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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #40 **November 22, 2024**

INSIDE:

Please Note: The *ABC Newsletter* will not be published on Friday, Nov. 29th. We will resume publication on Friday Dec. 6th. Thank you for your continued interest.

ABO-incompatible Transfusion Frequency and Causes Explored in 3 European Nations

A paper published in the *British Journal of Haematology* aimed to explore the causes and frequencies of ABO-incompatible red blood cell transfusions (ABO-it) in the United Kingdom (UK), France, and Germany. Specifically, the authors compared, "the effectiveness of existing safety measures in these jurisdictions considering possible improvements or modifications by learning from the practice of others, taking human factors into account [from 2013-2022.] An ABO-it with no measurable deleterious reaction in the recipient was classified as a serious adverse event (SAE). An ABO-it resulting in a reaction was classified as a serious adverse reaction (SAR) [and graded on a four-point scale]: moderately severe (grade 1 SAR), severe and/or long-lasting (grade 2 SAR), life-threatening (grade 3 SAR) and death (grade 4 SAR)."

The authors noted that French and German bedside preventative measures included, "positive patient identification check (as well as the verification of prescription, unit label, and issuing documents), all typically non-electronic to date, as well as an ABO compatibility test. These tasks are performed in France by a nurse (mostly) or a physician and in Germany by a physician or under his/her direct supervision and responsibility [while] in the UK, the pretransfusion check, performed at the bedside by registered healthcare professionals requires an exact match of the details on the patient identity wristband (positively confirmed by the patient if possible), the label attached to the unit and the transfusion prescription."

The study found that, "47 ABO-it were reported in France, 253 in Germany, and 50 in UK. The annual number of ABO-it varied from 2 to 8 in France, from 14 to 39 in Germany, and from 0 to 10 in the UK." The researchers stated that, "[o]verall frequencies of ABO-it were 0.19 (SD: 0.09)/100,000 in France, 0.71 (SD: 0.23)/100,000 in Germany, and 0.28 (SD: 0.17)/100,000 in UK. The authors discovered that France and the UK exhibited similar frequencies of ABO-it despite different bedside safety measures, whereas Germany had a higher frequency [and the researchers noted that] Implementation of mandatory ABO-it reporting only one year before initiation of the study period probably resulted in early transient underreporting in Germany. [The] most frequently reported ABO incompatibility involved a group A red cell unit to a group O patient (France, 72 percent; Germany, 62 percent; [and the] UK 50 percent)."

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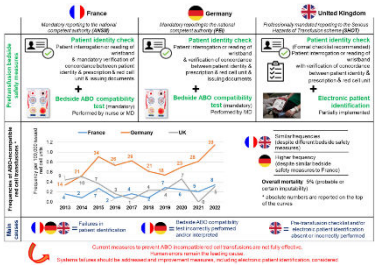
ABO-incompatible Transfusion Frequency and Causes Explored (continued from page 1)



Additionally, the paper found that, "SAE was observed in 21 percent of ABO-it in France, 17 percent in Germany, and 40 percent in the UK. In France, grade 1 and grade 2 SAR were the most common each accounting for 26 percent of cases. In Germany, grade 2 SAR (46 percent) were the most common followed by grade 1 SAR (19 percent). Conversely, in the UK, SAR grade 1 were most common (30 percent) followed by grade 3 SAR (18 percent). No grade 4 ABO-it SAR was reported in France, while 19 grade 4 (9 percent) (with imputability considered as certain in 16, probable in two and possible in one) were reported in Germany and three grade 4 (10 percent) (with imputability considered as probable in one and possible in two) were reported in the UK." The most common cause of ABO-it in all three places was, "erroneous patient identification, that is, where the red cell unit was issued for another patient (n=152; 63 percent). Additional errors included wrong selection of the unit at the time of issuing (n=74; 31 percent), and incorrect recipient ABO grouping (n=14; 6 percent). Wrong donor ABO determination was very rare (0 to 1.5 percent) and wrong labe[l]ing of ABO group on the blood bag was not identified in this study." The authors also explained that in France, "bedside ABO compatibility test was performed in 42 (89 percent) cases and incorrectly performed and/or interpreted in 41 of these. Among evaluable cases in Germany (n=53, 21 percent), the test was performed in 47 (89 percent) cases and incorrectly performed and/or interpreted in all these cases. [In the UK,] of the 50 ABO-it cases, only five (10 percent) stated they had a checklist in place for the administration of blood at the bedside, 14 (28 percent) did not have one and 31 (62 percent) did not answer the question. Twelve (24 percent) ABO-it cases could not have been detected by beside safety checks as they were due to sampling or laboratory errors (four wrong blood in tube (WBIT), two testing errors and six component selection errors)."

The authors concluded that, "[o]ur results further corroborate previous findings that there is no single reliable, systemic safety measure that can prevent all ABO-it. All available measures depend upon staff performing them correctly. With these considerations in mind, one may conclude that the bedside ABO compatibility test, as currently performed in France and Germany, is time-consuming, complicated to execute and prone to error. Improvements should, therefore, be considered, such as the development and further implementation of electronic information systems (EIS) throughout the entire transfusion process, including electronic patient identification at the bedside with increased consideration of human factors. Further reducing the risk of ABO-it must remain a transfusion safety priority. Increased investment in EIS across the whole transfusion chain will contribute to a safer transfusion."

Citation: Mirrione-Savin, A., Aghili Pour, H., Swarbrick, N., *et al*. "Frequencies and causes of ABO-incompatible red cell transfusions in France, Germany and the United Kingdom." *British Journal of Haematology*. 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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WORD IN WASHINGTON

America's Blood Centers (ABC) joined more than 90 organizations on a letter sent to congressional leaders in the Senate and House of Representatives encouraging the inclusion of the Sickle Cell Disease (SCD) Comprehensive Care Act of 2024 (S. 5097/H.R. 7432) in an end-of-year legislative package. The letter explained that, "the *Sickle Cell Disease Comprehensive Care Act of 2024* authorizes state Medicaid programs to provide comprehensive, coordinated care through a health home model for individuals with SCD based on their SCD status alone…This bill ensures a multi-faceted approach to care, ensuring SCD patients have access to coordinated clinical, mental health, and ancillary services to address their physical, mental, and social needs." The organizations close the letter by noting that, "[t]ogether, we have an opportunity to profoundly impact care for people living with SCD on Medicaid. Adopting SCD as an eligible condition for health homes will change the care paradigm for impacted individuals and save our health care system millions of dollars, while providing a better quality of life for a very under-represented patient population. We strongly urge you to prioritize *the Sickle Cell Disease Comprehensive Care Act of 2024* and incorporate it into legislation that will reach the President's desk by the end of the year."

(Source: Coalition Letter, 11/14/24)

On November 19th, the Agency for Healthcare Research and Quality (AHRQ) issued a research protocol for systematic review of "Prehospital Emergency Medical Services (EMS) Blood Transfusion and Fluid Interventions for Hemorrhagic Shock." Submissions are due December 19th. According to the agency, the systematic review aims to:

- "assess the effectiveness and potential harms of different blood transfusion and fluid interventions and protocols for treatment of hemorrhagic shock in traumatic injury and nontraumatic medical conditions. Based on what is found in the published literature, interventions will be compared with each other when possible, and with standard care. We will employ meta-analyses and stratify based on EMS protocols, patient characteristics, and EMS system characteristics. Rigorous quality assessment will provide a basis for identifying levels of confidence in the findings;
- prepare a comprehensive analysis of the gaps in the existing literature base that must be addressed to move the field forward. More than a "Future Research" section, this Key Question will identify specific research projects (study designs, patient populations, interventions, and outcomes) that need to be conducted. It will be a roadmap for studies from which evidence-based guidelines can be derived; [and]
- assess the literature about implementation of blood transfusion programs and protocols in EMS systems, exploring barriers to and facilitators of successful implementation using qualitative evidence synthesis. Taken as a whole, the findings will serve as a crucial resource for the development of prehospital care evidence-based guidelines, treatment protocols, and State and local EMS agency decision-making."

(Source: AHRQ Announcement, 11/19/24)

President-elect Trump will nominate Robert F. Kennedy Jr. for the role of secretary of the U.S. Department of Health and Human Services (HHS) and Mehmet Oz, MD, MBA for the role of administrator of the Centers for Medicare & Medicaid Services. On X, formerly Twitter, Mr. Kennedy thanked the president-elect and explained that, "[w]e have a generational opportunity to bring together the greatest minds in science, medicine, industry, and government to put an end to the chronic disease epidemic. [We will] return our health agencies to their rich tradition of gold-standard, evidence-based science. I will provide Americans with transparency and access to all the data so they can make informed choices for themselves and their families." Dr. Oz stated in a post on X, "I am honored to be nominated [to lead] CMS. I look forward to serving my country [under] the leadership of [HHS Secretary-nominee] Kennedy."

(Sources: Robert F. Kennedy Jr. X Post, 11/14/24; Mehmet Oz X Post, 11/19/24)

IN MEMORIAM

Dana Devine, PhD passed away on November 12th. An announcement from The Centre for Blood Research (CBR) at the University of British Columbia (UBC) noted that Dr. Devine, "started her research career in marine biology as an undergraduate student at Woods Hole. As her curiosity shifted to exploring the causes of human disease, she joined the Duke University lab of scientist and hematologist, Wendell Rosse. It is there that she completed her PhD in immunology and established a life-long passion in deciphering the intricacies of platelets and their role in blood clotting and immunity. Recognized as a rising star, [Dr. Devine] was recruited to the Department of Pathology at UBC, and rapidly moved up through the ranks to full professor. Along the way, she also joined the newly created Canadian Blood Services (CBS), where she held key leadership roles, including its first vice president of Medical Scientific & Research Affairs and later, Chief Scientist. In the late 1990s, Dr. Devine and four other forward-thinking UBC scientists, saw a chance to create a UBC-based multidisciplinary cent[er] devoted to blood research — an entirely novel concept at the time. With a strong sense of purpose, she and her colleagues raised tens of millions of dollars from government, industry and private donors, and recruited a cadre of superb clinicians/scientists across many fields to create what is now the world-renowned Centre for Blood Research. In no small measure, the success of the CBR, for which she served a term as director, can be attributed to her vision and efforts. [Dr. Devine's] leadership in transfusion medicine science, education and training was well known nationally and internationally. She served on several boards and as president of the Association for the Advancement of Blood & Biotherapies (AABB), editor-in-chief of the journal *Vox Sanguinis*, and president of Biomedical Excellence for Safer Transfusion (BEST). At UBC, Dr. Devine was an active member and professor in the Department of Pathology and Laboratory Medicine, serving for years as the director of graduate studies. Her lab was filled with enthusiastic researchers, technicians, and students who valued her guidance and support, as they found meaningful positions in academia and industry. Indeed, her research and training leave a legacy that will impact for generations. Dr. Devine will be missed but forever remembered as a dear friend and colleague. If you wish, the family has requested that donations be made to the Dana Devine Education and Training Fund. [Gifts will honor] Dr. Devine's legacy by supporting the program she was so proud of and will have a lasting impact by advancing research and education at the UBC Centre for Blood Research."

(Source: CBR Announcement, 11/18/24)

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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.

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. 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

Carter BloodCare and **San Diego Blood Bank** recently held recognition ceremonies for inductees from their local communities into Fresenius Kabi's National Blood Donation Hall of Fame for 2024. On Nov. 15th, Carter BloodCare honored Ana Cruz Hollingsworth for her dedication to raising awareness of the need for blood donations, especially within the Hispanic community. According to an announce from the blood center, "her advocacy began after her newborn son was placed on life support due to a congenital condition; during the first 10 days of his life, he received multiple blood transfusions to support his recovery. Mrs. Hollingsworth, a North Texas-based social media influencer and podcaster, has shared her family's experience with hundreds of thousands of online followers and motivated others to donate blood."

(Left to right) Carter BloodCare President and CEO Dr. Barbara Bryant, National Blood Donation Hall of Fame inductee Ana Cruz Hollingsworth, and Fresenius Kabi's Deanne Wagner.

Contributed by James Black, Senior Public Relations Specialist at Carter BloodCare

(Left to right) Carolyn Brown of Fresenius Kabi, National Blood Donation Hall of Fame Inductee Ray Lebron, San Diego Blood Bank CEO Doug Morton.

On November 19th, San Diego Blood Bank recognized Ray Lebron for being, "an amazing advocate for San Diego Blood Bank with over 190 lifetime blood donations. He has coordinated 33 blood drives at his church over the years, collecting 845 pints of blood. He has also dedicated his time volunteering for the last 18 years. Mr. Lebron began donating blood at San Diego Blood Bank 40 years ago and has donated whole blood, plasma, double red cells and is now a dedicated platelet donor. He recently celebrated his 33rd gallon donation. He is the fourth San Diego Blood Bank donor to be inducted into the Fresenius Kabi Blood Donation Hall of Fame." This year marks the 26th year of Fresenius Kabi's National Blood Donation Hall of Fame recognition program and the company's collaboration with blood centers around the country. The National Blood Donation Hall of Fame honors individuals who have shown exemplary, "commitment to donating blood and/or encouraging blood donation," according to a news release from Fresenius Kabi in October 2024.

(Sources: Carter BloodCare Announcement, 11/18/24; San Diego Blood Bank News Release, 11/19/24)

RESEARCH IN BRIEF

Coagulation Assay Results at Birth in Preterm Infants. A study in *Vox Sanguinis* "evaluate[d] coagulation assay results (prothrombin time (PT) and activated partial thromboplastin time (APTT)) on day 1 in preterm infants admitted to the neonatal intensive care unit (NICU) in a single-cent[er] retrospective study of coagulation assay results (in extremely (<28 weeks)) and very preterm infants (28-32 weeks)." The paper explained that, "coagulation assays were performed in 104 infants [and] the median PT values were similar for extremely and very preterm infants (18.1 vs. 18.7 s; p=0.40) with comparable 5th–95th percentile ranges (11.7–33.3 s vs. 12.3–41.8 s)." The researchers noted that, "[m]edian APTTs were also similar in extremely preterm and very preterm infants (44.2 vs. 47.7 s; p=0.25), with 5th–95th per-centile ranges 26.1–83.4 and 30.3–100.0 s, respectively. [This] study [not only] showed similar coagulation assay results at birth in extremely and very preterm infants, [but also] significant discrepancies with literature-based reference ranges." The authors wrote that, "[t]his is in contrast with the local guideline, which advises using different normal ranges for the two groups [citing that] [i]n 1988, Andrew *et al*. published the first study on neonatal reference ranges, showing a median APTT of 47.7 s. However, the median PT of 18.7 s for the infants in this study was not covered by that confidence interval. Since these reference ranges formed the basis of the local guideline, [the authors] may have misclassified a proportion of infants as having a 'prolonged' PT, which in turn may have resulted in additional treatment with vitamin K or plasma." The researchers further explained that, "[b]esides the lack of validated reference ranges specific to the different analyzers and reagents, it is still unclear whether prolonged coagulation values are an indicator of increased bleeding risk. Only observational evidence is available in answer to this question, reporting contrasting findings on the association between prolonged coagulation assays and bleeding risk in infants." They noted that, "it is not clear whether fresh frozen plasma (FFP) transfusions can substantially correct abnormal coagulation values and thereby reduce the risk of bleeding. Only one randomized trial was conducted more than 20 years ago to assess the potential beneficial effect of prophylactic FFP, which showed no improvement in terms of severe morbidity and/or mortality among infants." The study conclude[d], "that in the absence of reference values calibrated with the analyzers and reagents used, neonatologists should be cautious about interpretation and possible treatment decisions based on supposedly 'prolonged' coagulation values. The commonly used distinction between extremely and very preterm infants for setting reference values is not corroborated by [the] results."

Citation: Houben, N., Fustolo-Gunnink, S., Caram-Deelder, C., *et al*. "Coagulation assay results at birth in preterm infants: A cohort study highlighting the relevance of local reference values for interpretation." *Vox Sanguinis*. 2024

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

GLOBAL NEWS

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), has developed, "a new warning system to detect newly emerging viruses potentially reaching the UK due to climate change." A NHSBT news release revealed that, "[a]round 5,000 samples will be taken from consenting blood donors over the next few months, [as of November 20th]. They will initially be used to detect tick-borne encephalitis virus (TBEV), West Nile virus and Usutu virus. [Additionally,] the archive will be combined with data on donor exposures, travel history and vaccinations, collected by UKHSA. The archive will provide better data if these illnesses start circulating in the donor population and enable safety measures to be implemented faster. The project will additionally link with UK Health Security Agency (UKHSA) surveillance program[s], which monitor the spread of these infections in the general population. The CODONET blood sample archive will be held by NHSBT at its Oxford blood cent[er], in collaboration with the Rare and Imported Pathogens Laboratory of

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GLOBAL NEWS (continued from page 7)

the UKHSA. The research is led by the NIHR-funded Blood and Transplant Unit in Genomics, in collaboration with NHSBT." Heli Harvala, a consultant medical virologist for NHSBT, added in the announcement, "[t]his targeted sampling of donors provides a response capability in the event of future infectious disease threats to blood safety arising from climate change. By combining the test results with travel and vaccination history, we can estimate how likely it is that people got their infections here or whether the antibodies might be from vaccination. It also provides the means to demonstrate that a virus is not present in the blood donor population, which is equally important operationally and would guide future testing strategies."

(Source: NHSBT News Release, 11/20/24)

The European Commission (EC) recently granted marketing authorization for Pfizer Inc.'s HYMPAVZI™ (marstacimab), "the first and only anti-tissue factor pathway inhibitor (anti-TFPI) approved in the European Union (EU) for the treatment of hemophilia A or B and the first hemophilia medicine approved in the EU to be administered via a pre-filled, auto-injector pen." The approval allows the treatment to be used for, "the routine prophylaxis of bleeding episodes in patients 12 years of age and older weighing at least 35 kg with severe hemophilia A (congenital factor VIII [FVIII] deficiency, FVIII <1 percent) without FVIII inhibitors or severe hemophilia B (congenital factor IX [FIX] deficiency, FIX <1 percent) without FIX inhibitors." The EC based the approval on data from a phase III study, "that evaluated the efficacy and safety of marstacimab in adults and adolescents 12 years and older with severe hemophilia A or B without inhibitors. In the study, HYMPAVZI significantly reduced the annualized bleeding rate (ABR) for treated bleeds by 35 percent (ABR of 5.08 vs. 7.85, p-value 0.0376) during the 12-month active treatment period, demonstrating non-inferiority and superiority compared to routine prophylaxis (RP) with FVIII or FIX administered as part of usual care. The safety profile for HYMPAVZI was consistent with Phase 1/2 results, and the most commonly reported adverse events in the study were injection site reactions, headache, pruritus, and hypertension. This marketing authorization is valid in all 27 EU member states, as well as in Iceland, Liechtenstein, and Norway. The EC approval follows the regulatory approval of HYMPAVZI in the United States in October."

(Source: Pfizer Inc. News Release, 11/20/24) ♦

COMPANY NEWS

Macopharma recently announced an agreement to acquire **Lmb Technologie**. The strategic alliance is part, "of Macopharma's five-year plan to accelerate its solutions offering by strengthening its equipment range, in which Lmb is a major player," according to a company announcement. "By joining forces with Lmb, Macopharma aims to gain a stronger position in all European and American markets, as well as in the Middle East." Lmb Technologie's equipment and software offerings include, "mixers, separators, welders, platelet agitators and other accessories, [as well as] data management software enabling the equipment to be connected to information technology systems." The companies anticipate the closing of the acquisition to be finalized in 2025.

(Source: Macopharma Announcement, 11/19/24)

The U.S. Food and Drug Administration (FDA) has approved the biologics license application (BLA) from **StemCyte Inc.** for an, "allogeneic hematopoietic stem cell therapy (Regenecyte™) derived from human umbilical cord blood [for] transplantation in patients with blood and immune system disorders." A StemCyte, Inc. news release explained that the therapy can now be used, "for unrelated donor hematopoietic

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COMPANY NEWS (continued from page 8)

progenitor cell transplantation procedures in conjunction with an appropriate preparative regimen for hematopoietic and immunologic reconstitution in patients with disorders affecting the hematopoietic system that are inherited, acquired, or result from myeloablative treatment."

(Source: StemCyte Inc. News Release, 11/22/24)

GigaGen, Inc., a subsidiary of Grifols, has dosed the first patient in a phase I clinical trial of its investigational polyclonal therapy to treat hepatitis B virus (HBV) infection. According to a company news release, the dose escalation trial aims to evaluate the "safety and tolerability" of GIGA-2339, an investigational therapy candidate that, "consists of more than 1,000 anti-HBV antibodies developed in the laboratory by capturing and then reproducing the natural antibody response from donors who have been vaccinated against HBV. GIGA-2339 is over 2,000 times more potent than plasma-derived HBV drugs and covers the large diversity of circulating HBV variants."

(Source: GigaGen, Inc. News Release, 11/19/24)

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. 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.

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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. A link to registration and the articles are available to ABC members here.

CALENDAR (continued from page 9)

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 OIDP TBDAIC Community Engagement Meeting (Hybrid). Portland, Maine.** More information coming soon.

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

Associate Medical Director/Medical Director (Versiti Blood Center of Ohio). Serve as the physician face of Versiti and Versiti Ohio, translating complex medical issues to educate other physicians, support staff and the public. Opportunities in educational initiatives and clinical/applied research are available within Versiti and with our affiliated health systems. As part of the Versiti physician team you will have the opportunity to participate in clinical research projects with investigators at our world-renowned diagnostic laboratory and blood research institute. Joining our Medical Science Institute transfusion medicine physician team will provide you with a uniquely diverse and collaborative experience. Requirements: MD or DO Degree. Board certified/eligible in Blood Banking/Transfusion Medicine. At least three years of experience in blood center/transfusion medicine practice preferred. Licensed or eligible for an Ohio and Indiana; other state licenses may be required. Driver's License in good standing. Please click here to read the full job description and apply.

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.

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POSITIONS (continued from page 10)

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.

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!