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

ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2025 #29 **September 15, 2025**

INSIDE:

Clinical Practice Guidelines Recommend Liberal Transfusion Strategy in Acute Myocardial Infarction Patients

An expert panel recently published a paper titled "Red Cell Transfusion Acute Myocardial Infarction: AABB International Clinical Practice Guidelines" in the *Annal of Internal Medicine*. The authors described the paper's purpose as, providing guidelines for transfusing red blood cells (RBCs) in patients with acute myocardial infarction (AMI) based on the available literature and analyses of four randomized controlled trials, "of patients presenting with AMI who were assigned to two different transfusion strategies (restrictive or liberal) based on Hb concentrations or hematocrit levels before receipt of a transfusion."

The paper explained that the, "values and preferences underlying the recommendation reflect the life-threatening context of AMI and include mortality and reduction of the risk for recurrent MI (high value), severe adverse events after RBC transfusions (high value), and conservation of the RBC supply (moderate value). Overall, the panel place[d] a higher value on the uncertain potential benefits of a liberal strategy on reducing mortality than the unequivocal benefits of a restrictive strategy in conserving RBC units and reducing transfusion-related severe adverse events."

The panel recommended a liberal RBC transfusion strategy for hospitalized AMI patients, "[w]hen the hemoglobin concentration is less than 10 g/dL (conditional recommendation, low-certainty evidence). A restrictive strategy of 7 to 8 g/dL may result in increased mortality in patients with AMI." The paper noted that, "[f]or hospitalized adult patients with AMI, it is important to incorporate the clinical context (e.g., patients' history, signs, symptoms, hemodynamic status) and patients' preferences when weighing RBC transfusion decisions." The authors added that, "[i]n accordance with the increased risks of severe adverse events in the liberal transfusion strategy, clinicians should consider strategies for mitigation of adverse transfusion events. Strategies include optimizing fluid status peri-transfusion, slowing transfusion rate, prescribing diuretics, achieving the target Hb more gradually, and transfusing during renal replacement therapy sessions for renal failure."

The rationale for the recommendation was described as, "[t]he 1.2 percent overall estimated benefit in 30-day mortality exceeded the panel-defined minimal important difference (MID), supporting the potential benefit of a liberal transfusion strategy. Moreover, there was moderate-certainty evidence that the liberal strategy does not result in an important increase in mortality. A higher incidence of transfusion-related adverse events in the liberal group, in which transfusion was almost universal and participants received three times more units compared with the restrictive group, might be expected, although the difference between strategies was

(continued on page 2)

Clinical Practice Guidelines Recommend Liberal Transfusion Strategy in AMI Patients (continued from page 1)

[l]ess than the panel's chosen MID. Given that the panel's perspective of considering value and preferences placed higher value on the uncertain potential benefits of a liberal strategy in reducing mortality rather than the unequivocal benefits of a restrictive strategy in conserving RBC units and reducing transfusion-related severe adverse events, the panel agreed on a conditional recommendation in favor of the higher threshold."

Additional clinical considerations outlined by the authors included, "there are almost no clinical scenarios that would preclude transfusions except very rare situations of near fatal anaphylactic or hemolytic reactions or impossibility of finding compatible blood. Blood availability might be a limiting factor in some geographic areas. The panel considered the importance of implementing appropriate risk mitigation strategies in patients at risk for severe adverse reactions, such as those with circulatory overload. These approaches include[d] but are not limited to the following: risk stratification for TACO; optimizing fluid status in the peri-transfusion period; slowing the RBC infusion rate; peri-transfusion diuresis; achieving the target Hb concentration more slowly; and transfusing during renal replacement therapy for patients acutely or chronically requiring such therapy. [Additionally, the panel noted that clinicians] should adopt general approaches to mitigate the risk for anemia through the deployment of patient blood management strategies, including minimizing unnecessary blood testing, use of low-volume sample collection tubes, and early recognition and treatment of underlying causes of anemia."

Limitations of the guidelines include, "MID estimates based on limited direct evidence regarding patient values and preferences; [and the] guideline recommendation does not apply to patients with acute coronary syndrome or patients without AMI, for whom uncertainty about the safety of restrictive thresholds remains." The authors stated that future research needs should, "address the optimal threshold for transfusion according to the mechanism of MI and patient-specific characteristics."

Citation: Pagano, M.B., Stanworth, S.J., Dennis, J., *et al*. "Red Cell Transfusion in Acute Myocardial Infarction: AABB International Clinical Practice Guidelines." *Annals of Internal Medicine*. 2025.

The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.
ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

America's Blood Centers
Chief Executive Officer: Kate Fry
Chief Medical Officer: Jed Gorlin
Editor: Mack Benton
Subscriptions Manager: Leslie Maundy
Annual Subscription Rate: $420

Send subscription queries to
memberservices@americasblood.org
America's Blood Centers
1717 K St. NW, Suite 900, Washington, DC 20006
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

WORD IN WASHINGTON

The Federal Trade Commission (FTC) has published a news release noting that the agency is launching a, "a public inquiry to better understand the scope, prevalence, and effects of employer noncompete agreements, as well as to gather information to inform possible future enforcement actions." According to the announcement, "[a] noncompete agreement is a contractual term between an employer and a worker that typically blocks the worker from working for a competing employer or starting a competing business after the end of the worker's employment. While noncompete agreements can serve valid purposes in some circumstances, available evidence indicates that they are often subject to abuse. Members of the public, including current and former employees restricted by noncompete agreements, and employers facing hiring difficulties due to a rival's noncompete agreements, are encouraged to share information about the use of noncompete agreements." A 60-day comment period is underway with all comments due by November 3rd.

(Source: FTC News Release, 9/4/25)

The National Institutes of Health (NIH) has announced a new plan, "to promote gold standard science across all agency activities." According to the agency, "Gold Standard Science is:

- "[r]eproducible;
- [t]ransparent;
- [c]ommunicative of [e]rror and [u]ncertainty;
- [c]ollaborative and [i]nterdisciplinary;
- [s]keptical of [i]ts [f]indings and [a]ssumptions;
- [s]tructured for [f]alsifiability of [h]ypotheses;
- [s]ubject to [u]nbiased [p]eer [r]eview;
- [a]ccepting of [n]egative r]esults as [p]ositive [o]utcomes;
- [w]ithout [c]onflicts of [i]nterest."

NIH Director Jay Bhattacharya, MD, PhD further explained in the announcement that, "gold standard science isn't just what we strive for, it is embedded in everything we do, from the research we support to the policies and programs we create. By ensuring our scientific findings are objective, credible, and accessible to the public, NIH is well positioned to continue to lead the U.S. in transforming discovery into improved health."

(Source: NIH Announcement, 8/22/25)

The U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) has announced that it will host a virtual town hall on October 22nd at noon EDT titled "Gene Therapy Manufacturing chemistry, manufacturing, and controls (CMC) and Facility Readiness for Biologics License Applications (BLAs) and Post-licensure Changes." Registration is open for this event that will feature, "OTP's Office of Gene Therapy partner[ing] with experts from CBER's Office of Compliance and Biologics Quality's Division of Manufacturing and Product Quality (DMPQ) to answer questions regarding CMC and facility readiness for BLA submissions and post-licensure changes for gene therapy manufacturing facilities." The agency also noted that, "[f]acility inspections are performed as part of the BLA review process and are necessary for licensure. FDA typically inspects the sites where critical components, drug substances, or drug products are being produced and where tests are being performed. [Changes are often] implemented to the product, production process, quality controls, equipment, or facilities post-licensure. [As described] in FDA guidance, an integral component in successfully implementing any manufacturing change is an effectively-designed and effectively-managed change management process[that] assesses risks to product quality and can enable the applicant to make informed decisions regarding manufacturing changes and inform the necessary data to support the change."

(Source: FDA Announcement, 9/11/25)

INFECTIOUS DISEASES UPDATE

EBOLA

The U.S. Centers for Disease Control and Prevention (CDC) has published a communication noting that the, "Democratic Republic of the Congo (DRC) is experiencing an outbreak of Ebola virus disease (Ebola) caused by Ebola virus (species *Orthoebolavirus zairense*) in Kasai Province." According to the agency, "[o]n September 4th the DRC Ministry of Public Health officially declared an outbreak of Ebola in Bulape (Boulapé in French) and Mweka health zones in Kasai Province. This is the 16th Ebola outbreak in the DRC since the virus was discovered there in 1976. As of September 8th, there [were] 63 people with suspected or confirmed Ebola and 16 deaths, including four health workers. CDC expects frequent changes to these case counts. There have been no reported cases of Ebola in the U.S. related to this outbreak." The CDC has not classified the affected region as having "widespread transmission of Ebola virus," which would trigger donor interventions in the U.S. The U.S. Food and Drug Administration (FDA) guidance requires that, "in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history questionnaire (DHQ), including your full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2)."

(Source: CDC Communication, 9/12/25)

CHAGAS

A perspective published in the CDC's *Emerging Infectious Diseases* concludes that, "sufficient evidence exists to support the inclusion of the U.S. as an endemic country for Chagas disease." According to the authors, "*Trypanosoma cruzi* (*T. cruzi*) and the ecologic conditions that sustain its transmission cycles are naturally occurring throughout the southern half of the U.S. Infection has been consistently demonstrated in wildlife reservoirs, companion animals, zoo and exotic mammals, and humans. At least four triatomine species are frequently encountered in homes and found to be harboring *T. cruzi* parasites. Canine Chagas disease is a concern in many working and companion dog populations in the southern United States but is likely underrecognized in many areas. The exposure of nonhuman primates to *T. cruzi*–infected triatomines poses a challenge to medical research. Moreover, the lack of reporting requirements for human Chagas disease adds complexity to the documentation of autochthonous cases. The number of documented autochthonous cases is higher in Texas than in other states, and cases are consistently documented each year. This body of evidence justifies recognizing that Chagas disease is endemic to the U.S., and not just from a veterinary perspective. Updating Chagas disease endemicity status as hypoendemic is a crucial step toward a more effective management model, one that addresses the unique challenges and complexities of this country regarding vector-borne diseases. Such a shift will help reform curriculum in professional schools to enable the next generation of practitioners to be competent in recognizing the low but present risk for locally acquired *T. cruzi* infections and better serve those who acquire the parasite elsewhere and require diagnosis in the U.S." Chagas disease is known to be transfusion transmissible by asymptomatic infected donors. According to the Association for the Advancement of Blood & Biotherapies, "[a]lthough only a few cases of blood transfusion- or organ transplantation-transmitted cases have been reported in the U.S., it is well-accepted that many other cases have occurred but have not been recognized. Donor screening questions have not been shown to successfully identify risk in U.S. blood donors. The FDA recommends that allogeneic donors should be tested at least one time using a licensed test for antibodies to T. cruzi. Donors who test nonreactive are qualified to return to donate without further testing of subsequent donations."

Citation: Beatty, N.L., Hamer, G.L., Moreno-Peniche, B. *et al*. "Chagas Disease, an Endemic Disease in the United States." *Emerging Infectious Diseases*. 2025.

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

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.

Time Running Out to Register 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 is available. 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.

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.

(continued on page 6)

INSIDE ABC (continued from 5)

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.

MEMBER NEWS

Bloodworks Northwest recently welcomed Rep. Adam Smith (D-Wash.), the ranking member of the House Armed Services Committee, for a tour of a donor center. The visit provided an opportunity for Rep. Smith to see the work of the blood center firsthand and discuss ways Congress can support the blood supply. Rep. Smith's office expressed interest in continuing to engage with Bloodworks and America's Blood Centers (ABC) on expanding access to pre-hospital blood through TRICARE, as ABC continues to meet with his office to build upon the work done by Bloodworks Northwest. "The visit with Congressman Smith was a reminder that collaboration between policymakers and healthcare providers is essential to ensure a safe, reliable blood supply for our region We look forward to working with him and his team as we continue to innovate, expand access, and serve the communities that depend on us," said Curt Bailey, MBA, president and chief executive officer at Bloodworks Northwest.

Rep. Shomari C. Figures (D-Ala.) recently visited a **LifeSouth Community Blood Centers** facility. During his tour of LifeSouth, Rep. Figures met with blood center employees, donors, and a blood donor recipient. The congressman was particularly interested in the essential role of the blood supply in treating sickle cell disease, and how Congress can support blood centers to ensure sickle cell patients' needs are met. He also indicated a plan to give a floor speech in the coming weeks about blood donations as they relate to sickle cell patients to raise awareness of this important topic. His congressional office is also working on a future community event that will include a blood drive. While coordinating this site visit with LifeSouth, it was discovered that the congressman and his mother were friends with members of the LifeSouth team at the blood center.

GLOBAL NEWS

A paper published in the *Australian Journal of General Practice* describes, "the crucial role of general practitioners in directing people with h[e]mochromatosis to donate their blood for lifesaving purposes, rather than having it discarded at pathology services." According to Lifeblood, "[t]he study, which surveyed over 4,300 donors with h[e]mochromatosis, found that nearly half (48.3 percent) of respondents chose to donate at Lifeblood because their general practitioner (GP) recommended it. Additionally, 62.5 percent donated at Lifeblood because they knew their blood would help others, reinforcing the importance of GP communication about this benefit. Lifeblood last year revealed that 73,000 bags of blood are being discarded annually, largely because up to two-thirds of therapeutic venesections for

(continued on page 7)

GLOBAL NEWS (continued from page 6)

hereditary h[e]mochromatosis in Australia occur outside of Lifeblood cent[ers]. The Lifeblood, Hemochromatosis Australia, and Royal Australian College of GPs (RACGP) campaign resulted in a significant lift in donations by people with h[e]mochromatosis, with 2,500 more donations made and an extra 7,500 lives saved. [Hemochromatosis is] a condition that causes iron overload [and] is commonly treated through venesection — regular blood removal."

Source: Lifeblood Announcement, 9/1/25)

The Mohammed VI Foundation for Science and Health in Morocco recently announced that the first kidney transplant in Africa, "between a donor and recipient with different ABO blood types," has been successful. According to the report from *Morrocco World News*, "Doctor Ramdani Benyounes, head of the nephrology department at the foundation's hospitals, spoke of the strategic importance of this progress, noting that around a quarter of patients needing kidney transplants are not compatible with their donor's ABO blood type. 'We are now on the sixteenth day after the transplant. The patient has normal kidney function and has completely stopped dialysis, which gives us hope that the kidney will work for many years and allow her to return to a normal life.'"

(Source: *Morocco World News*, "Morocco Performs Africa's First Kidney Transplant With Different Blood Types," 8/13/25) 🩸

COMPANY NEWS

PlasFree has announced the development of "ClearPlasma, a small device that can be attached to a bag of donated plasma, filter[ing] it to remove clot-dissolving proteins that are naturally present in the liquid, helping patients form stable clots and stop bleeding quickly," according to a report from *The Times of Israel*. "To keep them from bleeding out, patients are often given donated plasma. However, this plasma also contains plasminogen and tissue plasminogen activator, proteins that act against blood clotting. [The ClearPlasma device] uses chromatography, a laboratory technique that separates the components of the blood. The two proteins that dissolve clots are then removed seconds before the plasma enters the patient's body. The device has already been tested in clinical trials involving 200 patients in hospitals in Israel, Italy, Poland, and the Czech Republic. [The company] said patients using the device required fewer plasma units, needed fewer red blood cell transfusions, showed lower risks of massive bleeding, and exhibited no side effects. PlasFree recently received approval from the Health Ministry to market the device in Israel. [PlasFree,] which receives funding from the European Union, is also readying to seek approval for the product on the continent and is in talks with the U.S. Food and Drug Administration for a large-scale trial in America."

(Source: *The Times of Israel*, "Israeli plasma filter promises cutting-edge solution to life-threatening bleeds," 9/10/25)

Advocacy efforts from the **World Federation of Hemophilia (WFH)** and partner organizations have resulted in the World Health Organization (WHO), "updating its Essential Medicines List (EML) and the Essential Medicines List for Children (EMLc) to better align the EMLs to the international clinical guidelines for the management of hemophilia and von Willebrand Disease (VWD)." A news release from the WFH indicated that, "[t]he request to update the WHO EML was built on key revisions that were needed to improve listings for the treatment of hemophilia and VWD. Today, prophylaxis is the internationally recognized standard of care for people with hemophilia. A range of virally safe and effective therapies are available for people with hemophilia and VWD. Conversely, cryoprecipitate (whether pathogen-reduced, PR-Cryo, or not) cannot be used for prophylaxis. Furthermore, cryoprecipitate poses a significant risk of transmission of bloodborne infections." Changes include:

(continued on page 8)

COMPANY NEWS (continued from page 7)

- the addition of "bi-specific monoclonal antibody, emicizumab and recombinant factor VIII (FVIII) and FIX clotting factor concentrates (CFCs) [to] the core list;
- [p]lasma-derived FVIII and FIX CFCs were transferred from the complementary to the core list;
- desmopressin was transferred from the complementary to the core list;
- [b]oth pathogen-reduced and non-pathogen reduced cryoprecipitate were removed as indications for the treatment of hemophilia and VWD;
- [f]actor IX Complex (also known as prothrombin complex concentrate (PCC)) was deleted as a therapeutic alternative to FIX CFCs."

(Source: WFH News Release, 9/12/25)

Fresenius recently announced the development of a consortium to, "accelerat[e] the manufacturing of CAR-T cell therapy, making it more cost-effective, and improving patient access across Europe." According to a company news release, "the newly launched EASYGEN (Easy workflow integration for gene therapy) consortium will focus on efforts to develop a modular, hospital-based platform capable of manufacturing personalized cell therapies in just a few days, rather than weeks. The project is a public-private partnership, with €8 million in funding provided by the European Union (EU) through the Innovative Health Initiative (IHI). It leverages technology originally developed by the cell and gene therapy team of **Fresenius Kabi**, part of Fresenius." The consortium includes 18 organizations in eight countries. "CAR-T therapy is a breakthrough treatment that involves genetically modifying a patient's T cells to target cancer. It requires complex, time-intensive production in specialized facilities often far from patients."

(Source: Fresenius News Release, 8/26/25)

The **Infectious Diseases Society of America (IDSA)** and a coalition of 20 other organizations have issued a joint statement calling for the resignation of U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. The coalition statement aims to, "restore the integrity, credibility, and science-driven mission of HHS and all its agencies. [The organizations explained that they] are speaking out because protecting public health is our responsibility as physicians, scientists, and patient advocates. It is also the responsibility of our elected officials, and we call for their support at this critical moment to protect the health of the nation."

(Source: IDSA & Coalition Joint Statement, 9/3/25)

BRIEFLY NOTED

Governors in several states including those in North Carolina, Delaware, Maryland, New Jersey, New York, Virginia, and Pennsylvania, have recognized the importance of blood donation by issuing proclamations recognizing September 4th as National Blood Donation Day or the first full week of September as National Blood Donation Week. Governors may issue proclamations to acknowledge time periods dedicated to causes of notable statewide interest. These proclamations are an opportunity to raise awareness of the essential role of the blood supply, and all those involved in ensuring blood is always available for the patients who need it.

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. 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. 22. **FDA CBER OTP Town Hall: "Gene Therapy Manufacturing CMC and Facility Readiness for BLAs and Post-licensure Changes" (Virtual).** 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**. Registration is open. 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

Medical Director (Miller-Keystone Blood Center (MKBC)). Are you a mission-driven leader seeking to integrate patient care with public health while improving work-life balance? Join MKBC, where we save lives daily by supplying blood to hospitals across Pennsylvania (PA) and New Jersey (NJ). As **Medical Director**, you'll lead clinical oversight for transfusion medicine and ensure the safety, quality, and regulatory compliance of our blood services. You'll guide donor eligibility, review protocols, supervise lab operations, advise on complex medical issues, and collaborate with hospitals and public health partners. You'll also support staff education, represent MKBC in professional forums, and provide executive leadership to promote excellence and innovation. **Requirements:** M.D. or D.O. with Board Certification in Clinical Pathology, Internal Medicine, or Hematology. Board Certified or Eligible in Transfusion Medicine. Five to seven plus years in healthcare with a focus in blood banking. Medical licensure in PA & NJ. Strong knowledge of AABB, FDA, CLIA, and cGMP standards. **Benefits include:** Medical/Dental/Vision, FSA, Life Insurance, Disability, PTO, Retirement Plan & more. Make a lasting impact—apply today to join our lifesaving mission and see the full position description here https://hcsc.isolvedhire.com/jobs/1583606.

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, 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.

(continued on page 11)

POSITIONS (continued from page 10)

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 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.