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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2026 #7 **March 2, 2026**

INSIDE:

In Vitro Quality of RBC and Plasma Units Stored in Non-DEHP Bags Examined

A paper published in *Vox Sanguinis* aimed to, "comprehensively evaluate the *in vitro* quality of red blood cells (RBCs) stored in di(2-ethylhexyl) terephthalate (DEHT) bags containing a phosphate-adenine-glucose-guanosine-saline-mannitol (PAGGSM) solution, compared with DEHT/saline-adenine-glucose-mannitol (SAGM) bags over a 49-day storage period, as well as plasma units assessed up to two years." The researchers also sought to, "evaluate how a change in plasticizer (from di(2-ethylhexyl) phthalate (DEHP) to DEHT) affects the blood component quality when the collection site is far from the processing cent[er] or when the processing is performed far from the hospital where the blood components are stored. Half of the units were transported before processing, and the other half was processed early before shipping."

The authors explained that, "RBCs were sampled on day 1 (D1), D21, D28, D35, D42 and D49 of storage. A maximum volume of 10 mL was collected at each sampling point. All plasma units were sampled on D1, and eight plasma units were thawed and sampled at the first three sampling points (6 months, 1 year, and 2 years). The final sampling will occur at the 3-year freezing time point using the same process. For each sampling point, 4 plasma units were provided by SFS Belgium and 4 others by EFS Bourgogne Franche Comté. [The conformity] of RBC and plasma units was assessed in accordance with European Directorate for the Quality of Medicines & Healthcare (EDQM) criteria, 21st edition." [Hemolysis and potassium] were analy[z]ed to assess the effects of additive solutions on cell membrane degradation and also to evaluate the effect of transport and early (at SFS) versus late processing (at EFS) by comparing the results between the sites."

The study found that, "h[e]molysis was significantly lower in the PAGGSM group from D21 onwards at the EFS site, whereas the difference was significant from D35 for SFS. H[e]molysis was compliant with EDQM requirements: <0.8% for all the RBC bags until D42 with a mean for the PAGGSM group at 0.25% and for the SAGM group at 0.41%. On D49, h[e]molysis in two bags (one bag from each site) in the SAGM group was >0.8%, whereas all PAGGSM bags were compliant until the end of storage. Potassium increased during storage, but there was no significant difference between the two groups at EFS. [For SFS,] there was a significant difference from D28 until the end of storage. [pH was significantly] lower in the PAGGSM group at each time point and at the two sites. There was no significant difference in glucose levels between the SAGM and PAGGSM groups at EFS and SFS during storage. Lactate levels were significantly lower in PAGGSM bags than in SAGM bags until D35 for SFS. The SAGM group showed a significantly lower

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In Vitro Quality of RBC and Plasma Units Stored in Non-DEHP Bags Examined (continued from page 1)

adenosine triphosphate (ATP) level during storage at EFS than the PAGGSM group, while there was no significant difference between the two groups at SFS."

Additionally, the researchers explained that, "[a]s plasma is not stored in PAGGSM or SAGM, the analysis was performed between EFS (transport + overnight processing) and SFS (processing + transportation on D0) sites to assess the impact of processing and transport on the plasma quality parameters. The analy[z]ed parameters were consistent, resulting in no significant difference between the EFS and SFS groups on D1. During storage, recovery compared to D1 was similar between the two groups. [After 2 years of storage,] all the plasma units complied with EDQM requirements."

The paper concluded that, "this study reinforces the potential of DEHT as a safer and effective alternative to DEHP in blood storage bags in routine settings. The combination of DEHT and PAGGSM appears particularly advantageous for maintaining RBC quality during storage. Continued research and development in this area are essential for optimizing blood storage practices and ensuring the highest standards of patient care." Acknowledged limitations of the study included: "the absence of a DEHP study arm, even though results can be compared with routine data; the limited plasma sample size at each testing point (n = 8), precluding robust statistical analysis. [The] results could also have been impacted by differences in the transport and processing of units/samples. Additional investigations are needed to evaluate the performance of DEHT/PAGGSM bags in different blood processing settings, mainly with downstream processes such as irradiation or washing."

Citation: Lotens, A., Najdovski, T., de Valensart, N., *et al*. "*In vitro* quality assessment of red blood cells and plasma units in DEHT/SAGM bags and DEHT/PAGGSM bags during storage." *Vox Sanguinis*. 2025

REGULATORY NEWS

The U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) and Center for Drug Evaluation and Research (CDER) announced on February 23rd that a draft guidance has been issued titled "Considerations for the use of the Plausible Mechanism Framework to Develop Individualized Therapies that Target Specific Genetic Conditions with Known Biological Cause." According to a news release from FDA, the draft guidance, "specifically discusses genome editing and RNA-based therapies such as antisense oligonucleotides but leaves open the potential that this framework may apply to additional tailored therapeutics provided, they directly address the underlying specific cause of the disease." Additionally, the draft guidance, "focuses on therapies that target a specific genetic, cellular, or molecular abnormality and are designed to correct or modify the underlying cause of disease. Key criteria include:

- "[i]dentifying the disease-causing abnormality;
- [d]emonstrating the therapy targets the root cause or proximate biological pathway;
- [r]elying on well-characterized natural history data in untreated patients;
- [c]onfirming successful target drugging or editing; [and]
- [f]or traditional approval, therapies should demonstrate improvement in clinical outcomes, disease course, or biomarkers if they are established to predict clinical benefit."

The agency further explained in the announcement that, "FDA recognizes that an adequate and well-controlled clinical investigation in this context will include a small sample size, therefore, investigation results should be sufficiently robust to exclude chance findings. When determining effectiveness, the FDA considers the specific disease, the strength of the evidence and the challenges of conducting clinical

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REGULATORY NEWS (continued from page 2)

investigations for individualized therapies." Comments on the draft guidance are due by April 27th.

(Source: FDA Announcement, 2/23/26)

The FDA has published a notice in the *Federal Register* regarding "Agency Information Collection Activities; Proposed Collection; Comment Request; Biological Products: Reporting of Biological Product Deviations and Human Cells, Tissues, and Cellular and Tissue-Based Product Deviations in Manufacturing." The notice explains that FDA is seeking, "comments on the information collection requirements relating to the reporting of biological product deviations and human cells, tissues, and cellular and tissue-based product (HCT/P) deviations in manufacturing, and Forms FDA 3486 and 3486A." Comments are due by April 27th.

(Source: *Federal Register* Notice, 2/25/26)

WORD IN WASHINGTON

Jay Bhattacharya, MD, PhD has been named acting director of the U.S. Centers for Disease Control and Prevention (CDC). He will remain in his role as the director of the National Institutes of Health (NIH). According to his agency bio, [Dr. Bhattacharya] is a, "doctor, researcher, [and] health economist [who] previously held a tenured professorship in the medical school at Stanford University in California. His research focused on population aging and chronic disease, particularly on the health and well-being of vulnerable populations. He has published over 170 research papers in peer-reviewed journals in medicine, epidemiology, health policy, economics, statistics, science policy, and public health, as well as a leading textbook on health economics. [Dr. Bhattacharya is] a longtime NIH grantee and has served as a standing member of multiple NIH review committees. He earned his bachelor's and master's degrees in economics from Stanford University. He then completed medical school and earned a PhD in economics also from Stanford University."

(Source: CDC Announcement, 2/18/26)

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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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WORD IN WASHINGTON (continued from page 3)

The CDC has announced that Dr. Ralph Abraham has resigned as principal deputy director. A statement from the agency noted that, "Dr. Abraham led with clarity and discipline, advancing the CDC's mission to protect the health and safety of the American people. He worked directly with career staff and public health partners to strengthen national preparedness and improve the country's emergency response efforts." Dr. Abraham added in the statement, "[i]t has been an honor to serve alongside the dedicated public health professionals at the CDC and to support the agency's critical mission."

(Source: CDC Announcement, 2/23/26)

The U.S. Government Accountability Office (GAO) has published a February 23rd report titled "Public Health Preparedness: "Improved Coordination Needed for HHS's Emergency Preparedness Programs." The agency report found that the U.S. Department of Health and Human Services (HHS) Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP), "lack a formal mechanism, such as joint exercises, written agreements, or working groups, to coordinate them. Coordinating these preparedness programs could allow HHS to better manage them and support jurisdictions as they prepare both their public health and health care systems to respond to public health threats and emergencies. Further, HHS does not collect or analyze information on jurisdictions' ability to meet the 15 public health and four health care preparedness capabilities and any related gaps. According to HHS documentation, it identified these capabilities to serve as national guidance. The capabilities describe skills and abilities jurisdictions need to effectively respond to, and recover from, public health threats and emergencies." GAO recommended that:

- "[t]he Assistant Secretary for Preparedness and Response and the Director of CDC should develop a mechanism, or mechanisms, to coordinate PHEP and HPP by, for example, taking into consideration GAO's *Leading Practices to Enhance Interagency Collaboration and Address Crosscutting Challenges*;
- [t]he Director of CDC should provide information to jurisdictions on how the required PHEP activities support the development of the public health preparedness capabilities;
- [t]he Assistant Secretary for Preparedness and Response should provide information to jurisdictions on how the required HPP activities support the development of the healthcare preparedness capabilities;
- [t]he Director of CDC should collect and analyze information on jurisdictions' ability to meet the public health preparedness capabilities and identify any related gaps in partnership with jurisdictions; [and]
- [t]he Assistant Secretary for Preparedness and Response should collect and analyze information on jurisdictions' ability to meet healthcare preparedness capabilities and identify any related gaps in partnership with jurisdictions."

(Source: GAO Report, 2/23/26)

The U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) held a February 25th hearing regarding the nomination of Casey Means, MD for Surgeon General. Dr. Means received her, undergraduate and medical degrees from Stanford University and has held research positions at the National Institutes of Health, New York University, and Oregon Health & Science University.

(Source: Senate HELP Committee Announcement, 2/25/26)

PEOPLE

Celina Montemayor-Garcia, MD, PhD recently joined Carter BloodCare as chief medical officer. She previously served as medical and scientific lead of Red Cell Genomics at Canadian Blood Services. According to the blood center announcement, "Dr. Montemayor received her MD from Monterrey Tec Medical School in Monterrey, Mexico [and] her PhD in Molecular and Cellular Biology from Baylor College of Medicine in Houston, Texas. She completed her residency in Anatomical and Clinical Pathology at the University of Wisconsin Hospitals and Clinics in Madison, Wisconsin. She received her Blood Banking/Transfusion Medicine fellowship training at the National Institutes of Health (NIH)." Carter BloodCare President and Chief Executive Officer Barbara Bryant, MD added in the news release, "Dr. Montemayor has demonstrated remarkable expertise in molecular methods and genomics. [She] pioneered the very first open-source technology capable of translating Next Generation Sequencing (NGS) data into precise and comprehensive blood type reports."

(Source: Carter BloodCare Announcement, 2/19/26)

MEMBER NEWS

CBCO Executive Director and ABC Board Vice President Anthony Roberts (left) presenting Ozarks Food Harvest with a check last month.

Community Blood Center of the Ozarks (CBCO) proudly celebrated the impact of its LifePoints Lift charity partner program in February. Through LifePoints Lift, donors can make a difference twice: once by helping local patients in need, and again by donating their rewards points to support area nonprofits. Thanks to the generosity of CBCO donors, more than $16,000 was awarded to 13 community organizations during this cycle. These contributions are made possible when donors convert their LifePoints to charitable gifts, which CBCO then turns into direct financial support for participating partners. A special congratulations goes to Ozarks Food Harvest, which has held the top partner spot since the program's launch 12 years ago. CBCO is grateful for the ongoing dedication of its donors and the incredible work of its LifePoints Lift partners throughout the region.

Contributed by Michelle Teter, Media Relations Representative at CBCO

The National Blood Collaborative (NBC) recently announced the addition of **Central California Blood Center** as a member and the launch of a redesigned website. "We are honored to join this dynamic collaborative," stated Christine Hayes, president and chief executive officer (CEO) of Central California Blood Center, in a news release. "The launch of this new website signals the collaborative's progress and readiness to engage partners at a new level. We look forward to contributing and learning, and to advancing shared outcomes for the communities we serve." The website redesign aims to, "reflec[t] the collaborative's commitment to innovation, extensive product offerings and services, and the collaborative efforts to build a stronger network for clients and partners." Lisa Entrikin, CEO of **Rock River Valley Blood Center** and the current NBC President added "Today marks a significant step forward for us. Our new website is not just a facelift, it is a strategic platform built to connect, inform, and mobilize our collaborative network. We are equally excited to welcome Central California Blood Center aboard. Their commitment to community health and operational excellence aligns perfectly with our vision. Together we'll amplify our impact."

(Source: NBC News Release, 2/27/26)

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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.

Time Running Out to Register for the 2026 ABC Annual Meeting

Register and join us in Tucson, Ariz. for the 2026 America's Blood Centers (ABC) Annual Meeting! Don't miss being part of the conversation at this premier gathering March 9th-12th at the Loews Ventana Canyon Resort. 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, replacing the previous standalone ABC Quality and Technical Workshop. 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.

Hear our keynote speaker Lisa Goldstein, managing director of Kaufman Hall, discuss "Navigating Disruption: How Hospital Industry Shifts Reshape Blood Center Strategy." She will explore:

- the key financial challenges hospitals are facing;
- lessons learned from recent industry disruptions; and
- how hospital pressures are reshaping reimbursement, partnerships, and expectations for blood centers.

Please contact us with any questions.

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

Registration is open for part three of ADRP webinar series titled "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production!" Part 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 series will be available for all registrants. Please contact us with questions.

Schedule Released for 2026 ADRP Annual Conference – Register Today!

View the schedule and register now for the 2026 ADRP Annual Conference in Minneapolis, Minn., May 12th-14th, at the Hyatt Regency Minneapolis. Remember to book your hotel room by April 10th for the discounted rate.

Hear conference Keynote Speaker Courtney Clark deliver "The Short Cut: How Strategic Adaptability Outperforms Grit" as she shares insights from her National Goal Resilience Study. Ms. Clark will explore strategies to help individuals and teams avoid burnout, adapt to change, and focus on what truly drives progress. Attendees will learn how to:

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- recognize when persistence helps — and when it holds you back;
- increase flexibility during change and uncertainty;
- distinguish between goals and plans, and focus on what matters most; and
- use a simple framework to prioritize competing demands.

Additionally, this conference offers a chance to learn about industry trends, share ideas, and connect with other donor recruitment, donor services, collections, marketing, and communications professionals. Join more than 300 of your peers by participating in pre-conference workshops, attending compelling educational sessions, engaging in roundtable discussions, and exploring an expansive exhibit hall filled with innovative solutions. Seize this extraordinary opportunity to learn, share, and grow within the blood community. Please contact us with any questions as we look forward to seeing you!

Volunteer to Join An ADRP Committee in 2026!

Don't miss your chance to make an impact as a part of ADRP's global community! Please join your peers and volunteer to serve on an ADRP Committee or work group. ADRP is seeking individuals like you, who play a vital role in furthering ADRP's mission to educate and empower blood banking professionals worldwide, who are committed to donor recruitment, donor experience, and donor management.

ADRP Committees help execute areas of work identified in the ADRP strategic plan in alignment with annual charges provided by the ADRP Advisory Board. Volunteer opportunities for ADRP Committees and work groups include:

- Conference Committee;
- International Outreach Committee;
- Marketing Resources Committee;
- Webinar Committee; or
- Workshop Work Group on Middle Manager Development.

The deadline to apply for a committee or work group is March 18th. Committee terms are for one year. Please contact us with questions or requests for additional information.

ADRP Trends in Donor Relations Study Is Now Open

ADRP is pleased to announce the launch of the *ADRP Trends in Donor Relations Study*. This survey is a strategic tool for blood centers to use in evaluating the performance of collection and recruitment operations and marketing strategies in comparison to your domestic and international colleagues. ADRP has partnered with a third-party company, Dynamic Benchmarking, to improve the data collection and reporting experience. As always, our top priority is the confidentiality of your data. The information in this report will only be reported in aggregate and in accordance with anti-trust regulations. A key feature of the reporting platform is the ability to view how your operations compare to others using a variety of dynamic filters, including blood center location, collection levels, and employee count. Only centers that participate in the survey will have access to this information. Complete the survey by April 1st and only submit one response per blood center, so please coordinate your responses accordingly. Contact us with any questions.

GLOBAL NEWS

A report published by the Belga News Agency stated that, Belgian Red Cross Flanders is, "seeking to reduce Belgium's dependence on the U.S. for blood plasma by significantly increasing domestic plasma donations." Specifically, the news outlet explained that Red Cross Flanders, "hopes to reach a tipping point by 2028, when it expects to collect more plasma donations than traditional blood donations for the first time. The shift reflects growing global demand for plasma." The organization believes that, "scaling up plasma collection is not a luxury but a necessity. [Increasing] domestic supply would not only strengthen Belgium's strategic autonomy in healthcare but also provide greater security in times of international disruption. While Belgium's blood reserves remain stable, the continued reliance on U.S. plasma has prompted calls for greater self-sufficiency, a goal the organi[z]ation now hopes to achieve within the next few years. [Belgium currently sources around half of its plasma supply from the U.S.," according to the news organization.

(Source: Belga News Agency, "Red Cross Flanders aims to cut reliance on U.S. plasma, 2/20/26)

The European Medicines Agency (EMA) is, "recommending granting a marketing authori[z]ation in the European Union (EU) for mCombriax," Moderna's mRNA combination COVID-19 and influenza vaccine candidate. According to an agency news release, the approval would apply for using the vaccine candidate to protect against COVID-19 and influenza for individuals 50 years of age and older. "In recommending the vaccine's authori[z]ation, EMA's human medicines committee (CHMP) considered data showing that mCombriax triggered the production of adequate amounts of antibodies against both viruses. [The opinion] will now be sent to the European Commission for the adoption of a decision on an EU-wide marketing authori[z]ation."

(Source: EMA News Release, 2/27/26)

The New Zealand Blood Service (NZBS) recently announced that is "launching" a mobile plasma collection bus that will service Taranaki, Hawke's Bay, Bay of Plenty and Waikato. The announcement from the organization noted that the plasma bus, "has been specially designed to safely transport the equipment needed to set up mobile plasma drives in communities without fixed donor [centers and carry eight plasma donation machines.] The mobile plasma team is hoping to collect at least 115 donations per week, which is expected to boost national collections by 4 percent."

(Source: New Zealand Blood Service Announcement, 2/26/26)

COMPANY NEWS

Johnson & Johnson is making a more than $1 billion investment in, "a next generation cell therapy manufacturing facility in Montgomery County, Pennsylvania." A company news release noted that the new facility will, "further expand the [c]ompany's U.S. manufacturing capacity as it advances its industry leading portfolio and pipeline of transformational medicines for cancer, immune-mediated and neurological diseases. [The facility] will support more than 500 skilled biomanufacturing jobs when fully operational and more than 4,000 construction jobs during site development."

(Source: Johnson & Johnson News Release, 2/18/26)

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COMPANY NEWS (continued from page 8)

BioMarin Pharmaceutical Inc. recently announced that it is removing its hemophilia A gene therapy (Roctavian) from the U.S. market, according to the National Bleeding Disorders Foundation. A letter from BioMarin Pharmaceutical Inc. to the organization explained that, "[f]ollowing our October announcement to divest Roctavian and remove it from our portfolio, we undertook a comprehensive effort to identify a potential buyer with an established presence in hematology or gene therapy, criteria we determined were necessary to ensure long-term success with this medicine. Despite these efforts, we were unable to identify a qualified buyer, and we have made the decision to voluntarily withdraw Roctavian from the market. This decision is not related to Roctavian's efficacy or safety profile. We recognize the considerable time and energy that adults with severe hemophilia A and their healthcare teams have invested in preparation to receive treatment with Roctavian, and we will continue to make Roctavian available through the end of May in the U.S., Italy, and Germany. As we navigate this transition, we are working closely with healthcare providers to support patient care and enable those who wish to receive treatment to do so."

(Source: National Bleeding Disorders Foundation Announcement, 2/26/26)

Terumo Blood and Cell Technologies is hosting a joint webinar with ADRP titled "Transforming Blood Centers: Reveos Success in the U.S." Registration is open as this event taking place on April 2nd at 1 p.m. EDT. The webinar will provide initial data and insights from the first U.S. Reveos adopters. Hear from The Blood Center (New Orleans) and Carter BloodCare as they share their experience from the successful implementation of the Reveos Automated Blood Processing System and insights on starting their whole blood-derived platelet program.

(Source: ADRP Announcement, 3/2/26)

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

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

Mar. 18. **ADRP "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production" Webinar Series Part III: Production Planning and Readiness: Aligning DR and DS for Efficient Use of Resources.** Registration is open. More information is available here.

April 2. **ADRP and Terumo Blood and Cell Technologies Webinar: "Transforming Blood Centers: Reveos Success in the U.S."** Registration is open. More information is 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.

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

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CALENDAR (continued from page 9)

Oct. 4-7. **Association for Advancing Tissue and Biologics (AATB) Annual Meeting. San Francisco, Calf.** 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

Director, Donor Marketing. The Director, Donor Marketing is a pivotal leadership role within New York Blood Center Enterprises (NYBCe), overseeing a team of seasoned marketing professionals tasked with driving donor engagement and donor acquisition across various Blood Operations divisions. Working closely with divisional Donor Recruitment and Collections teams to ensure alignment with overarching marketing strategies. The Director, Donor Marketing operationalizes Enterprise Donor Engagement strategies at the local level, guiding and empowering divisional marketing managers to execute targeted initiatives that meet product and service objectives across all divisions. Reporting directly to the Executive Director, Strategy and Planning, Donor Engagement, this role carries significant responsibility in steering local marketing efforts in line with enterprise goals. Education: BA or master's degree in marketing, communications, or public relations. Experience: Minimum 10 years of demonstrated leadership experience in marketing and/or communications, including at least seven years of team management. Demonstrated experience managing budgets. Demonstrated experience evaluating media opportunities and buying. Strong organizational and managerial skills, adept at prioritizing assignments and problem-solving within tight constraints. Excellent written and oral presentation skills. Licenses / Certification: Valid Driver's License. Click here to apply.

Medical Technologist Careers Available! Join OneBlood's healthcare team as a Medical Technologist in the beautiful sunny state of Florida. In this dynamic role, you will perform basic through advanced testing procedures on patient and/or donor samples and interpret results in accordance with regulatory guidelines and organizational policies and procedures. A valid and current Florida Clinical Laboratory Technologist license, as well as a bachelor's degree in a biological science or related scientific field from an accredited college or university, is needed. We offer a comprehensive compensation and benefits package including healthcare, shift differentials, student loan repayment, 403b, and more! To apply and view a complete Job Description of these positions, go to www.oneblood.org and click on the **Careers** tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Executive Director – Memphis. Vitalant is seeking an exceptional, mission-driven leader to serve as the Executive Director for our Memphis region. This influential role oversees daily operations, community engagement, mobile and fixed-site collections performance, and ensures alignment with organizational strategy and standards. The Executive Director partners closely with regional and enterprise leadership to drive collection success, strengthen customer and donor relationships, and foster a culture grounded in accountability, learning, and collaboration. **We're Looking for a Leader Who Can:** Translate strategy into effective local execution. Inspire and develop high-performing teams. Build strong partnerships across community and stakeholder groups. Drive operational excellence, adaptability, and innovation. This role offers a competitive compensation and total rewards package, including a performance-based bonus plan that recognizes the significance and impact of this position. Interested applicants can apply at //www.vitalant.org/careers

Director of Quality Assurance. Houchin Community Blood Bank is seeking a Director of Quality Assurance to lead our enterprise-wide quality program supporting the collection, processing, testing, and distribution of lifesaving blood products. The Director of QA will provide direct leadership to the Quality Assurance team and drive

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POSITIONS (continued from 10)

continuous improvement, regulatory compliance, and inspection readiness across all departments and locations, ensuring alignment with FDA, AABB, CLIA, cGMP, and other regulatory and accrediting standards. Primary responsibilities include leading regulatory, accreditation, and consignee inspections; overseeing internal and external audits; and managing systems for error prevention, detection, investigation, and corrective and preventive actions. The Director of QA will own SOP lifecycle management, document control, equipment qualification and validation, and quality-related training and competency programs, while partnering with executive and operational leadership to support organizational goals and maintain the highest level of product and patient safety. Qualified applicants will have a Bachelor's degree in a life sciences field, with extensive experience in a regulated environment and at least five (5) years in a management role in quality, compliance, or regulatory audit within laboratory, blood services, cell therapy, or healthcare. Strong candidates will bring advanced communication and technical writing skills, proven experience with Quality Management Systems, deviation investigation and CAPA, and personnel training and competency assessment; ASQ CQA and/or SBB certifications are highly desired. We offer many benefits including: Health/Dental/Vision Insurance, Flexible Spending Account, Employee Assistance Program for you and your family, Wellness Program, Company Paid Time Off, and 401K with Company Match. Apply online today at HCBB Careers.

Vice President, Enterprise Laboratory Services (VP-ELS). Reporting directly to the Chief Operating Officer for Blood and Laboratory Operations, the **Vice President, Enterprise Laboratory Services (VP-ELS)** serves as the senior executive leader responsible for the strategic and operational oversight of Enterprise Laboratory Services across NYBCe. This role leads day-to-day laboratory operations while driving enterprise-wide strategy, financial performance, and operational excellence. The VP-ELS holds full P&L accountability, including revenue and operating margins, and is responsible for developing and managing budgets, implementing business plans, and fostering a high-performance, customer-centric culture. In partnership with Quality, Medical, and Executive Leadership, the VP-ELS will design and execute a forward-looking laboratory testing strategy aligned with NYBCe's mission and evolving customer needs. Qualifications include a bachelor's degree in medical technology or a related field (advanced degree preferred) and a minimum of 15 years of blood banking or comprehensive laboratory experience, including at least five years in progressive leadership roles. Demonstrated experience leading multi-site, multi-state laboratory operations in regulated CLIA and/or cGMP environments is required, along with direct experience working with the FDA, CLIA, and State Departments of Health. A proven track record managing regulatory inspections and driving CAPA to successful closure is essential. Click here to apply.

Director of Finance. Shepeard Community Blood Center in Augusta, Ga. is seeking an experienced Director of Finance to lead the organization's financial, operational, and administrative activities. This executive-level role is responsible for financial stewardship, supply-chain management, operational efficiency, risk mitigation, and supporting organizational growth. The ideal candidate will be an analytical thinker with strong leadership skills and a commitment to excellence. Shepeard offers a competitive salary, generous PTO, relocation expense reimbursement, and a 403(b) retirement plan with a 9 percent match. Qualified candidates can apply at: https://shepeardblood.org/.

Director-Immunohematology Reference Laboratory. The Director of Immunohematology Reference Laboratories oversees clinical laboratory operations with a focus on technical excellence, timely result delivery, client satisfaction, quality assurance, and operational efficiency. The role ensures proactive communication with clients and stakeholders, addresses concerns promptly, and promotes a service-oriented culture. It also ensures ongoing compliance with CLIA, NYS-DOH, AABB, and FDA standards, leads proficiency testing, and implements corrective actions. Operational duties include managing staffing, budgets, SOPs, equipment, and safety while fostering staff engagement and development. Education: Bachelor's degree in clinical laboratory science, Medical Technologist, Immunology, or a related field. Experience: Six or more years of relevant technical and service-related industry experience in a high-complexity laboratory or blood bank setting with four or more years of supervisory/managerial experience in a laboratory setting. Licenses / Certification: New York State Clinical laboratory technologist license required. SBB certification is required. Click here to apply.

Manager-Immunohematology Reference Laboratory. This position is responsible for providing leadership and direction for the daily operations of the Immunohematology laboratory. The primary duties include overseeing the clinical laboratory testing procedures, timely result delivery, client satisfaction, and supervision of laboratory staff. As defined by CLIA/NYSDOH, this position is responsible for pre-analytic, analytic procedures, maintaining records of tests, and reporting test results in a high complexity laboratory. This position performs only those tests that are authorized by the CLIA/NYSDOH laboratory director and performs only those tests that require a degree of skill commensurate with the individual's education, training or experience, and technical abilities. Education: Bachelor's degree in

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POSITIONS (continued from 11)

clinical laboratory science, Medical Technologist, Immunohematology, or a related field. Experience: Six or more years of relevant technical and service-related industry experience in a high-complexity laboratory or blood bank setting with two or more years of supervisory/managerial experience in a laboratory setting. Licenses / Certification: New York State Clinical laboratory technologist license required. SBB certification is preferred. Click here to apply.

Component Production Tech I. Gulf Coast Blood is seeking a dedicated **Component Production Tech I** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. The Component Production Technician plays a vital role in producing and labeling blood components in a highly regulated environment. This position performs detailed, sequential tasks following strict standard operating procedures to ensure accuracy, safety, and quality with the blood products. Daily responsibilities include organizing and documenting component production, weighing and loading products for centrifugation, applying labels, and storing components with complete precision. Success in this position requires comfort with repetitive tasks, long periods of standing, and strict adherence to safety and regulatory requirements. **Qualifications:** We are looking for someone who has a High School Diploma or GED. Experience in a regulated or laboratory environment is a plus. We are looking for someone who has strong attention to detail, is reliable, and has integrity. **Why join us?** We offer **a competitive compensation and benefits package**, free parking at the Texas Medical Center, opportunities for career growth, and a supportive workplace focused on excellence and mission. This role has a great impact on saving lives! Apply Today!

Medical Apheresis Nurse. Gulf Coast Blood is seeking a dedicated **Medical Apheresis Nurse** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. As an Apheresis Nurse, you will provide donor and patient care through apheresis and leukapheresis procedures. This role includes phlebotomy, peripheral IV and central line care, medication administration and monitoring the donors receiving mobilizing agents. The nurse will monitor patients throughout the procedure. The nurse ensures documentation meets regulatory standards and maintains compliance with AABB, FDA, FACT, and internal policies. **Qualifications:** We're looking for someone who has graduated from an accredited nursing program and has a current RN license (Texas or compact) with at least 3 years of recent direct patient care experience. Apheresis or dialysis experience is preferred. BLS or ACLS certification is required. This role is mainly based out of the Houston Medical Center with occasional travel to The Woodlands facility. **Why join us?** We offer **a competitive compensation and benefits package**, free parking at the Texas Medical Center, opportunities for career growth, and a supportive workplace focused on excellence and mission. Apply Today!

Medical Apheresis LVN. Gulf Coast Blood is seeking a dedicated **Medical Apheresis LVN** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. As an Apheresis Nurse, you will provide donor and patient care through apheresis and leukapheresis procedures. This role includes phlebotomy, peripheral IV and central line care, medication administration and monitoring the donors receiving mobilizing agents. The nurse will monitor patients throughout the procedure. The nurse ensures documentation meets regulatory standards and maintains compliance with AABB, FDA, FACT, and internal policies. **Qualifications:** We're looking for someone who has graduated from an accredited vocational or nursing program with a current LVN license. Request at least three (3) years of recent direct patient care experience, preferably in acute care with strong peripheral IV skills. Apheresis or dialysis experience is strongly preferred. Must hold BLS or ACLS certification and have reliable transportation for travel to donor and group sites. **Why join us?** We offer **a competitive compensation and benefits package**, free parking at the Texas Medical Center, opportunities for career growth, and a supportive workplace focused on excellence and mission. Apply Today!