



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #39

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Did the UK Infected Blood Inquiry Impact Public Perceptions on Blood Supply Risk, Safety, and Donation Intentions?

A paper [published](#) in *Transfusion Medicine* examined the, “short-term impact of the announcement of the United Kingdom’s (UK) Infected Blood Inquiry (IBI) findings on the general public’s perceptions regarding overall blood safety and donation behavi[o]r (i.e., people’s willingness to donate blood and encourage others to donate).” The authors hypothesized that, “compared to the U.S., people in the UK will show reductions in their perceptions of overall blood safety and increased perceptions of infection risk from transfusion. Furthermore,[they expected] that people may wish to psychologically and behavi[o]rally distance themselves from an action perceived as harmful to others. This may result in a generally reduced willingness to be a blood donor and willingness to encourage others to donate as well.”

The study included 1,635 from the general populations of the U.S. (N=747) and the UK (N=888) between a pre-IBI period (May 3rd-7th, 2024) and a post-IBI period (May 30th-June 30th, 2024). The participants took part in online surveys and received approximately \$11 per/hour for each survey. Via survey questions, the researchers measured individuals’ view of the infection risk for a blood recipient on a scale of 1 (no risk at all) to 5 (an extremely large risk) and, “to what extent [they felt] it is safe in the UK/U.S. to have a blood transfusion if [needed]?” (from 1=‘Not at all safe’ to 11=‘Completely safe’).” The study also examined participants’ willingness to donate and encourage others to do so as well on a scale of 1 (not at all) to 7 (completely).

The researchers noted that, “[t]he pre-IBI sample comprises 2,060 observations (N=1,032 U.S., N=1,028 UK). Of these 2,060 observations, 175 (17.96 percent) in the U.S. and 107 (10.41 percent) in the UK stated they were prior blood recipients. For the reasons described above, these recipients were excluded from the post-IBI study. As a result, 1,778 participants (857 U.S. 921 UK), were invited to participate in the post-IBI study. Of these, 747 responded in the U.S. (87.16 percent response rate), and 888 (96.41 percent response rate) in the UK.” They found that, “[f]or perceived safety of transfusion, there was no significant difference pre- and post- in the U.S. (p=0.58), but a small but statistically significant decrease in the UK (p<0.01). The decline in the UK was 1.83 percent, which [was] a small change. [Additionally, they noted that in their findings,] a small but significant decline in perceived safety in the UK sample. [They] observe[d] no significant change in the level of perceived infection risk in UK participants.” The researchers added that, “[t]here were no significant effects on infection risk. The results show that a significant decrease in perceived transfusion safety, relative to no change, is associated

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Infected Blood Inquiry Impact on Public Perceptions on Blood Supply Risk, Safety, and Donation Intentions (continued from page1)

with a significant decrease in willingness to donate in the U.S. (OR=3.396, $p<0.01$), and for the total sample (OR=2.336, $p<0.01$), but not in the UK (OR=1.594, $p=0.31$). For encouraging others to donate, a significant decrease in perceived safety is associated with a significant decrease in encouraging others in the UK (OR=2.697, $p<0.05$), U.S. (OR=2.072, $p<0.05$), and across the total sample (OR=2.396, $p<0.01$). Positive changes in perceptions of safety show no differences in reduced approach and encouraging others.”

Other findings included:

- “[o]lder participants: Millennials (OR=0.435, $p<0.05$) and Gen X + Boomers (OR=0.412, $p<0.05$) relative to Gen Z in the U.S. have a lower likelihood of having an increased change in their perception of infection risk. For the UK, Millennials (OR=2.248, $p<0.05$) and Gen X + Boomers (OR=2.417, $p<0.01$) relative to Gen Z are associated with a significantly higher likelihood of having decreased changes in the perception of safety;
- [w]omen in the UK had a significantly higher increase in perception of infection risk (OR=1.642, $p<0.01$). These results are in line with previous literature showing that women are generally more risk-averse than men, are more likely to perceive the same events as riskier than men and are more likely to require blood transfusions;
- [e]ducation was generally not significantly associated with any of the outcome measures, except for reduced encourage in the U.S.; [and]
- [b]lood donors in the UK are associated with a lower likelihood of having a decrease in approach (OR=0.659, $p<0.05$) and encourage (OR= 0.665, $p<0.01$).”

The authors concluded that, “[t]he general public in the UK perceives the current blood supply as extremely safe, and the IBI announcement had a minimal impact on this perception. Compared to the UK, blood safety perceptions are lower in the U.S. Moreover, significant reductions in safety perceptions are associated with a lower willingness to donate blood. However, in the UK, even those who perceive a reduction in safety do not show a significantly lower willingness to donate. Future research should explore long-term impacts, continue to monitor public perceptions as compensation schemes are rolled out, and examine opinions and perceptions of blood recipients.” Limitations acknowledged in the paper included, “[t]here may be some selection bias (i.e., attrition), but this is unlikely given that the follow-up response rates are all about 85 percent; while we examined perceptions of overall blood safety for transfusion, future work should consider differentiating between blood, blood products and plasma.”

Citation: Mills, R.M., Merz, E.-M., and Croucher, M. “[The infected blood inquiry: Impact on public perceptions of blood supply risk, safety, and donation attitudes.](#)” *Transfusion Medicine*. 2024. ♦

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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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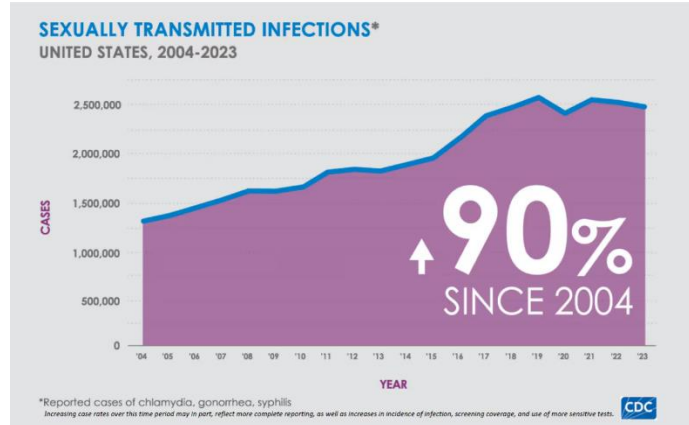
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WORD IN WASHINGTON

Data from 2023 [published](#) by the U.S. Centers for Disease Control and Prevention (CDC) showed that, “[t]he number of sexually transmitted infections (STIs) remains high in the U.S., with more than 2.4 million reported in 2023. However, the latest data from CDC show signs the epidemic could be slowing.” The CDC data revealed that, “[o]verall, syphilis cases increased by 1 percent after years of double-digit increases. Primary and secondary syphilis cases, the most infectious stages of syphilis, fell 10 percent — the first substantial decline in more than two decades. These cases also dropped 13 percent among gay and bisexual men for the first time since CDC began reporting national trends among this population in the mid-2000s. Increases in newborn syphilis (known as congenital syphilis) cases appear to be slowing in some areas — with a 3 percent increase over 2022 nationally, compared to 30 percent annual increases in prior years.” The agency further explained in the announcement that, “more efforts are needed to turn around the STI epidemic in this country, including:



- [p]rioritizing the STI epidemic at federal, state, and local levels;
- [d]eveloping new prevention, testing, and treatment solutions for more populations – including expanding the reach of doxy PEP among groups for whom it is recommended, and conducting more research to determine if it can benefit other groups;
- [i]nvesting in robust public health systems and trained workforces with capacity to provide STI services;
- [d]elivering STI testing and treatment in additional outreach settings, like emergency departments; [and]
- [m]aking STI services more accessible in local communities.”

(Source: CDC [Announcement](#), 11/12/24)

The Centers for Medicare & Medicaid Services (CMS) has [published](#) a blog post titled, “How We’re Making the Organ Transplant System Safe and Equitable.” Highlights of the blog include, “key Organ Transplantation Affinity Group (OTAG) updates [on the]:

- “OPTN Modernization Initiative;
- Consistent and Transparent Waitlist Practices;
- Proposed CMS Innovation Center Model;
- Improving Complaint Handling;
- Pancreata for Islet Cell Research; [and]
- Strengthening Patient Safety and Quality.

(Source: CMS Blog [Post](#), 11/12/24) 💧

Upcoming ABC Webinars & Virtual Events – Don’t Miss Out!

- **ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar** – Dec. 2nd at 4 p.m. EST. More information including a link to registration and the articles are available to ABC members [here](#).



BRIEFLY NOTED

The Blood Delivery via Emerging Strategies for Emergency Remote Transfusion (D.E.S.E.R.T) Coalition has [announced](#) a webinar on November 25th from 10-11 a.m. EST titled, “Walking Blood Banks for Blood Deserts: Military Lessons for Civilian Contexts.” The webinar will feature an, “informative discussion on adaptations of the walking blood bank concept from military settings for use in resource-limited civilian contexts.” It will be moderated by Linda Barnes, DrPH, MHA and include the following panelists:

- Col. USA, Ret. John B. Holcomb, MD, FACS;
- Kasper Juul Hedegaard, MBA; and
- Col. USA Ret. Andrew P. Cap, MS, MD, PhD, FACP.

(Source: Blood D.E.S.E.R.T Coalition [Announcement](#), 11/12/24) 💧

RESEARCH IN BRIEF

Strategies to Reduce Platelet Loss in G-CSF Mobilized Healthy Adult Donors. Authors of a retrospective [study](#) in the *Journal of Clinical Apheresis* aimed to, “measure the impact of lowering the granulocyte-colony stimulating factor (G-CSF) dose and apheresis centrifugal force as potential strategies to reduce the platelet loss experienced by mobilized healthy adult donors.” They noted that initially for this study, “all donors were mobilized with standard dose G-CSF Zarxio (filgrastim-sndz) at 9.5–12 mcg/kg/day by subcutaneous injection once a day for four days.[Later,] donors were assigned to either standard dose G-CSF or lower dose G-CSF (7.5–10 mcg/kg/day). [Initially] all donors underwent apheresis using continuous-flow method of mononuclear cell (cMNC) collection at the default packing factor (PF) of 4.5. [Later,] all donors underwent apheresis collection at a lower PF of 4.0.” The study included, “[a] total of 102 G-CSF mobilized donors: 84 (82 percent) were mobilized with standard dose G-CSF, and 18 (18 percent) were mobilized with lower dose G-CSF.” The authors explained that the, “[b]etween-group difference was observed in the absolute donor platelet loss (30 vs. 14 × 10⁹/L, p=0.04) favoring lower dose G-CSF, whereas the percent donor platelet loss potentially trended towards significance (12.4 vs. 7.2 percent, p=0.10)...Between-group differences [PF 4.5 vs. 4.0] were observed in the absolute donor platelet loss (6.4 vs. 5.3 × 10⁹/L per liter (whole blood) WB processed, p=0.049; 41 vs. 33 × 10⁹/L per 100 mL product, p=0.01) and percent donor platelet loss (2.9 vs. 2.4 percent per liter WB processed, p=0.001; 19 vs. 16 percent per 100 mL product, p < 0.001).” Additionally, the study found that the, “between-group differences were not observed in CD34+ cell collection efficiency (CE) (50 vs. 48 percent, p=0.64) and product CD34+ cell content (40 vs. 34 × 10⁶ per liter of WB processed, p=0.13; 286 vs. 215 × 10⁶ per 100 mL product, p=0.13). [Additionally,] in collections processing greater than 12 L whole blood, collection rates improved significantly after implementation of lower dose G-CSF and lower PF (66.67 vs. 90.67 percent, p=0.008).” The authors concluded that, “the results of this study seem to suggest that lowering the G-CSF dose may help mitigate platelet loss in the mobilization of healthy donors, and that lowering the PF from 4.5 to 4.0 decreased platelet loss from the leukapheresis collection while preserving the CD34+ cell CE and apheresis product CD34+ cell content. Reducing the risk of cumulative platelet loss may increase the likelihood of completing the target total WB volume to be processed.”

Citation: Castro, B., Huang, J., Le, J *et al.* “[Mobilization and Apheresis Collection Strategies to Reduce Platelet Loss in G-CSF Mobilized Healthy Adult Donors.](#)” *Journal of Clinical Apheresis*. 2024.

Contributed by Richard Gammon, MD, Chief Medical Officer at Carter BloodCare 💧



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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.

Call for ADRP Board Nominations Is Open

ADRP, The Association for Blood Donor Professionals invites interested individuals to consider [applying](#) to serve on the [ADRP Advisory Board](#) for the term beginning in May 2025. This is your chance to amplify your voice and help shape the future of your association! The ADRP Advisory Board is responsible for providing guidance towards, and prioritization of, the [strategic direction](#) of the organization and its mission to educate and empower blood banking professionals worldwide who are committed to donor recruitment, donor experience, and donor management. ADRP is looking for individuals that are team-oriented with leadership skills, and technical knowledge and expertise. The application deadline is December 31st. Please [contact us](#) with questions.

Submit an Abstract for the 2025 ADRP Annual Conference

Share your knowledge by [presenting](#) your successes and ideas at the [2025 ADRP Annual Conference](#) in [Oklahoma City, O.K.](#) Submit an [abstract](#) to take advantage of this opportunity to lead the conversation via abstract lectures, quick hit topics, or posters. Abstracts should preferably include data and research findings, case studies, practical pilots, and innovative policy and practices. You may submit more than one abstract for consideration. Desired topics include:

- collaboration between blood center departments for best outcomes;
- industry innovations;
- donor journey/donor management;
- marketing/public relations strategies;
- staff retention and satisfaction;
- leadership and staff development;
- social media applications in blood centers/TikTok use/social interaction;
- donor recruitment, engagement, and retention;
- collections technical and operational topics;
- social sciences and donor behaviors;
- artificial intelligence; and
- cellular therapies.

The abstract submission deadline is December 31st. Please [contact us](#) with any questions.

Registration Is Open for SMT Journal Club on December 2nd

The next ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar will take place on December 2nd from 4-5 p.m. EST. Registration is open. The webinar is free to all ABC members. A Continuing Medical Education (CME) credit (1.0) is now offered for all ABC SMT Journal Club webinars. More information including a link to registration and the articles are [available](#) to ABC members.

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INSIDE ABC (continued from page 5)

Workforce Trends Survey Report Available

ABC has published the 2024 Workforce Trends Survey Report. This resource is available for [purchase](#) by ABC member blood centers and offers deep insights into compensation, benefits, human resources policies, turnover and retention rates, and workforce trends specific to blood centers. Those member blood centers who participated in the Workforce Trends Survey can purchase the report at a discounted price (discount code required). This survey combines the previous Compensation & Benefits and Employee Turnover & Retention surveys. Please [contact us](#) with questions 💧

MEMBER NEWS

The University of Texas MD Anderson Cancer Center has [launched](#) the Institute for Cell Therapy Discovery & Innovation. An organization news release explained that the institute aims to, “together top scientists and clinicians to lead exceptional discovery, translational and clinical research that will deliver new insights in immunology and cell engineering, fueling the creation of transformational new treatments that can be rapidly adapted to address emerging needs in cancer, autoimmune diseases, infections and other conditions. These efforts already have been catalyzed by philanthropic and institutional support of more than \$80 million. The institute will be led by Katy Rezvani, MD, PhD, vice president & head of the Institute for Cell Therapy Discovery & Innovation. Rezvani also holds the inaugural Melvyn N. Klein Family Endowed Directorship for the Institute for Cell Therapy Discovery & Innovation.” The announcement also stated that, “will integrate across MD Anderson’s unique research ecosystem to accelerate the discovery and development of new cell therapies from preclinical studies through clinical trials. MD Anderson’s extensive scientific and clinical expertise, highlighted by the world’s largest cancer clinical trials program and premier research institutes – the James P. Allison Institute and Institute for Data Science in Oncology – will enable institute researchers to uncover new cell therapy targets and approaches. Collaborations with external researchers as well as biotechnology and pharmaceutical companies will further speed the pace of development.”

(Source: MD Anderson Cancer Center [News Release](#), 11/8/24) 💧

GLOBAL NEWS

Sanquin (the national blood provider for the Netherlands) researchers are part of a research team that has been [awarded](#) a €10 million grant from the European ERC Synergy grant to, “produce blood-forming stem cells in the lab.” According to announcement from the organization, “[the] consortium aims to discover the cellular and molecular signals that blood-forming stem cells require to emerge, expand, and function. With our research proposal *MakingBlood* we want to establish methods and engineer tools to produce transplantable stem cells in a dish, derived from pluripotent stem cell sources. Finally, we will engineer bioreactors which will allow robust production of stem cells. This European project will contribute to our ambition to offer off-the-shelf, donor-independent treatment options for all patients who require a stem cell transplantation.”

(Source: Sanquin [Announcement](#), 11/5/24)

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GLOBAL NEWS (continued from page 6)

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK) [announced](#) that 51 community groups and organizations in England and Wales are receiving £600,000 in government funding, “to continue to tackle health inequalities and promote blood and organ donation among Black and Asian communities.” The Community Grants Progra[m] is a government supported awareness initiative led by NHSBT. According to the NHSBT announcement, “The Community Grants Progra[m] has shown that enabling grassroots organi[z]ations to champion organ and blood donation in a culturally relevant way increases awareness and engagement, helping move towards greater health equality and a more diverse donor base. After a call for applications earlier this year, a total of £600,000 has been distributed among community-based projects across England and Wales. As part of NHSBT’s commitment to investing in impactful projects, the progra[m] now offers two-year grants, a shift from the usual one-year funding cycle. Funds that were available for each area [included:]

- 23 blood donation projects – £300,000;
- 11 living kidney donation projects – £125,000;
- 10 deceased organ donation projects – £125,000; [and]
- seven combined donation projects (covering more than one type of donation).”

Umar Malik, community funding manager at NHSBT explained in the announcement, “we have seen firsthand the abilities of trusted individuals and community groups to prompt conversation, tackle misinformation, educate, and offer reassurance around donation. Often a person’s best donor match will share their ethnicity, but too many donation opportunities are missed because families haven’t discussed organ donation. In the last year, strides have been made in Black blood donor representation thanks to projects like these, but more are still needed due to the growing need from sickle cell patients. We are really excited to work with these grassroots champions to address inequalities and help save more lives.”

(Source: NHSBT [Announcement](#), 11/6/24) 💧

COMPANY NEWS

The U.S. Food and Drug Administration (FDA) has [granted](#) 510(k) clearance to **Roche Diagnostics** for the Elecsys Syphilis, Elecsys Anti-CMV, cobas pro serology solution. According to approval letter from the agency, “[the] Elecsys Syphilis is an *in vitro* immunoassay for the qualitative detection of total antibodies (IgG and IgM) to *Treponema pallidum* in human serum and plasma. Elecsys Syphilis is intended to screen individual human donors, including volunteer donors of whole blood and blood components.” The FDA described the Elecsys Anti-CMV as an, “*in vitro* immunoassay for the qualitative detection of antibodies to [c]ytomegalovirus in human serum and plasma. Elecsys Anti-CMV is intended to screen individual human donors, including volunteer donors of whole blood, and blood components.” The cobas pro serology solution is, “a combination of the cobas pro serology controller, cobas pro integrated solutions (cobas e 801 analytical units only) and applicable licensed blood screening assays.”

(Source: FDA [Letter](#), 11/6/24)

Novavax, Inc. [announced](#) this week that FDA has removed a clinical hold on the company’s investigational new drug application (IND) for an investigational COVID-19-Influenza Combination (CIC) vaccine candidate and a separate influenza vaccine candidate. According to a news release, Novavax can, “begin enrolling the planned Phase 3 trial following the determination that Novavax satisfactorily addressed all clinical hold issues. Novavax will be working with the clinical trial investigators and other partners to resume trial activities as quickly as possible.” The clinical hold had been in place since October 16th and resulted from, “a spontaneous report of a serious adverse event in a participant who received investigational

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COMPANY NEWS (continued from page 7)

CIC vaccine in a Phase 2 trial that completed in 2023. The FDA had requested additional information on this event, initially reported as motor neuropathy. The additional information included a change in the event term to amyotrophic lateral sclerosis, a condition that is not known to be immune-mediated or associated with vaccination, which in this event was assessed as not related to vaccination.”

(Source: Novavax, Inc. [News Release](#), 11/11/24) 💧

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

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

Nov. 25. **Blood Delivery via Emerging Strategies for Emergency Remote Transfusion (D.E.S.E.R.T) Coalition Webinar Series: Walking Blood Banks for Blood Deserts: Military Lessons for Civilian Contexts.** [Registration](#) is open. More information available [here](#).

Dec. 2. **ABC Scientific, Medical, and Technical (SMT) Journal Club Fall Webinar.** More information including a link to registration and the articles are available to ABC members [here](#).

Dec. 7-10. **66th American Society of Hematology (ASH) Annual Meeting and Expo (Hybrid).** San Diego, Calif. [Registration](#) is open. More information available [here](#).

Dec. 12. **FDA Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Town Hall: Best Practices for Regulatory Interactions with OTP (Virtual).** [Registration](#) is open. 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 14-15. **International Plasma and Fractionation Association (IPFA)/Paul-Ehrlich Institut[e] (PEI) 30th International Workshop on Surveillance and Screening of Blood-borne Pathogens.** Heidelberg, Germany. [Registration](#) is open. More information available [here](#).

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

June 1-4. **International Society of Blood Transfusion (ISBT) 35th Regional Congress.** Milan, Italy. More information coming soon.

June 25-26. **HHS ODP TBDAIC Community Engagement Meeting (Hybrid).** Portland, Maine. More information coming soon.

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CALENDAR (continued from page 8)

June 30-July 1. **HHS Administration for Strategic Preparedness and Response (ASPR) Biomedical Advanced Research and Development Authority (BARDA) Industry Day 2025 (Hybrid)**. Washington, D.C. More information available [here](#).

Oct. 12-15. **American Association of Tissue Banks (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

Mobile Operations Manager (Suncoast Blood Centers: Lakewood Ranch, Florida). Suncoast Blood Centers is seeking a dedicated Mobile Operations Manager to join our team. The Mobile Operations Manager is responsible for overseeing all mobile donor collection activities to ensure safe, efficient, and compliant blood collection operations. Key duties include supervising donor collection staff, coordinating schedules across mobile and fixed sites, and ensuring adherence to regulatory standards. This role involves staff training, quality assurance, and handling donor suitability issues. The Mobile Operations Manager also addresses customer service concerns, promotes positive donor experiences, and supports SunCoast Blood Centers' mission through effective leadership and operational excellence. Please visit [Careers - SunCoast Blood Centers](#) to view the full job description and apply.

Clinical Research Nurse (Suncoast Blood Centers: Lakewood Ranch, Florida). SunCoast Blood Centers is seeking a dedicated Clinical Services and Research Apheresis Nurse (LPN) to perform critical apheresis procedures for patient care in hospitals and research projects. Ideal candidates will have completed a relevant nursing program, hold a current Florida LPN license with central line certification, and possess at least two years of patient care experience, including phlebotomy. Key responsibilities include providing high-standard patient and research subject care, operating and maintaining apheresis equipment, following Good Clinical Practices (GCP) protocols, and assisting in the recruitment of research subjects. Please visit [Careers - SunCoast Blood Centers](#) to view the full job description and apply.

Associate Director, Member Programs. The Associate Director of Member Programs will play a crucial role in the development and oversight of member programs for

America's Blood Centers (ABC) and our international division, ADRP: The Association for Blood Donor Professionals. This key position will provide strategic guidance on emerging trends in association management and the blood community and shape strategies that drive value and promote growth. Working closely with the leadership team, the Associate Director will be at the forefront of decision-making processes to ensure that member programs align with the organizational objectives. The role involves collaborating with stakeholders from both ABC and ADRP to create engaging and impactful member programs that meet the evolving needs of the blood community. The successful candidate will foster innovation and excellence in program development and execution. This position is remote. ABC employs talented individuals whose passion, drive and skills are necessary to fulfill our mission. ABC offers a salary commensurate with experience as well as an excellent benefits package including medical, dental, LTD, and 401k contribution. We are a virtual office that promotes a flexible work environment. Applicants must be able to maintain a safe, separate workspace in which they can complete their work that is free from distraction and live in an area where they can obtain reliable internet service. This is a full-time staff position including benefits and a stipend for internet and telephone services. ABC prohibits discrimination and provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. Learn more here. Interested applicants should send a cover letter and resume to careers@americasblood.org.

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POSITIONS (continued from page 9)

LAN Administrator II. Join Gulf Coast Regional Blood Center's team of heroes as a **LAN Administrator II!** We are seeking a detail-oriented professional responsible for planning and deploying major service upgrades and providing enterprise-level support for hardware, software, operating systems, and network infrastructure. In this role, you will oversee Windows Server management, file and print sharing, and network support. You'll also serve as the technical lead for projects, ensuring seamless network infrastructure installation and support for key systems like Exchange, Virtualization, and Active Directory. Additional responsibilities include maintaining system documentation, assisting with Wide Area Network (WAN) management, and providing backup support for MS back-office services and the organizational Help Desk. Ideal candidates will have a bachelor's degree in computer science or a related field and at least five years of experience in enterprise-level server and network support. Proficiency in Windows Active Directory, TCP/IP, and Microsoft Office is essential, and certifications such as MCSE, MCSA, or VCP are highly preferred. This role offers exciting career advancement opportunities, a competitive compensation package, and the chance to make a real difference in a mission-driven organization. If you're a problem-solver with great interpersonal skills and a passion for IT, [apply now!](#)

Regional Consultation Lab Services Tech III. Join our team of heroes! Gulf Coast Regional Blood Center is seeking a **Regional Consultation Lab Services Tech III** in Nacogdoches, TX! This unique role combines laboratory services, phlebotomy, and community engagement. You'll prepare special blood components, perform patient testing, and serve as hospital services support. Additionally, you'll participate in blood collection during facility and mobile operations, ensuring a high level of customer service with both hospital staff and donors. Key responsibilities include performing serological testing, interpreting complex antibody identification, and preparing consultation reports. You'll also rotate on-call duties to provide after-hours consultation and support hospital services. In donor collections, you'll handle pre-donation screening, venipuncture, and post-donation care, with all necessary training provided. The ideal candidate will have a certification as an MLT or MLS, with blood bank and immunohematology experience preferred. A valid Texas Driver's License and reliable commute to the Nacogdoches facility are required. This position offers career growth, a competitive compensation and benefits package, and the rewarding opportunity to save lives. If you're precise, astute, and passionate about using your talents to support the community, this is the perfect role for you! Training in donor collections is provided for those without phlebotomy experience. What are you waiting for? [Apply Now!](#)

Business Development Manager. Join Gulf Coast Regional Blood Center's team of heroes as a **Business Development Manager!** We're seeking an energetic self-starter passionate about making a difference through outstanding client service and business growth. In this role, you'll initiate new client onboarding, prospecting, and account management for our diverse product lines, including biotech/research, laboratory testing, and cellular therapy products and services. You'll be responsible for identifying top prospects, strategizing sales and marketing approaches, and managing CRM processes. This in-office position collaborates with the marketing team which is key to developing engaging materials for B2B and online campaigns. We offer a competitive compensation package, career advancement opportunities, and the chance to work in a dynamic, mission-driven environment that saves lives. Ideal candidates will have a bachelor's degree or five years of related experience. Industry sales experience or a background in life science is preferred. Candidates must have a valid Texas driver's license and reliable transportation. This position also offers mileage reimbursement and free parking near NRG Stadium. If you're adaptable, driven, and passionate about helping others, this role is for you. Join us in embodying our core values of Commitment, Integrity, and Respect while creating life-saving experiences every day. [Apply Now!](#)

Consultation Lab Specialist. Join Gulf Coast Regional Blood Center as a **Consultation Lab Specialist!** This life-saving role performs complex and routine serological investigations and testing, requiring precision, attention to detail, and the ability to work diplomatically with both internal and external customers. You'll be responsible for resolving serological problems, interpreting complex antibody cases, and preparing consultation reports among additional intricate laboratory services. If you take pride in delivering high-quality service and are passionate about making a difference in the community, this is the perfect role for you. We offer a competitive compensation package, career advancement and technical development opportunities. Talent in this department has the chance to work in a dynamic, mission-driven, and patient-first environment. Ideal candidates will have a bachelor's degree in a laboratory science field with an ASCP MT, MLS or SBB certification and recent immunohematology, reference lab experience. Sign-on bonus and relocation packages available. If you're precise, astute, and passionate about using your talents to support the community, this is the perfect role for you! What are you waiting for? [Apply Now!](#)

Consultation & Reference Laboratory Assistant Manager. Gulf Coast Regional Blood Center is seeking a **Consultation & Reference Laboratory Assistant Manager!** This pivotal role involves overseeing laboratory operations, supervising staff, and ensuring compliance

(continued on page 11)



POSITIONS (continued from page 10)

with all policies, procedures, and quality control standards. Reporting to the Consultation & Reference Manager, the Assistant Manager will be instrumental in maintaining effective relations with both internal and external departments and customers. This opportunity is perfect for individuals who value precision, enjoy problem-solving, and are dedicated to delivering high-quality service to the community. You will assist with budget management, monitor lab performance, and contribute to the development and revision of department SOPs. Additionally, the role requires regular communication with the Medical Director and participation in internal and external assessments. **Why join us?** You'll enjoy a competitive compensation package, free parking at the Texas Medical Center, and opportunities for career growth—all while contributing to life-saving work. Sign on bonus and relocation opportunities available. **Qualifications** include an SBB Certification (ASCP), 6+ years of recent blood banking experience, 3+ years in an Immunohematology Reference Lab, and at least 2 years of management experience. If you embody integrity, commitment, and respect, we encourage you to [apply now](#) and help make a difference!

Quality Assurance Director. Gulf Coast Regional Blood Center is seeking an experienced **Quality Assurance Director** to lead and oversee all aspects of Quality Assurance and Compliance. Reporting to the Associate Vice President of Quality Services, this pivotal role ensures that the blood center maintains the highest standards of safety and quality in alignment with FDA regulations, AABB standards, and other key accrediting bodies. As the Quality Assurance Director, you will be responsible for implementing and monitoring quality systems, leading audits, ensuring compliance with international and domestic regulations, and fostering a culture of continuous improvement. This role is ideal for individuals with strong leadership and problem-solving skills, and a deep understanding of quality management principles like Lean and Six Sigma. You will develop quality training programs, oversee incident reports, and serve as the FDA designee for the organization, ensuring that all processes meet regulatory standards. **Qualifications** include a bachelor's degree (Graduate degree preferred) and at least 7 years of progressive management experience in a regulated industry. Preferred certifications include ASCP, ASQ, and Six Sigma Green Belt or better. If you are ready to make a lasting impact in a mission-driven organization, we encourage you to [apply today!](#)

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 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 blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#) 💧