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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #42 **December 13, 2024**

INSIDE:

Impact of Ferritin-guided Donation Intervals in Whole Blood Donors Explored

Researchers in the Netherlands have published their findings in *The Lancet* from a stepped-wedge cluster-randomized trial exploring the impact of ferritin-guided donation intervals on the health of whole-blood donors. The paper explained that, "29 [geographical] clusters were randomly assigned to four randomi[z]ation groups. The stepped-wedge design involved random and sequential crossover of clusters from the control (existing policy) to the intervention (ferritin-guided donation intervals) by randomi[z]ation group over the course of 24 months, until all clusters were exposed to the intervention."

For this 38-month study, [t]he intervention entailed ferritin-guided donation intervals in addition to the existing h[e]moglobin screening and regular donation intervals of 56 days and 122 days for male and female donors, respectively." Six-month deferrals took place for donors whose ferritin concentration was 30 ng/mL or lower and 12-months for individuals whose concentration was below 15 ng/mL. The authors noted that they chose a, "12-month interval for iron deficient donors to allow donors to replenish their concentrations to levels higher than before donation." The primary outcomes are described as, "ferritin and h[e]moglobin concentrations, h[e]moglobin deferral, and iron deficiency. Secondary outcomes were donor return within 6 months and iron deficiency symptoms assessed through questionnaires."

The study found that, "[t]he prevalence of iron deficiency and h[e]moglobin deferral decreased after implementation of the policy. Compared with no implementation and 0–5 months after implementation (hereafter referred to as pre-implementation), the intervention was associated with a 1.51 ng/mL higher mean ferritin concentration (0.18 $\log_{10}$ ng/mL [95 percent CI 0.15–0.22; p<0·0001]) and 0.30 g/dL (95 percent CI 0.22–0.38; p<0·0001) higher mean h[e]moglobin concentration at 36–38 months after implementation in male donors." Additionally, the researchers discovered that, "premenopausal and postmenopausal female donors, mean ferritin concentration increased by 1.26 ng/mL (0.10 $\log_{10}$ ng/mL [95 percent CI 0.06–0.15; p<0·0001]) and 1.48 ng/mL (0.17 $\log_{10}$ ng/mL [0.12–0.21; p<0·0001]) at 36–38 months after implementation, respectively, compared with pre-implementation. Mean h[e]moglobin increased by 0.12 g/dL (95 percent CI 0.03–0.20; p=0.0074) and 0.16 g/dL (0·05–0·27; p=0·0044) at 36–38 months after implementation in premenopausal and postmenopausal female donors, respectively."

Both male and female donors experienced "significant decreases in iron deficiency by 36-38 months" following implementation compared with pre-implementation.

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Impact of Ferritin-guided Donation Intervals in Whole Blood Donors Explored (continued from page 1)

While male donors also saw significant decreases in hemoglobin-based deferrals after implementation, there was "no significant difference" in female donors regarding hemoglobin deferrals when comparing pre- and post-implementation. The researchers also noted that, "[i]n *post-hoc* sensitivity analyses, the odds of return for male repeat donors were significantly lower than for new male donors at 36–38 months, and in premenopausal and postmenopausal female donors, there were no significant differences in return of new or repeat donors…There were no consistent significant patterns for restless legs syndrome, pica, fatigue, cognitive functioning, mental and physical wellbeing, and warm glow after implementation of the new policy."

The paper's authors concluded that, "[o]ur findings raise important policy and practical considerations [and] provide policy makers with a monitoring option that requires no effort from blood donors, could be more effective in protecting iron stores than standard h[e]moglobin monitoring practices, and does not impose a risk of side-effects compared with iron supplementation. However, the decreasing donor availability over time due to reduced odds of donor return, the risk of definite non-return after extended donation intervals, and increased numbers of deferred donors highlight the need for intensified donor recruitment and retention efforts." Limitations of the study acknowledged by the researchers included, "[t]he nature of the intervention poses a risk of overestimating the positive effect of ferritin-guided donation intervals. Donors whose donation intervals are extended might return less frequently, introducing potential selection bias later in the study."

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

REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) is hosting a licensure workshop through a Public Webinar titled "FDA Review of Biologics License Applications for Blood and Source Plasma." Registration is open and the webinar will take place on Wednesday, February 19th from 9:00 a.m.–2:00 p.m. EST. This virtual event is, "intended to provide blood establishments and other stakeholders with an overview of the Office of Blood Research and Review's (OBRR) approach to the review of biologics license applications for the manufacture of blood and blood components, including source plasma. OBRR staff will give presentations on select topics and address questions submitted by registrants [in this webinar.]" Questions for speakers can be directed to CBERPublicEvents@fda.hhs.gov by Friday, January 17th. America's Blood Centers (ABC) previously requested that FDA hold such an event to address challenges raised by ABC members.

(Source: *Federal Register* Notice, 11/26/24) ♦

The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.

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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2025 ABC Annual Meeting Registration Opens

America's Blood Centers is excited to announce that registration for the 2025 Annual Meeting is open. Join us in Arlington, Va. March 10th-12th as we address the latest developments in advocacy, leadership, operations, science, and medicine, connecting and preparing your c-suite and senior leadership for the most critical topics facing your blood center. Following the success of last year's revamped format and expanded content offerings, we will continue this approach in 2025. Book your rooms by Friday, February 14th to secure the hotel group rate. While the full agenda will be released in the coming weeks, an overview of the schedule is available:

- **Sunday, March 9** - Committee and Council meetings. Formal invitations are forthcoming if you have not already received them from ABC committee and council liaisons;
- **Monday, March 10** - General sessions, featuring speakers from *POLITICO*, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and more. The day concludes with the Celso Bianco Lecture;
- **Tuesday, March 11** – ABC Members Meeting and concurrent breakout sessions on the latest developments and research in advocacy, leadership, operations, and science and medicine. Session topics will focus on artificial intelligence, disaster planning, donor deferrals, pre-hospital blood, new and emerging technologies, stakeholder engagement, workforce trends, and more. The day will culminate with the *Awards of Excellence* on Capitol Hill where we will honor this year's recipients alongside meeting attendees, members of Congress and their staff, and our federal agency partners;
- **Wednesday, March 12** – Meetings with the Council of States, Executive Fellows Program, and the Blood Centers of America (BCA) Medical Directors Workshop.

Sponsorship opportunities are also available. Please contact us with any questions as we look forward to seeing you!

STATE ADVOCACY BRIEFS

Community blood centers in Louisiana successfully advocated against the inclusion of blood centers in HB10, which if passed, would have removed the long-standing tax exemption for the "collection, separation, treatment, testing, and storage of blood by nonprofit blood banks and nonprofit blood collection centers." Through their efforts, blood centers will maintain their exemption applicable to state sales and use tax.

On November 12th, SB125, a bill "relating to the provision of autologous and direct blood donations for medical procedures performed at hospitals" was filed in Texas. The bill would require hospitals to, "allow an individual on whom a medical procedure is to be performed to provide an autologous or direct blood donation for the procedure." An identical bill was introduced in the previous Texas legislative session but, through the work of Texas blood centers, the bill was unable to get through the entire legislative process to be signed into law. Texas blood centers are actively working to defeat the current bill.

A Notice of Development of Rulemaking for Trauma Center Readiness has been filed in Florida. The regulation would, "require trauma centers to have an operations continuity plan that includes regular data backup and agreements with blood suppliers that are sufficient to ensure the 24-hour availability of blood products for trauma patients. It will also require trauma centers to report the occurrence or discovery of any disaster which impairs the trauma center's normal operations or renders the trauma center inoperable."

On December 6th, H.3119, a bill that requires testing blood and tissue donations for, "high-count spike proteins from long COVID-19 or products created from gene therapy biologics, and labeled

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STATE ADVOCACY BRIEFS (continued from page 3)

accordingly," was prefiled in South Carolina. The proposed legislation would also allow patients to, "decline any such contaminated donated product without penalty." The bill was introduced by the same representative in the previous South Carolina legislative session and failed to garner any additional cosponsors nor move through the legislative process. ABC is working with blood centers with a presence in South Carolina to appropriately respond to the bill and work to keep it from progressing.

WORD IN WASHINGTON

The Platelet and Platelet-like Products State of Technology Meeting will take place February 4th-6th in Bethesda Md at the NIH Natcher Conference Center. Registration is open as the meeting will be hosted by the Department of Defense (DoD) Combat Casualty Care Research Program, the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH), the Biomedical Advanced Research and Development Authority (BARDA) Radiation/Nuclear Medical Countermeasures Program, and the Medical Technology Enterprise Consortium (MTEC). According to the announcement, this year's event will, "focus on advancing platelet and platelet-like products to meet critical military and civilian needs in combat and disaster scenarios, while providing insights into government funding opportunities and fostering discussions on emerging technologies such as extracellular vesicles, synthetic nanoparticles, and clinical trial updates."

(Source: Platelet and Platelet-like Products State of Technology Meeting Announcement, 12/3/24)

U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra, JD has signed the 12th amendment to the declaration under the Public Readiness and Emergency Preparedness (PREP) Act for COVID-19 Medical Countermeasures. According to the Administration for Strategic Preparedness & Response (ASPR), within HHS, [t]he declaration provides immunity from liability (except for willful misconduct) for claims, "of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions; determined by the Secretary to constitute a present, or credible risk of a future public health emergency; to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures." A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations."

(Source: ASPR Announcement, 12/11/24)

The U.S. Food and Drug Administration (FDA) is investigating, additional reports of hematologic malignancies, including life-threatening cases of myelodysplastic syndrome and acute myeloid leukemia, following treatment of early, active cerebral adrenoleukodystrophy (CALD) patients with Skysona (elivaldogene autotemcel), an autologous hematopoietic stem cell (HSC)-based gene therapy." According to the agency, it is examining, "the known risk of hematologic malignancies with serious outcomes, including those such as hospitalization, the requirement for allogeneic hematopoietic stem cell transplantation, and death, and is evaluating the need for further regulatory action. Given the risk of hematologic malignancy, providers should carefully consider alternative therapies, including allogeneic hematopoietic stem cell transplant for patients who have a suitable, willing, and available human leukocyte antigen (HLA)-matched donor, prior to deciding to treat a child with Skysona" The FDA explained in the announcement that, "[t]he approval for Skysona included a postmarketing requirement (PMR) under section 505(o) of the Federal Food, Drug, and Cosmetic Act (FDCA) to conduct a 15-year long-term follow-up prospective, observational safety study to assess the long-term safety and the risk of secondary malignancies occurring after treatment with Skysona. The study includes monitoring (at pre-specified intervals) for clonal expansion."

(Source: FDA Announcement, 11/27/24)

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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.

2025 ADRP Annual Conference Early Bird Registration & Call for Abstracts Are Open

Register now for the 2025 ADRP Annual Conference in Oklahoma City, Oklahoma, from May 6th to 8th at the Omni Oklahoma City Hotel. Secure early bird rates by registering before January 17th and remember to book your hotel room by April 11th for the discounted rate. This conference offers a chance to learn about industry trends, share ideas, and connect with other donor recruitment, donor services, collections, marketing, and communications professionals. Join more than 400 of your peers by participating in pre-conference workshops, attending compelling educational sessions, engaging in roundtable discussions, exploring an expansive exhibit hall filled with innovative solutions. Seize this extraordinary opportunity to learn, share, and grow within the blood community.

Also, remember to submit an abstract to present your work through abstract lectures, quick hit topics, or posters. ADRP welcomes submissions on:

- 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.

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ABC thanks all participating blood centers. In alignment with ABC's Advocacy Agenda, we remain committed to addressing the barriers that limit the widespread availability of prehospital blood transfusions.

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.

RESEARCH IN BRIEF

Early Cold Stored Platelet Transfusion Following Severe Injury. A study published in the *Annals of Surgery*, "The Cold Stored Platelet for Hemorrhagic Shock (CriSP-HS) trial, aimed to characterize the safety and efficacy of incorporating early cold-stored platelet (CSP) transfusion in injured patients at risk of hemorrhagic shock as compared with standard care trauma resuscitation." The researchers explained that the study, "enrolled patients at risk of hemorrhagic shock and allocated patients to early CSP transfusion and concomitant standard care resuscitation or standard care resuscitation alone. [They] hypothesized that early CSP transfusion would be safe and associated with clinical outcome benefits." This trial was, "a phase II, multicenter, open label, randomized clinical trial at "five participating level I trauma centers [and] enrolled 200 patients from June 2022, through September2023." The researchers noted that, "[t]he intervention arm received a single apheresis unit of urgent release CSPs which was transfused as soon as feasible, while concomitant standard care resuscitation was occurring…Resuscitation in the standard care arm followed standard procedures at each participating site." The paper explained that, "[o]f the patients in the intent-to-treat cohort, 102 were randomized to the early CSP arm, and 98 were randomized to the standard care arm…Patients randomized to early CSP compared with standard care did not significantly differ in the rate of 24-hour mortality (5.9 vs 10.2 percent; difference, -4.3 percent; 95 percent CI, −12.8 to 3.5 percent; P=0.26)." The authors discovered that, "[n]o significant differences were found in the incidence of death due to hemorrhage (difference −0.5 percent; 95 percent CI, −8.7 to 7.4 percent P=0.89), the incidence of acute respiratory distress syndrome (ARDS) (difference 2.8 percent; 95 percent CI,−4.0 to 9.8 percent, P= 0.36) or in the incidence of arterial or venous thromboembolic events (difference, −0.8 percent; 95 percent CI, −10.2 to 8.3 percent P=0.86)." Additionally, the researchers found that, "[t]here were no documented transfusion/allergic reactions in either arm of the trial." The study concluded that, "CSPs can be provided early, without evidence of a higher rate of arterial or venous thromboembolism, adverse events, or clinical outcome differences based upon age of the platelet product out to 14 days following donation." The authors added that, "[t]he current results provide important safety information and further impetus to characterize CSPs following severe traumatic injury and demonstrates the need [that] characterize the safety and efficacy of CSPs in non–injury-related populations…CSPs have the potential to expand the available platelet supply to treat bleeding."

Citation: Sperry, J.L., Guyette F.X., Rosario-Rivera B.L., *et al*. "Cold Stored Platelet for Hemorrhagic Shock (CRISP-HS) Study Group. Early Cold Stored Platelet Transfusion Following Severe Injury: A Randomized Clinical Trial." *Annals of Surgery*. 2024.

Contributed by Richard Gammon, MD

INFECTIOUS DISEASES UPDATE

MALARIA

The World Health Organization (WHO) released new data this week from the "World Malaria Report" that estimates, "2.2 billion cases of malaria and 12.7 million deaths have been averted since 2000, but the disease remains a serious global health threat, particularly in the WHO African Region." According to the agency, "there were an estimated 263 million cases and 597,000 malaria deaths worldwide in 2023. This represents about 11 million more cases in 2023 compared to 2022, and nearly the same number of deaths. Approximately 95 percent of the deaths occurred in the WHO African Region, where many at risk still lack access to the services they need to prevent, detect and treat the disease." Additionally, the WHO reported that, "[a]s of November 2024, 44 countries and 1 territory had been certified malaria-free by WHO, and many more are steadily progressing towards the goal. Of the 83 malaria-endemic countries, 25 countries now report fewer than 10 cases of malaria a year, an increase from four countries in 2000. Since 2015, the WHO African Region has also achieved a 16 percent reduction in its malaria mortality rate. However, the estimated 2023 mortality rate of 52.4 deaths per 100,000 population at risk is still more than double the target level of 23 deaths per 100,000 population set by the Global technical strategy for malaria 2016-2030, and progress must be accelerated."

(Source: WHO Announcement, 12/11/24)

GLOBAL NEWS

The Pan American Health Organization (PAHO) reported this week on, "three transmissible diseases affecting the Region of the Americas: dengue, Oropouche, and avian influenza (H5N1)." During a press briefing on December 10th, PAHO Director Jarbas Barbosa, MD raised concerns over rising cases of the diseases in the past year and, "emphasized effective strategies to control the outbreaks and mitigate their impact. This year, the region has faced the largest dengue epidemic since records began in 1980. Countries have reported more than 12.6 million cases, nearly three times more than in 2023, including 21,000 severe cases and over 7,700 deaths. Argentina, Brazil, Colombia, and Mexico account for 90 percent of cases and 88 percent of deaths, with Brazil having the largest share. [Additionally,] PAHO has also observed an increase in cases of Oropouche virus, which is transmitted by infected midges and some mosquito species. In 2024, more than 11,600 cases have been reported in 12 countries and territories in the region, mostly in Brazil…Regarding the H5N1 virus, also known as avian influenza, Dr. Barbosa reported that while the number of human cases is moderate, the public health impact remains limited. He stated "In 2024, 58 human cases have been reported in the U.S. and one in Canada. This contrasts with the three cases reported in the previous two years for the entire region. H5N1 is a virus commonly found in birds, but it is now infecting other species as well, such as dairy cattle in the U.S. A total of 19 countries in the Americas have reported H5N1 cases in animals this year, and two of those countries have confirmed human cases." Dr. Barbosa ended the briefing by explaining that, "[PAHO] continues to work with the region's countries to strengthen their emergency response capacities and ensure coordinated action against current and future outbreaks."

(Source: PAHO Announcement, 12/10/24)

COMPANY NEWS

A consortium of blood, cell, and gene therapy starting material stakeholders has launched as the **Blood and Cells Advocacy Roster (BCAR)**. The newly formed organization will, "function as a think-tank plus speaker advocacy group," according to a news release. The announcement explained that the consortium, "aims to drive the narrative on the importance of the established blood industry, particularly to help improve patient access to advanced therapies. BCAR will collaboratively propose solutions to tackle the complex challenges that could otherwise throttle development and commercial availability of life-saving cell and gene therapies. [The organization plans to] expand to incorporate other types of stakeholders, both within the U.S. and internationally, to foster idea exchanges that can lead to problem-solving and best practices in various regions. BCAR will host a roundtable on how the blood industry could function as a 'network of networks' to solve some of the cell and gene therapies industry challenges at Phacilitate's Advanced Therapies Week 2025 on Wednesday, January 22nd."

(Source: BCAR News Release, 12/11/24)

BioBridge Global (BBG) has announced, that it is consolidating its end-to-end Cell and Gene Therapy Services portfolio into a new, highly integrated and coordinated operating subsidiary, **BBG Advanced Therapies**." According to a news release from BBG Advanced Therapies, Adrienne Mendoza, MHA will lead the organization as chief operating officer. The company is set to begin operations on January 1st and will, "bring together biomanufacturing, process development and tech transfer services from its GenCure unit; cell therapy testing and analytical development services from its QualTex Laboratories unit; and leukapheresis, starting materials and clinical research support from its South Texas Blood & Tissue unit, into a single entity which will simplify and improve the customer experience in this newly combined operation. BBG Advanced Therapies initially will have approximately 70 employees, but growth in this area has been, and is expected to continue to be, robust. [With Ms. Mendoza transitioning] into this new innovation and growth area, South Texas Blood & Tissue will be led by Mark Fite, an operating executive with more than 35 years of experience, assisted by Col. Audra Taylor (U.S. Army retired), who previously served as the Division Chief of the Armed Services Blood Program for the Defense Health Agency." Martin Landon, chief executive officer of BBG, added in the news release, "[s]ince our founding in 1974, we have been dedicated to supporting hospitals and caregivers in the delivery of highest-quality healthcare," said Martin Landon, Chief Executive Officer, BBG. "Adrienne's leadership at South Texas Blood & Tissue and her dedication to our mission and innovation made her an ideal fit to lead this combined, and rapidly growing, Advanced Therapies unit."

Photo courtesy of BBG: Adrienne Mendoza, MHA will serve as chief operating officer and lead BBG Advanced Therapies.

(Source: BBG Advanced Therapies News Release, 12/10/24)

Abbott and the Big Ten Conference have announced the University of Nebraska-Lincoln as the winner of the blood donation competition, "The We Give Blood Drive." This is the inaugural year of the competition which inspired, "[n]early 20,000 Big Ten students, alumni, and fans across the country donated blood as part of the competition. With each donation saving up to three lives, the competition helped save as many as 60,000 lives. The competition did its part to help alleviate current nationwide blood shortages and educate people about the need for blood while inspiring blood donations across the country." The University of Nebraska-Lincoln received a trophy and a $1 million contribution from Abott that will be used to, "advance student and community health." The blood drive competition aimed to, "help build the next

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generation of blood donors during a time when the nation is experiencing one of the biggest blood shortages in a generation and has seen the rate of donors between 19- and 24-years-old drop by nearly a third in recent years. More than half of donors at "The We Give Blood Drive" campus blood drives donated blood for the first time."

(Source: Abbott News Release, 12/7/24)

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

Dec. 18. **Association for the Advancement of Blood & Biotherapies eCast: Vaccination and Blood Donation Policies Protect Blood (Virtual)**. Registration is open. More information available here.

2025

Feb. 4-6. **Department of Defense (DoD) Combat Casualty Care Research Program, the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH), the Biomedical Advanced Research and Development Authority (BARDA) Radiation/Nuclear Medical Countermeasures Program, and the Medical Technology Enterprise Consortium (MTEC) Platelet and Platelet-like Products State of Technology Meeting. Bethesda, Md.** Registration is open. More information available here.

Feb. 19. **U.S. Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER) Office of Blood Research and Review (OBRR) Public Webinar: FDA Review of Biologics License Applications for Blood and Source Plasma (Virtual).** Registration is open. More information available here.

Mar. 10-12. **ABC Annual Meeting. Arlington, Va.** Registration is open. 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. 10-11. **ABC Advocacy Workshop. Washington, D.C.** More information is 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.

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CALENDAR (continued from page 9)

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

Vice President, Corporate Medical Director. At Vitalant, our mission is to transform lives and strengthen communities through the gift of blood. We are seeking a Vice President, Corporate Medical Director to play a vital role in advancing this mission. In this leadership position, you will be the primary resource for regional and corporate physicians and Vitalant personnel, providing medical expertise and guidance on donor suitability, blood product preparation, and ensuring the safety of both donors and recipients. Additionally, you will oversee the operational functions of our central office Medical Affairs Department, driving excellence and innovation in support of our life-saving work. As VP, Corporate Medical Director, you'll get to: Lead and develop your team by hiring, training, supervising, and evaluating personnel, fostering a collaborative and high-performing work environment. Shape strategic planning and manage budgets. Oversee key Medical Affairs functions, including donor counseling and transfusion-related investigations. Serve as a medical advisor to field directors, hospitals, donors, and patients. Collaborate on donor medical policy development and implementation. Improve technologies, policies, and blood center services. Direct operations in Manufacturing, Training, Quality Management, and Regulatory Affairs. Publish research, represent Vitalant in professional organizations, and maintain industry connections to advance innovation. Please click here to view the full job description and apply.

Donor Recruitment Field Training Specialist (Oklahoma, Texas, or Arkansas). Our Blood Institute is looking for a **FIELD TRAINING SPECIALIST** who will be a key member of our Donor Recruitment team, helping to identify skill gaps and develop training paths to fill those gaps. The trainer must be both data and metrics driven, as well as hands-on with excellent communication and donor development skills. Working with our Donor Recruitment Management Team, the Field Training Specialist will oversee sales calls, including prospects and existing donor groups, and work with individual Recruitment team members to develop their skills to achieve their goals and targets. The role will also act as an advocate to promote the voice of Drive Champions (DC) and ensure DC effectiveness by coaching account consultants on DC engagement strategies. A successful candidate must have 3 years' experience in sales and/or training. This position requires 60 percent travel across Oklahoma, Texas, and Arkansas. Must be 21 years of age or older with clean MVR. Salary Range: Competitive salary with excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off and holiday pay. How to apply: https://obi.org/about/careers/.

Associate Medical Director (Oklahoma City, OK). Our Blood Institute (OBI) seeks an **Associate Medical Director** for its Oklahoma City headquarters location. The Associate Medical Director is a licensed physician with shared responsibility for the medical, technical, and clinical leadership and direction of OBI's operations. This position will help direct and supervise key staff and processes to ensure the safety and well-being of all blood donors, the quality of all blood products manufactured, and the provision of premier laboratory and patient ser vices. Ample complex medical care and professional growth opportunities arise from our Therapeutic Apheresis, AABB accredited IRL, and FACT accredited cell therapy operations. Numerous clinical research, public health, and product development initiatives can inspire projects ranging from community health surveillance to entrepreneurial start-ups. Empowering resources including clean rooms, a high-volume donor testing laboratory, and sizable software engineering skunkworks. OBI has a variety of outstanding opportunities to propel your career in a nimble, supportive, and friendly environment. Management experience and business skill acquisition is guaranteed in a complex, 1100-employee non-profit organization. Salary Range: Competitive salary with

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POSITIONS (continued from page 10)

excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. **How to apply:** https://obi.org/about/careers/

Vice President, Quality & Regulatory Affairs (VPQRA). The Vice President, Quality & Regulatory Affairs (VPQRA) leads the Organization's adherence to regulations and standards established by governing agencies (AABB, FDA, CLIA, State, OSHA, NRC, EU, etc.). Kentucky Blood Center is seeking qualified candidates to fill this key executive leadership role which is responsible for our Quality Assurance (QA) program and regulatory compliance activities. The position has oversight of the QA department and team, and reports to the CEO. Qualifications include MLS/CLS (ASCP) with preference given to candidates with a graduate degree, and blood banking experience. Relocation to the Lexington, Kentucky area required (assistance provided). For more information or to apply, visit https://www.kybloodcenter.org/about-us/careers.

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 Man ager 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 sup ports 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.

Immunohematology Reference Lab Medical Technologist (2nd Shift/Evenings). 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 (2nd Shift). 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!