

2026 #1

January 12, 2025

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Happy National Blood Donor Month! ABC and ADRP have provided resources to amplify your local efforts to celebrate and thank blood donors throughout January at: www.BloodDonorMonth.org.

CBER Publishes 2026 Guidance Agenda

The U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) has [published](#) its guidance agenda for 2026. The document outlines the guidance and draft guidances that CBEP "is considering for development" throughout the calendar year. Topics of note that the agency will look to address include:

- "Considerations for the Development of Blood Collection, Processing, and Storage Systems for the Manufacture of Blood Components Using the Buffy Coat Method; Guidance for Industry;
- Collection of Platelets by Automated Methods; Draft Guidance for Industry;
- Recommendations for Testing Blood Donations for Hepatitis B Virus; Guidance for Industry;
- Revised Recommendations to Reduce the Risk of Transfusion-Transmitted Malaria; Guidance for Industry and
- Recommendations for Testing Blood Donations for Human T-lymphotropic Viruses I and II; Draft Guidance for Industry.

Topics categorized as therapeutic products that may be of interest include:

- "Frequently Asked Questions — Cell and Gene Therapy Products; Guidance for Industry;
- Safety Testing of Human Allogeneic Cells Expanded for Use in Cell-Based Medical Products; Guidance for Industry;
- Post Approval Methods to Capture Safety and Efficacy Data for Cell and Gene Therapy;
- Products; Guidance for Industry
- Potency Assurance for Cellular and Gene Therapy Products; Guidance for Industry;
- Chimeric Antigen Receptor (CAR) T Cell Products: Development Considerations for Nononcology Indications; Draft Guidance for Industry;
- Expedited Programs for Regenerative Medicine Therapies for Serious Conditions; Guidance for Industry;
- Manufacturing Changes and Comparability for Human Cellular and Gene Therapy Products; Guidance for Industry;

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CBER Publishes 2026 Guidance Agenda (continued from page 1)

- Leveraging Prior Knowledge in the Development of Human Gene Therapy Products Incorporating Genome Editing; Draft Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of *Mycobacterium tuberculosis* by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Disease Agents Associated with Sepsis for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Human Immunodeficiency Virus (HIV) by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Hepatitis C Virus (HCV) by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Recommendations to Reduce the Risk of Transmission of Hepatitis B Virus (HBV) by Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry;
- Industry; [and]
- Recommendations for Determining Eligibility of Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); Guidance for Industry.

America’s Blood Centers (ABC) will continue to provide updates to member blood centers on its advocacy efforts regarding the CBER guidance agenda as they become available.

(Source: FDA [Announcement](#), 1/9/26) 💧

Strategic Merger Announced by Vitalant and San Diego Blood Bank

Vitalant and San Diego Blood Bank have “entered into an [agreement to merge](#).” A January 8th news release explained that the, “strategic partnership, supported by the boards of directors for both organizations, aims to enhance services and deliver greater value to hospitals, patients, and the broader community.” The organizations intend to, “leverage[e] their combined expertise and resources [to] offer integrated support, expanded reach, and advanced capabilities to donors, healthcare partners and patients alike.” The transaction is anticipated to close by the middle of this year (subject to regulatory review). “Upon closing [of the agreement], San Diego Blood Bank will become a subsidiary of Vitalant, retaining its name and Douglas Morton as CEO. A dedicated transition board of directors will also be established, ensuring a thoughtful and seamless merger that maximizes community benefit,” stated the news release.

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

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Strategic Merger Announced by Vitalant and San Diego Blood Bank (continued from page 2)

“San Diego Blood Bank has served Southern California for 75 years,” said David R. Green, chief executive officer (CEO) of Vitalant in the news release. “We look forward to building upon that legacy, offering our national resources and capabilities in transfusion medicine and biotherapies to enhance healthcare delivery. We’re grateful to both boards of directors for recognizing this opportunity to be stronger, together.” Doug Morton, CEO of San Diego Blood Bank, added in the news release, “partnering with Vitalant now helps to further strengthen the impact of our mission. Together, we will unlock new opportunities to serve our community and enhance the resiliency of our blood supply, while continuing our unwavering commitment to donors, volunteers, hospitals, and patients. [We] are dedicated to a smooth transition that prioritizes the needs of our community. Together, we are stronger and better positioned to save and improve lives across Southern California and beyond.”

(Source: Vitalant & San Diego Blood Bank [News Release](#), 1/8/26) 💧

Carter BloodCare and Texoma Regional Blood Center Join Forces

Carter BloodCare and Texoma Regional Blood Center have, “[united](#), expanding the reach of their vital services to help Texans in need of lifesaving blood,” according to a news release. “The development strategically unites the two centers as one organization. As part of Carter BloodCare, Texoma Regional Blood Center’s services continue uninterrupted in Sherman, Texas and throughout Grayson, Fannin, and Cooke counties. Carter BloodCare Chief Operating Officer B.J. Smith noted in the news release, “Carter BloodCare and Texoma Regional Blood Center have a strong, long-standing partnership and have always shared a mission to save lives by making transfusion happen. We are excited for our mission to grow even stronger. As our North Texas region becomes home to one of the fastest growing populations in the United States, we also must grow to meet increasing health needs of our communities.” Texoma Regional Blood Center Executive Director Stacy Braddock added in the announcement, “[f]or 50 years, Texoma Regional Blood Center has embodied excellence in transfusion medicine and related activities, and our commitment becomes stronger and bolder as we unite with Carter BloodCare. Patients in Grayson, Fannin, and Cooke counties can count on our volunteer donors and experienced team to ensure blood is available when and where it is needed.”

(Source: Carter BloodCare & Texoma Regional Blood Center [News Release](#), 12/23/25) 💧

PEOPLE



Carrie Wimsatt has [assumed](#) the role of chief executive officer (CEO) at Western Kentucky Regional Blood Center as of January 1st, according to a report in *The Messenger-Inquirer*. She succeeds Janet Howard who announced her [retirement](#) in November 2025 as CEO capping a 45-year career at the blood center. The publication noted that Ms. Wimsatt has previously worked in, “hospital transfusion services and led Owensboro Health’s medical laboratory science program. [She] spent the past year working with Ms. Howard as CEO in training to ensure the smoothest transition possible.” According to the article, Ms. Wimsatt graduated from Western Kentucky University [with] a bachelor’s degree in medical laboratory science [and] holds a master’s degree in public health and has a specialized certificate in blood banking.” She told *The Messenger-Inquirer*, “I have always been drawn to blood bank[ing]. When I finished my bachelor’s degree and I was working in transfusion services in the lab at the hospital, I always enjoyed blood bank[ing] and the feeling of being able to help. I didn’t know this opportunity was going to come, but I’ve always enjoyed blood bank[ing] and laboratory science, so it was definitely something that while I didn’t know exactly where I would end up, this field is what I’ve always enjoyed.”

(Source: *The Messenger Inquirer*, “[Wimsatt assumes CEO role at blood center](#),” 1/1/26) 💧

MEMBER NEWS

New York Blood Center Enterprises (NYBCe) recently [shared](#) that Congressman George Latimer (D-N.Y.) recognized the organization during a [House floor speech](#) acknowledging National Blood Donor Month. “I rise today to recognize National Blood Donor Month, which takes place each January. And to thank our fellow Americans who voluntarily donate blood. As a proud blood donor myself, I want to commend New York Blood Center and all the community blood centers across the United States that provide a lifeline to people and patients in our hospitals,” stated Congressman Latimer in the speech. “Today, as part of New York Blood Center Enterprises, that mission extends far beyond New York. From newborns and their mothers to cancer patients and trauma victims, community blood centers provide patients with the blood that keeps them alive. This month and always, I thank them.”



(Source: [NYBCe Announcement](#), 1/12/26) ♦

WORD IN WASHINGTON

The U.S. Food and Drug Administration (FDA) [announced](#) this week that it is, “sharing information about the agency’s flexible approach to overseeing chemistry, manufacturing and control (CMC) requirements for cell and gene therapies (CGT).” According to an agency news release, “[the] more flexible approach has been, and is expected to continue to be, helpful in expediting product development and will help guide the FDA’s evaluation of development strategies in preparation for a Biologics License Application (BLA) submission. [Given] the rapid scientific developments witnessed during the decade, it is a high priority for both the agency and the administration to remove barriers and perceived misconceptions that stand in the way of expedited product development. These flexibilities will enable progress while not compromising or undermining the FDA’s ability to assure safety, purity, and potency of a product, or weaken the FDA’s dependency on understanding the benefits and risks of both the specific therapy and the disease context.” A [communication](#) describing the approach includes sections on clinical development flexibilities, commercial specifications flexibilities, and process validation flexibilities for CGT. Clinical development flexibilities highlighted by FDA are:

- “[b]efore an investigational product is manufactured for phase II or III trials, the manufacturer will not be expected to comply with 21 CFR part 211. See 21 CFR 210.2(c);
- [t]he FDA reviews process and method validation consistent with a product lifecycle approach, understanding that process and method validations approaches are refined over time;
- [a]s final specifications for the drug substance and drug product are not expected until the end of the investigational process (21 CFR 312.23(a)(7)), INDs may provide for permissive product quality release acceptance criteria in investigational studies consistent with the quality requirements for products used in investigational studies; [and]
- [a]s sponsors move from phase 1 to studies designed to establish efficacy for licensure, CBER will allow minor manufacturing changes supported by data showing the comparability of the pre-change and post-change product without expecting overly stringent and onerous comparability data.”

(Sources: [FDA News Release](#), 1/11/26; [FDA Communication](#), 1/11/26)

The FDA has [approved](#) the, “first oral treatment Aqvesme (mitapivat) tablets for anemia n adults with alpha- or beta-thalassemia. This is the first oral treatment option for patients with beta-thalassemia and the first drug approval for patients with alpha thalassemia.” The agency’s approval was

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based on safety and efficacy data from, “two multinational, randomized, double-blind, placebo-controlled clinical studies. The ENERGIZE-T study evaluated 258 adults with transfusion-dependent thalassemia, with 171 adults receiving Aqvesme and 87 receiving placebo. Efficacy was based upon transfusion reduction response, defined as greater than 50 percent reduction in the number of red blood cell units transfused with a reduction of at least two units in any consecutive 12-week period between the baseline visit and Week 48. A higher proportion of patients taking Aqvesme achieved a transfusion reduction response (30 percent) compared with the placebo group (13 percent). A second trial, the ENERGIZE study, evaluated Aqvesme in 194 adults with non-transfusion-dependent thalassemia over 24 weeks, with 130 adults receiving Aqvesme daily and 64 receiving placebo. Efficacy was based upon hemoglobin response (a measure of the improvement in anemia), defined as a ≥ 1 g/dL increase from baseline in mean hemoglobin concentration at Week 24. A higher proportion of patients taking Aqvesme achieved a hemoglobin response (42 percent) compared with the placebo group (2 percent). Another efficacy endpoint in the ENERGIZE study assessed the mean change from baseline in fatigue-related symptoms and impacts using a patient-reported outcome instrument, the Functional Assessment of Chronic Illness Therapy-Fatigue Scale (FACIT-Fatigue). [The treatment] is only available through a restricted program called the Aqvesme Risk Evaluation and Mitigation Strategies (REMS) because of the risk of liver toxicity observed in the clinical trials.”

Source: (FDA [News Release](#), 1/5/26) 💧

RESEARCH IN BRIEF

IDSA Panel of Experts Recommends Guidance for Managing Asymptomatic Blood Donors Who Test Positive for *Babesia*. A paper [recently accepted](#) for publication in *Clinical Infectious Diseases* on behalf of the Infectious Diseases Society of America (IDSA) seeks to provide “guidance in the management of asymptomatic blood donors who test positive for *Babesia*.” According to the authors, “[o]ur consensus recommendations emphasize clinical evaluation and retesting rather than empirical treatment, reflecting both the unique characteristics of the blood donor population and the natural history of *Babesia* infection. Combined retesting with both peripheral blood smear (PBS) examination and polymerase chain reaction (PCR) is preferred, given the complementary strengths of these modalities in this context. While PCR offers superior sensitivity, it may detect remnant DNA from dead parasites, whereas a positive PBS provides compelling evidence of an active parasite infection. This dual approach helps distinguish donors who may have developed symptoms attributable to *Babesia* infection requiring treatment from those who can be safely observed. Serology is not advised as a first-line retesting approach as it may reflect past exposure rather than active infection. Asymptomatic *B. microti* PCR positive donors should be counseled regarding symptoms and risk factors for severe babesiosis and instructed to seek immediate medical evaluation if symptoms develop. If they remain asymptomatic with a negative PBS, the expert panel supports observation rather than treatment despite a subsequent reactive molecular test. [The expert panel] identified challenges that could influence decision-making. Given the regional distribution of *Babesia*, clinical experience varies, and this may contribute to differences in management decisions. Blood centers are widely distributed within endemic states, such that donors may not have ready access to specialist care. Cases may be managed by clinicians with varying levels of expertise. In addition, the timing of donor notification introduces additional complexity. [The expert panel] does not support routine treatment but recognizes that an individualized approach is warranted in select cases. Treatment decisions may factor proximity to healthcare service.”

Citation: Bloch, E. Jacobs, J., Vannier, E., *et al.* “[Guidance on the management of asymptomatic blood donors who test positive for *Babesia*](#).” *Clinical Infectious Diseases*. 2025. 💧





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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.

2026 Annual Meeting Registration is Open

[Register](#) and join us in Tucson, Ariz. for the [2026 America's Blood Centers \(ABC\) Annual Meeting](#)! Don't miss out on being part of the conversation at this premier gathering March 9th-12th at the Loews Ventana Canyon Resort. Be sure to [book your hotel reservation](#) early to secure the group rate before Friday, February 13th. View the [program](#) as the ABC Annual Meeting unites leaders from blood centers, industry, and government, fostering connections and exploring the latest in advocacy, operations, science, medicine, quality, regulatory, and more. New in 2026, we are pleased to announce a Quality and Regulatory track! This series of sessions, developed for quality and regulatory professionals, will provide attendees with actionable insights and the opportunity to collaborate with peers facing similar challenges fostering idea and information sharing. Please [contact us](#) with any questions.

Register for the QA Back to Basics Part 3 – Blood Center Notification Process Webinar

ABC will host part three of the QA Back to Basics webinar series on January 20th at 3 p.m. EST. Registration is required and complimentary for ABC member blood centers. Please [contact us](#) for a link. This interactive webinar will feature a panel discussion with three blood center QA experts:

- Alli Woods (Director, Quality & Regulatory Affairs at ImpactLife);
- Heloisa Zaffner (Quality Assurance Specialist at SunCoast); and
- Rachel McHale (Director, Quality Assurance & Regulatory Affairs at Hoxworth).

They will share valuable insights into their centers' notification processes, and attendees will have the opportunity to ask questions, exchange ideas, and discuss challenges directly with our panelists.

Register for the ADRP 3-Part Webinar Series on Planning, Supplementing, and Maximizing Staffing and Production

[Registration](#) is open for the next set of ADRP webinars titled "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production!" The first session, "Workforce Planning Model: Stabilize and Forecast your Collection FTEs," will take place on January 21st at 1 p.m. EST and focus on how to develop a functional workforce planning model as well as using the data and tools to stabilize the collections workforce. Speakers include:

- Renee Vansumeren (Versiti); and
- James Leclair, (Vitalant).

Session two will take place on February 18th at 1 p.m. EST and is titled "Maximizing Use of Volunteers for Scalability and Donor Experience to Supplement Staffing Resources." Speakers include:

- Susan Alexander-Wilson (We Are Blood)
- Sundee Busby, (Our Blood Institute); and
- Tara Scott (Our Blood Institute).

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INSIDE ABC (continued from page 6)

Session three will take place on March 18th at 1 p.m. EDT and is titled “Production Planning and Readiness: Aligning DR and DS for Efficient Use of Resources.” Speakers include:

- Kaila DiNallo (Versiti); and
- Julie Eaton (Vitalant).

A recording of the webinar will be available for all registrants. Please [contact us](#) with questions.

Executive Compensation Survey Results Are Available

The results of the Executive Compensation Survey are in! Authorized individuals from participating blood centers received an email on December 3rd from benchmarking@americasblood.org with instructions to access the survey data. If you participated and did not receive the results email, please [contact us](#). Non-participants can purchase the results by clicking [here](#). The Executive Compensation Survey serves as a resource for blood center chief executive officers (CEOs) and their boards in setting executive salaries/benefits, as well as meeting the Internal Revenue Service (IRS) Form 990 requirements to demonstrate comparability of executive compensation. ♦

STATE ADVOCACY BRIEFS

A bill (S. 3984) [introduced](#) in the New York State Senate has been referred to the Senate Health Committee. The proposed legislation, “[a]uthorizes the commissioner of health to make grants to be used to help pay for the costs of conducting local blood drives. Specifically, the grants would be given to, “not-for-profit organizations and elementary, secondary and postsecondary schools to be used to help pay for the costs of conducting a local blood donation drive.”

(Source: [New York State Senate Bill 3984](#), 1/7/26)

New York State Senate Bill 4183 has been [referred](#) to the Senate Budget and Revenue Committee. The proposed legislation would, “establish personal income tax credit for taxpayers who donate blood to a blood bank four or more times [a] year.”

(Source: [New York State Senate Bill 4183](#), 1/7/26)

GLOBAL NEWS

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), recently [launched](#) a new campaign to, “make blood donation a more welcoming and empowering experience for Black heritage donors by enabling them to give blood together.” An announcement from the organization explained that, “[t]he move comes after feedback from Black heritage groups revealed they were more likely to become regular blood donors if they could donate as part of a group or network - be that work colleagues, faith, community or friendship groups.

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GLOBAL NEWS (continued from page 7)

In response, NHSBT has created a group booking system especially for Black heritage donors that allows them to reserve group slots to give blood together. The aim is to create a shared experience that makes donating a more welcoming, inspiring, and impactful experience. [The initiative] was created to help boost the number of Black heritage donors whose blood holds the key to treating people living with sickle cell — the country's fastest growing inherited blood disorder that affects around 18,000 people - each year 300 babies are born with the condition." NHSBT Director of Donor Experience Mark Chambers added that, "[t]he new group bookings initiative provides organi[z]ations the opportunity to reserve slots to give blood together. Whether it's friends, colleagues, or community members. The initiative is about creating a shared experience that makes donating more welcoming, inspiring, and impactful — especially for first time donors — in a setting that feels more like community than clinic. This new service is all about the power of community - a chance to come together, donate together, and save lives together."

(Source: NHSBT [Announcement](#), 12/22/25)

NOVA24 is reporting that Japan and Uzbekistan have [partnered](#) to provide the latter with more than \$2.3 million earmarked for blood center equipment to be used for blood storage and transportation throughout the country. The publication indicated that the countries signed an agreement which seeks to, "meet Uzbekistan's growing need for donor blood, as well as to increase the share of blood products produced from blood obtained through voluntary donation. The initiative also aims to expand access to safe blood products for the population of Uzbekistan and contribute to improving the national healthcare system by applying advanced Japanese technologies. It is noted that within the [initiative's framework that the partnership is also meant to] strengthen mutually beneficial relations with the five Central Asian countries."

(Source: NOVA24, "[Uzbekistan and Japan to upgrade blood transfusion equipment](#)," 12/25/25) 💧

COMPANY NEWS

The Association for the Advancement of Blood & Biotherapies (AABB) recently [published](#) *Association Bulletin #25-02* regarding the "Status of the Terumo Blood and Cell Technologies (Terumo BCT) COBE™ 2991 Discontinuation and Impact on Blood Cell Processing." Terumo BCT previously announced that the, "manufacture, maintenance, and upkeep of the device will be discontinued due to challenges in obtaining essential components and parts. The final date for when Terumo BCT will end support for spares, repairs, service agreements, and technical service is March 31st, 2031." The bulletin describes key considerations and alternative approaches to mitigate the impact of the device discontinuation noting that, "[t]he COBE™ 2991 is licensed and currently used by blood centers and hospital-based facilities throughout the globe for the following procedures:

- washing red blood cells (RBC);
- deglycerolizing frozen RBCs;
- platelet washing;
- marrow processing;
- cell concentration;
- intraoperative blood recovery processing;
- density gradient separation; [and]
- creation of red cell stroma for use as an immunohematology reagent."

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COMPANY NEWS (continued from page 8)

At this time, there is no other device currently available on the market that performs all of the functions licensed for the COBE™ 2991 device.”

(Source: [AABB Association Bulletin #25-02](#), 12/19/25)

Octapharma USA, Inc. recently [announced](#) that U.S. Food and Drug Administration (FDA) has approved, “a new 2-gram presentation of Fibryga®, Fibrinogen (Human) Lyophilized Powder for Reconstitution, for fibrinogen replacement in patients with acquired fibrinogen deficiency (AFD).” According to a company news release, “Fibryga® is the first and only virus-inactivated, human plasma-derived fibrinogen concentrate approved for AFD in the U.S. The product’s lyophilized powder formulation allows for rapid reconstitution at the point of care, offering a more consistent and targeted alternative to cryoprecipitate, which has long been the standard of care.”

(Source: Octapharma USA, Inc. [News Release](#), 1/7/26) 💧

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.)*

2026

Jan 20. **America’s Blood Centers (ABC) Back to QA Basics Webinar Series Part III: Blood Center Notification Process.** Please [contact us](#) for a link to registration and more information.

Jan. 29-30. **National Institutes of Health (NIH) Cardiopulmonary Complications of Hematopoietic Stem Cell Transplantation (HCT) and Gene Therapy (Hybrid).** [Registration](#) is open. More information is available [here](#).

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](#).

Feb. 23. **U.S. Food and Drug Administration (FDA) Public Meeting: FDA Rare Disease Day 2026 (Virtual).** [Registration](#) is open. More information is available [here](#).

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](#).

April 19. **American Hospital Association (AHA) Annual Membership Meeting.** Washington, D.C. [Registration](#) is open. More information is available [here](#).

Mar. 9-12. **2026 ABC Annual Meeting.** Tucson, Ariz. [Registration](#) is open. More information available [here](#).

May 12-14. **2026 ADRP Annual Conference.** Minneapolis, Minn. [Registration](#) is open. More information is available [here](#).

May 20-21. **IPFA/Paul-Ehrlich Institut[e] (PEI) 32nd International Workshop on Surveillance and Screening of Blood-borne Pathogens.** Bilbao, Spain. [Registration](#) is open. More information available [here](#).

June 8-9. **2026 ABC Advocacy Workshop.** Washington, D.C. More information is coming soon.

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CALENDAR (continued from page 9)

June 20-24. **International Society of Blood Transfusion (ISBT) 39th International Congress. Kuala Lumpur, Malaysia.** [Registration](#) is open. More information available [here](#).

Oct. 4-7. **American Association of Tissue Banks (AATB) Annual Meeting. San Francisco, Calif.** More information available [here](#).

Oct. 17-19. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Atlanta, Ga.** More information is coming soon.

Nov. 17-20. **American Society for Clinical Pathology (ASCP) and Canadian Association of Pathologists- Association Canadienne des Pathologistes (CAP-ACP) Joint Annual Meeting. Montreal, QC .** [Registration](#) is open. More information available [here](#). 💧

CLASSIFIED ADVERTISING

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

POSITIONS

Donor Recruitment Manager. Blood Assurance is seeking a **Donor Recruitment Manager** to lead field recruitment efforts that build new and existing business in our North Georgia, Northeast Alabama, and Western North Carolina region. Primary responsibilities include direct leadership of Account Managers in expanding blood drive activity on mobiles primarily, and in facilities as needed, based on growth strategy in a specific type of blood product recruitment and collection. Assist in developing long-term community business partnerships and coordinating internally with all leadership levels to support or expand Blood Assurance recruitment efforts. Work closely with Donor Services leadership to ensure recruitment and collection teams are working together toward meeting overall product collection goals. Qualified applicants will have: a Bachelor's degree, preferably in business, marketing, or a related field. Seven to 10 years of sales experience, preferably in blood banking. Three to 5 years of sales staff management. Advanced communication skills. Public presentation and networking skills. Advanced organizational, customer service, and teamwork skills. We offer many benefits including: Health/Dental/Vision Insurance, Flexible Spending Account, Employee Assistance Program for you and your family, Company Paid Time Off, 401K with Company Match, Wellness Program, and Relocation Assistance. Please visit [Careers — Blood Assurance](#) to view the full job description and apply.

Laboratory Services Manager. The Blood Bank of Alaska is looking for a Laboratory Services Manager. Under the general direction of the Director of Laboratory Services, this person is responsible for oversight of daily laboratory operations, ensuring that laboratory product QC and donor test results meet CLIA, AABB, and FDA compliance standards/regulations for the manufacture of blood products. The Laboratory Services Manager is also

responsible for oversight of laboratory personnel. This position is full-time exempt. The Blood Bank of Alaska offers competitive wages and an exceptional benefits plan. We offer medical, dental, vision, life, and short/long-term disability programs to qualified employees. Educational assistance, paid annual leave and holidays, and a 401 (k) program are also available. The Blood Bank is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status, or any other legally protected status. Interested candidates, please apply online at <https://bloodbankofalaska.apscareerportal.com>. A complete job description can be found there as well.

Quality Systems and Software Specialist. The Blood Bank of Alaska (BBA) is looking for a Quality Systems and Software Specialist. The person in this role is responsible for promoting organizational compliance with accrediting agency, state, and federal regulations. Managing the Blood Bank of Alaska's occurrence program, which includes performing investigations for occurrences. The Quality Systems and Software Specialist manages and performs internal audits, as well as facilitates changes to BBA's Standard Operating Procedures (SOPs). Acts as administrator for BBA's Blood Establishment Computer System (BECS) and any other applicable software programs. Also provides customer service to BBA's software users and manages as well as performs software upgrades and validations. The Blood Bank of Alaska offers competitive wages and an exceptional benefits plan. We offer medical, dental, vision, life, and short/long-term disability programs to qualified employees. Educational assistance, paid annual leave and holidays, and a 401 (k) program are also available. The

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POSITIONS (continued from 10)

Blood Bank is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status, or any other legally protected status. Interested candidates, please apply online at <https://bloodbankofalaska.apscareerportal.com>. A complete job description can be found there as well.

Client Solutions Engineer. BBCS is Hiring: Client Solutions Engineer! Blood Bank Computer Systems (BBCS) is seeking a **Client Solutions Engineer** to support client implementations and ongoing success across the blood and biologics industry. This **client-facing, solutions-focused role** partners closely with Client Success and Implementation teams to help organizations understand how the **ForLife® and Forcyte™ platforms** support operational efficiency, regulatory compliance, and best practices throughout the blood donation lifecycle. The Client Solutions Engineer serves as a trusted advisor, delivering workflow expertise, product demonstrations, and solution guidance—this is **not a software development role**. Responsibilities include leading platform demonstrations, supporting implementation discussions, assisting with workflow design and process improvement, participating in troubleshooting efforts, and providing structured product feedback to internal teams. The role also requires staying current on operational and regulatory changes impacting blood and biologics organizations. **Position Details:** Full-time, salaried exempt role. Reports to the Vice President of Client Success. Interested candidates are encouraged to **learn more and apply online:** <https://bbcsinc.com/jobs/solutions-engineer/>. For questions, candidates may contact hr@bbcsinc.com.

Senior Vice President, Legal Affairs (Fort Lauderdale, Fla). OneBlood seeks an accomplished Senior Vice President, Legal Affairs to design, build, and lead its in-house legal function. Reporting to the CEO, this executive will serve as a trusted advisor to senior leadership, shaping legal strategy, governance, compliance, and enterprise risk management within a complex healthcare and nonprofit environment. Responsibilities include overseeing healthcare regulatory compliance (including HIPAA and FDA matters), developing policies and contracting frameworks, and supporting strategic initiatives such as expansion projects, joint ventures, and major vendor agreements. The role requires a J.D., 10+ years of combined law firm and in-house experience, deep healthcare and nonprofit expertise, and admission to (or eligibility for) the Florida Bar. This is a unique opportunity to build a high-impact legal function aligned with a mission-driven organization. [Apply here.](#)

Director of Hospital Services (Fresno, CA). This position is a senior leadership role responsible for overseeing the manufacturing, distribution, testing, and coordination of quality blood products and services to hospital partners. This role is responsible for ensuring hospital partners have access to quality products and services in a 24/7 capacity. This leadership position is responsible for guaranteeing products and services are following all regulatory requirements designed to create and maintain a safe blood supply through the management and oversight of three separate and distinct business units. **For more information, go to:** <https://talent.paylocity.com/Talent/Jobs/Details/3539641>. **The deadline to apply is Friday, January 16, 2026.**

Medical Laboratory Technologist (MEDIC Regional Blood Center - Knoxville, TN). We are seeking a highly skilled and detail-oriented Medical Laboratory Technologist to join our reference laboratory team. The ideal candidate will possess extensive experience in clinical laboratory procedures, laboratory management, and advanced diagnostic techniques. This role offers an exciting opportunity to contribute to cutting-edge research, clinical trials, and patient diagnostics by performing precise laboratory tests and ensuring the integrity of specimen processing. The successful applicant will demonstrate strong data management skills, proficiency in various laboratory techniques, and a thorough understanding of medical terminology and physiology. **Essential Duties & Responsibilities:** Operate and maintain laboratory equipment in a safe, clean, and orderly manner. Perform routine and special laboratory procedures for testing blood products, including but not limited to donor testing, quality control testing, component preparation, suitability of returned components, screening for antigen-negative blood, and labeling of blood components. Perform as a batch review and release technologist to verify the acceptability of blood products for transfusion and manufacturing use. **Required:** Medical Technologist license valid in TN. Bachelor's degree in a related field. **Preferred:** Minimum of two years of blood banking experience. **Next Steps:** If you would like to apply, please click [here](#). 💧