

## It's a Family Affair at Rural Blood Centers

As blood centers operate on slim margins, many smaller centers have been merging with larger ones to stay afloat and keep their communities supplied with the lifesaving blood they need. But some remain in more rural areas, spread out over a vast amount of terrain, supplying the smaller communities with the critical products essential to their healthcare operations. Many centers have merged with either Blood Systems, Inc., OneBlood, Oklahoma Blood Institute, or New York Blood Center, but many of the more rural centers still operate in their small communities, with some especially unique triumphs and challenges.

“In rural areas, the community is very giving of themselves and their resources,” said Jeff Bryant, President and CEO of Inland Northwest Blood Center (INBC). “They’re very committed to the mission. We go to blood drives that are community events, and the donors bring food or potluck dishes, help feed staff and donate. They really rally around and support our mission.”

That sentiment was echoed from rural blood centers on all sides of the nation—from Kansas all the way north to Spokane, Wash., this strong sense of community helps rural centers not just collect units, but collect even more blood than what some of the hospitals need. The [World Health Organization](#) claims that non-paid donors give blood because they are motivated by a sense of moral duty and “to help others.” The altruistic act of giving blood to an anonymous person, is driven home even more when it is someone with whom the potential donor has a connection.

“People think of rural centers as having more challenges, but I think we have advantages, one is the community support,” said Mike Parejko,

CEO of Mississippi Valley Regional Blood Center (MVRBC). “And I think we’re at an advantage to respond quicker when unique opportunities present themselves.”



*Wyoming Highway Patrol Lieutenant Tim Romig delivering blood for Bonfils*

Some of those crises come in the form of weather. When snow and ice strike, having community support and strong hospital connections are needed to keep blood drives from cancelling and help get those products delivered on time. [ABC Newsletter #7](#) contains a story in the Member News section highlighting this kind of dedication from Wyoming highway troopers delivering blood to hospitals in the dead of winter. “We have to come up with creative ways to move product,” said Mr. Bryant. “We’ve considered using drones in the future if the FAA rules become more relaxed.”

Strong hospital connections can help with creative delivery processes as well. One of the hospitals INBC services sends their own courier, without charging the center, to help rotate the blood units, said Mr. Bryant. When emergency blood drives are

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## OUR SPACE

ABC CEO Christine S. Zambricki, DNAP, CRNA, FAAN

### Plus Signs

Some positive next steps are afoot in Washington after the RAND study's release. The partner efforts of ABC, Department of Health and Human Services (HHS), and others to promote the sustainability of the blood supply and build on the initial work of the RAND study in exploring alternatives in policy and reimbursement is setting wheels in motion here in the Capital. We recently learned the Department of Health and Human Services (HHS) is planning multi-agency efforts to conduct stress testing in the areas of blood center donor testing, economic feasibility, and surge capacity. Agencies involved in these efforts include the HHS Office of HIV/AIDS and Infectious Disease Policy, Food and Drug Administration (FDA), HHS Office of the Secretary for Planning and Evaluation (ASPE), and the Biomedical Advanced Research and Development Authority (BARDA), within the HHS Office of the Assistant Secretary for Preparedness and Response. Work will begin in these agencies as soon as next month. We have also learned that an internal briefing with the newly appointed acting HHS Assistant Secretary for Health [Don Wright](#), MD, MPH, is scheduled in the coming weeks to discuss the current state of the blood supply and actions needed to ensure its viability.

This work builds upon other current and planned activities related to sustainability, including:

- HHS has secured \$250,000 to collect and analyze information related to pricing and volume of blood sales and usage through a partnership with BloodHub, integrated supply chain application for the blood industry.
- ABC continues to work with HHS, Congress, and other interested parties to secure support and funding for growing the Data Warehouse.
- The Foundation for America's Blood Centers (FABC) has allocated a significant amount of funds to research related to the sustainability of the blood supply this fiscal year.

We believe a combination of the above efforts will lead to a more robust set of data and policy options to continue our advocacy work in the legislative and regulatory arenas. ABC commends the agencies for their recognition of this important issue and will continue to promote the sustainability of the blood supply through every possible avenue. ♦

*Christine S. Zambricki*

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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.

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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.*

### ADRP Announces Medical Panel

ADRP, an international division of ABC, has announced speakers for the Scientific, Medical and Technical panel at the ADRP Annual Conference, May 1 to 3, in Chicago. This year, the medical panel will share their expertise in blood banking key issues and the impact on donor center operations.

#### Featuring:



**Dr. Alex Carterson,  
MD, PhD**  
Medical Director  
Heartland Blood Centers



**Dr. William Crews, MD**  
Medical Director of  
Laboratory Services  
Carter BloodCare



**Dr. Louis Katz, MD**  
Chief Medical Officer  
America's Blood Centers



**Dr. Kevin Land, MD**  
Vice President of Clinical  
Services  
Blood Systems, Inc. 🩸

### LETTERS TO THE EDITOR

The following are edited versions of letters sent to ABC from the Foundation for America's Blood Centers (FABC) scholarship winners. These scholarship winners used the funds to help pay for registration and accommodations for the 55<sup>th</sup> ABC Annual Meeting.

*“Camaraderie and Pronoia” One thing that stood out of my first ABC meeting was the overall sense of camaraderie, mutual respect, and receptiveness among members, speakers, and attendees. Interesting engaging conversations took place in which the audience openly shared their experiences, concerns, and questions. As a Medical Director, it helped me to understand the diversity of operational structures among blood centers and how they face challenges. In an ever-changing, never boring industry, sharing ideas and practices are essential to continuously strive to do better.*

*Connecting and networking with other ABC scholarship recipients as well as other ABC members gave me the chance to share and compare practices with other ABC members. In addition, I attended the International Blood Safety Forum in which representatives from around the world shared information of their blood centers and their efforts to improve blood safety in developing countries.*

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## LETTERS TO THE EDITOR (continued from page 3)

*Unexpectedly, this meeting has given me a direction to seek in the future. I left DC with a sense of pronia. I am very grateful for FABC and my parent company, Blood Systems Inc. for giving me the opportunity to attend.* - Maria De Los Angeles Muñiz, MD, medical director, Blood Systems, Inc., Community Blood Services.

*Thank you for the opportunity. I truly appreciate receiving a scholarship from ABC. If it wasn't for the scholarship, I wouldn't have been able to attend. My favorite seminar was "Active Shooter." That seminar highlighted the various emotions pertaining to real life event situations. I also valued the interpersonal relationships garnered by networking at the events. I truly valued my experience and would recommend everyone to attend future ABC Annual Meetings.* - Mia Cochran, donation suitability coordinator, Blood Bank of Delmarva, Inc.

*As someone quite new to the blood banking profession, it was immeasurably rewarding to attend the ABC Annual Meeting in Washington, D.C. in March. I simply would not have been able to go if not for the generous FABC scholarship made available to me, and for that I am extremely grateful.*

*The opportunity to meet and connect with so many dedicated professionals who share a passion for ensuring a safe and sustainable blood supply was nothing short of inspiring – and the excellent range of panel and discussion topics opened my eyes, expanded my mind, and carbonated my imagination. I carried a notebook full of conference-fueled observations and ideas back to Seattle. I am excited to apply what I've learned toward my ongoing efforts to engage new and existing donors.*

*I was also very proud to be invited to participate in Advocacy Day. I never imagined myself lobbying for anything on Capitol Hill, much less a cause as worthy as ours. It was a privilege to relay our needs and concerns to the offices of my Senators and Representatives from Washington and Oregon. I will do my best to follow up and continue to fight the good fight.*

*Thank you again for this amazing opportunity.* -- Larry Shaw, senior program manager, Donor Engagement, Bloodworks Northwest. ♦



## ADRP ANNUAL CONFERENCE

<p>Join over 250 recruitment, collections and marketing leaders from over 20 countries for the ADRP Annual Conference.</p> <ul style="list-style-type: none"> <li>• Attend education sessions covering donor recruitment, marketing, collections, leadership, strategy, integration, measurement, and new ideas that you can implement now.</li> <li>• Visit the exhibits to see the latest technology.</li> <li>• Learn from your industry peers in breakout sessions and networking events.</li> </ul> <div style="text-align: center; margin-top: 10px;"> <a href="#" style="background-color: #2c3e50; color: white; padding: 5px 15px; text-decoration: none;">click here to learn more or register</a> </div>	<p style="text-align: center;"><b>May 1-3, 2017</b> <b>Chicago, Illinois</b></p> <p style="text-align: center;"><b>Subscribers Registration: \$550</b> (Includes Breakfast and Lunch on Tuesday and Wednesday)</p> <p style="text-align: center;">Hotel Rate for ADRP: \$199/night</p> <p style="text-align: center;"><b>Chicago Hilton International</b> 720 South Michigan Avenue Chicago, Illinois 60605, USA Phone: 1.312.922.4400</p>
	
<p><i>"The 2016 ADRP Conference was a perfect blend of Recruitment &amp; Collections content. To hear leaders in our industry from around the world share best practices was priceless.</i></p> <p style="font-size: small;"><i>—Pamela B. Rascon, Director, Community Resources, Sheppard Community Blood Center, GA</i></p>	
 <p style="text-align: center;"><b>adrp.org/annual-conference</b></p>	

## RURAL BLOOD CENTERS (continued from page 1)

needed because of weather-related incidents or during the summertime lulls, Anthony Roberts, executive director of Community Blood Center of the Ozarks (CBCO) said the bigger local hospitals, with whom the center has strong historical connections, allows them to set up emergency blood drives. “It’s really a great partnership that we have.”

Because these more rural hospitals use a lot less product than urban-setting hospitals, some rural centers responding to this article did find rotating fresh units into the hospital shelves a challenge. However, some are reevaluating their consignment strategies to help alleviate some of this financial burden. Blood centers in the U.S. typically supply blood to hospitals on a consignment method, taking the blood back from the hospitals before the units expire. This places a disproportionate amount of financial and operational risk on the blood centers, both big and small. MVRBC is reevaluating this strategy so that it does not allow for returning units to the blood center.

Another challenge for rural centers is dealing with modern rural flight of their most prominent donors. Mr. Roberts estimated that about 30 to 35 percent of his center’s donor base is of high school or college age, and many of these youths move away to attend college or find work in bigger cities and therefore cannot be developed into lifetime donors. The [Economic Research Service](#) with the U.S. Department of Agriculture reported that from 2010 to 2013 rural, non-metro, areas declined in growth by 0.7 percent, and only grew by 0.4 percent if there was a town nearby, whereas urban outlying areas grew by 5.1 percent and downtown urban areas grew by 2.9 percent. Donor retention in these more rural areas is especially difficult, because the donors are literally leaving not just the system but the entire area.

“We fish where the fish are,” said Mr. Parejko. Deploying multiple mobile blood units (MBUs) per day—some centers said up to 11 per day, can be helpful in retaining high collection numbers and connections with donors that are not living near fixed sites. And many blood centers, like CBCO, depend on these MBUs to collect a majority of their product—up to 75 percent. Fitting these units with apheresis equipment can be a challenge as it is expensive and takes a lot of space. Staff logistics can prove a task as well. Some centers reported overnight stays for staff who had to work at blood drives in rural towns hours away from the blood center’s closest processing sites. Other centers factor in extra time off for staff who work 12 to 14 hour days for blood drives that take an extra two or three hours in commute time.

Though some of the challenges are unique to their locations, these centers have a profound sense of connection with their national network through membership organizations like ABC.

“Our strength is our independence, we are able to respond to challenges, both locally and nationally,” said Mr. Parejko, “as long as we have interdependence with other organizations in national blood collaborations like America’s Blood Centers, Blood Centers of America, and AABB.” 📌

## RESEARCH IN BRIEF

**Riboflavin-based pathogen reduction treatments (PRT) of platelet concentrates (PCs) can lead to enhanced platelet (PLT) thrombus formation and stability.** Ultraviolet (UV) light and riboflavin is used for pathogen reduction in blood. A number of studies associate PRT systems with damage to red blood cells and PLTs., the clinical import of which is not clear. In a new study of riboflavin and UV and the ability of treated PLTs to promote clotting, researchers from Japan found that treated PLTs form clots and remain stable on collagen substrates in greater numbers than control (untreated) PLTs. Treatment did not enhance the reactivity of PLTs put on surfaces other than collagen under high-shear-stress conditions. The effect of PRT treatment on PLT deposition was abrogated in the presence of the platelet inhibitor, tirofiban.

RESEARCH IN BRIEF (continued from page 5)

**Citation:** Terada C., Shiba M., Nagai T., and Satake M. Effects of riboflavin and ultraviolet light treatment on platelet thrombus formation and thrombus stability on collagen. *Transfusion*. April 17, 2017 early view. DOI: 10.1111/trf.14114.

**In an informative, well-referenced exchange in *JAMA*, authors discussed an 84-year-old woman with abnormal bleeding.** The patient presented with spontaneous bruising, a history of chronic kidney disease, prior stroke, and hypertension. Indicated mixing study of patient and normal plasma suggested the presence of a clotting inhibitor. The review concluded with “results of a mixing study can be used to help determine whether further testing should be performed to identify a deficient factor or a factor that lacks activity.” An accompanying letter to the editor noted the mixing test described should be reserved for a subset of patients with thromboembolism or lupus rather than patients who have unusual bleeding. Obtaining factor assays first could lead to a more expedient diagnosis and for complicated cases, clinicians should use coagulation laboratory staff and resources. Choi et al responded by saying they agree, when such a lab is available, but that a mixing study can be used to differentiate between a clotting factor production deficiency and an inhibitor and that using factor assays is unfamiliar to most clinicians.

**Citations:** Choi S., Rambally S., Shen Y. Mixing Study for Evaluation of Abnormal Coagulation Testing. *JAMA*. November 22/29, 2016. DOI: doi:10.1001/jama.2016.1574.

Fralick M., Sholzberg M. Coagulation Testing in a Bleeding Patient. *JAMA*. April 11, 2017. DOI: 10.1001/jama.2017.2416.

**A report from the Florida Medical Entomology Laboratory claims to have found Zika RNA in eggs that could lead to infectious Zika virus (ZIKV).** *Aedes albopictus* mosquito eggs from Brazil were collected in August 2015 and produced 20 female and 19 male adult mosquitoes. After mating the mosquitoes, the researchers analyzed the insects to detect ZIKV RNA using reverse transcription and quantitative polymerase chain reaction (PCR). Results showed three females and two males were infected with ZIKV RNA; however the researchers were unable to isolate live virus samples. The researchers wrote that their findings are consistent with vertical or sexual transmission of ZIKV by *Aedes albopictus* mosquitoes. Evidence supporting this finding, however, was not conclusive, they noted. Prior research has suggested that *albopictus* may be a Zika vector, including epidemiological associations with the virus, isolation from wild caught mosquitos, and transmission experiments with an analogy of related viruses dengue and yellow fever. That said, studies have suggested the vector competency of *albopictus* may be as much as an order of magnitude lower than that of *Aedes aegypti*.

**Citation:** Smartt C.T., Stenn T.M.S., Teixeira M.G., *et al*. Evidence of Zika Virus RNA Fragments in *Aedes albopictus* (Diptera: Culicidae) Field-Collected Eggs From Camaçari, Bahia, Brazil. *Journal of Medical Entomology*. DOI: 10.1093/jme/tjx058.

**Significant reduction in platelet bacterial contamination risk.** Investigators in the U.K. describe a 90 percent reduction in the risk of platelet bacterial contamination events by using delayed, high volume primary cultures. The National Health Service Blood and Tissue provides data on bacterial sepsis from more than 1,200,000 doses cultured using BacT/Alert at 36 to 48 hours of storage and 8 mL in each of an aerobic and anaerobic culture bottle. Platelets are processed so they have a seven-day outdate. In the five years (2006 to 2010) prior to adopting this approach, they identified 10 patients with transfusion associated bacterial transmission (three fatal), and since its implementation (2011 to 2015), four units escaped detection, three of which were interdicted on visual inspection before infusion and one of which was associated with patient morbidity.

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RESEARCH IN BRIEF (continued from page 6)

In an accompanying editorial, Peter Tomasulo, MD, formerly with ABC member Blood Systems, states that “using large-volume and delayed cultures will improve patient outcomes and inventory management with lower cost and less hospital disruption than secondary testing and current pathogen reduction.” ABC comments to both drafts of the Food and Drug Administration (FDA) platelet bacterial guidance have strongly advocated inclusion of this approach in the options for reducing risk from bacterial contamination. ABC member Héma-Québec is using this approach with the approval of Health Canada, their analog of the FDA.

“This approach increases blood safety to the same extent, if not more than, secondary testing in a much more efficient manner. Now that the data are published, the FDA should review its guidance document and include double-bottle delayed culture as an option. With a seven-day shelf life, you will decrease outdates and therefore reduce risk of shortages,” said Gilles Delage, MD, VP of medical affairs at Héma-Québec.

*This brief was contributed by ABC CMO Louis Katz, MD.*

**Citations:** McDonald C., Allen J., Brailsford S., *et al.* Bacterial screening of platelet components by National Health Service Blood and Transplant, an effective risk reduction measure. *Transfusion*. May 2017. DOI: 10.1111/trf.14085.

Tomasulo P.A. Reducing the risk of septic transfusion reactions from platelets. *Transfusion*. May 2017. DOI:10.1111/trf.14111. 

**BRIEFLY NOTED**

**Researchers have developed the Specific High sensitivity Enzymatic Reporter unlocking tool (SHERLOCK).** The “cousin” of CRISPR—the breakthrough genome editing technology, this new diagnostic tool can detect viruses like dengue and Zika at much lower concentrations than current tests. The tool, if it can be developed for wide use, is meant to help replace costly, yet effective, nucleic acid amplification processes that require expensive equipment. Bioengineers James Collins, PhD, and Feng Zhang, PhD, of the Broad Institute of MIT and Harvard, developed the test for use in either a standard test tube or on glass fiber paper. The test can be powered by body heat offering developing countries with few resources the opportunity for such testing. SHERLOCK, unlike the CRISPR-Cas9 system, focuses on RNA—not DNA, using an enzyme called cas13a that cuts the genetic material and indiscriminately continues cutting any other RNA it encounters, known as “collateral effect” of RNase activity. The researchers used it for Zika and dengue virus RNA and found it to be over 1 million times more sensitive at detecting RNA than other techniques.

**Citation:** Gootenberg J.S., Abudayyeh O.O., Lee J.W., *et al.* Nucleic acid detection with CRISPR-Cas13a/C2c2. *Science*. April 13, 2017. DOI: 10.1126/science.aam9321.


**A commentary in the *New England Journal of Medicine* expresses confidence in the Food and Drug Administration (FDA) Commissioner-nominee Scott Gottlieb, MD.** While laying out the challenges that the next FDA commissioner will face, the authors wrote that Dr. Gottlieb’s central challenge will be the highly publicized “speed-versus-safety” debate happening across partisan lines. They believe Dr. Gottlieb, who has previous experience working in the FDA, has an understanding of the need for a “strong and well-resourced FDA” first and foremost. And while many claim Dr. Gottlieb’s industry ties constitute conflict-of-interest, these authors optimistically suggest these ties might lend benefit when working with industry on the research and development of drugs.

**Citation:** Chandra A., and Sachs R.E. An FDA Commissioner for the 21st Century. *NEJM*. April 13, 2017. DOI: 10.1056/NEJMp1703979.

(continued on page 8)

BRIEFLY NOTED (continued from page 7)

**JAMA commentary on “common rule.”** A perspective on the revised “common rule” issued by multiple federal agencies that will guide the ethical conduct of human research in the U.S. moving forward has been published in JAMA.

**Citation:** Hodge J.G. and Gostin L.O. Revamping the U.S. Federal Common Rule. *JAMA*. February 22, 2017. DOI: 10.1001/jama.2017.1633. 

## RECENT REVIEWS

**A pan-European, Task Force has updated its guideline for the management of major traumatic bleeding and coagulopathy.** The authors organized 39 evidence-based recommendations into seven categories: 1) initial resuscitation and prevention of further bleeding; 2) diagnosis and monitoring of bleeding; 3) tissue oxygenation, type of fluid and temperature management; 4) rapid control of bleeding; 5) initial management of bleeding and coagulopathy; 6) further resuscitation; and 7) guideline implementation and quality control. among other things relevant to transfusion medicine the recommendations, include:


- Use of standard ratios of FFPs-to-RBCs” (or fibrinogen concentrate plus RBCs) for “expected massive hemorrhage” (Rec. 24);
- Use of antifibrinolytic agents (Rec. 25); and
- The value of FFP, fibrinogen/cryoprecipitate, and platelet transfusions/infusions
- Guidance on the management of patients believed/confirmed to be on preexisting anticoagulants and/or anti-platelet agents.

The authors close their treatise by focusing on the following areas: rapid transport of trauma patients to specialized trauma centers, maintain “measures to monitor and support coagulation...as early as possible;” damage control surgical intervention; maintain awareness of thrombotic risk and the need to consider anti-coagulant use, particularly in older patients; and “local adherence to multidisciplinary, evidence-based treatment protocol.”

**Citation:** Rossaint R, Bouillon B, Cerny V, *et al.* The European guideline on management of major bleeding and coagulopathy following trauma: fourth edition. *Critical Care* 2016; 100: 1-55. <https://www.ncbi.nlm.nih.gov/pubmed/27072503>.

*Contributed by Chris Gresens MD, Division Chief Medical Officer, Blood Centers of the Pacific, Blood-Source, and United Blood Services, and ABC SMT Committee Chair.*

**A review found the use of viscoelastic parameters may be beneficial in the early management and diagnosis of trauma patients.** In a review of studies in the databases MEDLINE, Embase, and The Cochrane Collaboration, researchers found 13 observational (none randomized) studies involving 2835 adult trauma patients and rotational thromboelastometry (ROTEM) parameters. Coagulopathy in trauma is associated with a three-fold increase in mortality. ROTEM parameters may be useful to diagnose coagulopathy, predict and guide transfusion, and predict mortality in these patients. While the ROTEM and Thromboelastography (TEG) reduced blood loss by a mean of 85 ml (95 percent CI, 29 to 141 ml), they had no effect on mortality. The authors found the data may provide guidelines for future studies; the limited number of studies available and their suboptimal quality do not allow clear guidance on their use.

**Citation:** Veigas P.V., Callum J., Rizoli S., *et al.* A systematic review on the rotational thromboelastometry (ROTEM) values for the diagnosis of coagulopathy, prediction and guidance of blood transfusion and prediction of mortality in trauma patients. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*. October 3, 2016. DOI 10.1186/s13049-016-0308-2. 





## INFECTIOUS DISEASES UPDATES

**The yellow fever outbreak persists in Brazil.** The Brazil Ministry of Health now reports 200 lab-confirmed deaths due to the virus since the onset of the outbreak in December 2016. The figure is a marked increase from the 80 confirmed deaths in February that Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, reported to the New England Journal of Medicine (NEJM). Three times that many have been infected. The disease is still in rural areas where transmission is in a mosquito nonhuman primate cycle. “If [urban, anthropophilic] *Aedes aegypti* mosquitoes start spreading yellow fever in Brazil, there's a possibility that you might have an outbreak in very populous areas in Brazil, such as Rio de Janeiro and Sao Paulo,” Dr. Fauci told [NPR news](#). That would increase the probability of travel-associated cases outside Brazil, but as in the *NEJM* commentary, it is “highly unlikely” we will see a yellow fever outbreak in the continental U.S. (Source: *NPR*, [Is Yellow Fever Knocking at Our Door?](#) April 14, 2017)

**France changes their deferral on plasma donations for men who have sex with men (MSM).** In July 2016, France changed their MSM lifetime donor ban and reduced the deferral period to one year.

**Citation:** Tiberghien P., Pillonel J. Toujas F., and Vallet B. Changes in France’s Deferral of Blood Donation by Men Who Have Sex with Men. *New England Journal of Medicine*. April 13, 2017. DOI: 10.1056/NEJMc1700740.

**The Fiji Human Rights and Anti-Discrimination Commission (FHRADC) said it would investigate the Fiji Health Ministry’s policy on banning men who have sex with men (MSM) from donating blood.** The FHRADC said the ban is unconstitutional. This announcement came after a man who said he had only one sexual partner [tried to donate blood and was deferred](#). The Health Ministry said they follow the World Health Organization MSM deferral guidelines. (Source: FijiVillage, [Human Rights Commission to investigate why homosexuals cannot donate blood to National Blood Service](#). April 11, 2017) ♦

AMERICA'S BLOOD CENTERS

## TECHNICAL & QUALITY WORKSHOP

OMAHA, NEBRASKA  
JUNE 6-8, 2017





**Featured Topics**

- HLA Testing & TRALI Mitigation
- Whole Blood – What’s Old is New Again
- Cybersecurity for Quality & Technical Professionals
- Making the Leap to Process Improvement

For registration information, visit [www.bit.ly/abc\\_meetings](http://www.bit.ly/abc_meetings).

Scholarship opportunities are available to ABC members.

Sponsorship opportunities available. Contact Jodi Zand at [jzand@americasblood.org](mailto:jzand@americasblood.org) for details.

**Hotel Information**

DoubleTree by Hilton Omaha Downtown  
Hotel room rate: \$144 + tax

ABC is proud to sponsor this meeting in historic Omaha, Nebraska. We are bringing quality and technical professionals together and will provide both educational updates and an opportunity for networking. The value of different perspectives enriches this event and provides a platform for the discussion of issues that cross common boundaries.

*— Louis M. Katz, MD, CMO, America's Blood Centers*



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## REGULATORY NEWS

**Hospital Inpatient Prospective Payment System (HIPPS) proposed rule update.** In a preliminary analysis of the [HIPPS proposed rule for Fiscal Year 2018](#), ABC has taken issue with a proposed change in the payment amount for blood and blood products. In this proposed rule, the weight assigned for “blood and blood products” as part of the overall inpatient prospective payment system market basket, would fall from 1.1 to 0.8, a 27.2 percent reduction. ABC plans to formally oppose these cuts citing a faulty rationale in the development of that figure. We will work with our member centers and partners on comments and will update our members in more depth in the coming weeks. Another item of note was the proposed rule included an overall 0.4588 percent permanent positive adjustment to payment rates in FY18 and an anticipated 0.5 proposed adjustment for FY19 to FY23, based upon the Medicare Access & CHIP Reauthorization Act passed last year. Comments to the proposed rule are due by June 13. ABC will continue to keep you updated on the issue in the upcoming weeks.

**The Centers for Medicare and Medicaid Services (CMS) updated the Healthcare Common Procedure Coding System (HCPCS) codes last week.** Following a series of advocacy efforts on the part of ABC and other industry partners, CMS took corrective action last week in amending the payment codes associated with pathogen reduced platelets. ABC previously objected to the combination of pathogen reduced platelets and rapid bacterially tested platelets under the same payment code (P9072, effective 1/1/2017), noting distinct therapeutic differences. ABC has simultaneously urged CMS to review all payment codes associated with blood and blood products to ensure their accuracy and efficacy.

CMS’ action last week would create two new temporary codes related to blood and blood products, effective July 1 listed here:

- -Q9987 - Pathogen(s) test for platelets
- -Q9988 - Platelets, pathogen reduced, each unit

Specific payment associated with the two temporary codes has not been released. ABC will continue to work with CMS and others to ensure a successful final resolution of this issue.

**Online network helps healthcare facilities address bloodborne pathogens and other hazards.** The National Institute for Occupational Safety and Health, a division of the Center for Disease Control and Prevention (CDC), announced a free web-based injury and exposure monitoring system available for healthcare facilities. The Occupational Safety Health Safety Network (OSHN) is a secure system provided to participating facilities to analyze worker injury and exposure data that they already collect. The system can create charts to show trends on the five most common traumatic injury and hazardous healthcare

## WORD IN WASHINGTON

Congress will return from a two-week recess next week with healthcare—including a vote to advance Scott Gottlieb as the Commissioner of the Food and Drug Administration (FDA)—and government funding at the top of the priority list. After Congress’ failed first attempt to repeal and replace the Affordable Care Act (aka ObamaCare) last month, amendments to the proposal were made. It is unclear how much more successful [these changes](#) will be, but we will report on any changes that unfold in the next few weeks. Healthcare reforms will be coupled with the need to fund the government prior to Friday to avoid a shutdown. The Trump Administration has voiced its preference to use the shutdown as leverage for their legislative priorities, but that play has been met with a lukewarm response from Republican congressional leadership. (Source: *Politico*, [The GOP’s Obamacare repeal isn’t dead yet](#). April 20, 2017) 🔴

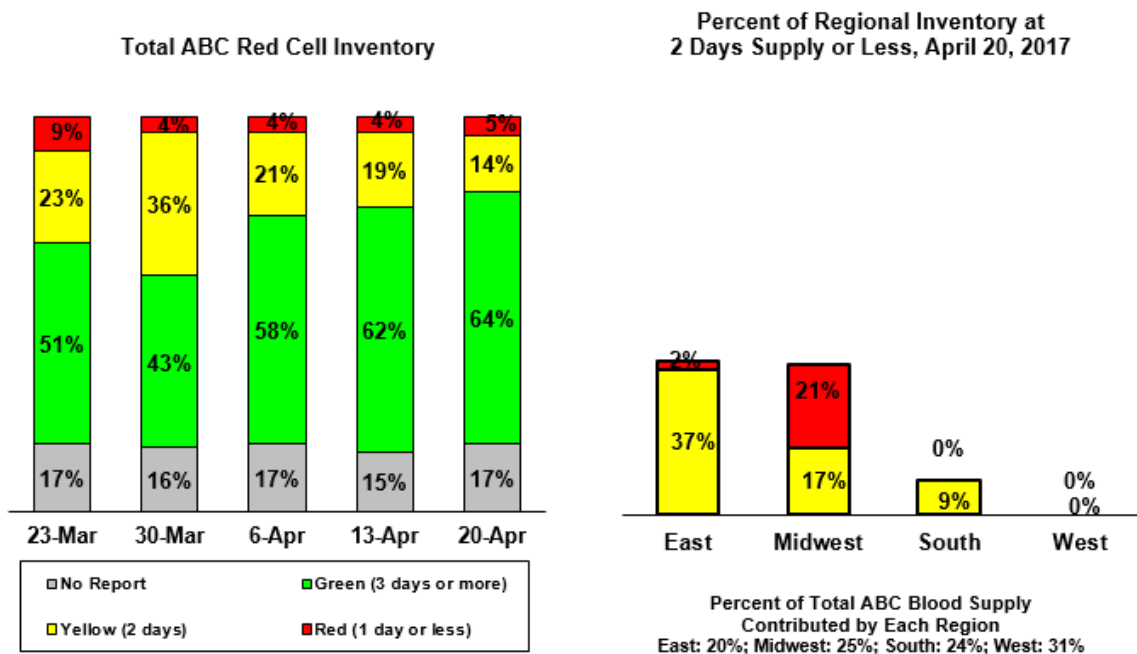
REGULATORY NEWS (continued from page 10)

exposures: 1) sharps injuries; 2) blood and body fluid exposure; 3) slips, trips, and falls; 4) patient handling injuries; and 5) workplace violence. Visit the [OHSN webpage](#) for more information and to enroll. (Source: OSHA email)

**The International Council for Commonality in Blood Banking Automation (ICCBBA) announced updates to ISBT 128, the international identification, labeling, and information processing system for products of human origin.** A new version of the Product Description Code Database v7.3.0 is now available to licensed facilities and can be downloaded as a [Microsoft Access database](#). Since the version 7.0.0, a number of tables and fields were removed. For more information, see [ST-010 ISBT 128 Standard Product Description Code Database](#).

The [Unique Device Identifier \(UDI\) Generator](#) version 1.0 is also now available on the ISBT 128 website, under the “Look up Tools” section. This tool will allow you to create an UDI for any ISBT 128 product. To read more about the purpose of labeling medical devices continuing human tissue or cellular components, click [here](#). (Source: ICCBBA, April 18, 2017.) ♦

**STOPLIGHT®: Status of the ABC Blood Supply**



Daily updates are available at:  
[www.AmericasBlood.org](http://www.AmericasBlood.org)



## PEOPLE



**OneBlood Announces New CEO.** George “Bud” Scholl, Executive Vice President and Chief Strategy Officer for OneBlood, will become the next President and Chief Executive Officer of OneBlood on May 6, 2017. He will succeed Don Doddridge, who will retire on May 5, 2017, after a prestigious 40-year career in blood banking.

“After conducting a thorough nationwide search, the board of directors feels strongly that Bud is the best choice from a pool of highly qualified candidates,” said John “Buz” Windham, Chairman of the OneBlood Board of Directors. “Bud is a proven leader who has the talent, knowledge, and vision to lead the organization. He has been with OneBlood from the start and has been instrumental in shaping the organization into a cutting-edge and progressive blood center.”

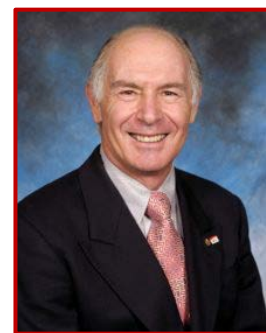
“I am honored and thankful to the board of directors for providing me the opportunity to lead this one-of-a-kind organization filled with talented, dedicated professionals committed to saving lives,” said Mr. Scholl. “I am grateful to have had the opportunity to work alongside Don for the past five years and look forward to building further on the great work that has been accomplished.”

A seasoned healthcare executive, Mr. Scholl served as CEO of Community Blood Centers of South Florida, after serving on the board of directors for 10 years. His expertise and knowledge helped orchestrate a merger of the three largest blood centers in the southeastern U.S. to form OneBlood.

Mr. Scholl serves on the board of directors for South Central Association of Blood Banks; is on the finance committee for the Blood Centers of America; and is the Director and President of the Florida Association of Blood Banks.

A resident of South Florida, Scholl also serves as the Mayor of the City of Sunny Isles Beach. He and his wife Dione Del Monico have been married for 31 years and have three grown children. In addition to an accomplished blood banking career, Scholl is also a successful entrepreneur and turnaround specialist. He graduated from the University of Florida in computer science. (Source: [OneBlood press release](#))

**Hoxworth Blood Center Director Named American Clinical and Climatological Association (ACCA) President-Elect.** Ronald Sacher, MD, director of Hoxworth Blood Center, has been named the 2018 president-elect of the ACCA. Founded in 1884, the ACCA is the oldest medical society in the United States. ‘Climatological’ refers to the fact that climate was a key factor in the treatment of tuberculosis, a major health problem when the society was formed. “The ACCA is a multidisciplinary organization of people who have leadership in American medicine,” said Mr. Sacher. “We have members who are presidents of universities, as well as leaders and deans of medical schools and department chairs. It’s a very prestigious organization. This is really one of the highlights of my career.” (Source: [Hoxworth press release](#))



**Representative Tom Marino (R-Penn.) was appointed to be Director of the Office of National Drug Control Policy under the new administration.** Confirmation requires a senate vote. Rep. Marino helped to author the Ensuring Patient Access and Effective Drug Enforcement Act, a controversial bill that set public health standards for which the Drug Enforcement Agency could halt a drug maker’s distribution. The Act passed unanimously under the Obama Administration, but

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PEOPLE (continued from page 13)

critics are saying the standards set forth essentially make it impossible to ever stop a drug company from producing harmful drugs like opioids. Rep. Marino was appointed the United States Attorney for the Middle District of Pennsylvania by President George W. Bush and has been on Capitol Hill since 2010. He sits on the Judiciary, Foreign Affairs and Homeland Security committees. (Sources: STAT news, [Reports: Pennsylvania Congressman Tom Marino on tap to become Trump drug czar](#). April 11, 2017; [Tom Marino's website](#)) ♦

**MEMBER NEWS**



**Incentives for summer drives.** The Community Blood Center of the Carolinas (CBCC) is offering \$1,000 scholarship opportunities and gift cards to local high school and college students to help incentivize blood drives during the summer months. The program is called the 9<sup>th</sup> Annual Students Saving Summer. The five top-producing students who hosted a blood drive will each receive \$1,000 payable to any secondary education institute of their choice. Students who organize drives that collect at least 25 units will automatically earn a gift card of at least \$50.

A CBCC donor recruiter works with each student blood drive host throughout the planning process and the blood drive itself. Students will need to find a suitable location for the blood drive and recruit blood donors, CBCC will take care of the rest.

“Student donors are vital to the local blood supply, and keeping them engaged year-round is crucial to providing the blood products needed by local patients,” said Martin Grable, president and CEO of CBCC. “Students make up 25 percent of our donor base, so when schools let out for the summer and families go on vacation, blood donations take a hit. Our Students Saving Summer program is a great way for students to stay involved with the lifesaving act of blood donation throughout the summer months when patients in our local hospitals are counting on their support.”

Since 2009, CBCC has awarded more than 400 scholarships and grants to local students. For more information on Students Saving Summer, call 1-888-59BLOOD or email [student@cbcc.us](mailto:student@cbcc.us). (Source: [CBCC press release](#)) ♦

**We Welcome Your Articles**

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer’s name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Lisa Spinelli at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



## CALENDAR

### 2017

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

May 16-17. **IPFA/PEI 24<sup>th</sup> 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](mailto: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](mailto: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](mailto:meetings@americasblood.org).

Sept. 11-12. **IPFA/BCA 3<sup>rd</sup> Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** [Registration is open.](#)

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](mailto: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. **10<sup>th</sup> World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#). ♦

### 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](mailto: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.



## 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: [lspinielli@americasblood.org](mailto:lspinielli@americasblood.org).

## POSITIONS

Also available on our [website](#)

**Immunohematology Medical Technologist.** Love blood banking? Interested in learning more about blood than just your blood type? Come join LifeShare Blood Center's Immunohematology Reference Lab (IRL). Medical Technologists in the IRL engage in high complexity problem solving on a daily basis and we have the resources and expertise to make you a master at your craft. Technologists in the IRL use a wide array of serological methods along with molecular/DNA analysis to solve transfusion-related issues and provide the safest possible blood for patients in need. Candidates must have: BS Degree in Medical Technology or related science field; MT(ASCP), MLS(ASCP) or other national accreditation; current CLS Licensure, or license eligible, by Louisiana State Board of Medical Examiners. Personal requirements are liability, attention to detail and an inquisitive mind. Confidentiality is essential. Candidates must pass a pre-employment background check, drug screen and have a clean motor vehicle record. To apply, please go to: <http://www.lifeshare.org>.

**Director of Blood Collections and Training.** Kentucky Blood Center, located in Lexington, Kentucky is seeking a resourceful, self-motivated individual to assist the Vice President, Donor Services in oversight of all aspects of technical and administrative functions of the Blood Collections operations and training, ensuring quality, accuracy, excellent customer service and efficiency of the departments. Responsibilities include, but are not limited to; monitoring and reviewing staff schedules; reviewing and approving Performance Evaluations; supporting Blood Collection Managers with personnel challenges; assisting with special projects; overseeing training and proficiency of Blood Collections staff to assure safe and pleasing donation experiences for donors and safe blood products for recipients; and overseeing staff competency. MLS or Registered Nurse required. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit [www.ky-bloodcenter.org](http://www.ky-bloodcenter.org). Drug-free and EOE/AAP.

**Director of Collections Operations (Minnesota Division).** (Reports to: Vice President Donor Services; Location: St. Paul, MN; Status: Full-Time, 1.0FTE, and Exempt; Benefits: Medical, Dental, Vision, 401K, Life Insurance, PTO and EST and more) We are looking for

an operational leader to guide 100 plus employees ranging from front line staff, technical leads, supervisors, and managers in both our Metro and Duluth collections operations. Our next Director of Collections, MN, will be able to effect positive guidance and leadership to teams focused on excellence in service with donor interactions and care as well as excellence in the technical and regulated collections processes across Minnesota. Make a live saving difference every day! To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19195312&t=1>

**Contact Center Manager.** JOIN A LEADERSHIP TEAM THAT SAVES LIVES EVERY DAY! This role will help transform a traditional, successful call center into an operation utilizing current technology, demographics and key metrics to engage with our current and prospective donors across multiple platforms in creative, innovative ways. YOU WILL: Provide dynamic motivational leadership; identify and implement state of the art technology solutions; ensure the integrity of the donor database through effective quality control and reporting mechanisms; meet Contact Center financial objectives; and manage cross-functional project teams. YOU ARE: A proven manager with five plus years of key people leadership roles in recruiting or telemarketing. A bachelor-level graduate or related experience. A manager for your people. Technology/data driven. An excellent communicator. Strong in operations background. Position is based in Renton, WA. Annualized salary DOE / DOQ: \$66435 - \$106,288. Full benefit package. Submit resume to: [HumanResources@bloodworks-nw.org](mailto:HumanResources@bloodworks-nw.org) or fax to 1-866-286-8495, or mail to: 921 Terry Avenue, Seattle, WA 98104. Reference job #8141. EEO Employer/Protected Vet/Disability. Should you have a disability that requires assistance and/or reasonable accommodation with the job application process, please contact [HumanResources@bloodworks-nw.org](mailto:HumanResources@bloodworks-nw.org), or at (206) 292-6500, or at 921 Terry Avenue, Seattle, WA 98104.

**Quality Assurance Director (Full Time).** Houchin Community Blood Bank, located in Bakersfield, California, is recruiting for a full time Quality Assurance Director. Houchin is a community blood bank centrally located in California, serving Kern County for over 60

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**POSITIONS** (continued from page 15)

years. We operate in a state-of-the-art, three-year-old, 42,000 square foot facility. Under minimal direction, this position is responsible for the review of the quality systems and compliance in all areas of technical and clinical operations. Oversees staff participation in performance improvement initiatives, to include data and process analysis, and also serves as a resource to operations on quality issues. Successful candidates must have a bachelor's degree, along with certification as a Medical Technologist, Specialist in Blood Banking (SBB) by a recognized certifying agency, or RN licensure. Five years of related experience in a regulated industry required, to include one to two years of supervisory experience and two to three years of experience in quality, regulatory, and/or auditing. Must have a participative management style, strong team development skills, coaching skills, and ability to lead and motivate senior level managers. Competitive salary, positive work environment, excellent benefits, including two retirement plans, and more. For more information about our company, visit [www.hcbb.com](http://www.hcbb.com). Resumes can be emailed to [careers@hcbb.com](mailto:careers@hcbb.com).

**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>.

**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](http://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.

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POSITIONS (continued from page 16)

**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](mailto: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: <https://home2.eease.adp.com/recruit2/?id=19210972&t=1>

**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: <https://home2.eease.adp.com/recruit2/?id=19186912&t=1>

**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, 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](http://www.carterbloodcare.org). We maintain a drug-free workplace and perform pre-employment substance abuse testing. ♦