehospital Blood Utilization Survey

The annual ABC 2024 Prehospital Blood Utilization Survey has launched. ABC encourages member blood centers to participate as the aggregated data from this survey is used to track trends on behalf of ABC members to amplify ongoing advocacy efforts with partner organizations, government agencies, and other stakeholders to address the barriers limiting widespread availability of prehospital blood transfusions, including scope of practice and reimbursement. Survey responses will be kept confidential, and a report of aggregate data will be shared with ABC members. Survey responses are due by the close of business on October 11th and the estimated time to complete the survey is four minutes. Please contact us with questions.

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INSIDE ABC (continued from page 4)

ABC Talking Points on Importance of Community Blood Centers

ABC has published talking points that highlight the importance of community blood centers and their unique role in meeting the constant demand for blood transfusions. ABC members can access this document and ABC's talking points library on Coll*ABO*rate. These talking points can be customized and used with stakeholders.

RESEARCH IN BRIEF

Alloimmunization Risk Factors in Hematologic Malignancy Patients. Authors of a study in *Transfusion Medicine*, "aimed to investigate the rates and risk factors associated with red blood cell (RBC) alloimmunization" in patients with hematologic malignancies. They explained that, "[t]his study was conducted at a tertiary care hospital in Bangkok [It] retrospectively reviewed the electronic medical records and transfusion history of the patients with hematological malignancies between January 2018 and December 2022."The researchers noted that, "[a]mong the included patients, 219 patients (27.4 percent) were diagnosed with acute myeloid leuk[e]mia (AML), 170 (21.3 percent) acute lymphoblastic leuk[e]mia, 200 (25.1 percent) lymphoma, and 209 (26.2 percent) multiple myeloma." Additionally, they stated that, "[a] single alloantibody was identified in the majority (29/38, 76.3 percent) of red blood cell (RBC) alloimmunization. Nine patients (9/38, 23.7 percent) had multiple alloantibodies, of which five patients developed double alloantibodies and four patients developed triple alloantibodies. The most common alloantibody was anti-Mia (42.1 percent), followed by anti-E (23.7 percent) and anti-Lea (23.7 percent)…There were 88 patients (11.0 percent) who had never received any blood transfusion. None of them had alloantibodies. The highest rate of RBC alloimmunization was identified in the patients with AML (20/219, 9.1 percent)." The authors also explained that, "[t]he rate of autoantibody was significantly higher in the alloimmunized patients (2/38, 5.3 percent) than that of non-alloimmunized patients (8/760, 1.1 percent, $p = 0.023$). After excluding the 11 patients who developed alloantibodies before receiving their first blood transfusion at [the] hospital, the patients with RBC alloimmunization received a median of nine units (2–18). The patients without RBC alloimmunization received seven units (2–16) of RBC transfusion ($p = 0.470$). About 13 of 27 (48.1 percent) patients with alloantibodies and 312 of 760 (41.1 percent) patients without alloantibodies received 10 or more units of total transfusion during the course of treatment." The researchers found through a, "[u]nivariate analysis [that] RBC alloimmunization was significantly associated with the patients with AML ($p = 0.004$) and autoantibody ($p = 0.023$). The patients with AML required more RBC units of transfusion than other subgroups ($p < 0.001$). The frequencies of RBC alloimmunization were not significantly different among genders, age groups, treatment protocols, and numbers of RBC transfusion." The study determined that, "[y]he two factors that showed a statistically significant association with alloimmunization were the detection of autoantibodies ($p=0.007$) and the diagnosis of AML ($p=0.006$)." The authors concluded that, "the prevalence of RBC alloimmunization in Thai patients with h[e]matologic malignancy was 4.8 percent. The diagnosis of AML and the presence of RBC autoantibodies were associated with the RBC alloantibody production."

Citation: Pattarakosol, P., Lorucharoen, N., Watanaboonyongcharoen, P., and Rojnuckarin, P. "Risk factors for red blood cell alloimmunization in patients with hematologic malignancy." *Transfusion Medicine*. 2024

Richard Gammon, MD, Chief Medical Officer at Carter BloodCare

MEMBER NEWS

Hoxworth Blood Center has partnered with the Cincinnati Children's Hospital Medical Center to provide viral-specific T-cells (VSTs) to vulnerable patients. The blood center announcement noted that the two organizations, "have played an instrumental role in developing and administering VST therapy. During the past seven years, more than 1,200 VST infusions have been performed, offering critical care and protection to pediatric and adult patients alike." VSTs are, "are specially programmed immune cells designed to target and combat specific viruses. They offer a critical lifeline for patients recovering from bone marrow transplants, whose immune systems are often too weak to fight off infections independently. For bone marrow transplant recipients, viral infections can pose serious risks. These patients undergo intensive treatments that strip them of their natural immune defenses, leaving them susceptible to life-threatening viruses. The innovative VST therapy infuses these patients with a specialized type of T-cell to temporarily take on the role of defending against viral infections until the patient's immune system recovers and can manage infections on its own."

(Source: Hoxworth Blood Center Announcement, 9/16/24)

GLOBAL NEWS

Researchers at NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), have announced that scientists in the NHSBT International Blood Group Reference Laboratory have discovered a new blood group system (MAL), "the 47th ever to be discovered, as home to the AnWj antigen." Findings from the researchers will be published in the journal *Blood*. The news release explained that, "[t]he research team established that AnWj is carried on the Mal protein. More than 99.9 percent of people are AnWj-positive, and such individuals were shown to express full-length Mal protein on their red cells, which was not present on the cells of AnWj-negative individuals. The team identified homozygous deletions in the MAL gene associated with the inherited AnWj-negative phenotype." Louise Tilley, a senior research scientist at NHSBT, added in the news release, "[t]he genetic background of AnWj has been a mystery for more than 50 years, and one which I personally have been trying to resolve for almost 20 years of my career. It represents a huge achievement, and the culmination of a long team effort, to finally establish this new blood group system and be able to offer the best care to rare, but important, patients."

(Source: NHSBT News Release, 9/16/24)

The World Health Organization (WHO) has prequalified its first mpox vaccine. According to the agency, the prequalification of the vaccine, developed by Bavarian Nordic A/S and reviewed and assessed by the European Medicines Agency (EMA), "is expected to facilitate timely and increased access to this vital product in communities with urgent need, to reduce transmission and help contain the outbreak." Additionally, the vaccine can be, "administered in people over 18-years of age as a 2-dose injection given four weeks apart. After prior cold storage, the vaccine can be kept at 2–8°C for up to 8 weeks."

(WHO News Release, 9/13/24)

Valneva SE recently announced that label extension application submissions for its chikungunya vaccine (Ixchiq®) to regulators in the Europe and Canada, "to potentially expand the use of its chikungunya vaccine, Ixchiq®, to adolescents aged 12 to 17 years." According to the company, "the EMA and Health Canada's label extension applications are based on positive six-month adolescent [p]hase III data which the [c]ompany reported in May 2024. These data showed that a single-dose vaccination with Ixchiq® induces a high and sustained immune response in 99.1 percent of adolescents, and that the vaccine was generally well tolerated."

(Source: Valneva SE News Release, 9/18/24)

Treating Hypofibrinogenemia during Cardiac Surgery: a Blood Center, Blood Bank, and Clinician Partnership

Please note the following submission is sponsored content contributed to ABC by Worasak Keeyapaj, MD at Stanford Health Care. The views and opinions expressed in the article are those of the author who has previously received honoraria from Cerus.

Earlier this year, the Enhanced Recovery After Surgery society (ERAS) published a short commentary on the importance of fibrinogen supplementation in the treatment of hemorrhage.[1] This topic is especially relevant to blood centers, blood banks, and clinicians as they work together to optimize patient outcomes during cardiac surgery. Excessive post-operative hemorrhage in cardiac surgery is known to result in substantial increases in post-operative complications, such as need for re-exploration, prolonged ICU stay, ventilation for >24 hours, need for additional blood products, and increased mortality.[2] The military and several professional societies have published protocols for assessing coagulopathy and optimizing blood component replacement aiming to stop bleeding as quickly as possible.[3-7] These protocols require partnership between blood centers, blood banks, and clinicians. Fibrinogen, the precursor to fibrin, is a key protein in clot formation and plays a pivotal role in bleeding control during cardiac surgery.[8] Pre-operative fibrinogen levels in cardiac surgery are independently associated with post-operative blood loss and re-exploration.[9] Similarly, post-operative fibrinogen levels below 220 mg/dL are an independent risk factor for severe hemorrhage.[10] Early identification, by viscoelastic testing or laboratory testing, and prompt treatment, of hypofibrinogenemia are associated with reduced blood component utilization and improved mortality rates in cardiovascular surgery.[11,12] The common treatments for acquired hypofibrinogenemia are cryoprecipitated AHF (cryo AHF) and fibrinogen concentrate. Cryo AHF[13] replenishes fibrinogen, von Willebrand factor (vWF), factor VIII, factor XIII, and other key clotting factors, while fibrinogen concentrates replenish fibrinogen.[14,15] Cryo AHF is usually thawed upon order, as its post-thaw shelf-life is limited to 4-to-6-hours due to the risk of bacterial contamination. This can result in delayed treatment of acquired hypofibrinogenemia from hemorrhage or fibrinolysis. While fibrinogen concentrate can be stored in the pharmacy or at bedside, it must be reconstituted after prescribing. Its post-reconstitution shelf life is limited to only 4-hour. It also has a higher cost and lacks other clotting factors. Clinical trials have provided insights into the efficacy of these treatments. The FIBRES trial demonstrated that fibrinogen concentrate is non-inferior to cryo AHF in bleeding cardiac surgical patients with hypofibrinogenemia.[16] However, the REPLACE trial showed that prophylactic fibrinogen concentrate administration in these patients was associated with increased allogenic blood transfusion when compared with placebo.[17] Recently, pathogen reduced cryoprecipitated fibrinogen complex (Cerus®, Concord, CA) has been introduced as an alternative treatment option for hypofibrinogenemia. This product can be stored thawed at room temperature, ready-to-transfuse, for up to 5 days. In addition, it contains other clotting factors such as vWF and factor XIII.[18] Effective management of hypofibrinogenemia during cardiac surgery requires a close collaboration between the blood center, blood bank and clinician. Institutional, multi-disciplinary collaboration and protocol development of the appropriate concentrated fibrinogen choices and logistics may improve patient outcomes.

Citations are available here.

COMPANY NEWS

Abbott recently shared results from a pandemic preparedness survey of leading infectious disease experts. In the report titled "Sustaining Readiness: Expert Insights on Pandemic Preparedness," more than 100 virology, epidemiology, and infectious disease experts explained that, "gaps remain in building surveillance programs to identify emerging pathogens, public health funding and having adequate testing infrastructure capabilities." The respondents warned that, "mosquito-borne pathogens (61 percent) [represent] the greatest threat to human health as the climate changes, compared to avian (21 percent), animal (14 percent) or tick-

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COMPANY NEWS (continued from page 7)

born[e] (4 percent) pathogens." Other findings from the survey included:

- "[r]espondents were evenly split on whether a new pathogen (50 percent) or changes in a known disease (50 percent) were a bigger threat for large-scale outbreaks;
- [n]early all (94 percent) believe viral pathogens are most likely to lead to widespread outbreaks, followed by bacteria, fungal and parasitic infections; [and]
- [a] pathogen that is highly transmissible, a novel virus with no tests, treatments or vaccines available, and a virus that can transmit silently are the factors most likely to accelerate a local outbreak into an epidemic or pandemic; a known pathogen that's now drug resistant to treatments, a virus that causes high mortality, or one with high morbidity were less likely."

The Abbott Pandemic Defense Coalition made three recommendations based on the survey results:

- "[f]unding for public health should be available to sustain these programs and help train the next generation of virus hunters who help identify and respond to outbreaks as well as educate the public on infectious diseases;
- [a]s viruses are discovered in new locations, it's important for the medical community and the general public to know what viruses may be circulating, pointing to the need to continue strengthening surveillance and education efforts; [and]
- [c]ontinued research and investments in new technology are needed to help understand how those dynamics are at play locally — old diseases in new regions, acceleration of routes of transmission – to help guide more effective preparation.

(Source: Abbott News Release, 9/17/24)

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

Sept. 24. **U.S. Department of Health and Human Services (HHS) Sickle Cell Disease Summit (Hybrid). Washington, D.C.** More information available here.

Sept. 24. **FDA Webinar: Labeling Requirements for *In Vitro* Diagnostic Products (IVD), Including Laboratory Developed Tests (LDTs), Under 21 CFR 809.10(b).** More information available here.

Sept 26. **ABC Women's Executive Leadership Community (WELC) Webinar: "Authentic Confidence."** More information and a link to registration are available to ABC members.

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

Oct 16. **FDA Advancing Rare Disease Therapies Through an FDA Rare Disease Innovation Hub (Hybrid). Silver Spring, Md.** 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.

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CALENDAR (continued from page 8)

Oct. 28. **Centers for Disease Control & Prevention (CDC) Sickle Cell Data Collection (SCDC) Summit 2024 (Virtual).** Registration is open. More information available here.

Oct. 30. **FDA Patient Engagement Advisory Committee Meeting on Patient-Centered Informed Consent in Clinical Study (Virtual).** 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. 6-7. **Centers for Disease Control and Prevention (CDC Clinical Laboratory Improvement Advisory Committee (CLIAC) Meeting (Virtual).** More information is available here.

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

Nov. 19-20. **Trauma Hemostasis & Oxygenation Research (THOR) Network Emergency Transfusion in Females with Childbearing Potential: Mitigating the Risks of Hemolytic Disease of the Fetus and Newborn Meeting. Bethesda, Md.** Registration is open. More information available here.

Nov. 19-20. **Plasma Protein Forum. Washington, D.C.** More information available here.

2025

Mar. 10-12. **ABC Annual Meeting. Arlington, Va.** More information available here.

May 6-8. **2025 ADRP Annual Conference. Oklahoma City, Okla.** More information available here.

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.

Nov. 17-20. **American Society for Clinical Pathology (ASCP) Annual Meeting. Atlanta, Ga.** More information 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

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 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!

Executive Director, Comprehensive Client Relations. Reporting to the B&LO Vice President of Strategy and Business Operations, the *Executive Director, Comprehensive Client Relations* (ED-CCR) will act as the leading executive responsible for driving the commercial strategy and execution of B&LO products and services. The ED-CCR is responsible for the end-to-end design and management of the interface with commercial customers, with the goal of maximizing current accounts and acquiring new ones. The ED-CCR will develop, plan, and execute the overall customer sales strategy for B&LO.

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POSITIONS (continued from page 9)

The mandate of the ED-CCR includes prospecting, market development, value proposition formulation, pricing/volume/product mix optimization, RFI/RFQ/RFP preparation, negotiations, contracting, customer service, and service recovery. The ED-CCR is responsible for leading, motivating, coaching, developing, and retaining a diverse team of individuals. **Education:** BS/MS in marketing, sales, business, economics, STEM, or applied social sciences. MBA would be an advantage. **Experience:** 12 or more years of sales experience, including 5-7 to years of commercial leadership experience or corporate account management experience in BioPharma, medical devices, and/or related healthcare field. Hospital sales experience is required. **Travel:** Ability to travel 25 percent with occasional overnight stays. **Unless otherwise specified, all posted opportunities are in the New York or Greater Tri-State office locations. Click** here **to apply.**

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!

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!

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

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POSITIONS (continued from page 10)

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.

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL