America's Blood Centers®
It's About *Life*.

ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Issue #13
April 14, 2017

Ambulance Transfusions on the Fast Track

Within the last year, an increasing number of blood centers are considering supplying ambulance service providers with blood transfusion assistance—whether that be directly or indirectly. In February 2016, Stony Brook University Hospital became the first emergency medical services provider in New York State to be approved as an ambulance transfusion service. New York law changed in September 2015 to allow for patients who were already receiving a red blood cell (RBC) transfusion to be transported to another hospital via ground ambulance—typically from a low level trauma center to a higher level trauma center. New York Blood Center (NYBC) supports that effort in a couple of ways.

NYBC does not sell the blood components directly to the ambulance service provider, unless that provider is itself a hospital—as in the case of Stony Brook; however, the center has started to provide training materials to the emergency medical technicians (EMTs) on board those ambulances. The center gives training materials to the EMTs on the basics of blood typing, how to perform safe and effective transfusions, and signs and what to do in case a patient starts experiencing an adverse reaction to the transfusion. NYBC also shows them proper documentation for transfusion. Fire department personnel in New York City are a large proportion of the EMT workforce, to whom the center is actively providing regulatory and educational material on transfusion services.

"It's key with EMT services to have well-trained partners committed to giving safe blood transfusions and to work with them to create an educational program so they understand the basics of blood transfusion and the specific things that are required," said Bruce Sachais, MD, PhD, executive medical director at NYBC.

Gulf Coast Regional Blood Center (GCRBC) has been taking part in ambulance transfusions for the last year, said Marc Lewis, director of product management for neighborhood donor centers and regional operations at GCRBC; however, the blood transfusions being performed are centered on trauma patients.

The U.S. military are leaders in the practice of transfusing blood to traumatic injury patients within 60 minutes of life-threatening injury to lessen mortality rates—the "golden hour". In 2016, Kotwal *et al*., demonstrated a 44 percent drop in mortality among the critically injured after their "golden hour" mandate went into effect. The practice is spreading across the country as blood centers supply air medical services and ground ambulances with RBC units for immediate transfusion. For more on air medical services and blood transfusions, read the ABC *Newsletter* #15 from 2016.

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INSIDE:

Our Space:

OUR SPACE

FABC President and CEO of Central Jersey Blood Center Pascal George

Dear Colleagues,

The 55th ABC Annual Meeting is now behind us. The good feelings generated by another successful fundraising year for the Foundation for America's Blood Centers (FABC) and superb events are giving space to the realization that we have to do it all over again. Our priorities, in support of ABC's strategic agenda, are clear: get value from the Data Warehouse, establish a solid advocacy platform with the new administration, and continue to educate our community.

We have translated these general directions into five actionable fundraising opportunities:

1. **Data**: We will raise funds to produce and distribute FABC-branded benchmarking reports to ABC member blood centers.
2. **Advocacy**: As a follow-up to unanswered questions from the RAND study, we aim to fund large-scale external research to inform and promote our "asks" regarding the sustainability of the U.S. blood supply.
3. **Education**: We will continue to fund ABC scholarships for members' employees who demonstrate they will get value from our educational offerings.
4. **Grants**: FABC will resume its member grants to fund efforts focused on translational research on current hot topics. Sharing the results of these studies will benefit all members.
5. **New Grant:** Last but not least, FABC is launching the Louis Katz Research Grant to fund research by ABC members (possibly in collaboration with industry partners) that focuses on donor health, safety and management.

I know it is still early in the year and many of us may still be honoring year-end charitable commitments, but I urge you to start thinking about which opportunity you and your center may want to participate in; or which industry partners you may have contacts with and what would they be likely to support. Or of course, you can follow the example of Larry Fredrick, who contributed $1,000 to the Louis Katz fund as soon as it was announced during the Annual Meeting. You can make a personal contribution to the program of your choice by clicking here.

The FABC team is ready to answer any questions you may have and accept your donation. I thank you for your generous support so far and look forward to another successful year.

pgeorge@cjbcblood.org

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

America's Blood Centers
President: Martin Grable
CEO: Christine S. Zambricki
ABC Publications Editor: Lisa Spinelli
Subscriptions Manager: Trudy Thompson
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Send subscription queries to
TThompson@americasblood.org
America's Blood Centers
725 15th St. NW, Suite 700, Washington, DC 20005
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

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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 staff only, unless otherwise specified.

3M's "Give" In its Ninth Year With ABC

Nexcare™ Bandages from 3M is partnering for the ninth year with ABC to bring "Give," an annual initiative focused on World Blood Donor Day, June 14. Nexcare Bandages provides resources to participating ABC member blood centers, including a supply of limited-edition Nexcare Give bandages, made with latex-free materials, for individuals that present to donate and provide an extensive media relations campaign that includes a social media toolkit. Resulting from these efforts, the Nexcare Give program has been featured extensively in national and local magazines, in blogs, newspapers, as well as regional television outlets. The extensive media coverage will once again begin in the weeks leading up to World Blood Donor Day. This year's program will take place the week of World Blood Donor Day, beginning on Monday, June 12, and extending through Sunday, June 18. In order to participate, complete the sign-up form in this MCN by Wednesday, April 19.

Last Day For Scholarship Applications

Today, April 14, is the last day to submit an application for scholarships funded by the Foundation for America's Blood Centers (FABC) to the Technical & Quality Workshop (TQW) in Omaha, Neb. This year, the TQW will be held on June 6 to 8 at the Downtown Doubletree by Hilton.

There are seven $850 scholarships available for attendees. Funds received through this scholarship are to be used to cover the cost of registration and supplement any travel/lodging costs associated with attendance. This workshop provides an exclusive opportunity for quality and technical professionals to come together for educational updates and networking events. There are two options available for the workshop, a two-day option and a three-day option.

When submitting the scholarship application, please pay close attention to criteria and guidelines as only applications that meet all requirements will be considered. Scholarship awardees are eligible to apply every three fiscal years (April 1 to March 31).

For questions about the scholarship program, please email Leslie Maundy. Thank you for your interest in attending the Technical & Quality Workshop!

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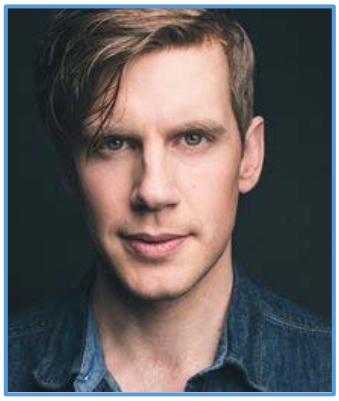
INSIDE ABC (continued from page 3)

ADRP Keynote Speakers Revealed



ADRP, an international division of ABC, is pleased to announce the producers and stars of the new hit film, "*The Good Catholic*," will be keynote speakers at the 2017 ADRP Annual Conference, this year in Chicago. Zachary Spicer and John Armstrong will be presenting on "Finding Your Passion" at their annualconference being held May 1 to 3.

Mr. Spicer, owner and founder of Pigasus Pictures LLC, produced and starred in the film alongside Wrenn Schmidt, Danny Glover, and John C. McGinley. The movie was accepted by the Santa Barbara Film Festival and won the Panavision Spirit Award for Best Independent Feature Film. Mr. Armstrong, producer and COO of Pigasus Pictures, has an extensive background as a performer and performing arts instructor.

The film asks the question, "What is your passion?" Mr. Spicer and Mr. Armstrong travel the country to university campuses and speak with college students about finding their passion.

"What makes me unique as an instructor is the deep well of empathy I have for people ... what motivates them, what inspires them, what makes them tick, and how to effect lasting change in their lives," said Mr. Armstrong.

Catch these and other engaging speakers at this year's ADRP Annual Conference. Registration is still available here.

AMBULANCE TRANSFUSIONS (continued from page 1)

While EMT training is not part of their scope, GCRBC does handle all the packing of the blood units—four O- and four O+ units along with AB liquid plasma. They rotate the units every four days to avoid outdating.

"We started with one facility, but we've now expanded to two," said Mr. Lewis. GCRBC also services air medical service providers with blood.

Mr. Lewis noted that GCRBC does not put a higher price-tag on the units going to ambulance service providers; however, GCRBC does add an O- overage fee to help offset the costs of allocating their most prized blood products to ambulances.

"You also have to have a good tracking and accountability method," noted Mr. Lewis.

In Minnesota, Jed Gorlin, MD, Medical Director and Vice President of Quality and Regulatory Affairs at Innovative Blood Resources (IBR, which is now a partner of NYBC), and Jennifer White, Director of Hospital Services at IBR, noted that their blood center does support 16 air medical bases with two units of O- RBCs, but has not ventured into supporting the ground ambulances.

"In 2013 and 2015, Life Link III and North Memorial Air Care reached out to IBR to investigate the possibility of supporting their air bases with two units of O- RBCs. IBR felt that supporting the more severe trauma related cases was the best use of a rare commodity," said Ms. White. If we had an excess availability of O- RBCs we would support ground ambulances as well, but there is not enough O- to support both."

In Minnesota there was no regulation preventing a hospital from transporting a patient receiving a blood transfusion that is already underway, as long as the rig is supplied with advanced life support/critical care equipment. Dr. Gorlin noted his center is in talks with a local company about freeze-dried plasma and supplying that product to emergency vehicles when it is approved by the Food and Drug Administration.

"There are published data for pre-hospital transfusions and maximizing patient benefit and outcome, but it should only be done when warranted," said Dr. Gorlin. "O- blood is truly a community resource and there is a lot of enthusiasm to start new programs, but we have to make absolutely sure we are not causing any unnecessary depletion of the blood supply."

Others blood centers haven't seen the need in their community yet. "No one has asked us," said Kip Kuttner, DO, VP and medical director at Miller Keystone Blood Center. "We would discuss it and determine if we had the resources, but no one has asked yet."

Citations: Kotwal R., Howard R., Orman J.A., *et al*. The Effect of a Golden Hour Policy on the Morbidity and Mortality of Combat Casualties. *JAMA Surg*. January 2016. DOI: 10.1001/jamasurg.2015.3104.

Tick-Borne Diseases Workshop Recap

By ABC CMO Louis Katz

The Food and Drug Administration (FDA) held a one-day workshop "Emerging Tick-borne Diseases and Blood Safety" on April 6 at the National Institutes of Health main campus in Bethesda, Md. David Leiby PhD, chief of the Products Review Branch, and colleagues in the Office of Blood Research and Review (OBRR) convened the meeting and ABC, among others, was a cosponsor. Opening the program, Dr. Leiby noted that it had been designed to be forward-looking and informational, not policy driven. The workshop

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TICK-BORNE DISEASES WORKSHOP (continued from page 5)

was an attempt to place tick-borne pathogens (largely excluding Babesia and Lyme Disease) into context among the many other pathogens OBRR might need to address and determine what, if any, initiatives might be appropriate to develop at this time. Approximately 170 registrants were provided a wide spectrum of presentations in the morning session, identifying a breadth of tick-transmitted pathogens with particular emphasis on *Anaplasma phagocytophilum* (Human Granulocytic Anaplasmosis). Also considered were *Erlichia*, *Rickettsia*, *Borrelia miyamotoi* and others. Their epidemiology, clinical characteristics, current and future geographic extent and many other topics were surveyed. The afternoon session focused on what is known about transfusion transmission of these pathogens, the available mitigation efforts and their development, and an overview of the Alliance of Blood Operators Risk-based Decision Making framework as it has been applied in Canada to similar issues.

A key consensus was characteristics needed to predict agents that may pose blood safety issues in the future. Agents found in peripheral blood at high titers, for long periods of time are of the greatest interest. The two sessions were each followed by responses from the speakers, and other identified experts, to scripted questions aimed at placing this group of agents into a context that will help FDA prioritize considerations moving forward.

Speaker and attendee Dr. Katz felt there was broad agreement that, despite substantial underreporting of tick-borne infections generally, none of the agents under consideration appear to pose an urgent threat. He noted there was little present enthusiasm for steps beyond considering how to enhance surveillance for blood transmission to "quantitate" their risks now, and sequentially, and improving education about the potential risks from these agents. This will allow preparedness should a variety of factors—including, for example, climate change and demographic trends—increase the perceived threat. Workshop transcripts will be made available online by FDA in the near future and there is a plan to produce a written summary of the workshop.

RESEARCH BRIEFS

Infant cardiac surgery patients can be managed with a conservative red blood cell (RBC) transfusion strategy, suggests a new randomized trial. In a 22-month trial (March 2012 to July 2014), 162 infants with congenital heart disease were screened and assigned to conservative (n=82) or liberal transfusion groups (n=80). They were stratified based on their operation—biventricular repair or palliative procedure. Those infants receiving biventricular repairs in the conservative group received 10 mL/kg RBCs for hemoglobin (Hb) less than 7.0 g/dL and clinical indications, and conservative palliative received 10 mL/kg RBCs for Hb less than 9.0 g/dL. The liberal groups were 10 mL/kg for Hb less than 9.5 g/dL and 10 mL/kg for Hb less than 12 g/dL, respectively. The conservative groups had significantly lower daily levels of Hg concentrations—which remained lower 10 days after the transfusions, but these patients experienced the same levels of lactate and arteriovenous oxygen difference as the babies in the liberal group. The conservative group also required a lower number and volume of RBC transfusions than in liberal group. Mortality was the same in the two groups.

Citation: Cholette J.M., Swartz M.F., Rubenstein J., *et al*. Outcomes Using a Conservative Versus Liberal Red Blood Cell Transfusion Strategy in Infants Requiring Cardiac Operation. *The Annals of Thoracic Surgery*. January 2017. DOI: http://dx.doi.org/10.1016/j.athoracsur.2016.05.049.

The HLAMatchmaker algorithm is not a sufficient stand-alone tool for donor selection, reads a new study. HLAMatchmaker is a computer-based algorithm that performs human leukocyte antigen (HLA)

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RESEARCH IN BRIEF (continued from page 6)

matching based on the epitope levels. All platelet (PLT) donors are typed either HLA-A or HLA-B in the Finnish Red Cross Blood Service (FRCBS) database. Pooled random donor buffy coat products of four donors are transfused for PLT transfusions. In a retrospective analysis of data from 2008 until 2011, the researchers examined 270 PLT transfusions. Thirty-five of the patients had panel reactive antibody percentage (PRA) over 80 percent, 25 of them had PRA as high as 95 to 100 percent. For all 270 transfusions, 62 percent had HLA antibodies against the transfused PLTs with a median cumulative mean fluorescence intensity of 2026 (anything over 1000 is a risk factor for poor PLT transfusion increment). For highly immunized patients, the HLAMatchmaker algorithm was not the optimal tool, concluded the authors.

Citation: Linjama T., Niittyvuopio R., J. Tuimala J., *et al*. Platelet donor selection for HLA-immunised patients; the impact of donor-specific HLA antibody levels. *Transfusion Medicine*. March 14, 2017. DOI: 10.1111/tme.12412.

BRIEFLY NOTED

Drug combination versus autologous transplantation in 700 multiple myeloma patients. Of the 700 patients, 350 patients were given three cycles of lenalidomide, bortezomib, and dexamethasone (RVD) with consolidation therapy or five cycles of RVD. Another 350 patients were given high-dose melphalan, autologous stem-cell transplantation, followed by two cycles of RVD. All patients were given lenalidomide for one year. Transplantation patients experienced longer median progression-free survival than the group that received RVD alone (50 months vs. 36 months; adjusted hazard ratio for disease progression or death, 0.65). However, overall survival after four years, did not increase significantly (81 vs. 80 percent). There were higher rates of adverse reactions in the transplant group, including neutropenia, gastrointestinal disorders and infection.

Citation: Attal M., Lauwers-Cances V., Hulin C., *et al*. Lenalidomide, Bortezomib, and Dexamethasone with Transplantation for Myeloma**.** *NEJM*. April 6, 2017. DOI: 10.1056/NEJMoa1611750.

The Food and Drug Administration (FDA) approves new medicines more quickly than its European counterpart, the European Medicines Agency (EMA). In a review on the speed of which therapeutic agents were approved between 2011 and 2015, the EMA were found to have approved 144 drugs with a median review-time of 383 days, and the FDA approved 170 agents with a median review-time of 306 days. More "orphan drugs," were approved by the FDA than by the EMA (43.5 percent vs. 25 percent of the approved agents). On average, the total review times for therapeutic agents treating hematologic diseases and cancers were 60 days shorter at the FDA than with the EMA.

Citation: Downing N.S., Zhang A.D., and Ross J.S. Regulatory Review of New Therapeutic Agents—FDA versus EMA, 2011-2015. *New England Journal of Medicine*. April 6, 2017. DOI: 10.1056/NEJMc1700103.

The Food and Drug Administration (FDA) approved the first direct-to-consumer genetic testing for 10 serious conditions, including thrombophilia. The company 23andMe first offered a saliva-analysis test in 2013 to inform customers about their heritage and diseases they have genetic markers for developing—like BRCA1 for breast cancer. Some at the FDA, and more generally, expressed grave concerns with people receiving a message they had risk for serious diseases without a formal counselling infrastructure. In 2013, the FDA ordered the company to stop marketing their mail-order kits until 2015. The biotech company is now approved by the FDA to market tests as genetic tests and diagnostic tests for 10 diseases: late-onset Alzheimer's, Parkinson's disease, hereditary thromobophilia, Alpha-1 Antitrypsin Deficiency, Glucose-6-Phosphate Dehydrogenase deficiency, Early onset of Dystonia, Factor XI deficiency, Gaucher's Disease, and Hereditary Hemochromatosis. (Source: FDA website)

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BRIEFLY NOTED (continued from page 7)

U.S. blood banks celebrate 80 years. In a blog marking the anniversary of blood banks, James Berger, senior advisor for blood and tissue policy at the Office of HIV/AIDS and Infectious Disease Policy within the Department of Health and Human Services (HHS), and Elizabeth Phelan, a fellow at the same office within HHS, write about the first blood bank in the country that Dr. Bernard Fantus established in 1937 at Cook County Hospital in Chicago, Ill. They discuss the layers of technology and safety that have been placed upon the blood industry since then and economic issues the centers have had to contend with and still do today.

Updating medical device trials. Leadership at the Center for Devices and Radiological Health, (Food and Drug Administration), described in the *New England Journal of Medicine* (NEJM) the range of trial designs and clinical data sources that can be used to support the evaluation of high-risk and innovative moderate-risk medical devices. They contend that for some medical devices it might be in the interest of society to accept a "greater degree of uncertainty" so innovations can be available faster to patients. Many devices with large potential health benefits have already benefitted by balancing benefit to risk, e.g. the Second Sight Medical Products Argus II Retinal Prosthesis System for blind patients. For many of these devices, randomized controlled trials are not feasible. Rather, relying on computer-based modeling to assess risk might change the way trials are designed and conducted and devices are approved, note the authors. The authors called upon industry stakeholders and communities to develop trials, registries, and analysis of health records to ensure the appropriate data continues to be collected for medical devices as they are approved and used.

Citation: Faris O. and Shuren J. An FDA Viewpoint on Unique Considerations for Medical-Device Clinical Trials. *NEJM*. April 6, 2017. DOI: 10.1056/NEJMra1512592.

RECENT REVIEWS

An international panel convened to write blood transfusion reaction guidelines. In a review of blood transfusion administration, the authors provide definitions; guidelines to recognize the signs, symptoms, and management of transfusion reactions; and give evidence-based treatment (when available) advice. The authors cover such reactions as allergic, acute hemolytic, delayed serological, non-febrile hemolytic reactions, and many more.

Citation: Delaney M., Wendel S., Bercovitz R.S. *et al*. Transfusion reactions: prevention, diagnosis, and treatment. *The Lancet.* December 3, 2016 online. DOI: http://dx.doi.org/10.1016/S0140-6736(15)01313-6.

The Annals of Internal Medicine has published an update to their *Hematology and Oncology: Evidence Published in 2016.* The update includes reviews of articles published in 2016 on non-malignant hematology, malignant hematology, and medical oncology and "represent significant contributions to the field." For example, in nonmalignant hematology, a P-selectin inhibitor was shown to lower the rate of vaso-occlusive crisis in patients with sickle cell disease. Members can download the update and read more about the reviews here.

INFECTIOUS DISEASES

The presence of dengue antibodies may be associated with more severe Zika infection. If a human is infected with one serotype of dengue and then subsequently becomes infected with another one of the four serotypes, the antibodies can worsen the disease, called antibody-dependent enhancement or ADE. In this study, the scientists found that mice given human plasma containing antibodies to dengue or West Nile Virus, became sicker and had higher levels of Zika virus in their testes and spinal cords than control animals did.

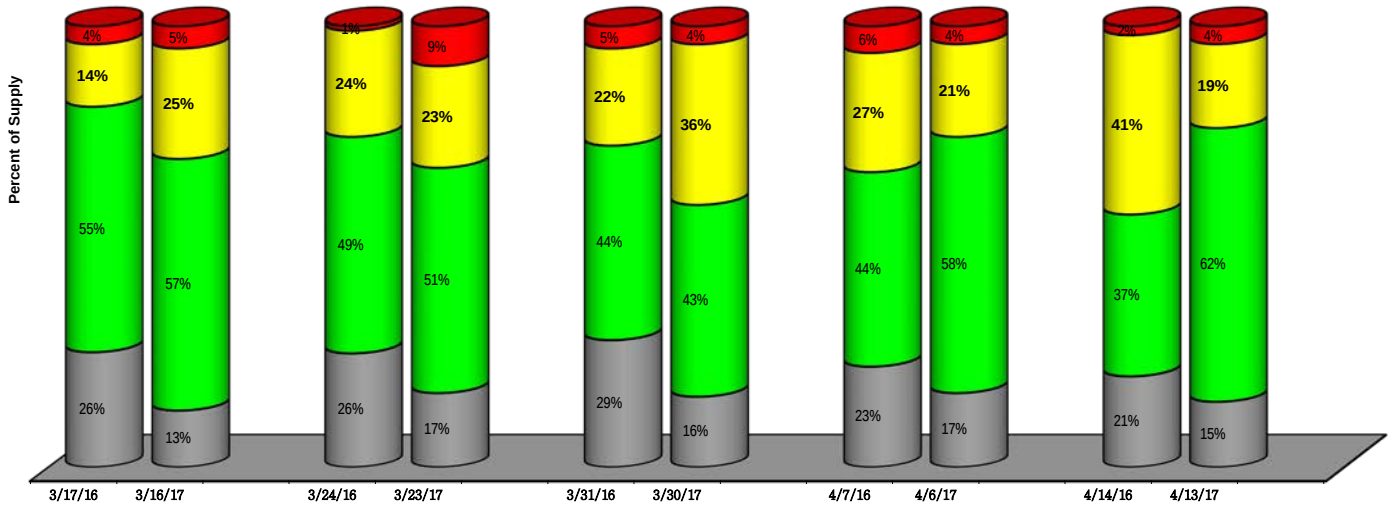
Citation: Bardina S.V., Bunduc P., Tripathi S., *et al*. Enhancement of Zika virus pathogenesis by preexisting antiflavivirus immunity. *Science*. March 30, 2017. DOI: 10.1126/science.aal4365.

A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report has been released. The first report, from 2016, suggested that both hepatitis B and C—which cause 1.5 million deaths globally per year—could be eliminated as a public health concern by 2030. The new report provides a detailed road map to doing so. Five key areas are highlighted: information, interventions, service delivery, financing, and research. The reports are authored by the National Academies of Science, Engineering and Medicine, with support from the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services, the American Association for the Study of Liver Diseases, the Infectious Diseases Society of America, and the National Viral Hepatitis Roundtable. The free report can be downloaded here.

WORD IN WASHINGTON

The Trump administration has lifted the federal government hiring freeze yet directs agencies to perform personnel cuts. In January, President Trump ordered a federal government hiring freeze with a marked exception for the Department of Defense. On Wednesday, he cancelled that freeze, but is still requesting federal agencies like the Food and Drug Administration (FDA) and Department of Health and Human Services submit their plans for personnel cuts that will allow for the new leaned budget the President proposed last month. Both Republicans and Democrats have spoken out against those cuts for the FDA and National Institutes of Health. Rep. Fred Upton (R-Mich.) and Diana DeGette (D-Colo.), who together led the charge for passing the 21st Century Cures Act through Congress, said that in order to help the FDA spend less time reviewing and authorizing medical devices and products, they need additional staff members, not less. ABC will continue to follow this story and announce any pertinent budgetary cuts to departments affecting the blood industry. (Source: *New York Times*, Trump's Directive Will Lift Hiring Freeze, as It Asks Agencies for Cuts. April 11, 2017)

STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017



The order of the bars is (from top to bottom), red, yellow, green, and no response

PEOPLE

Keagan Lenihan. Ms. Lenihan is now a senior adviser to the Department of Health and Human Services (HHS) Secretary Tom Price and part of his "Beachhead team." Previously, she was a lobbyist at McKesson Specialty Health, a firm that supports independent health providers, and has lobbied HHS directly in the past. She was also Sec. Price's Senior Legislative Assistant from 2005 to 2008, after which she worked as the Legislative Director for Pete Sessions (R-Texas). (Source: *Business Insider*, Trump has quietly hired 400 people — from high school grads to conspiracy theorists — to be his eyes and ears. March 9, 2017).

Anna Abram. Anna Abram is the new Food and Drug Administration's (FDA) deputy commissioner for policy, planning, legislation and analysis. Ms. Abram has served as a special assistant to the Office of the Secretary for the Department of Health and Human Services (HHS) before this appointment and as health policy director and senior adviser on the Senate Committee on Health, Education, Labor and Pensions. She was previously appointed by President George W. Bush to serve as an Associate Director at the Domestic Policy Council at The White House and helped coordinate efforts to reauthorize the President's Emergency Plan for AIDS Relief (PEPFAR). (Source: FDA website)

Eric Compton. Hologic Chief Operating Officer Eric Compton was named chairman of the AdvaMedDx Board of Directors for a two-year term. Compton, a former vice president at Johnson & Johnson, served on the AdvaMedDx Board from 2012 to 2013 with Ortho Clinical Diagnostics—where he was worldwide president, and from 2015 to the present with Hologic. "It is an honor to extend my tenure on the Board in this new position, particularly as AdvaMedDx continues to promote the critical role of diagnostic testing in achieving health care cost savings and better patient outcomes," said Compton. Compton succeeds former Chairman and CEO of Cepheid, John Bishop. (Source: AdvaMedDx press release, April 6, 2017)

GLOBAL NEWS

Holy discounts for donors. The Vatican Museums are teaming up with Gemelli University Hospital in Rome, Italy, to encourage people to donate blood. The initiative titled, "Give blood and follow your artistic inclination," gives donors a voucher for a €4 ($4.25) entrance ticket into the Vatican Museums, normally priced at €16 ($17). "Blood, like art, has to do directly with each of our lives. Without blood there is no life, but without art life would be more empty and sad," said Barbara Jatta, director of the Vatican Museums. (Source: RadioVaticana, Vatican Museums offer reduced-price tickets for Rome's blood donors. April 7, 2017)

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

CALENDAR

2017

Apr. 18-19. **Heart of America Association of Blood Banks (HAABB) 50th Annual Spring Meeting, Kansas City, MO.** For more information and to register, go to http://www.haabb.org.

Apr. 18-19. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), St. Petersburg, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: Cathy Shea, Executive Assistant or call (727) 568-1151.

May 1-3. **ADRP 2017 Annual Conference, Chicago, Ill.** More information is available on the website.

May 16-17. **IPFA/PEI 24th International Workshop on "Surveillance and Screening of Blood-borne Pathogens", Zagreb, Croatia.** To register, click here.

May 17-19. **Cellular Therapies and Transfusion Medicine in Trauma and Critical Care-Looking Towards the Future, San Francisco, CA.** Presented by Blood Systems, Blood Systems Research Institute and the University of California San Francisco. For more information, or to register, click here.

June 6-8. **Technical & Quality Workshop, America's Blood Centers, Omaha, Neb.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

June 17-21. **27th Regional Congress of the ISBT, Copenhagen, Denmark.** Click here to register for the event.

July 26. **Transfusion Safety Officer & Patient Blood Management Seminars (Advanced Program), Ft. Lauderdale, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: Cathy Shea, Executive Assistant or call (727) 568-1151.

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 4. **Board Meeting, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 11-12. **IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** Registration will open in mid-September.

Sept. 27-28. **Financial Management & IT Workshops, America's Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: Cathy Shea, Executive Assistant or call (727) 568-1151.

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click here.

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 institutional 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, contact Lisa Spnielli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: lspinelli@americasblood.org.

POSITIONS

Also available on our website

Area Representative (La Quinta, CA). (Monday through Friday; 8:00 am to 4:30 pm) The essential element of the Area Representative position is to develop, maintain, and expand professional relationships with community businesses. Provide quality customer service with the goal of adding donations from new groups and increasing donations from existing groups. The Area Representative is responsible for all aspects of the Blood Drive recruitment process within an assigned territory. This includes, but is not limited to booking the drive, education, management, and coordination of the drive in cooperation with the assigned Representative or Chairperson of the Business or Organization. The ideal candidate will have a bachelor's degree (BA) in Business, Marketing, Public Relations, or related field preferred. Three to four years of direct experience in the Art of Persuasive Communication, with a strong background in Customer Service. Sales and Marketing experience is strongly preferred. Current California driver's license. For further information and to apply online please visit: www.LStream.org. Must pass pre-employment background check, and drug screen. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the Federal government E-verify program to determine employment eligibility. The employer will consider qualified applicants with criminal histories in a manner consistent with the Los Angeles Fair Chance Initiative for Hiring.

Registered Nurse II (San Bernardino, CA; Riverside, CA; Ontario, CA). Conducts donor and patient interviews, physical assessments, and phlebotomies. Oversees donation process and recovery. Depending on location, work includes performing Whole Blood, special services, and multiple Component Collections in order to provide excellent customer service and to produce safe quality blood products for patients. May be required to learn and maintain skills on multiple Apheresis Technologies based on organizational need. Gives attention to detail and conducts work according to Policy, Procedure, and Regulatory Guidelines. Works as a positive Team Player to provide effective donor/patient processing. Assumes charge RN responsibilities as assigned. Works at other draw locations as needed. Education and Experience: AS Degree in Nursing. Minimum three months to one year of generalized Nursing and/or Clinical experience. Current California Registered Nurse (RN) License and current CPR Certification. Current valid California Driver's License. For further information and to apply online please visit: www.LStream.org. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the federal governments E-Verify program to determine employment eligibility. The employer will consider qualified applicants with criminal histories in a manner consistent with the Los Angeles Fair Chance Initiative for Hiring.

Director, Plasma Quality and Operations. Blood Centers of America (BCA) is a national cooperative comprising over 50 blood center members. BCA is seeking an individual with industry experience to serve as Director, Plasma Quality and Operations. This position is responsible for specific aspects of the Plasma for Fractionation Program including managing assigned contracts and acting as the Quality, Regulatory and Technical specialist for this business unit. The ideal candidate will possess outstanding communication abilities, relationship development talent and customer service skills. Five to 10 years progressive managerial experience in the health care or blood center industry required. Medical Technology degree and strong quality background preferred. BCA is based near Providence, Rhode Island. Will consider remote location for the right candidate. Position requires up to 30% overnight travel. Please submit resume to careers@bca.coop.

Serologist I (aka: Medical Technologist or Medical Laboratory Scientist). (Department: Reference Lab; Location: St. Paul, MN (University and 280); Schedule: Every Weekend, including Saturday and Sunday; FTE: Full-Time, 1.0 FTE (40 hours per week), and Non-Exempt; Benefits: Medical, Dental) If you are looking to specialize further into the world of blood banking and transfusion medicine, apply today! Our reference lab professionals not only have a wealth of experience to aid in teaching, many of our Serologists hold or are pursuing and SBB. There is no better environment to specialize in this lifesaving industry. Make a difference every day. To apply please go directly to our website with an updated resume.

Assistant Manager Donor Testing (Laboratory Supervisor). (Department: Donor Testing; Reports To: Manager Donor Testing Lab; Status: Full-time, 1.0FTE, and Exempt; Schedule: Monday – Friday, 3rd Shift 9 p.m. - 5:30 a.m.; Benefits: Medical, Dental, Vision, 401K, PTO / EST, to name a few) Take the next step in your career in our high profile donor testing laboratory with our non-profit mission based organization. Primary Purpose: Manages testing laboratory 3rd shift staff and coordinates operations associated with testing blood donors for infectious disease and immune-hematology during these shifts. Provides adequate training and performance appraisals. To apply please go directly to our website with an updated resume.

Cellular Therapy Technologist. The Cellular Therapy Technologist 1 (CTT 1) in the Stem Cell Processing Department. Activities include cellular therapy (CT) processing, performing and troubleshooting quality control of reagents and equipment, participating in educational instruction of students and new employees,

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POSITIONS (continued from page 13)

familiarity and full compliance with all CT and general laboratory regulations, and participating in design and implementation of new methodology for processing CT products. The CTT 1 helps to ensure that daily operations in the Department meet and follow all established guidelines and provide excellence in service and patient care. MT (ASCP)/equivalent or eligible with certification attained within 90 days of hire. Bachelor of Science degree in Medical Technology or a related field in laboratory science. One year experience as medical technologist (preferred), blood banking knowledge, advanced skills in Microsoft Word and Excel, ability to work independently and make reasonable decisions based and excellent math skills. Carter BloodCare (CBC) is an EEO/Affirmative Action employer. CBC is a Pro Disabled & Veteran Employer. Please apply online at: www.carterbloodcare.org. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

District Director. LifeSouth Community Blood Centers is currently seeking a confident and independent professional for the District Director position in Jacksonville, FL. This position is responsible for supervising all issues related to the operation of regions and mobile collection units within the district. The selected candidate will be expected to develop and implement new and innovative ideas for increasing donor acquisition and retention as well as increasing the district team cohesiveness. Bachelor's degree in a related field required. Previous management experience required. Valid driver's license required. Must also meet and maintain LifeSouth driver's eligibility requirements. The ideal candidate will possess a Master of Business Administration degree, five or more years of management experience and blood banking or FDA regulatory experience. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Follow this link to apply: https://lifesouth.csod.com/ats/careersite/jobdetails.aspx?site=1&c=lifesouth&id=974

Laboratory Services Supervisor. LifeSouth Community Blood Centers is currently seeking a skilled individual for a Laboratory Services Supervisor position in our Immunohematology Reference Laboratory in Atlanta, GA. This position is responsible for monitoring staff and providing laboratory oversight. This position will also perform pre-analytic, analytic, and result reporting/releasing procedures. Bachelor's degree in clinical laboratory, chemical or biological science required. SBB Certification required. Clinical laboratory training program and five years of clinical laboratory experience at a licensed, certified or accredited facility required. Master's degree may compensate for less experience. Relocation expenses negotiable. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. VEVRAA Federal Contractor. Follow this link to apply: https://lifesouth.csod.com/ats/careersite/jobdetails.aspx?site=1&c=lifesouth&id=948

Laboratory Services Manager. LifeSouth Community Blood Centers is currently seeking a skilled individual for a Laboratory Services Manager position in our Immunohematology Reference Laboratory in Atlanta, GA. The selected candidate will have an opportunity to help grow and develop a new lab to expand its services. This position is responsible for overseeing all laboratory testing activities performed in the LifeSouth facility. This includes meeting the needs of customers for accurate, timely and high-quality immunohematology reference laboratory testing and services. This position is also responsible for providing oversight for compliance with established laboratory policies, governmental regulatory requirements – including CLIA, HIPAA and state regulations – and accrediting organizations such as the AABB. Bachelor's degree in clinical laboratory, chemical or biological science required. SBB Certification required. Five years of clinical laboratory experience at a licensed, certified or accredited facility required. Previous supervisory experience required. Master's degree may compensate for less experience. Relocation expenses negotiable. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. VEVRAA Federal Contractor. Follow this link to apply: https://lifesouth.csod.com/ats/careersite/jobdetails.aspx?site=1&c=lifesouth&id=947.