

2025 #7

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ABC Announces 2025 Advocacy Agenda

America's Blood Centers (ABC) has [published](#) its [2025 Advocacy Agenda](#). The federal legislative and regulatory priorities that are most important to community blood centers are reflected within the ABC Advocacy Agenda which includes clearly defined legislative and regulatory solutions. The Advocacy Agenda has been developed in consultation with the [ABC Board of Directors](#), Policy Council, and input from member blood centers. It will guide the work of the association on behalf of its member blood centers as ABC continues to urge the Trump Administration, Congress, and industry stakeholders to promote the value of blood to patients, communities, and the healthcare system by:

- “urging the U.S. Food and Drug Administration (FDA) to update the licensure process to allow blood centers to quickly and safely meet the changing demands for blood components for patients;
- exempt[ing] laboratory developed tests (LDTs) used by blood centers from reforms to diagnostics regulation;
- updating the payment policy for federal insurance programs to provide sufficient reimbursement to allow for broader adoption of prehospital blood transfusions;
- providing increased support and resources to blood centers to update their current information technology (IT) infrastructures and strengthen their ability to prevent potential attacks;
- supporting a robust donor base by prioritizing blood donation as a national imperative;
- committing federal resources in support of the vital role of blood in the healthcare system; [and]
- reducing unnecessary and burdensome regulation to support innovation and blood product availability.”

ABC thanks its member blood centers and partners who have and continue to help advance the priorities and work of independent community blood centers. All members are invited to participate in the [Advocacy Forum webinar](#) on February 25th to discuss and learn more about ABC's advocacy priorities. Please [contact](#) ABC Vice President of Government Affairs Diane Calmus, JD with questions or requests for additional information. 💧






BRIEFLY NOTED

The U.S. Department of Justice (DOJ) took part in a February 19th [hearing](#) in Plano, Texas at the U.S. District Court for the Eastern District of Texas to defend the U.S. Food and Drug Administration's (FDA) [laboratory developed tests \(LDTs\) rule](#). According to a report from *Bloomberg*, DOJ Attorney Gabriel Schonfeld argued that the FDA, "acted well within its authority [and that there is] significant evidence that there are unreliable, unsafe, and ineffective *in vitro* diagnostic tests being offered by laboratories." An [update](#) on the hearing published by the College of American Pathologists (CAP) stated that attorneys from the American Clinical Laboratory Association (ACLA) and the Association for Molecular Pathology (AMP) presented arguments to the judge that Congress had never given FDA, "explicit language to regulate LDTs [and that] tests are regulated through the Centers for Medicare & Medicaid Services (CMS) and by activities like inspections and proficiency testing." The DOJ further "defended [the FDA's position stating that] the regulation complements CMS' rules under [the] Clinical Laboratory Improvement Amendments (CLIA) statute." The associations requested that the court rule, "before May 6th, [the date] when labs must comply with the first phase of the agency's regulatory plan."

(Sources: *Bloomberg*, "[Trump's Defends Rule to Oversee Laboratory Developed Tests](#)," 2/19/25; CAP Special Alert, "[Court Judge Urged to Throw Out LDT Rulemaking](#)," 2/19/25)

KFF Health News recently published an [article](#) that examines the benefits of prehospital blood transfusions and the challenges currently preventing widespread adoption of such programs across the U.S. Titled "Blood Transfusions at the Scene Save Lives. But Ambulances Are Rarely Equipped To Do Them," the article explained that several emergency medical services (EMS) agencies in the U.S. have, "established 'prehospital blood programs' aimed at getting blood to injured people who might not survive the ambulance ride to the trauma center." Hurdles to prehospital blood programs included in the article are, "[some] states don't allow emergency services personnel to administer blood before they arrive at the hospital. [Another significant hurdle is] compensation. Ambulance service payments are based on how far vehicles travel and the level of services they provide, with some adjustments. But the fee schedule doesn't cover blood products. If EMS responders carry blood on calls, it's usually low-titer O whole blood, which is generally safe for anyone to receive, or blood components — liquid plasma and packed red blood cells. These products can cost from \$80 to \$600 on average. [And] payments don't cover the blood coolers, fluid warming equipment, and other gear needed to provide blood at the scene. On January 1st, CMS began counting any administration of blood during ambulance pre-hospital transport as an "advanced life support, level 2" (ALS2) service, which will boost payment in some cases. The higher reimbursement is welcome, but it's not enough to cover the cost of providing blood to a patient, which can run to more than \$1,000. [EMS agencies] that run these programs are paying for them out of their own operating budgets or using grants or other sources."

(Source: *KFF Health News*, "[Blood Transfusions at the Scene Save Lives. But Ambulances Are Rarely Equipped To Do Them](#)," 2/10/25 )

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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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STATE ADVOCACY BRIEFS

This section features a monthly roundup of state advocacy bills and news for the blood community. [Sign up](#) for the latest updates and more in the [America's Blood Centers Advocacy Update](#).

The Washington State Legislature recently introduced [SB5689](#), “An Act Relating to Adding Blood Type Information to Drivers’ Licenses and Identification Cards.” The bill would provide, “individuals the option to voluntarily include their blood type on their state-issued identification documents.” America’s Blood Centers (ABC) member Bloodworks Northwest has been advocating for this bill and testified at a February 20th hearing which also included testimony from ABC’s Vice President of Government Affairs Diane Calmus, JD, “in strong support of SB 5689 [explaining that] adding blood type to Washington driver’s licenses is a simple, low-cost, life-saving measure.”

The blood community successfully defeated a vaccination bill in South Dakota. [HB1078](#), “An Act to Establish Provisions Related to the Disclosure of COVID-19 Vaccination Status and Blood Donations” would have, “require[d] a blood donor to disclose whether the donor has ever received a COVID-19 vaccination.” If the donor was vaccinated, “the person collecting the blood donation must label the blood bag to conspicuously indicate that the donor has received a COVID-19 vaccination.”

The Idaho State Legislature has introduced [HB 131](#), “An Act Relating to Blood Donations and Transfusions.” The bill would, “provide that any person who collects blood for transfusions shall require donors to disclose certain vaccination statuses, to provide that blood originating from certain donors shall be clearly and conspicuously marked, and to provide that a person receiving a blood transfusion shall have the right to request blood based on vaccination status of the donor.”

The Maryland General Assembly has introduced [HB1456](#), “An Act Concerning Hospitals and Tissue Banks — Autologous and Directed Blood Donations — Requirements.” Under the bill, “a tissue bank that facilitates autologous or directed blood donations shall comply with a physician’s order prescribing for an individual an autologous or directed blood donation. [Additionally,] a tissue bank may charge a fee in an amount that is reasonable and necessary to cover the administrative cost to the tissue bank of facilitating an autologous or directed blood donation ordered by a physician [and] a hospital shall allow an individual receiving a medical procedure to provide an autologous or directed blood donation ordered by a physician for the medical procedure if the hospital facilitates blood donations.”

[A2133](#), “An Act to Amend the Environmental Conservation Law, in Relation to Prohibiting the Sale of Intravenous Solution Containers Made with Intentionally Added DEHP,” has been introduced in the New York State Assembly. Under the bill:

- “[b]eginning January 1st, 2026, no person or entity shall manufacture, sell, or distribute into commerce in New York intravenous solution containers made with intentionally added DEHP;
- [b]eginning January 1st, 2031, no person or entity shall manufacture, sell, or distribute into commerce in New York intravenous tubing made with intentionally added DEHP for use in neonatal intensive care units, nutrition infusions, or oncology treatment.”

However, the bill specifically excludes, “[h]uman blood collection and storage bags, [a]pheresis and cell therapy blood kits and bags, including integral tubing,” from the DEHP ban.

The Oregon State Legislature has introduced [HB2047](#), a bill “Relating to Parental Rights.” The bill would continue to allow, “any person 16 years of age or over [to] donate blood to any blood program without obtaining permission of a parent or guardian. [However, if] a person under 18 years of age donates blood, [the blood program] shall provide notice of the minor’s blood donation to the minor’s parent or guardian.”

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STATE ADVOCACY BRIEFS (continued from page 3)

SB828, “An Act to Amend Tennessee Code Annotated, Title 69, Relative to Blood Donations,” has been introduced in the Tennessee General Assembly. Under the bill, “a person who collects blood donations for the purpose of providing blood for a blood transfusion shall require a blood donor to disclose if the donor has received a COVID-19 vaccination. [Additionally, if] a donor indicates that the donor has received a COVID-19 vaccination, then the person collecting the blood donation must label the blood bag conspicuously to indicate that the donor has received a COVID-19 vaccination [and] a person in need of a blood transfusion in a nonemergent situation may request blood based on the blood donor’s COVID-19 vaccination status.”

HB 400, “Blood Transfusion Amendments,” has been introduced in the Utah State Legislature. “[The bill] disallows a health care facility or provider from prohibiting a patient from providing the patient’s own blood product, or the blood product of the patient’s provided donor, to be used for a transfusion for the patient’s scheduled surgery or medical procedure; prescribes the allowable uses of unused blood product that was donated by a patient or a patient’s provided donor; and shields health care facilities and providers from liability for injury, damages, or death to a patient occurring as a result of the use of the patient’s own blood product or the blood product of the patient’s provided donor.” 💧

Additional Bills of Interest Introduced in State Legislatures

- **Arkansas [HB1315](#)**: would allow a blood type designation on a driver’s license or identification card.
- **Massachusetts [HD3963](#)**: would allow blood types on motor vehicle licenses.
- **New York [S3984](#)**: would authorize the commissioner of health to make grants to help pay for the costs of conducting local blood drives.
- **New York [S4183](#)**: would establish a personal income tax credit for taxpayers who donate blood to a blood bank four or more times a year.
- **South Carolina [HB3856](#)**: would allow for the issuance of a special identification card that discloses blood type.

MEMBER NEWS

SunCoast Blood Centers has [partnered](#) with the Sarasota County Fire Department on a prehospital blood transfusion program. According to WENG Radio, the collaboration seeks to, “provide life-saving blood transfusions to patients suffering from severe bleeding or traumatic injuries before they arrive at the hospital. [Additionally, the] innovative partnership aligns the Sarasota County Fire Department and SunCoast Blood Centers with cutting-edge emergency medical practices, increasing survival rates in critical situations. Early whole blood transfusions have the potential to double the odds of surviving severe blood loss injuries, helping more patients return home.” SunCoast Blood Centers Chief Executive Officer (CEO) Scott Bush explained in the article, “[t]hese transfusions have been instrumental in cardiac patients making full recoveries and kept hemorrhaging patients from bleeding out. However, supplies are limited, so we must reserve this procedure for the most critical of patients.”

(Source: WENG Radio, “[Sarasota County Fire Department to provide whole blood on emergency scenes](#), 1/20/25)

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MEMBER NEWS (continued from page 4)

Héma-Québec recently [opened](#) a new donation facility in Drummondville. The new center is the organization's 12th and will, "focus exclusively on plasma donations," according to a news release. We've set ourselves some ambitious goals for plasma self-sufficiency, and we continue to take concrete actions to achieve them," added Héma-Québec President and CEO Nathalie Fagnan in the news release. "Opening a 12th donor cent[er] in Québec will bring us closer to fulfilling our mission to efficiently meet the need for blood products, particularly plasma, while reducing our reliance on foreign suppliers. It's a step in the right direction!" The 4,000 square foot donor center will feature eight donor chairs with a goal of collecting approximately 12,500 plasma donations annually.

(Source: Héma-Québec [News Release](#), 1/13/25) 💧

RESEARCH IN BRIEF

Implementing Proficiency Testing For Bacterial Screening of Platelets. A [study](#) in *Vox Sanguinis* "describes developing a bacterial blood proficiency testing scheme (B-PTS) for platelet component (PC) screening and [a] pilot study." The paper explains that, "*Klebsiella pneumoniae* and *Staphylococcus aureus* were chosen as organisms for platelet contamination. The strains were produced as BIOBALL® with a concentration of 30 ± 3 lyophilized bacteria, equating to a typical transfusion-relevant start inoculum." The authors noted that, "[a] total of 11 participants from 10 countries participated in the study [whose protocol experimental work in the laboratory included,] "in the first step, the baseline sterility of the PC is determined 18–24 hours (h) after production. In the second step, the B-PTS samples are checked visually. This is followed by artificial contamination [using a spiking device] (step three), defined as t_{0h} , which corresponds to the official production time." They performed bacterial testing for the study according to routine blood center procedures. The researchers explained that, "[a]s the observed change [in color of the BIOBALL®] indicated the presence of humidity in the [spiking] device, an attempt was made to reduce the humidity in the surrounding atmosphere within the transport container. For this purpose, three silica gel bags were enclosed in the container to minimize humidity." The paper noted that, "[t]he average number of colony forming units (CFU) was 25 for *S. aureus* and 30 for *K. pneumoniae*, thereby fulfilling the criteria of an initial low-count inoculum of less than 100 bacteria per PC. [The material] was subsequently transferred to the device in a glove box with a humidity of <1 percent and samples were shipped in containers filled with silica gel bags." The study found that, "[s]ample one, which was a core positive sample, was not identified as contaminated by one laboratory. Sample two, classified as a core negative sample, was found negative by all participants, while sample three, the second core positive sample, was incorrectly evaluated as negative by one laboratory. Laboratory seven missed the core positive sample three with the aerobic but not with the anaerobic culture bottle and therefore evaluated it as contaminated. Importantly, all sites reported negative baseline sterility test results for the PC used in the B-PTS study, a prerequisite for assessing the proficiency of the participating laboratories." The researchers also noted that, "[a]ll laboratories correctly identified sample one as *S. aureus* and sample three as *K. pneumoniae*...Based on the evaluation criteria, nine out of 11 participants were evaluated as satisfactory." They stated that next steps from this pilot study include a, "full-fledged B-PTS for bacterial screening of PCs will be organized."

Citation: Prax, M., Debes, L., Chudy, M., *et al.* "[Implementation of a blood proficiency testing scheme for bacterial screening of platelet components.](#)" *Vox Sanguinis*. 2025.

Contributed by Richard Gammon, MD 💧





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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.

Don't Miss the ABC Advocacy Forum on February 25th

America's Blood Centers (ABC) will host an Advocacy Forum webinar on Tuesday, February 25th at 2 p.m. EST titled "What We Know about the Start of the Trump Administration." Join us as we share information and insights regarding the potential impact on community blood centers as the administration continues to transition. A link to registration and additional information is available to ABC members [here](#). This is your chance to learn more about the first weeks of the Trump Administration, discuss opportunities for ABC's advocacy priorities, and ask any questions that you or your blood center may have. Please [contact us](#) with questions

ABC Webinar: "An Overview of Whole Derived Platelets & Cold Stored Platelets Set for February 26th

The ABC Education Committee has announced that a webinar titled "An Overview of Whole Blood Derived Platelets & Cold Stored Platelets" will be held on February 26th at 3 p.m. EST. This event will feature South Texas Blood & Tissues' Senior Director of Systems Integration Jim Latimer and Carter BloodCare's Medical Director of Patient Services Frances Compton, MD sharing their experiences and insights from implementing whole blood-derived platelets and cold stored platelets at their blood centers. More information and a link to registration are available to ABC members [here](#). Please [contact us](#) with questions.

ABC "Staying Ahead in the Digital Landscape" Webinar Taking Place February 27th

Registration is open for ABC's February webinar that aims to provide blood centers with valuable insights into today's search engine optimization (SEO) environment, upcoming trends, and proven strategies to elevate your digital communication efforts. During the "Staying Ahead in the Digital Landscape" Webinar, hear Tom Felgar, the head of Paid & Organic Search at 501SEM, share cutting-edge techniques and expert advice aimed at optimizing your blood center's online presence. Learn how to enhance your chances of being featured in Google's Artificial Intelligence (AI) summaries, drive organic traffic to your website, boost visibility, and effectively engage your blood center's audience. This webinar is open to all ABC members. More information and a link to registration are available [here](#). Please [contact us](#) with questions.

Save the Date: SMT Journal Club on March 28th

The next ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar will take place on March 28th at 1 p.m. EDT. The webinar is free to all ABC members. An email announcement with a registration link and the articles to be reviewed on the webinar will be available soon. A Continuing Medical Education (CME) credit (1.0) is now offered for all ABC SMT Journal Club webinars.

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INSIDE ABC (continued from page 6)

2025 ABC Annual Meeting Schedule Available

Join us for the 63rd ABC [Annual Meeting](#) in Arlington, Va. [Registration](#) is open and the [schedule is available](#). Hear *POLITICO*'s Director of Regulatory Research Laura DiAngelo, MPH deliver the keynote as she addresses the impact of the 2024 Presidential and Congressional elections on the regulatory and congressional landscape. Meeting attendees will gain insights into how the administration's policy agenda and approach to regulation will impact the blood community, allowing your organization to stay ahead of the curve. This event will also explore 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. [Sponsorship opportunities](#) are also available. Please [contact us](#) with any questions as we look forward to seeing you!

Register for the 2025 ADRP Annual Conference

[Register now](#) for the [2025 ADRP Annual Conference](#) in Oklahoma City, Oklahoma, from May 6th to 8th at the Omni Oklahoma City Hotel. 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, and exploring an expansive exhibit hall filled with innovative solutions. [Seize this extraordinary opportunity](#) to learn, share, and grow within the blood community. 💧

INFECTIOUS DISEASES UPDATE

DENGUE

The Pan American Health Organization (PAHO) and the World Health Organization (WHO) [published](#) an epidemiological alert on February 7th regarding the, "risk of dengue outbreaks due to increased circulation of DENV-3 in the Americas Region. The agencies explained in the alert that, "The reappearance of a serotype that did not circulate in the last decade, such as DENV-3, combined with the increase in the susceptible population, not only increases the probability of severe cases of dengue, but could also cause epidemics that overload health services, exceeding their capacity to respond. The risk of DENV-3 circulation in the Americas Region is high due to the widespread distribution of mosquito vectors, human mobility, and partial (and in many areas absent) immunity in the populations. Recent data indicate an increase in the circulation of DENV-3, highlighting the urgent need to implement integrated and effective strategies to control the spread of the virus. On the other hand, one study showed that the dengue vaccine TAK-003 from the producer Takeda demonstrated lower protection against DENV-3 compared to serotypes DENV-1 and DENV-2, especially in seronegative children (without a history of dengue), in whom protection was not demonstrated against symptomatic disease or hospitalization caused by DENV-3." PAHO and the WHO emphasized the, "importance of strengthening epidemiological surveillance, clinical management, and laboratory confirmation, as well as improving monitoring systems and promoting prevention campaigns to reduce the incidence of dengue. Likewise, in countries that have introduced the vaccine, it is very important to strengthen safe vaccination procedures and surveillance of events supposedly attributable to vaccination or immunization." Dengue is a mosquito-borne disease with documented transfusion-associated cases though currently, no U.S. Food and Drug Administration-licensed blood donor screening test is available.

(Source: PAHO/WHO [Epidemiological Alert](#), 2/7/25) 💧



GLOBAL NEWS

The International Plasma and Fractionation Association (IPFA) and Asian Association of Transfusion Medicine (AATM) have [announced](#) a partnership. According to a news release, the goal of the collaboration is to, “strengthen patient access to plasma-derived medicines in Asian countries. [Additionally, the partnership strives,] to arrange for education, training, discussion, and advocacy directed to the many stakeholders involved in the plasma chain. The need for support and education in Asian countries varies considerably depending on local capacities, economic situation and maturity of blood supply and health care systems. However, a common denominator is that there is need for knowledge and long-term commitment and planning to reach the goal of better patient treatment. With our joint activities, we hope to address both local or regional needs for countries to find solutions fitting their needs.”

(Source: IPFA & AATM [News Release](#), 2/17/25)

The Dominican Republic’s Ministry of Public Health recently [published](#) data showing a decrease in the number of dengue, chikungunya, and malaria cases. *The Dominican Today* reported, “dengue cases saw a significant reduction of over 65 percent in 2024 due to preventive measures, despite regional forecasts predicting higher numbers. Chikungunya remains under control with only 24 reported cases in the last four years. [Additionally, according] to the latest Epidemiological Bulletin (Week 05), dengue cases have dropped significantly from 286 last year to just 14 this year. Malaria cases have decreased by 48 percent compared to 2024, and no cholera cases have been reported. However, two deaths from meningococcal disease were confirmed, along with eight new malaria cases and 14 COVID-19 infections. Maternal and infant mortality rates have also declined, with maternal deaths dropping from 25 to 16 and infant deaths decreasing from 54 to 34 compared to the same period last year.”

(Source: *Dominican Today*, “[Government reports control over Dengue, Chikungunya, and other tropical diseases](#),” 2/14/25)

Medicines and Healthcare products Regulatory Agency (MHRA), the regulatory authority for the United Kingdom (UK), has [granted](#) marketing authorization to Valneva for the company’s chikungunya vaccine (IxchIQ®). The single dose is for use in, “individuals 18 years of age and older.” According to a Valneva news release, “[t]he approval is based on IxchIQ’s final pivotal [p]hase III data, published in [The Lancet](#), which included more than 4,000 participants and demonstrated that a single dose of the live-attenuated IXCHIQ® vaccine induces a rapid and strong immune response. Data has since shown this response can be maintained for at least three years in both younger and older adults. The UK approval marks the fourth regulatory approval Valneva has received for its single-shot chikungunya vaccine [as it is] currently approved in the United States (U.S.), Europe, and Canada in adults 18 years of age and older. Valneva expects to receive marketing approval in Brazil in the first quarter of 2025, which would represent the first approval in an endemic country.”

(Source: Valneva [News Release](#), 2/5/25) 💧

COMPANY NEWS

The International Council for Commonality in Blood Banking Automation (ICCBBA) will [hold](#) the 2nd annual “Ask ICCBBA” live web event on February 25th at 6 a.m. PST. [Registration](#) is open. According to the announcement this event aims to be an, “interactive session [that] will provide in-depth answers to common questions about the [ISBT 128 Standard](#) while allowing attendees to ask live questions. Participants will also receive information on new and upcoming educational opportunities designed to support their

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COMPANY NEWS (continued from page 8)

understanding and implementation of ISBT 128 [and] [e]vent speakers will address a wide range of ISBT 128-related questions, providing a comprehensive approach to help attendees better understand the identification and labeling needs for diverse human-derived products.” Attendees are asked to [submit questions](#) in advance as the event, “is designed for professionals at any stage - whether you’re exploring ISBT 128, in the process of implementation, or have already adopted the standard.” More information is available [here](#).

(Source: ICCBBA [Announcement](#), 2/19/25)

Pfizer Inc. is [discontinuing](#) its gene therapy (Beqvez) to treat hemophilia B, according to a report from *Reuters*. The gene therapy “had previously been [approved](#) by the U.S. Food and Drug Administration (FDA) in April 2024 and “was priced at \$3.5 million at launch.” It was indicated, “for the treatment of adults with moderate to severe hemophilia B (congenital factor IX deficiency) who: currently use factor IX prophylaxis therapy, or have current or historical life-threatening hemorrhage, or have repeated, serious spontaneous bleeding episodes, and, do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test.” *Reuters* reported that the discontinuation, “was due to several reasons, including limited interest in gene therapies for the bleeding disorder. However, the company said it will redirect its time and resources towards Hymraviz, an injectable drug approved in October to prevent or reduce bleeding episodes in hemophilia A or B patients aged 12 years and older. This is Pfizer’s second therapy discontinuation for the bleeding disorder in recent months after it terminated its co-development agreement with **Sangamo Therapeutics**, for a hemophilia A gene therapy, citing slow uptake for such therapies in patients.”

(Source: *Reuters*, “[Pfizer stops commercialization of hemophilia gene therapy Beqvez](#), 2/21/25)

Blood Bank Computer Systems (BBCS) has [announced](#) that it will be the blood establishment computer system (BECS) provider for Central California Blood Center. “Selecting BBCS as our BECS provider is a significant step forward for our organization,” stated Central California Blood Center Chief Executive Officer Christine Hayes in the news release. “We are confident that their technology will enhance our ability to serve our community and ensure the safety and efficiency of our processes.”

(Source: BBCS [News Release](#), 2/19/25) 💧

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.)

2025

Feb. 25. **America’s Blood Centers (ABC) Advocacy Forum Webinar: “What We Know about the Start of the Trump Administration.”** A link to registration and more information are available [here](#).

Feb. 25. **International Council for Commonality in Blood Banking Automation (ICCBBA) “Ask ICCBBA” (Virtual).** [Registration](#) is open. More information available [here](#).

Feb. 26. **ABC Webinar: “An Overview of Whole Blood Derived Platelets & Cold Stored Platelets.”** A link to registration and more information are available [here](#).

Feb. 27. **ABC “Staying Ahead in the Digital Landscape” Webinar.** A link to registration and more information are available [here](#).

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CALENDAR (continued from page 9)

Mar. 10-12. **ABC Annual Meeting, Arlington, Va.** [Registration](#) is open. More information available [here](#).

Mar. 28. **ABC Scientific, Medical, and Technical (SMT) Journal Club Spring Webinar.** More information coming soon.

May 6-8. **2025 ADRP Annual Conference, Oklahoma City, Okla.** [Registration](#) is open. 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.** [Registration](#) is open. More information available [here](#).

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](#).

Sept. 10. **FDA CBER Office of Blood Research and Review (OBRR) Public Webinar: FDA Review of Biologics License Applications for Blood and Source Plasma (Virtual).** More information coming soon.

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

Chief Medical Officer (CMO). Carter BloodCare seeks a dynamic **Chief Medical Officer (CMO)** to lead medical and technical operations and ensure excellence in transfusion medicine, cellular therapy, and donor care. As a key executive team member, the CMO will drive innovation, compliance, and strategic growth. **Why Carter BloodCare?** Mission-Driven Work: Your leadership directly impacts patients in need. Executive Leadership: Collaborate with the CEO and executive team to shape policies and strategy. Industry Influence: Represent Carter BloodCare as a thought leader in transfusion medicine. Growth & Innovation: Lead research initiatives and partnerships with medical institutions.

Key Responsibilities: Oversee medical services, ensuring safety, compliance, and quality. Act as CLIA Lab Director for high and moderate-complexity testing labs. Serve as one of the medical and scientific faces of Carter BloodCare. Lead and mentor Medical Directors, fostering a culture of excellence. Guide organizational strategy and budgeting. Advance clinical research, academic collaborations, and medical education initiatives. **What We're Looking For:** M.D. or D.O. (or equivalent) with board certification in transfusion medicine or a related

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POSITIONS (continued from page 10)

field. Eligibility for a Texas medical license and willingness to obtain additional state licenses as needed. 7+ years of experience in blood banking/transfusion medicine or related field. 3+ years of leadership experience. **Apply today:** www.carterbloodcare.org/careers

Medical Laboratory Scientist - Blood Bank (Overnight). LifeSouth Community Blood Centers is looking for an experienced Medical Laboratory Scientist, 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 Medical Laboratory Scientist will resolve complex immunohematology and compatibility problems to provide the safest donor blood for the patients in our community. We focus on providing the best possible customer service. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

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.

Laboratory Testing Operations Vice President (Oklahoma City, OK). Our Blood Institute is looking for a **Laboratory Testing Operations Vice President** who will provide strategic planning, operational management, budgeting, and leadership to OBI and provide technical and leadership support to the Testing Lab, and Quality Control Lab. Overseeing the day-to-day operations, implementing business plans, managing the department's P&L, and fostering high performance, customer-oriented culture. All tasks undertaken, regardless of their timing,

that have clear applicability to blood banking and transfusion medicine are considered within this position's scope of employment and are, therefore, subject to the Institute's Intellectual Property Policy and Procedures. Successful applicants must have a Bachelor of Science degree in Medical Technology and a minimum of ten years' progressive management in a related medical industry. **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/>

Director of Donor Services (Fixed and Mobile Collections). Sheppard Community Blood Center in Augusta, Georgia, seeks an ambitious leader to oversee the delivery of industry-leading customer service to its donors. This position is challenging, and the director of donor services must be willing to adapt to change, solve problems independently, and communicate effectively within their department and across the organization. The ideal candidate will be able to juggle multiple projects, hold others accountable, and manage their time efficiently. Sheppard has a fleet of ten collection vehicles, six fixed sites, and nearly 50 donor services staff, all reporting up to the Director of Donor Services. The organization achieved record collection in 2024 and expects continued growth in the coming years. A generous benefits package, including up to a 7 percent employer 401(k) contribution, relocation expenses, and ample PTO, is available for a successful candidate. Sheppard also provides cost-of-living raises, merit raises, and annual bonuses. The ideal candidate will have at least five years of experience in blood banking, healthcare, or nursing. A bachelor's degree and five years of management experience are required. Those interested can learn more by going to sheppardblood.org and clicking "jobs" at the top of the home screen.

Medical Director/Associate Medical Director. Carter BloodCare seeks a passionate and dedicated **Medical Director/Associate Medical Director** to join our mission driven team in North Texas. This role offers the opportunity to collaborate with a dynamic group of medical professionals and lead innovative initiatives that save lives every day. As Medical Director/Associate Medical Director, you'll play a pivotal role in the medical and technical oversight of blood centers, transfusion services, and advanced biotherapies. Working closely with the Chief Medical Officer and fellow directors, you will ensure our operations remain at the forefront of transfusion medicine. From providing consultative expertise to fostering relationships with healthcare providers, your work will directly influence patient care across the region. Carter BloodCare seeks candidates with an MD, DO, or equivalent degree, board certification/eligibility in Blood Banking/Transfusion Medicine, and qualified for an unrestricted medical license in Texas. The successful

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candidate will bring expertise, compassion, and a collaborative spirit to this vital role with strong knowledge and experience in blood banking and/or advanced biotherapies. This is a chance to join an organization dedicated to excellence and innovation in transfusion medicine. Apply at [//www.carterbloodcare.org/careers](http://www.carterbloodcare.org/careers). Carter BloodCare is an EEO/Affirmative Action employer.

Supply Chain Manager. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The Supply Chain Manager at our headquarters location in Gainesville, FL is responsible for vendor selection, negotiation, establishment and maintenance of all purchased materials, supplies, equipment, and services used by the company. The Supply Chain Manager is organized and decisive and can motivate the team to reach daily and long-range goals. 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!](#)

Cord Blood Program Supervisor. LifeSouth Community Blood Centers is looking for a bilingual (English and Spanish), highly skilled leader with proven supervisory experience and a passion for making a difference to join the team in the role of Cord Blood Program Supervisor in Miami, Fla. This position is responsible for educating the public about cord blood donation, recruiting new cord blood donors, and working closely with hospitals, while providing supervisory oversight of Cord Blood Donation Recruitment Specialists. LifeSouth Cord Blood Bank is a community-based public cord blood bank that collects and stores umbilical cord blood for the purpose of clinical cures and research in the field of stem cell transplantation. Visit our careers page to learn more about this position, and [apply here!](#)

Cord Blood Donor Recruitment Specialist – Miami. LifeSouth Community Blood Centers is looking for a bilingual (English and Spanish) candidate with strong interpersonal skills and a genuine passion for making a difference to fill the role of Cord Blood Donor Recruitment Specialist in Miami, Fla. In this position you will be responsible for tasks related to cord blood education, consent, and training. Must be comfortable interacting regularly with collection facilities staff, the general public, and donor mothers regarding cord blood collection and donations. LifeSouth Cord Blood Bank is a community-based public cord blood bank that collects and stores umbilical cord blood for the purpose of clinical cures and research in the field of stem cell transplantation. Visit our careers page to learn more about this position, and [apply here!](#)

Assistant/Associate/Full Professor, Clinical Track (Hoxworth Blood Center). Hoxworth Blood Center (HBC) was founded in 1938 and serves more than 30 hospitals in 18 counties in Ohio, Kentucky, and Indiana. Annually, HBC collects more than 100,000 units of blood from local donors to help save the lives of patients in area hospitals. HBC is located within the University of Cincinnati (UC), College of Medicine, and is seeking an academic physician to advance clinical services and research in Blood Banking and Transfusion Medicine. The rank of the clinical track appointment is open and will be commensurate with the experience and professional accomplishments of the selected applicant. Essential Functions: Provide clinical blood banking/transfusion medicine coverage in an active academic transfusion service supporting a robust academic teaching hospital specializing in hematology/oncology, high risk obstetrics, organ transplantation and surgery; including a Level I Trauma Center. Provide medical coverage for a large regional independent blood collection center with an active apheresis program supporting cell therapy collections. Engage in the training of Transfusion Medicine fellows, pathology residents, and rotating fellows, residents, and medical students. Minimum Requirements: MD or MD/PhD; Board eligibility or Board certification in Blood Banking/Transfusion Medicine; and active or eligible for a State of Ohio Medical License. Click [here](#) to view the full job description and apply. EOE ♠