

**ABC Newsletter is abbreviated this week.**

Issue #16  
May 5, 2017

## Tranexamic Acid Could Save Thousands of Mothers' Lives

A significant reduction in maternal death was found following the use of intravenous tranexamic acid to post-partum hemorrhaging women, reads a new study in *The Lancet*. The randomized, double-blind, placebo-controlled trial, named the WOMAN trial, took place in 193 hospitals in 21 countries from March 2010 until April 2016 and enrolled 20,060 pregnant women. The authors concluded tranexamic acid is most effective for preventing mortality in hemorrhaging mothers if given within three hours after onset of bleeding.

The [World Health Organization \(WHO\)](http://www.who.int) estimates 211 million women become pregnant each year, with 303,000 maternal deaths occurring in 2015 worldwide. The WHO further estimates that 50 to 71 percent of maternal deaths occur in the postpartum period, mostly in under-developed countries within Asia and Africa. Tranexamic acid is an antifibrinolytic product used to treat excessive bleeding and works by preventing blood clots from breaking down too quickly. It can be taken intravenously or orally. It has been studied for use within trauma and surgery patients, but not within such an inclusive trial of pregnant women.

Within the six years of the study, 10,051 of the patients were randomly assigned to be given 1g of tranexamic acid and 10,009 were given the same amount of a placebo, intravenously. The women gave birth vaginally or via cesarean. If a woman continued to bleed after 30 minutes, or she stopped bleeding and restarted within 24 hours, a second dose of 1g could be given. The percentage of women who died was significantly lower in the group of women given

tranexamic acid (155 [1.5 percent] of 10 036 vs 191 [1.9 percent] in the placebo group; risk ratio [RR] 0.81, 95 percent confidence interval [CI] 0.65 to 1.00)—a 19 percent reduction in maternal mortality within 42 days after randomization. After adjusting for baseline risk, the risk ratio for death due to bleeding with tranexamic acid was 0.78 (95 percent CI 0.62 to 0.98). If women were given tranexamic acid within the first three



hours, the effect was even more pronounced, with a 31 percent reduction in maternal death. There was also a significant reduction in the requirement for laparotomies to control bleeding with tranexamic acid (82 [0.8 percent] tranexamic acid group vs 127 [1.3 percent] placebo group; RR 0.64, 95 percent CI 0.49 to 0.85).

The data suggests the rate of hysterectomy was not reduced with patients given tranexamic acid. However, decisions on whether to perform a hysterectomy, often made at the time of randomization, likely obscured the ability to interpret the impact of tranexamic

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## OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

### Progress report—a PR update (*pathogen reduction, not public relations*)

I went to a meeting last week and became focused on the progress underway signaling more options for broad implementation of PR in blood centers. After decades of reading papers and listening to abstracts at conferences, real movement toward reducing known emerging and future infectious risks from transfused blood may be measurable in months to years, not years and years and years. At the risk of being a jinx, it's a good time to celebrate that.

For years I have (tongue *not* in cheek) toyed with the idea of creating an ABC award called the *Don Quixote Award for Tilting at Windmills*. The consensus (among me, myself, and I) inaugural winners, representing teams at their companies, would surely be Larry Corash, MD, at Cerus and Ray Goodrich, PhD, formerly at TerumoBCT, now of Colorado State University. They persisted in developing and evaluating the INTERCEPT and Mirasol platforms with doggedness that gives the lie to any purported exclusive focus of our commercial partners on short-term return on investment.

INTERCEPT for platelets and plasma is already licensed in the U.S. Hundreds of thousands of Mirasol platelet doses have been transfused outside the U.S. and clinical trials are starting here as we speak. Mirasol whole blood—the first PR process to demonstrate a reduction in the risk of a transmission by transfusion diseases (TTD) in a randomized controlled trial (transfusion-transmitted malaria in Ghana)—will enter trial in the U.S. “imminently” as will an INTERCEPT process for red blood cells. The acronyms (for which I bear no responsibility) you need to watch for, include MiPLATE, PRAISE, RedeS (enrolling now), ReCePi and SCient.

The risk from bugs falls to historical lows. Bar side conversations at AABB meetings about suspending testing for bacteria in platelets, syphilis, *Trypanosoma cruzi* and HTLV (*et al?*) become realistic. The donor interrogation is simplified. We get to decommission our irradiators. Agents emerge and reemerge, or even just when we get nervous about a theoretical pathogen, the processes are validated on them (or in appropriate models) proactively and we avoid complex interventions (read “Zika”). Nirvana.

Assume for a second the trials succeed. What will remain are the hard decision-making processes about how much safety and quality we are willing to pay for—in the broadest sense of the term. We will measure the cost not just in dollars per unit, but also product lost to the processes, rare adverse events, and against competing priorities for what will likely be scarce healthcare resources extending into the foreseeable future. May you live in interesting times.

[lkatz@americasblood.org](mailto:lkatz@americasblood.org)

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

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TRANEXAMIC ACID COULD SAVE (continued from page 1)

acid on this outcome. The authors also speculated that often a hysterectomy was performed so quickly after birth that there was insufficient time for the tranexamic acid to take meaningful effect.


This trial suggests the lifesaving impact of tranexamic acid was unaffected by the kind of bleeding a mother was experiencing; nor did it matter if the baby was born vaginally or via cesarean. Additionally, there was no evidence of more or fewer adverse events (including thromboembolic) occurring with the tranexamic acid group versus the placebo group.

The findings were consistent with the CRASH-2 Trial (Roberts et al) which investigated the effects of tranexamic acid on death, vascular occlusive events, and transfusion requirements in bleeding trauma patients. That trial, published in 2013, found that if patients were given tranexamic acid within three hours of their injuries, a significant reduction in the risk of death occurred (4.9 percent of patients in the tranexamic acid group vs 5.7 percent in the placebo group; RR 0.85; 95 percent CI 0.76 to 0.96). The pricing associated with tranexamic acid was also cost-efficient.

An accompanying Editorial in the *Lancet* praised the results of the study and noted that women's issues are often lumped together with other global health issues, diluting the overall efforts. The editor called upon the United Nations' new Secretary General, António Guterres, to make more of an effort to support women's and children's health causes around the world.

**Citations:** WOMAN's Trial Collaborative Group. Effect of early tranexamic acid administration on mortality, hysterectomy, and other morbidities in women with post-partum haemorrhage (WOMAN): an international, randomised, double-blind, placebo-controlled trial. *The Lancet*. April 26, 2017 online. DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)30638-4](http://dx.doi.org/10.1016/S0140-6736(17)30638-4).

Editorial. WOMAN: reducing maternal deaths with tranexamic acid. *The Lancet*. April 26, 2017 online. DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31111-X](http://dx.doi.org/10.1016/S0140-6736(17)31111-X).

Roberts I., Shakur H., Coats T., *et al*. The CRASH-2 trial: a randomised controlled trial and economic evaluation of the effects of tranexamic acid on death, vascular occlusive events and transfusion requirement in bleeding trauma patients. *Health Technology Assessment*. March 2013. DOI: 10.3310/hta17100. 

*Edited by Christopher Gresens, MD, Division Chief Medical Officer, Blood Centers of the Pacific, Blood-Source, & United Blood Services*

### 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.



## RESEARCH IN BRIEF

In a 21 year look-back at data on the risk of transfusion-transmitted Creutzfeldt-Jakob disease (CJD), no apparent transmissions have been observed. The Centers for Disease Control and Prevention and American Red Cross traced products from 65 donors who were later diagnosed with CJD to 826 blood recipients, 264 of whom were long-term survivors (five or more years posttransfusion). Of the long-term survivors, 105 of them had received components donated 60 months or less prior to the donor's CJD diagnosis or symptom onset which may be the highest risk interval. None of the recipients developed CJD. The authors conclude there is no evidence from their data and other epidemiologic studies that CJD is transmissible by transfusion.

**Citation:** Crowder L.A., Schonberger L.B., Dodd R.Y., *et al.* Creutzfeldt-Jakob disease lookback study: 21 years of surveillance for transfusion transmission risk. *Transfusion*. April 25, 2017. DOI:10.1111/trf.14145.

Twenty-eight days may be needed for a full recovery of physical performance and oxygen consumption after donating blood among premenopausal women. Eighteen Danish female blood donors were evaluated for the time to full recovery of peak oxygen consumption levels ( $VO_{2peak}$ ) and time trial (TT) performance following a 450 mL whole blood donation. Twenty-eight days were needed for both metrics.

**Citation:** Ida Stangerup I., Kramp N.L., Ziegler A.K., *et al.* Temporary impact of blood donation on physical performance and hematologic variables in women. *Transfusion*. April 28, 2017. DOI: 10.1111/trf.14121. ♦

## BRIEFLY NOTED

**Ways in which clinicians can deliver precision medicine and provide more personalized care.** Translation of the complex scientific advances that allow the practice of precision medicine with improved healthcare outcomes needs “a complementary effort in the science of care delivery [to] promote patient-centered care today by investigating and implementing delivery- system interventions that are tailored to individual needs and wishes.” said the authors of a new perspective piece in the *New England Journal of Medicine*. A precision delivery initiative – using analytics, innovative sources of data, and better tracked patient data—could help better predict risk, diagnose problems, and provide more personalized care. Public funding will be needed and data sharing will raise privacy concerns for many patients.

**Citation:** Parikh R.B., Schwartz J.S., and Navathe A.S. Beyond Genes and Molecules — A Precision Delivery Initiative for Precision Medicine. *NEJM*. April 27, 2017. DOI: 10.1056/NEJMp1613224 . ♦

### We Welcome Your Letters

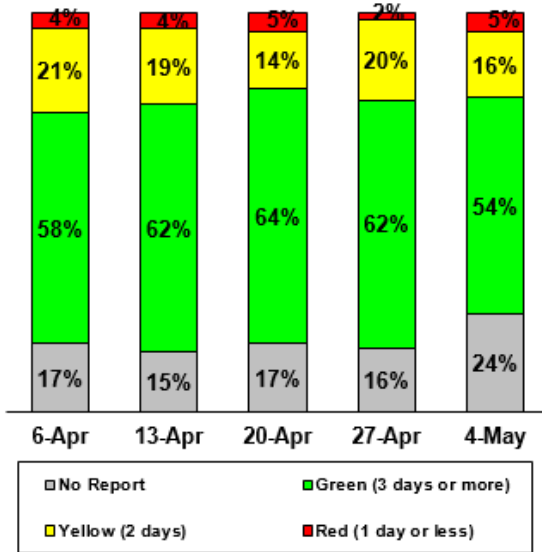
The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity 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.



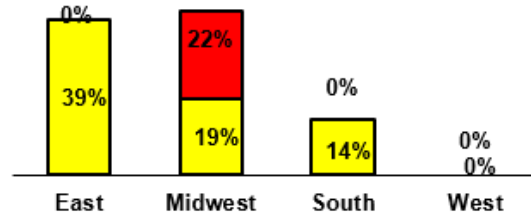


## STOPLIGHT®: Status of the ABC Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, May 4, 2017



Percent of Total ABC Blood Supply Contributed by Each Region  
 East: 20%; Midwest: 25%; South: 24%; West: 31%

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

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*

**America's Blood Centers®**  
 Professional Institute



## INFECTIOUS DISEASE UPDATES

**The Centers for Disease Control and Prevention (CDC) reported Zika virus (ZIKV) persists in breast milk past one month after onset of symptoms.** A 28-year-old pregnant woman in Brazil presented with signs of ZIKV. The baby was born without birth defects and the amniotic fluid, umbilical cord blood, and placenta samples all tested negative for ZIKV. Breast milk remained positive by polymerase chain reaction and virus isolation at nine days after delivery. No studies have documented transmission by breast milk.

**Citation:** Sotelo J.R., Sotelo A.B., Sotelo F.J.B., *et al.* Persistence of Zika Virus in Breast Milk after Infection in Late Stage of Pregnancy. *Emerging Infectious Diseases*. May 2017. DOI:10.3201/eid2305.161538.

**For rhesus monkeys, Zika virus (ZIKV) remains in cerebrospinal fluid (CSF), lymph nodes, and tissue long after cleared from their blood.** The study, funded partly by the National Institute of Allergy and Infectious Diseases, followed 16 rhesus monkeys infected with ZIKV. By day 10 after inoculation, ZIKV had cleared from the blood of most of the primates, however, culturable virus remained in the CSF for up to 42 days and up to 72 days in the lymph nodes and colorectal biopsies. Zika-specific antibodies were not detected in CSF, as they were in plasma.

**Citation:** Aid M., Abbink P., Larocca R.A., *et al.* Zika Virus Persistence in the Central Nervous System and Lymph Nodes of Rhesus Monkeys. *Cell*. April 27, 2017. DOI: [10.1016/j.cell.2017.04.008](https://doi.org/10.1016/j.cell.2017.04.008).

**Last week, the Centers for Disease Control and Prevention (CDC) announced a shortage of yellow fever vaccines for the U.S.** The supply is expected to be completely depleted by mid-2017. The CDC noted that the shortage was caused by “recent manufacturing problems.” To help continue the supply of yellow fever vaccine, Sanofi Pasteur has an expanded access investigational new drug (eIND) to provide an imported version of the vaccine manufactured by Sanofi Pasteur France. The vaccine in the U.S. is primarily used for those traveling out of the country and into countries endemic for the virus. Current depletion of the vaccine began in 2015. The eIND started in April with approximately 250 U.S. clinics, a downgrade from the 4,000 clinics normally supplying the vaccine.

**Citation:** Gershman M.D., Angelo K.M., Ritchey J., *et al.* Addressing a Yellow Fever Vaccine Shortage — United States, 2016–2017. *Morbidity and Mortality Weekly Report*. April 28, 2017. DOI: [http://dx.doi.org/10.15585/mmwr.mm6617e2](https://dx.doi.org/10.15585/mmwr.mm6617e2).

**Investigators in France claim to have identified a marker of the cellular reservoir of HIV.** A cure for HIV has been stymied by its persistence in a nonreplicating reservoir—even during successful therapy with multiple antiretroviral drugs—with rebound of virus replication when drugs are stopped, even after long periods of effective suppression. A cell surface marker called CD32a has been identified as a putative marker of the reservoir population of infected CD4 cells. If confirmed, this may suggest therapeutic approaches aimed at elimination of the latent reservoir.

**Citation:** Descours B., Petitjean G, López-Zaragoza J.L., *et al.* CD32a is a marker of a CD4 T-cell HIV reservoir harbouring replication-competent proviruses. *Nature*. March 15, 2017 online. DOI: 10.1038/nature21710. 🔴

### ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



## WORD IN WASHINGTON

**The U.S. House of Representatives passed a repeal of the Affordable Care Act (ACA), aka ObamaCare, on Thursday.** Action now turns to the Senate, where Republicans and Democrats alike have voiced concern about the American Health Care Act (AHCA) plan. The House bill does not repeal all of ACA, but does limit or rescind many key elements of the health care law. For example, a new amendment was added to the Republican plan, that could remove out of pocket caps for people who get health insurance through their employers and repeals the individual mandate, the *Wall Street Journal* [reported Thursday](#), but the bill would still allow for children to remain on their parents' health insurance until they are 26 years old. A repeal of the Medical Device Tax was also part of the new plan. On Wednesday, a new amendment to the Republican repeal bill was allotted additional funding for patients with existing health conditions. The [Congressional Budget Office noted](#) that as many as 24 million more Americans could wind up without health insurance if ACA is repealed, which could severely impact hospitals. The American Hospital Association (AHA) and the Federation of American Hospitals (FAH) have both [spoken out against the repeal](#), saying it would cost hospitals billions to compensate for treating the uninsured. Additionally, the repeal bill strips substantial [grant funding for the Centers for Disease Control and Prevention](#) (CDC), about \$1 billion or one-eighth the CDC total funding, via the elimination of the Prevention and Public Health Fund. (Sources: *Wall Street Journal*, [GOP Health Bill Jeopardizes Out-of-Pocket Caps in Employer Plans](#). May 4, 2017; *The Hill*, [ObamaCare repeal plan could remove protections for people on employer health plans: report](#). May 4, 2017)

**The National Institutes of Health (NIH) to receive a \$2 billion boost in budget.** In a bipartisan agreement reached on April 30, NIH will get a \$2 billion boost in their funding for the next five weeks. The deal counters the President's proposed budgetary cuts of \$1.2 billion this fiscal year to the health agency; however it does not address the 2018 fiscal year funding, during which the President had asked to cut NIH's budget by about \$5.8 billion. The agreement is part of an omnibus that would allow the government to be funded through September, increasing funding to programs fighting the opioid crisis and extend coal miners' health insurance programs. (Source: *STAT News*, [NIH to get a \\$2 billion funding boost as Congress rebuffs Trump's call for cuts](#). May 1, 2017) ♦

## REGULATORY NEWS

**The Food and Drug Administration (FDA) has sent a reminder to laboratory personnel using Zika diagnostic assays under the Emergency Use Authorization (EUA).** All those personnel using such assays are encouraged to report any performance concerns directly to the FDA at [CDRH-EUA-Reporting@fda.hhs.gov](mailto:CDRH-EUA-Reporting@fda.hhs.gov) as well as to the manufacturer. There are currently 12 Zika assays allowed under EUA, and three serological assays for Zika virus detection. To read more about EUA updates for Zika and EUA amendments, click [here](#). ♦

## PEOPLE

Blood Systems (BSI) chose their new chief executive officer to be David R. Green, BSI's current blood services president. As CEO, Mr. Green will partner with more than 5,000 employees nationwide, serving over 1,000 healthcare facilities in 28 states. He will be responsible for short and long-range planning to ensure the continued viability of BSI, as well as overseeing the development and administration of policies in support of this effort. Mr. Green has begun his transition to the position as his predecessor J. Daniel Connor will retire later this month after 21 years at the helm.



(continued on page 8)



PEOPLE (continued from page 7)

“Blood Systems has a long-standing tradition of leadership in the field and is positioned to help guide the industry through a significant era of change,” said Mr. Green. “When you consider the depth of staff talent we have here, all the elements are in place to rise to the challenges while continuing to deliver on our promises to donors, patients and healthcare professionals— all parts of the community we serve. I am energized and privileged to be a part of it.”

Mr. Green joined BSI in 2014 after 15 years as president and CEO of the Mississippi Valley Regional Blood Center in Davenport, Iowa. Prior to that, he served in various executive positions with the American Red Cross, and collectively has over 26 years of blood banking experience. As BSI’s Blood Services President, Green oversaw a half-billion-dollar operating budget, 3,500 employees and service to 800 healthcare facilities in 24 states. He led a business model redesign for his division to effectively integrate affiliate and member blood centers, as well as finalized partnerships with centers in New Jersey, Ohio, Memphis and Sacramento.

A leader in the national blood banking community, Mr. Green has served as chairman of Blood Centers of America, president of America’s Blood Centers, and board director with AABB. He is also a veteran, having served for nine years as an active-duty Army officer in command and staff assignments. Green holds a bachelor’s degree from Knox College in Galesburg, Ill., and a master’s degree in administration from Central Michigan University.

Mr. Green will assume the CEO role full-time at the end of May. (Source: BSI press office) ♦

## ABC’s Premier Education Resource is now online

**Register today for industry-leading education**

The **ABC Professional Institute** Learning Portal provides access to webinars and self-paced online courses and resources that are intended to support the success of blood center employees and industry partners. The **ABC Professional Institute** offers industry-level training, allowing you to focus on organization-level training.

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- Community Blood Center Advocacy Day
- Leadership development courses
- Customer service courses
- Selection of recorded ABC webinars



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Customer Service Strategies & Techniques

Leadership Best Practices

**Find out more and register: [americasblood.org](http://americasblood.org) or [members.americasblood.org](http://members.americasblood.org)**





## MEMBER NEWS



Donald D. Doddridge retired from OneBlood on May 5, 2017 after more than 40 years of service to OneBlood and the blood banking industry. When Mr. Doddridge announced his plans to retire, his colleagues wanted to honor his leadership in the field of transfusion medicine. In a ceremony on April 25, 2017, the OneBlood main building in St. Petersburg, Florida, was dedicated in Mr. Doddridge's name. The ceremony was attended by OneBlood team members as well as leaders from the blood banking industry.

During that same event, Mr. Doddridge's personal commitment to the professional development of OneBlood employees was recognized with an announcement of the Doddridge Scholarship. This scholarship will be awarded to OneBlood employees to help recipients attain their educational goals, meet their professional objectives, and succeed to their fullest ability. The first Doddridge Scholars will be selected in 2018. (Source: OneBlood press office) ♦

## CALENDAR

### 2017

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](#). ♦



## 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 Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: [lspinelli@americasblood.org](mailto:lspinelli@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:

**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@bloodworksnw.org](mailto:HumanResources@bloodworksnw.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@bloodworksnw.org](mailto:HumanResources@bloodworksnw.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 years. We operate in a state-of-the-art, three-year-old,

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**POSITIONS** (continued from page 10)

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).

**Medical Technologist, Reference Lab.** This position is responsible for performing all reference laboratory procedures, which requires a thorough understanding of immunohematology and the principles and properties of red cell antigens and antibodies, including problem solving abilities. A reference laboratory technologist will provide consultation to hospital clients and may be involved in training staff. Education/Experience: Bachelor's Degree from a four-year college or university; BS in medical technology preferred. One to two years related experience and/or training; or equivalent combination of education and experience. Minimum of 2 years of experience in blood bank including skill in antibody identification procedures is mandatory. MT (ASCP) certification, BB or SBB or eligible preferred. Knowledge or experience in flow cytometry preferred. The position is available immediately. Interested candidates **must** apply online at [communitybloodservices.org](http://communitybloodservices.org). For questions, call Monica Melendez at 201-389-0436.

**Medical Technologist, Technical Services.** Responsible for performing routine donor testing, utilizing automated lab instruments or equipment. Perform high complexity testing: platelet crossmatch and platelet antibody screen. Medical Technologist degree required. NYS license required. ASCP preferred. One to two years of experience in blood banking or chemistry preferred. The position is available immediately. Interested candidates **must** apply online at [communitybloodservices.org](http://communitybloodservices.org). For questions, call Monica Melendez at 201-389-0436.

**Quality & Regulatory Affairs Specialist.** The Stanford Blood Center is seeking a quality & regulatory affairs specialist. Under the general supervision of the Director of Quality and Regulatory Affairs, this position will perform the quality and regulatory affairs duties and responsibilities by reviewing department procedures, forms, training documents, product and equipment quality control (QC), change control processes, validations, and assist with development, as necessary. Develop, perform and report departmental, system audits, and safety inspections. Perform Good Manufacturing Practice (GMP) and safety training, trend analysis of events and quality indicators, root cause analysis, process improvement, corrective and preventive actions; maintain compliance by enforcing applicable regulations and standards set by regulatory agencies and submit appropriate reports, when required. Four year college degree and at least three years of blood banking experience with solid familiarity of cGMP in a manufacturing setup, AABB BB/TS Standards, and Title 21 of Code of Federal Regulations required. Must have exceptional attention to detail, able to exercise flexibility, and prioritize tasks; strong collaboration and effective communication skills both verbally and in writing, able to problem solve, analyze and evaluate complex situations; work independently and initiate improvement ideas to enhance QRA program; proficient in Microsoft Office. Learn more [here](#), job #41357

**Lead Collections Trainer.** The Stanford Blood Center is seeking a Lead Collections Trainer. Under the general supervision of the Training Supervisor is responsible for the training of new and current Donor Services staff as required by each department, and all new and current Collections staff responsible for collecting whole blood and apheresis, blood donor evaluation and blood donor relations. Collaborate with department management to ensure all Donor Service new and current staff meeting training requirements and that training documentation is accurate and complete. Ability to work a 4/10 work schedule. Ability to be flexible with work schedule based on operational needs, including days, evenings and weekends is required. Schedule includes a rotating work cycle, from 5am to 10pm, Sunday through Saturday, with potential for daily changes in schedule and location. Four-year degree required. Two years of training, mentoring or presenting experience in a healthcare setting required. Previous supervisory experience desired. Blood donor collections at a blood center or direct patient care in a medical facility experience desired. Experience working as a trainer, phlebotomist, or charge nurse in a blood center preferred. California State Licensed Registered Nurse preferred. Must exemplify strict adherence to regulatory and government agency requirements. Must possess and keep current a Basic Life Support (BLS) for Healthcare Provider certification and valid noncommercial California Driver's License. To learn more, click [here](#), job #41319. ♦