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# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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**2025 #27** **September 2, 2025**

**INSIDE:**



## AHRQ Opens Comment Period for Draft Report on Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock

The Agency for Healthcare Research and Quality (AHRQ) has opened the comment period for the draft report titled "Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock." The draft report aimed to conduct a systematic review to, "asses[s] the effectiveness and potential harms of blood transfusion and fluid interventions for hemorrhagic shock in the prehospital setting. [The peer reviewers] examined four interventions — whole blood, packed red blood cells (PRBC), plasma, and crystalloid fluids — comparing their benefits and harms when used for resuscitation as well as different transfusion strategies across traumatic and nontraumatic conditions. The review also analyzed critical evidence gaps and implementation factors affecting prehospital transfusion programs. This systematic review is intended to serve as a resource for the development of evidence-based prehospital care guidelines, protocols, and related policies."

Key findings in the draft report include:

- "[n]o mortality benefit of whole blood, PRBC, or plasma over that of usual care;
- [c]rystalloid fluids may be more effective when compared with plasma;
- [t]he Advanced Resuscitative Care (ARC) Bundle strategy (i.e., PRBC, TXA, and calcium) appears to be more effective than usual care in reducing mortality;
- there may be as much as 11 percent increase in the risk of mortality for every minute of delay in the field; [and]
- [p]rovision of calcium in addition to resuscitation fluids prevents hypocalcemia."

Additional highlights of the draft report are, "[t]he absence of evidence for effectiveness in almost all scenarios highlights the complexity of the implementation of blood transfusion in the prehospital setting and serves to emphasize that the focus of future research and current policy decisions needs to be on the systems that interact to provide prehospital medical care. Findings from the Contextual Question identified the following factors which may provide leverage points for systems-level change that could set the stage for the next level of efficacy research:

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AHRQ Opens Comment Period for Draft Report on Prehospital EMS Blood Transfusion (continued from page 1)

- "[s]ourcing and stewardship of blood and blood products;
- [t]echnology for temperature management;
- [p]ersonnel training and education;
- [a]dministrative and clinical oversight;
- [c]osts and funding;
- [c]ommunity and organizational buy-in;
- [e]vidence related to safety, feasibility, and cost effectiveness; [and]
- [e]vidence comparing benefits and harms of whole blood versus blood products on patient outcomes and for implementation of prehospital blood transfusion programs."

The draft report concluded that, "[t]he objective of this systematic review and meta-analysis was to identify and synthesize the available evidence to support the development of evidence-based recommendations and guidelines for prehospital blood and blood product transfusion. From the beginning, all participants, contributors, and stakeholders involved in this process were aware that the outcome would not be a simple set of algorithmic protocols. This topic converges vast variation in multiple factors influencing prehospital shock resuscitation (patient characteristics, emergency types, provider level) in an emergent environment that defies control, thereby limiting the ability to systematically apply and study interventions. The findings indicate there is insufficient evidence to know what resuscitation products and approaches work best for whom at the clinical level, and the priority needs to be research at the implementation level to develop systems for the practical delivery of interventions that can improve patient outcomes."

The comment period for the draft report will remain open through September 18th. Improving patient access to blood transfusions on ambulances is a top priority in ABC's Advocacy Agenda. ABC will continue to provide updates on its advocacy efforts as they become available.

Previously, ABC responded to an AHRQ request for "Supplemental Evidence and Data Submission on Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock." In those comments to AHRQ, ABC highlighted the important role that its member blood centers play in prehospital blood transfusion programs nationwide and described impediments to implementing and maintaining such programs. Specifically, the comments included aggregate survey data from ABC members regarding prehospital blood transfusion programs from 2022 to 2024 that demonstrated the impact of community blood centers to prehospital blood transfusion programs. Of note, ABC member blood centers had increased their participation in prehospital blood transfusion programs from 18 in 2022 to 34 member blood centers in 2024. The total number of reported blood products distributed via these programs also increased from 14,882 units in 2023 to 32,202 units in 2024 with low titer group O whole blood (LTOWB) making up 13,452 units in 2024 versus 5,015 in 2023. ABC also explained in the comments that, [t]he most consistent barrier for ABC member blood centers regarding prehospital blood transfusion programs, "is [a] lack of funding [with] operational costs at blood centers already [being] strained. [While additional barriers] that contribute to the reluctance by blood centers to implement a prehospital blood program are the risk of product wastage and the logistical burdens of rotating product between locations to prevent wastage."

## WORD IN WASHINGTON

**Jim O'Neill has been named Acting Director of the Centers for Disease Control and Prevention (CDC).** He succeeds Susan Monarez, PhD who had served as the agency's director since July 31st. Mr. O'Neill was sworn in as the deputy secretary of the U.S. Department of Health and Human Services (HHS) on June 9th and will continue to serve in that role as well. As the deputy secretary at HHS, he helps HHS Secretary Robert F. Kennedy, Jr., "oversee an agency that includes the National Institutes of Health, the U.S. Food and Drug Administration (FDA), the CDC, the Centers for Medicare & Medicaid Services, the Administration for Children and Families, and many others. [He previously worked at] HHS from 2002 to 2008. As the Principal Associate Deputy Secretary from 2007 to 2008 he led reforms at FDA to overhaul food and safety regulations and implemented the FDA Amendments Act to improve drug and medical device safety. He helped design and launch HHS' Administration for Strategic Preparedness and Response to lead the health response to emergencies and disasters. [More recently,] Mr. O'Neill served as chief executive officer of SENS Research Foundation where he led efforts to research and develop regenerative medicine solutions for age-related diseases such as Alzheimer's, cancer, and heart disease. Under his leadership, SENS Research Foundation made progress toward rejuvenating the immune system, eliminating senescent cells, rejuvenating the neocortex, and obviating mitochondrial mutations."

(Source: CDC Announcement, 8/29/25)

**The FDA's Center for Biologics Evaluation and Research (CBER) has, "suspended the biologics license for Valneva Austria GmbH's Ixchiq (Chikungunya Vaccine, Live)," as of August 22nd.** An agency communication explained that, "[t]his vaccine was initially approved by FDA under the accelerated approval pathway in November 2023 for the prevention of disease caused by the chikungunya virus (CHIKV) in individuals 18 years of age and older who are at increased risk of exposure to CHIKV. CBER's decision is based on serious safety concerns related to the vaccine, which appears to be causing chikungunya-like illness in vaccine recipients. There has been one death from encephalitis directly attributable to the vaccine (CSF PCR was + for the vaccine strain of the virus) and over 20 reported serious adverse events that were consistent with chikungunya-like illness. Reported serious adverse events have included 21 hospitalizations and 3 deaths. Furthermore, the clinical benefit of the vaccine has not yet been verified in confirmatory clinical studies. CBER's benefit-risk analysis broadly shows the vaccine does not have benefits outweighing risks, under most plausible scenarios. For these reasons, CBER believes this vaccine is not safe and that continued administration to the public would pose a danger to health."

(Source: CBER Communication, 8/22/25)

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The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors.

ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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WORD IN WASHINGTON (continued from page 3)

**HHS and the Health Resources and Services Administration (HRSA) have announced the, "[launch of] a public dashboard that surveils when organ offers and transplants occur outside the standard list of matched patients.** The tool tracks trends to help HHS crack down on noncompliance and give patients, families, and clinicians clear information about whether the system is operating fairly." According to the agencies, the dashboards also will provide, "clear visibility into potential out of sequence allocation patterns by organization and timeframe; [p]olicy context and technical notes to help users understand why an organ may have been offered out of order; [and] [o]versight safeguards to give patients and the public confidence that allocation rules are being followed." The announcement further explained that the, "dashboard is part of HRSA's broader program to fix the Organ Procurement and Transplantation Network (OPTN). Along with the new surveillance tool, HRSA has created a misconduct reporting process for organ donation, procurement, or transplantation, and proposed requirements on organ procurement organizations to detail their interactions with hospitals and patients referred for donation."

(Source: HHS and HRSA Announcement, 8/27/25)

## MEMBER NEWS

**Vitalant** and the University of Pittsburgh Medical Center (UPMC) are expanding their partnership to, "support and enhance the health system's cell and gene therapy initiatives through medical leadership and laboratory operations." An announcement from Vitalant explained that, "[a]s part of this collaboration, Vitalant's Executive Medical Director for Biotherapies, Kevin Land, MD, is serving as the interim medical director for UPMC's Hematopoietic Stem Cell (HSC) lab. Playing a critical role in stem cell transplantation, the lab is recognized for its FACT, College of American Pathologists (CAP), and Clinical Laboratory Improvement Amendments (CLIA) accredited services. Dr. Land will provide strategic medical oversight and guide the lab's evolution during this pivotal transition. His interim leadership will focus on strengthening clinical operations, aligning the lab's capabilities with emerging demands for cell and gene therapy, and laying the foundation for long-term growth. As part of this process, he will also lead a global search for a permanent medical director to ensure continuity and excellence in the lab's future direction. [Additionally, this] new physician position will also hold a part-time faculty position, collaborating closely with UPMC faculty and staff to ensure the growth and support of the lab's initiatives." Becky Cap, senior vice president of Biotherapies at Vitalant, added in the announcement, "[t]his partnership underscores our collective dedication to advancing medical services and innovations in transplant and cell and gene therapy." Dr. Land stated in the announcement, "Vitalant is committed to supporting the advancements in cell and gene therapy, starting with hematopoietic stem cell transplants and extending to next-generation therapies. I'm thrilled to provide support on an interim basis, while partnering to identify the best medical leader for this role long-term."

(Source: Vitalant Announcement, 8/26/25)

**LifeServe Blood Center** recently celebrated the opening of their new donor center in Pierre, South Dakota. A ribbon-cutting ceremony took place on August 25th. According to a blood center announcement, "the opening of the Pierre Donor Center [in] South Dakota [provides] donors [with] four convenient locations to choose from: Aberdeen, Mitchell, Pierre, and Yankton. Across its four-state service area, LifeServe proudly operates 15 donor centers." The Pierre Area Chamber of Commerce reported that the blood center also plans to host an "Open House on September 22nd."


(Source: Pierre Chamber of Commerce, "LifeServe Blood Center in Pierre: Grand Opening & Ribbon Cutting," 8/27/25)

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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.*

## Register Today for the *Rise & Lead Workshop* November 13th-14th

Rise & Lead
A WOMEN'S LEADERSHIP WORKSHOP

Registration is open for the America's Blood Centers (ABC) 2025 ABC Women's Executive Leadership Community (WELC) *Rise & Lead Workshop* taking place November 13th-14th in San Antonio, Texas at the Westin Riverwalk. Book now to secure the discounted rate. Check out the schedule as this workshop is designed for women in leadership positions, emerging leaders, and professionals seeking personal and career growth. It also welcomes individuals who want to cultivate diverse perspectives. Attendees will engage in an intimate, engaging, and interactive environment focused on networking, mentorship, and meaningful discussions on leadership and growth. Please contact us with questions.

## Recording & Slides Available: SMT Journal Club Webinar

A recording and slides from the August 29th ABC Scientific, Medical, and Technical (SMT) Journal Club webinar on are available to ABC members. This virtual event featured the review of two scientific/medical articles followed by open discussion by participants, presenters, and the article authors. The articles included:

- Fatal hemolytic disease of the newborn due to anti-B isohemagglutinin: An unfamiliar presentation of a familiar disease (*Transfusion*); and
- Food and inhaled allergens may play a more prominent role in allergic transfusion reactions than previously recognized (*Transfusion*).

A Continuing Medical Education (CME) credit (1.0) is offered for those who attended the live webinar or watched the recording. The CME credit may be claimed by completing the evaluation by September 26th. Additional information is available to ABC members here. Please contact us with any questions.

## Patient Story Video Available to ABC Members as a Part of Childhood Cancer Awareness Month

With the arrival of Childhood Cancer Awareness Month, ABC Corporate Partner Council member Cerus Corporation has made a patient story video available for ABC members to use in their donor recruitment efforts. The video features Cal Miller, who faced a rare form of lymphoma and required many platelet transfusions. ABC members can use this resource in external communications, including social media channels, and brand it with your blood center's logo. Please include a brief acknowledgement that the video was provided by Cerus, with a simple URL link to www.cerus.com. More Childhood Cancer Awareness Month resources are also available in the ADRP Resource Library. Contact us with any questions.

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INSIDE ABC (continued from 5)

## Full Schedule Available for 2025 ADRP Master Class September 24th-25th

Register for the 2025 ADRP Master Class taking place September 24th-25th. The complete two-day schedule has now been released. This year's theme is "Building Brighter Experiences: Empowering Customers, Engaging Employees." See why you should attend. In today's competitive market, organizations that prioritize both employee and customer experience gain a significant edge. A motivated and engaged workforce leads to improved customer interactions, higher satisfaction, and long-term brand loyalty. The customer experience starts with the employee experience. Don't miss keynote speakers Janice Honeycutt Hering and Dave Murray help attendees identify the components of a culture that promotes satisfaction and engagement, while discussing and sharing insights for taking small steps to make your donor experience the most significant competitive advantage for your organization. Please contact us with questions.

## RESEARCH IN BRIEF

**The Effect of Leukoreduction and Prolonged Storage on Coagulation of Whole Blood.** A study in *Vox Sanguinis*, was "designed comparing the hemostatic properties of leukoreduced (LR)-cold-stored whole blood (CSWB) stored [for 21 days] and non-leukoreduced (non-LR)-CSWB stored for 35 days" The authors of the study, "hypothesized that, despite prolonging storage of LR-CSWB from the currently recommended 21 to 35 days, the hemostatic function of LR-CSWB is sufficient and comparable to non-LR-CSWB. Non-LR-CSWB was collected from seven adult male O RhD positive blood donors recruited for research purposes." The paper explained that, "LR-CSWB units (n=8) were 20-day-old low-titer group O whole blood (LTOWB). [These units] were used for day (d) 21, d28, and d35 analyses. [For d1] and d14 analyses, [the study] used previously published data." The researchers found, "[i]n non-LR-CSWB [a] notable decrease in FV and FVIII and a lesser decrease in FX levels were observed ($p<0.001$). [These changes were] reflected in prolonged activated partial thromboplastin time (APTT) ($p<0.001$) and decreasing prothrombin time (PT) ($p=0.011$). FXIII increased ($p=0.002$), mainly during early storage." Additionally, the paper noted that, "[i]n LR-CSWB FV and FVIII levels decreased notably ($p<0.001$)…APTT prolonged and PT decreased ($p < 0.001$). FXIII increased during storage ($p=0.01$) and protein C (PC) levels decreased ($p=0.005$). Comparing non-LR-CSWB and LR-CSWB, FV and FVIII levels decreased more in non-LR-CSWB. Thus, APTT was longer in non-LR-CSWB on d28 ($p=0.013$) and d35 ($p<0.001$). [PT was higher] in non-LR-CSWB than in LR-CSWB on d35 ($p=0.006$). In non-LR-CSWB, responses to adenosine diphosphate (ADP) and thrombin receptor associated peptide-6 (TRAP) in multiple electrode aggregometry (MEA) declined rapidly during storage ($p<0.001$). A slight late increase in von Willebrand factor (VWF) glycoprotein Ib antigen (VWF:Ag) ($p=0.034$) and a gradual decrease in VWF:Act (activity) was observed ($p<0.001$). In LR-CSWB aged 21 days or more, responses to ADP and TRAP in MEA declined compared to d1 ($p<0.001$). VWF:Ag remained relatively stable…VWF:Act decreased gradually ($p <0.001$). Comparing non-LR-CSWB and LR-CSWB, Quantra clotting times (CT), and rotational thromboelastometry (ROTEM) EXTEM (extrinsic pathway) CT were similar, whereas INTEM (intrinsic pathway) CT was slightly longer in non-LR-CSWB." The paper reported that, "the most detrimental hemostatic changes in LR-CSWB and non-LR-CSWB occur during the first 14 days of storage." The authors concluded that, "[t]hese findings imply that, to achieve the best hemostatic effect, WB should be used as fresh as possible. [However, the study] results suggest that even 35-day-old WB is better than the transfusion of RBCs and plasma without platelets."

**Citation**: Susila, S., Silver, T., Helin, T., *et al*. "The effect of leukoreduction and prolonged storage on coagulation in cold-stored whole blood: An *in vitro* study." *Vox Sanguinis*. 2025

*Contributed by Richard Gammon, MD*

## GLOBAL NEWS

**The Pan American Health Organization (PAHO) has issued a communication, "call[ing] for reinforcing surveillance, clinical management, and vector control to address localized chikungunya outbreaks and the ongoing circulation of the Oropouche virus (OROV) in countries across the Americas."** The organization explained that the, "simultaneous presence of these and other arboviruses increases the risk of outbreaks, severe complications, and fatalities among vulnerable populations." The request comes in the wake of the publication of a recent "epidemiological alert" that reported that, "the largest chikungunya outbreaks in 2025 have been concentrated in South America — particularly in Bolivia, Brazil, and Paraguay — and in parts of the Caribbean. These are associated with the Asian and East/Central/South African (ECSA) genotypes, marking a shift in the pattern observed since 2014. Cases reported in the Indian Ocean region, Europe, and Asia also raise the risk of reintroduction and further spread into new areas with conditions conducive to transmission. As of August 9th, 14 countries in the region reported a total of 212,029 suspected chikungunya cases and 110 deaths, with more than 97percent occurring in South America. In comparison, 2024 saw 431,417 reported cases and 245 deaths — indicating a decline this year, though localized outbreaks remain active. Meanwhile, in the first seven months of 2025, over 12,700 confirmed Oropouche cases have been reported in 11 countries, including autochthonous cases in Brazil, Colombia, Cuba, Panama, Peru, and Venezuela." PAHO is recommending, "enhancing early case detection and eliminating mosquito breeding sites in high-risk locations such as schools and health facilities. It also advises improving diagnosis using molecular methods like PCR — especially within the first five days of symptoms — and training healthcare workers in managing both acute and chronic cases." According to Centers for Disease Control and Prevention (CDC), "chikungunya disease is caused by the chikungunya virus and is spread to humans through mosquito bites." Transfusion-transmission of chikungunya has not been described and any risk to the blood supply is believed to be theoretical. CDC has also issued a level two travel notice for individuals to "practice enhanced precautions" when traveling to China's Guangdong Province due to an outbreak of chikungunya. According to PAHO the, "virus is mainly transmitted by the midge *Culicoides paraensis*, though the mosquito *Culex quinquefasciatus* may also play a role." Last year, the U.S. Food and Drug Administration's Center for Biologics Evaluation and Research (CBER) issued a communication titled, "Important Information for Blood Establishments Regarding the Oropouche Virus and Blood Donation" that stated, "[w]orldwide, there have been no reports of transmission of Oropouche virus by transfusion of blood or blood components. [Taking into] consideration the existing safeguards for blood safety, the current small number of Oropouche virus disease cases among U.S. travelers, and no reports of Oropouche virus transmission by blood and blood components, screening donors by asking them specific questions about exposure to Oropouche virus or travel to areas with Oropouche virus outbreaks is not warranted at this time. A screening test for Oropouche virus is not available."

(Source: PAHO Communication, 8/29/25)

**Guyana has announced a national initiative that will deploy, "drone-based blood delivery system that will significantly enhance emergency medical response [nationwide.]** According to a report from *News Room*, "[t]he initiative will be implemented at scale within six months. The system is designed to rapidly transport blood and other urgent medical supplies to hospitals, especially in remote and hinterland regions, reducing critical delays that often cost lives." President Dr Mohamed Irfaan Ali added in the announcement, "[w]e are deploying drones that will work in full coordination with our national blood bank. This means if a patient in Port Kaituma, Lethem, or Crabwood Creek needs emergency blood, it can be delivered in record time using drone technology. This is not something we're talking about years from now; this will be live within six months. The future of medicine is digital, and Guyana is not being left behind."

(Source: *News Room*, "Guyana to deploy drones for urgent blood supply nationwide — Pres. Ali," 8/29/25)

## COMPANY NEWS

**Terumo Blood and Cell Technologies (Terumo BCT)** and PwC Belgium are partnering to improve access to advanced therapies. As part of the collaboration, the companies will host a flagship event in Brussels that, "conven[es] key leaders and stakeholders to discuss and address the persistent barriers limiting patient access to cutting-edge cell and gene therapies." Additionally, a news release explained that the event will take place on December 11th at PwC Belgium's headquarters and feature, "[a series of TED-style talks and a high-level panel discussion, the event will explore the root causes of restricted access to [advanced therapies]s and spotlight innovative models of collaboration [including]:

- [e]merging investment models for [advanced therapies];
- [i]nnovations in manufacturing and logistics;
- [m]arket access, reimbursement, and pricing strategies; and
- [c]ross-border patient access and real-world evidence generation.

The event also aims to serve as the catalyst for a multi-stakeholder [advanced therapies] access consortium. This consortium is expected to formally take shape in early 2026, with a mission to coordinate action, share best practices and support pilot programs aimed at improving [advanced therapies] accessibility across markets." Interested individuals can register here.

(Source: Terumo BCT News Release, 9/2/25)

**Cerus Corporation** has announced that the German National Blood Advisory Committee (Arbeitskreis Blut or AK Blut) has published a new recommendation regarding safety measures for platelet transfusions. According to a company news release, the AK Blut report titled "Enhancing the Bacteriological Safety of Platelet Concentrates" concluded that:

- "[p]latelet units should be treated with pathogen inactivation or a validated bacterial screening test;
- [p]athogen inactivation- (PI) treated platelets be considered microbiologically safe for up to seven days following collection, with the functionality checked over the storage period;
- [u]ntreated platelets, without bacterial testing, can be transfused for up to three days (compared to the current shelf life of four days); [and]
- [a]djusting reimbursement rates for PI-treated platelets to cover blood center costs related to treating platelets with PI."

The AK Blut report also highlighted, according to Cerus, that, "PI, such as with Cerus' Intercept Blood System for Platelets, directly addresses this challenge by proactively reducing a broad range of bacteria, viruses, and parasites within platelet units. [AK Blut explained] that PI eliminates the risk of false negatives, and is already widely adopted in countries such as France, Belgium, and Switzerland, where it has significantly reduced transfusion-related sepsis."

(Source: Cerus Corporation News Release, 8/25/25) ♦

## 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**

Sept. 10-12. **6th European Conference on Donor Health and Management (ECDHM). Wijk aan Zee, the Netherlands.** Registration is open. More information available here.

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Sept. 17-19. **58th Annual Conference of the German Society for Transfusion Medicine and Immunohematology (DGTI). Manheim, Germany.** Registration is open. More information is available here.

Sept. 24-25. **2025 ADRP Master Class: "Building Brighter Experiences: Empowering Customers, Engaging Employees" (Virtual).** Registration is open. More information is available here.

Sept. 28. **U.S. Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Public Listening Meeting: "Leveraging Knowledge for Facilitating the Development and Review of Cell and Gene Therapies" (Virtual).** Registration is open. More information is available here.

Sept. 30-Oct. 1. **3rd Annual European Blood Alliance (EBA) and the International Society of Blood Transfusion (ISBT) Rare Blood Provision Workshop. Bilbao, Spain.** Registration is open. More information is available here.

Oct. 12-15. **American Association of Tissue Banks (AATB) Annual Meeting. Atlanta, Ga.** Registration is open. More information available here.

Oct. 14-15. **International Protein Forum. Old Town Alexandria, Va.** Registration is open. More information is available here.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** Registration is open. More information is available here.

Oct. 26-29. **Blood 2025 and the ISBT 36th Regional Congress. Perth, Australia.** More information available here.

Nov. 12. **2025 ADRP International Showcase.** More information is coming soon.

Nov. 13-14. **2025 ABC Women's Executive Leadership Community (WELC) *Rise & Lead Workshop*.** Registration is open. More information available here.

Nov. 13-14**. EBA Benchmarking Workshop. Amsterdam, Netherlands.** 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.

**2026**

Feb. 11-12. **4th Biennial International Plasma and Fractionation Association (IPFA) & EBA Symposium on Plasma Collection and Supply. Leuven, Belgium.** More information is available here.

Mar. 9-12. **2026 ABC Annual Meeting. Tucson, Ariz.** More information is coming soon.

May 12-14. **2026 ADRP Annual Conference. Minneapolis, Minn.** More information is coming soon.

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC members. There are charges for non-members: $139 per placement for *ABC Newsletter* subscribers and $279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, e-mail: newsletter@americasblood.org

## POSITIONS

**Chief Scientific Officer.** A national search is underway to recruit a recognized executive with exceptional vision and leadership abilities to become the next Chief Scientific Officer (CSO) of Gulf Coast Blood, headquartered in Houston, Texas. Reporting to the CEO, the CSO serves as the senior medical and scientific leader of Gulf Coast Blood. They are responsible for ensuring the highest standards in quality, clinical and operational excellence,

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POSITIONS (continued from page 9)

and innovation across all laboratory and blood services, in addition to ensuring compliance with regulatory and accreditation standards. As a physician and strategic thought leader, the CSO drives the organization's quality and continuous improvement agenda while also serving as the medical expert to advise on future investments in the blood research investment fund which will advance translational initiatives. The CSO also oversees the scientific coordination of research partnerships, leads the medical advisory committee, serves as a part of the diligence team, and champions laboratory strategy and performance. This role is instrumental in aligning operational excellence with a forward-looking research and innovation agenda that supports the mission to save and sustain lives. To be considered for the role, inquiries, nominations, and applications (detailed CV for now) should be submitted electronically in confidence, to: charlotte.fredericks@kornferry.com.

**Chief Information Officer.** Carter BloodCare seeks a strategic and innovative Chief Information Officer (CIO). As CIO, you will shape and lead our technology vision, ensuring that our IT strategy aligns with organizational growth, operational excellence, and our lifesaving mission. As a member of the Senior Management team, you will act as a strategic liaison between technology and executive leadership to communicate IT needs and initiatives. The CIO provides quality and compliance, responsible for ensuring the integrity and efficiency of our information systems, administration, governance, data quality and the security of computer systems. The CIO oversees outsourced software, support services and the fulfillment of contractual obligations. The CIO provides necessary vision to each business entity, ensuring proper operational controls, compliance, business, and reporting procedures in support of our mission. Ideal candidates will have at least three years of management experience in a strategic technology role, with an additional five years of experience in IT or data management. You will also have a proven track record of digital transformation and a passion for mentorship and team development. If you are ready to lead with vision, build with integrity, and innovate for a greater good, let's connect. Together, we can ensure technology plays a vital role in saving lives. Apply at https://www.carterbloodcare.org/who-weare/careers/.

**Director of Marketing and Public Relations.** This position leads all marketing, branding, communication, and public relations efforts for Central California Blood Center (CCBC). As a key member of CCBC's Senior Management Team, this position collaborates closely with internal departments and external partners to maintain and enhance CCBC's positive public image. This position plays a vital role in advancing awareness of the volunteer blood donor program and the need for a safe, stable blood supply throughout the Central Valley and surrounding communities. Skills: a proven track record in directing marketing best practices including creative and production needs; experience in community development and event management is required; knowledge of CRM, SEO and digital marketing platforms/strategies as well as a proven track record in staff development; and verbal/written and interpersonal communication skills (including public speaking/on camera appearances) are required. Learn more and apply here.

**Medical Director.** Central California Blood Center is seeking a Medical Director who shall work to promote the mission of Central California Blood Center (CCBC) while being responsible for overseeing the medical activities of the organization. This scope of duties will be accomplished within 20-25 hours per week remotely and/or in person at CCBC's headquarters in Fresno, Calif. The Medical Director oversees all processes and SOPs of CCBC relating to donor selection, eligibility, collection, processing, testing and distribution of blood products, donor safety and other roles guided or mandated by local, state, federal, and international regulatory agencies. Qualifications and skills: must be a Doctor of Medicine Degree or Doctor of Osteopathic Medicine Degree, with a license in good standing; must be licensed in the State of California with sub-specialty training in Hematology (IM) or Transfusion Medicine (Pathology); excellent verbal and written communication skills; must be proficient in Microsoft Office products and virtual meeting technology platforms; strong people skills; superior leadership skills; and superb judgment, problem-solving and cognitive skills. Learn more and apply here.

**Director of Donor Outreach & Collections.** For over 75 years, SunCoast Blood Centers has been the region's nonprofit community blood bank and the exclusive supplier of blood products to local hospitals. Located on Florida's beautiful Treasure Coast, we are committed to saving lives, advancing research, and supporting the health of our community. Take the lead in shaping the future of donor recruitment at SunCoast Blood Centers. Oversee our Contact Center, Mobile Recruitment, and Concierge Program teams, developing bold, innovative strategies that not only meet but surpass our blood collection goals. This high-impact role requires a Bachelor's degree (Master's preferred), 5+ years in recruitment or related fields with at least 3 years in leadership, and exceptional skills in leadership, public speaking, and project management. Click here to apply.

**Clinical Services Apheresis LPN.** For over 75 years, SunCoast Blood Centers has been the region's nonprofit community blood bank and the exclusive supplier of blood products to local hospitals. Located on Florida's beautiful Treasure Coast, we are committed to saving lives, advancing research, and supporting the health of our community. Join our Clinical Services and Research

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team in Sarasota and play a vital role in patient care and medical advancement. In this specialized position, you'll perform therapeutic apheresis procedures for hospital patients and contribute to groundbreaking research collections. Candidates must hold a current Florida LPN with IV certification, have 1–2 years of hospital patient care experience, and demonstrate proven expertise in apheresis. Click here to apply.

**Quality Assurance and Compliance Specialist (San Diego Blood Bank).** Make a Difference in Patients' Lives as a Quality Assurance and Compliance Specialist. The San Diego Blood Bank is seeking a Quality Assurance and Compliance Specialist II who will participate in maintaining a Quality Management System that supports the manufacture of FDA-regulated biologic blood, cell, and tissue products and other related regulatory activities. The Specialist ensures that the performance and quality of products conform to established standards and regulatory requirements. Reports to: Manager, Quality and Regulatory Affairs. Ideal candidates possess a bachelor's degree and at least four (4) years of experience in a Quality Assurance or Regulatory Affairs role that includes participation in FDA and State site inspections, experience with GMP requirements, application of quality assurance principles, and healthcare compliance within the biologics/pharmaceutical industry. **Click HERE for the full job description and to apply.**

**Director of Technical Services (LIFELINE Blood Services).** The Director of Technical Services manages and supervises technical staff including laboratory, distribution, and components. The Director of Technical Services must meet the regulatory responsibilities and demonstrate active involvement in the laboratory's operation and be available to the laboratory staff onsite, phone, or electronic consultation. The Director of Technical Services is responsible for the overall operation and administration of the laboratory, including the employment of competent qualified personnel. Even though there is the option to delegate some responsibilities, the Director is ultimately responsible and must ensure that all the duties are properly performed and applicable CLIA regulations are met. It is the responsibility of the Director of Technical Services to ensure that your laboratory develops and uses a quality system approach to laboratory testing that provides accurate and reliable test results. Refer to Code of Federal Regulations Title 42 Part 493, Laboratory Requirements. Education: Medical Technologist with Bachelor's Degree in Medical Technology or chemical, physical, or biological science. Individual must hold a Current State of Tennessee Supervisor License. A Specialist in Blood Bank (SBB) certification is preferred. Experience: Five years of experience as a working Medical Technologist. Three years of Management or Supervisory experience. as a Specialist in Blood Bank preferred. Has a working knowledge of cGMP, AABB, CLIA and CFR blood banking requirements. Click here to view the full job description and apply.

**Lead Quality Control Specialist.** Gulf Coast Blood is seeking a Lead Quality Control Specialist! This key role supports quality assurance by preparing and testing blood component samples to ensure safety and effectiveness for patients and hospitals throughout the Texas Gulf Coast region. It's ideal for detail-driven individuals who uphold high standards and contribute meaningfully to patient outcomes. Showcase your expertise by performing advanced quality control testing, managing lab operations in the absence of supervisors, and responding to critical situations such as positive bacterial cultures. You'll initiate recall procedures, track and trend QC results, train new hires, coordinate workflow, and recommend process improvements, all while ensuring compliance with lab standards and supporting patient safety. **Why join us?** We offer a competitive salary, full benefits, free parking at the Texas Medical Center, and opportunities for a sign on bonus and relocation assistance to support a smooth transition. Enjoy professional development and career advancement opportunities while making a meaningful difference every day. **Qualifications:** MT/MLS certification (ASCP or equivalent) with at least two years of hematology experience. Flow cytometry experience is a plus. This role operates Monday through Friday, 7:00 AM to 3:00 PM. If you embody integrity, commitment, and respect, apply now and help make a difference!

**Consultation & Reference Lab Tech III – Weekend Shift.** Gulf Coast Blood is seeking a Consultation & Reference Lab Tech III – Weekend Shift! This key role supports advanced testing and preparation of special blood components for patients and donors, serving over 170 hospitals across the Texas Gulf Coast region. Ideal for detail-oriented professionals who value precision, quality, and meaningful community impact. Showcase your expertise by performing advanced antibody identification, compatibility testing, and donor serological testing to support life-saving transfusions. You'll prepare consultation reports, process sample requests, maintain specialized blood component inventory, perform quality control, and ensure compliance with all lab standards, directly impacting patient care. **Why join us?** We offer a competitive salary, full benefits, free parking at the Texas Medical Center, and opportunities for a sign-on bonus and relocation assistance to support a smooth transition. Enjoy professional development and career advancement opportunities while making a meaningful difference every day. **Qualifications:** MT/MLS certification (ASCP or equivalent) and at least two years of recent blood banking experience. New graduates are also encouraged to apply. This full-time role operates Friday through Sunday, from 7:00 a.m. to 7:00 p.m. If you embody integrity, commitment, and respect, we encourage you to apply now and help make a difference!

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**Consultation & Reference Lab Tech III – Night Shift.** Gulf Coast Blood is seeking a Consultation & Reference Lab Tech III – Night Shift! This key role supports advanced testing and preparation of special blood components for patients and donors, serving over 170 hospitals across the Texas Gulf Coast region. Ideal for detail-oriented professionals who value precision, quality, and meaningful community impact. Showcase your expertise by performing advanced antibody identification, compatibility testing, and donor serological testing to support life-saving transfusions. You'll prepare consultation reports, process sample requests, maintain specialized blood component inventory, perform quality control, and ensure compliance with all lab standards, directly impacting patient care. **Why join us?** We offer a competitive salary, full benefits, free parking at the Texas Medical Center, and opportunities for a sign-on bonus and relocation assistance to support a smooth transition. Enjoy professional development and career advancement opportunities while making a meaningful difference every day. **Qualifications:** MT/MLS certification (ASCP or equivalent) and at least two years of recent blood banking experience. New graduates are also encouraged to apply. This position operates Wednesday through Saturday, 10:00 p.m. to 8:00 a.m. If you embody integrity, commitment, and respect, we encourage you to apply now and help make a difference!

**Consultation & Reference Lab Tech III – Evening Shift.** Gulf Coast Blood is seeking a Consultation & Reference Lab Tech III – Evening Shift! This key role supports advanced testing and preparation of special blood components for patients and donors, serving over 170 hospitals across the Texas Gulf Coast region. Ideal for detail-oriented professionals who value precision, quality, and meaningful community impact. Showcase your expertise by performing advanced antibody identification, compatibility testing, and donor serological testing to support life-saving transfusions. You'll prepare consultation reports, process sample requests, maintain specialized blood component inventory, perform quality control, and ensure compliance with all lab standards, directly impacting patient care. **Why join us?** We offer a competitive salary, full benefits, free parking at the Texas Medical Center, and opportunities for a sign-on bonus and relocation assistance to support a smooth transition. Enjoy professional development and career advancement opportunities while making a meaningful difference every day. **Qualifications:** MT/MLS certification (ASCP or equivalent) and at least two years of recent blood banking experience. New graduates are also encouraged to apply. This full-time role operates from Sunday through Wednesday, 11:00 AM to 9:00 PM. If you embody integrity, commitment, and respect, we encourage you to apply now and help make a difference!