

2026 #10

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The Potential Benefit of RBC Exchange to Treat Severe Babesiosis Reported in *JAMA*

Researchers at Mass General Brigham and Yale School of Public Health have [published](#) the findings of a [study](#) in *JAMA Internal Medicine* that, “reveals that red blood cell (RBC) exchange transfusion (ET) may provide critical benefits for patients hospitalized with severe babesiosis.” The authors of the paper sought to, “assess the association between ET and key clinical outcomes, including in-hospital mortality.” The study’s primary end point was, “a composite of in-hospital death during the index admission or readmission within 30 days following discharge from the index admission.” It enrolled patients between 2010 and 2024 with, “a total of 629 unique patients [eligible] for inclusion in at least one target trial emulation (TTE). Of these, ET was initiated during the first seven days of hospitalization in 209 patients (33.2 percent; median [IQR] age, 70 [61-78] years; 53 female [25.4 percent] and 156 male [74.6 percent] individuals); and not initiated in 420 patients (26.8 percent; median [IQR] age, 71 [63-80] years; 130 female [31.0 percent] and 290 male [69.0 percent] individuals).” The researchers found that, “[p]atients treated with ET had a larger relative decrease in parasitemia one day after treatment assignment compared to patients not treated with ET (mean [SEM], -59.7 percent [7.3] vs -29.1 percent [2.4], respectively; $P < .001$), as well as larger absolute decreases in parasitemia over seven days. ET-treated patients also had higher longitudinal hemoglobin concentrations and lower LDH values and SOFA scores. In the main analysis, the primary end point occurred in 3.6 percent of patients who received ET and in 9.8 percent of those who did not (adjusted odds ratio, 0.22 [95 percent CI, 0.09-0.51].”

The author concluded that, “randomized clinical trials of ET for babesiosis are unlikely to be feasible given the large number of sites and long duration of time that would be required to complete enrollment, as well as potential concerns regarding clinical equipoise and inevitable crossover. Accordingly, granular multicenter data, combined with the sequential TTE approach used in this study, likely provide the best available evidence to inform current practice for the management of severe babesiosis.” Acknowledged limitations of their research included: “although we adjusted for a comprehensive set of covariates and used a rigorous TTE approach, residual confounding cannot be excluded; 30-day readmissions accounted for most of the events contributing to the composite end point; because few patients with parasitemia of less than 5 percent received ET, we could not assess its effectiveness in this subgroup; [and] we only included patients treated at hospitals in the northeastern U.S.; however, more than 90 percent of babesiosis cases in the US are reported from the Northeast.”

Citation: Leaf, D.E., Monson, A.E., Sias, J.-A., *et al.* “[Red Blood Cell Exchange Transfusion for Severe Babesiosis.](#)” *JAMA Internal Medicine.* 2026 ♦

Perspective on Directed Blood Donations Published in *NEJM*

Authors of an April 1st perspective titled “Legislating Medicine—Directed Donation and the Politics of Patient Choice” [published](#) in *The New England Journal of Medicine* described [House Bill 2166](#) that was introduced in the Tennessee General Assembly in February and would, “require blood banks and hospitals to comply with directed-donation requests for patients scheduled for medical procedures.” They explained that, “HB 2166 does not fix a broken system. Instead, it risks undermining one that already functions safely and effectively. [The bill] exemplifies a broader pattern in which politicians seek to legislate medical practice in ways that override scientific consensus while invoking the language of autonomy and choice.” The piece cited that the U.S. Food and Drug Administration (FDA) has, “explicitly stated that directed donations based on donor characteristics such as vaccination status, race, or religion ‘lack scientific support’ and that there is ‘no evidence that directed donation provides safer blood.’” In their opinion, “[w]hat is emerging is not an expansion of evidence-based patient rights but a distortion of them.” The authors called on, “the medical community’s response must match the scale of the challenge. Professional societies spanning transfusion medicine, hematology, anesthesiology, surgery, obstetrics, and other affected specialties should state clearly that laws compelling accommodation of non-medically indicated directed donations constitute interference in clinical care and should be opposed. Blood centers and hospitals need clear, evidence-based policies—developed in consultation with transfusion-medicine specialists, proceduralists, ethicists, quality and patient-safety leaders, and legal experts—that preserve clinical discretion while addressing patient concerns rooted in misinformation.” They concluded that, “[e]vidence-based medicine will remain the foundation of patient care only if the people and institutions responsible for practicing and defending it are willing to say so clearly and consistently, even in the face of political pressure.” Following swift coordination by America’s Blood Centers (ABC) and strong engagement from member centers in the state, HB 2166 failed to advance out of the House Health Subcommittee.

Citation: Jacobs, J.W., Zite, N.B., Brown, M., *et al.* “[Legislating Medicine — Directed Donation and the Politics of Patient Choice.](#)” *The New England Journal of Medicine.* 2026. ♦

REGULATORY NEWS

The Centers for Medicare & Medicaid Services (CMS) has [published](#) its fiscal year “[\(FY\) 2027 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements Proposed Rule.](#)” The agency is proposing, “to update the hospice payment rate by 2.4 percent (an estimated increase of \$785 million in payments from FY 2026). This results from the proposed 3.2 percent inpatient hospital market basket percentage increase reduced by a proposed 0.8 percentage point productivity adjustment, required by law.”

(Source: CMS [Announcement](#), 4/2/26)

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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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REGULATORY NEWS (continued from page 2)

The Centers for Disease Control and Prevention (CDC) has [published](#) an April 1st notice in the *Federal Register* that explained that the agency has received “10 comments related to the [previous](#) notice” of “Proposed Data Collection Relating to the 2025 National Blood Collection and Utilization Survey (NBCUS).” The agency is, “[allowing] an additional 30 days for public and affected agency comments.” America’s Blood Centers previously submitted [comments](#) on January 30th.

(Source: *Federal Register* [Notice](#), 4/1/26) ◆

WORD IN WASHINGTON

The Federal Trade Commission (FTC) has [announced](#) that FTC Chairman Andrew N. Ferguson has, “directed FTC staff to form a Healthcare Task Force that will engage in a coordinated, integrated approach to healthcare enforcement and advocacy to protect American patients, healthcare workers, and taxpayers.” The agency will form a Healthcare Task Force from the FTC’s Bureaus of Competition, Consumer Protection and Economics, as well as the Office of Policy Planning and Office of Technology, that will:

- “[l]ead targeted enforcement and advocacy initiatives focused on key priorities;
- [d]evise coordinated agencywide strategies on investigations;
- [t]ake a proactive and strategic approach to identifying amicus and statement of interest opportunities; and
- [i]dentify emerging issues and new priority areas for enforcement and advocacy.”

(Source: FTC [Announcement](#), 3/20/26) ◆

INFECTIOUS DISEASES UPDATE

CHIKUNGUNYA

The United Kingdom Health Security Agency (UKHSA) has [published](#) data showing that chikungunya infections rose 43 percent in 2025. Specifically, the agency noted that, “160 chikungunya cases were reported in 2025, the highest annual total recorded since 2014. This is a 43 percent increase compared to 2024 when 112 cases were reported. With most infections in 2025 reported between April and September, the data highlights the importance of protecting yourself against biting insects during Easter and spring travel breaks abroad. Of the 160 chikungunya cases, 159 were reported in England and one in Wales. The largest proportion of cases were reported in London (56 percent), consistent with previous years. All infections were travel-associated, with the majority linked to Sri Lanka (75 cases), India (17 cases), and Bangladesh (16 cases). This finding is consistent with the global picture, with the World Health Organization reporting several significant chikungunya outbreaks globally in 2025, including large outbreaks in countries across the Indian Ocean region. [Chikungunya is] a mosquito-borne infection associated with overseas travel, with key symptoms including a sudden onset of fever usually accompanied by joint pain. [It] is mainly spread by *Aedes aegypti* and *Aedes albopictus* mosquitoes,” which also spread dengue, Zika, and other arboviruses.” [Transfusion-transmission](#) of chikungunya has not been documented and any risk to the blood supply is believed to be theoretical. UKHSA also noted, “that [data] shows imported malaria cases consistently remain at high levels in the UK, despite a decrease in diagnoses to 1,629 in 2025 from 1,812 in 2024. [The reported data additionally highlighted that UKHSA has seen a] significant reduction in dengue cases, with infections decreasing to 344 in 2025 from 904 in 2024.”

(Source: UKHSA [Announcement](#), 3/26/26) ◆



BRIEFLY NOTED

On March 19th, Kaufman Hall [released](#) its most recent **National Hospital Flash Report** containing **January 2026 data**. The organization explained that, “[h]ospital financial performance is challenged in early 2026 as rising bad debt and continued increases in expenses create ongoing pressure. Navigating this uncertain economic climate requires hospitals to be strategic about where to allocate resources.” Key take-aways from the report included:

- “[p]atient volume in January declined across inpatient and outpatient services. This decline could be due to postponing of elective procedures around the holidays, as well as a change in payer mix;
- [b]ad debt continues to increase. Carrying over from 2025, bad debt and charity care continue to go up; [and]
- [e]xpenses continue to put pressure on hospitals. In addition to the persistent increases in drugs and supplies, there was a big increase in labor expenses in January.”

(Source: Kaufman Hall [National Hospital Flash Report](#), 3/19/26)

The New York Times [published](#) a March 20th article titled, “**The Middle-Class Suburbanites Who Sell Their Blood Plasma to Get By.**” The piece profiles multiple individuals who are turning to plasma donation for extra income. The article explained that, “[a] recent [study](#) by researchers at Washington University in St. Louis and the University of Colorado, Boulder, observed that while older plasma centers are clustered in low-income areas, newer centers were increasingly likely to open in middle-class neighborhoods. A *New York Times* analysis shows the trend has continued: Centers have sprung up in more than 100 such neighborhoods, in suburbs and wealthier sections of cities, since researchers finished collecting their data in 2021.” The news organization also noted that, “plasma companies are looking for ways to bring down costs. Improved plasmapheresis machines are now being used to increase volume. Other efforts could trickle down to donors. Last year, CSL announced that it would be closing 22, or 7 percent, of its less productive centers in the United States. And in an analyst call, the company [told *The New York Times*] it would maintain profit margins “with improved efficiencies and a gradual decline in donor fees.”” This article was published in the wake of a similar story [reported](#) by *NBC News* in February.

(Source: *The New York Times*, “[The Middle-Class Suburbanites Who Sell Their Blood Plasma to Get By](#), 3/20/26) 💧

PEOPLE



Vitalant has [announced](#) the retirement of **Mary Beth Bassett** as the organization’s executive vice president and chief quality officer, “after 30 years of dedicated service at Vitalant,” according to the announcement. “Mary Beth’s leadership has been foundational to Vitalant’s commitment to quality, safety, and regulatory excellence. Her expertise, integrity and passion have shaped our organization and left a lasting legacy. We are deeply grateful for her contributions and wish her a fulfilling retirement.”

(Source: Vitalant [Announcement](#), 3/23/26) 💧



MEMBER NEWS

Lifeline Blood Services is entering a powerful new chapter—expanding its mission to better serve its communities with a broader range of lifesaving transfusion medicines. As John B. Miller, MBA, president and chief executive officer (CEO) of the organization, shared, “LIFELINE is changing its mission to broaden our scope. This change will allow us to offer other lifesaving transfusion medicines to the people we serve.” United by community, guided by integrity, and driven by quality, Lifeline’s renewed mission and vision reflect a deep commitment to being the trusted lifeline for its communities by delivering the safest, most advanced transfusion medicine—saving lives, strengthening health, and inspiring a culture of compassionate giving. The organization also recently unveiled a new logo.



(Source: Lifeline Blood Services Announcement, 3/31/26)

Contributed by Melinda Reid, Marketing Manager at Lifeline Blood Services



San Diego Blood Bank (SDBB) recently shipped a cord blood unit to support a patient undergoing treatment for acute myeloid leukemia (AML) through a lifesaving stem cell transplant internationally. This effort was led by SDBB’s Innovation Development Team (IDT), with coordination and support across the organization to ensure the unit was safely prepared and delivered for transplant. Cord blood, collected at birth, contains stem cells that can rebuild a patient’s blood and immune system. Because it can be used even without a perfect donor match, it expands access to lifesaving treatment—making every unit collect[ed] incredibly valuable. This achievement reflects

the work SDBB does, from collection and processing to storage and quality. It’s inspiring to know that a donation collected locally can help save a life anywhere in the world.

(Source: San Diego Blood Bank Announcement 3/30/26)

Contributed by Claudine Van Gonka, Director of Community Relations and Media at San Diego Blood Bank

Carter BloodCare recently hosted Waxahachie, Texas Police Department Officer James “J.T.” Taylor as the special guest speaker at the blood center for a quarterly all-staff meeting. Officer Taylor shared his inspirational story as a blood transfusion recipient, cancer survivor, and community advocate for the importance of blood donation. He spoke to the nonprofit blood center’s 1,000+ employees at its North Texas headquarters in Bedford and livestreamed to Carter BloodCare’s regional offices in Waco, Tyler, and Sherman. Officer Taylor coordinates the annual Battle of the Badges blood drives among Waxahachie’s first responders and has donated a lifetime total of more than 52 gallons of lifesaving blood and platelets, with a goal of 55 total gallons by the start of 2027. Officer Taylor was also recently featured in a popular Carter BloodCare donor [awareness campaign](#).



(Source: Carter BloodCare Announcement, 3/31/26)

Contributed by James Black, Senior Public Relations Specialist at Carter BloodCare 💧



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

INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staffs only, unless otherwise specified.

Registration is Open for the 2026 ABC Advocacy Summit

[Register now](#) for the 2026 [America's Blood Centers \(ABC\) Advocacy Summit!](#) Taking place in Washington, D.C. at The Dupont Circle (part of The Doyle Collection Hotels) June 8th-9th, [book your room now](#) to take advantage of the discounted rate and ensure availability. View the [preliminary schedule](#) and don't miss the chance to let your voice be heard as this event connects the blood community with national leaders in public policy and advocacy including meetings with members of Congress and their staff. The 2026 ABC Advocacy Summit includes advocacy training and group preparations for meetings with congressional offices on June 8th before heading to Capitol Hill on June 9th for group meetings with members of Congress and their staff, advancing ABC's advocacy priorities. We will coordinate the scheduling of meetings on behalf of all attendees and conclude the day with a reception. Please [contact us](#) with questions.

ABC Economic Outlook Survey Is Open

The [ABC Economic Outlook Survey](#) is open. This resource provides a comprehensive look at blood center finances, including 19 of the most frequently used ratios for benchmarking the financial health of an organization as well as median service fees for 30 different blood products and blood center procedures. The survey closes April 24th. New this year, a completely upgraded benchmarking experience that's both more visual and accessible, while still powered by automated reporting tools. The survey has been fully redesigned with a modern user interface, delivering clearer, more actionable insights that are easier to understand, interpret, and put into practice. The aggregate data of this survey is important to both members and ABC as we advocate for fair and accurate reimbursement policies. Survey results are anonymized and aggregated and all reporting complies with antitrust requirements. The ability to download final trend reports and create customized reports based on selected filters will be available to participants via ABC's benchmarking portal. Please [contact us](#) with questions.

WELC Webinar: "Numbers Behind the Mission: How to Correctly Read, Interpret, and Act Using Financial Data" Set for April 14th

Registration is open for the ABC Women's Executive Leadership Community (WELC) Webinar "Numbers Behind the Mission: How to Correctly Read, Interpret, and Act Using Financial Data." This event will take place on Tuesday, April 14th at 1 p.m. EDT. The webinar will walk attendees through the basics of income statements, balance sheets, and cash flow, then connect those insights to real-world decisions across departments. Whether you're new to financials or looking to strengthen your confidence, you'll leave with practical tools to better understand your organization and make more informed decisions. Please [contact us](#) with questions or to request a link to register.

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INSIDE ABC (continued from page 6)

Room Block Closes This Week for 2026 ADRP Annual Conference — Register Now!

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:

- 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! 💧

GLOBAL NEWS

***CBC News*, Canada’s national public news and information service, is [reporting](#) that an assessment from the country’s regulatory authority (Health Canada) has determined that, “the deaths of two Winnipeg paid plasma donors [were not] linked to the donation process. [Health Canada’s assessment] found no evidence of a machine malfunction and the equipment performed as expected.”** The news outlet also noted that regulators have announced that, “Grifols locations will face new terms and conditions [including] reducing appointments so staff can fully follow procedures, reassessing the number of fully trained staff needed for positions and reviewing donor files before updating donor eligibility [due to] recurring, systemic deficiencies across several sites.” *CBC News* stated in the article that Health Canada intends to keep, “the new conditions [in place] until Grifols shows ‘sustained compliance’ with blood regulations at all licensed sites.” The news organization previously [published](#) an article reporting that two individuals had died following plasma donation in recent months (October 2025 and January 2026) [and] that four deaths had been reported to regulators in the past decade with three occurring in Manitoba.

(Source: *CBC News*, “[2 deaths after giving plasma in Winnipeg not linked to donation process: Health Canada](#),” 4/3/26)

The Plasma Protein Therapeutics Association (PPTA) has [released](#) a position paper titled “Perverse Consequences of Systemic Stockpiling of Plasma-Derived Medicinal Products in Europe.” In the paper, the organization noted that the stockpiling of plasma-derived medicinal products (PDMPs) has been introduced or reinforced in multiple European nations “ranging from a few weeks to several months, often as part of broader preparedness measures for shortages. Proposals presented during the legislative work on the Critical Medicines Act (CMA) policy package differentiated conceptually between ‘contingency stocks’

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and public or national stockpiling: the former functions as an operational buffer to absorb supply–demand volatility and mitigate shortages, while the latter is intended for public-health deployment and aligned with national strategic-reserve requirements.” PPTA’s position explained that, “[w]hile stockpiling can be potentially reasonable as a temporary emergency tool, systemic and uncoordinated stockpiling of PDMPs can have perverse consequences: it diverts scarce supply to build inventories in one country, thereby reducing availability elsewhere, it increases inequities between [European Union (EU)] Member States, impacting patients by reducing availability, accessibility and affordability of these essential treatments, and adds logistical and additional cost burdens that weaken overall supply resilience.” The paper concluded that, “policies aimed at improving preparedness should be carefully tailored to the realities of PDMP supply chains, and that long-term solutions lie in strengthening plasma collection, manufacturing capacity, value-based procurement, and cross-border coordination—not in accumulating large national reserves of a limited and critical biological resource.” PPTA also highlighted that, “PDMP demand has continued to grow, driven by earlier and more accurate diagnoses, expanding clinical indications, and improved patient survival, while supply has remained inherently constrained by the EU’s limited plasma collection base and long, complex manufacturing processes. At the same time, global supply chains for critical goods, including PDMPs, have been increasingly susceptible to geopolitical leverage and the use of commercial dependencies as instruments of political pressure. In this context, additional stockpiling requirements cannot generate new supply; they merely redistribute the already limited resource, often in ways that are uneven and inequitable, with direct consequences for the availability, accessibility, and ultimately affordability of these essential medicines.”

(Source: PPTA [Position Paper](#), 4/1/26)

***The Strait Times* has [published](#) an article on the declining rate of young blood donors in Singapore and new strategies that the Singapore Red Cross (SRC) is implementing to reverse the trend.** According to the article, “[i]n 2025, there were more than 9,600 youth donors, making up about 12 percent of the donor pool, according to Health Sciences Authority (HSA) figures released in January 2026. This is down from 28 percent in 2015. Blood donors made up 1.3 percent of Singapore’s population in 2025. On the whole, the total number of blood donors grew nearly nine percent, from 71,277 in 2015, to 77,567 in 2025. In the same period, total blood donations rose almost 12 percent, from 122,048 units to 136,172 units. The demographic profile of the donor population mirrors Singapore’s aging population trend. The median donor age has gone up from 34 years in 2015, to 40 years in 2025. And while the largest donor cohort in 2015 was the 21 to 30 age group, the largest group in 2025 was between the ages of 31 and 40.” *The Strait Times* noted that the SRC, “hopes to increase the youth blood donor pool to 25 percent by 2030. [The SRC recently held] events that appeal to young people’s interests [such as] concerts, collectibles, and cultural events. A partnership with toy company Pop Mart to give out blind boxes to blood donors between October 2025 and November 2025 attracted more new youth donors when compared with the same period in 2024. In June 2024, it launched the ‘YouthInspire’ progra[m], which organi[z]es ground-up initiatives to encourage peer-to-peer donor recruitment. [Last year, a young volunteer donor also] helped run the Gracie Abrams Blood Donation Drive, which was hosted in collaboration with singer-songwriter Gracie Abrams’ fan club before her Singapore concert.”

(Source: *The Strait Times*, “[Youth blood donor rate in Singapore continues downward trend, posing challenge amid aging population](#),” 2/21/26) ♦

ADVANCED THERAPIES NEWS

Beam Therapeutics has published [new data](#) from an ongoing phase I/II BEACON clinical trial evaluating ristoglogene autogetemcel (risto-cel, formerly known as BEAM-101) for the treatment of sickle cell disease (SCD) with severe vaso-occlusive crises (VOCs) in *The New England Journal of Medicine*

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ADVANCED THERAPIES NEWS (continued from page 8)

(*NEJM*). The investigational autologous cell therapy has been used to treat 31 patients included in the safety and efficacy analysis as of August 2025, according to a company news release. “Follow-up ranged from 0.3 to 20.4 months. Risto-cel’s efficient cell collection and manufacturing processes, combined with high, predictable yields from base editing, resulted in patients requiring a median of one stem cell collection cycle to manufacture risto-cel. The median time from start of cell collection to drug product release was 2.9 months, and the median time from start of cell collection to dosing was 4.5 months. Patients achieved rapid and robust bone marrow reconstitution post-risto-cel treatment, and no patients experienced any investigator-reported severe VOCs post-engraftment. Patients achieved mean hemoglobin F (HbF) levels above 60 percent and a mean durable reduction in corresponding hemoglobin S (HbS) below 40 percent. Total Hb levels increased rapidly with all patients experiencing resolution of anemia after elimination of the transfused blood, and key markers of hemolysis normalized or improved in all patients following risto-cel treatment. Sickling parameters all decreased in the blood following risto-cel treatment to levels comparable to those seen in individuals with sickle cell trait. The safety profile of risto-cel was consistent with busulfan conditioning, autologous hematopoietic stem cell transplantation (HSCT) and underlying SCD.”

(Source: Beam Therapeutics [News Release](#), 4/1/26)

Landmark Bio has been awarded [funding](#) totaling up to \$18.3 million from the Advanced Research Projects Agency for Health (ARPA-H), “to build an efficient, robust, and scalable continuous manufacturing platform for extracellular vesicles (EVs).” A company news release explained that, “[t]raditional batch manufacturing facilities capable of treating a few thousand patients can take up to five years to build at a cost exceeding \$450 million. This project aims to reduce manufacturing footprint by up to 10x, reduce costs by up to 10x, and reduce manufacturing lead time. [The program] will proceed in two phases. The first focuses on process and analytical development and early integration work. Phase II advances pilot-scale implementation, including unit operation integration, process controls, and modeling to demonstrate a connected manufacturing workflow at pilot scale.”

(Source: Landmark Bio [News Release](#), 4/1/26)

The *Seoul Economic Daily* is [reporting](#) that National Institute of Health (NIH) under the Korea Disease Control and Prevention Agency (KDCA) has developed, “induced pluripotent stem cells (iPSCs) ready for immediate clinical use and will begin distributing them to outside researchers.” The news publication noted that, “[t]he achievement is a key outcome of the “Cell-Based Artificial Blood Manufacturing and Demonstration Platform” project jointly pursued by the Ministry of Health and Welfare and other related government agencies. [The goal of government is to] use this cell line supply as an opportunity to drive a qualitative shift in the country's bio-industry structure, moving from a generics-focused model toward one centered on therapeutic development. The strategy aims to simultaneously secure competitiveness in both artificial blood and regenerative medicine based on high-quality cell resources.”

(Source: *Seoul Economic Daily*, “[Korea Opens First Clinical-Grade Stem Cell Bank for Public Distribution](#),” 3/29/26) ♡

COMPANY NEWS

Roche has announced the [availability](#) of the, “cobas® MPX-E assay, a qualitative *in-vitro* test for the detection and discrimination of Human Immunodeficiency Virus (HIV 1 and 2) and Hepatitis C, B, and E viruses, is now available in countries accepting the CE mark.” A company news release noted that, “new assay represents a significant advancement in donor screening by consolidating the detection of four major

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viral targets into a single, efficient workflow. [It] features dual-target detection for HIV-1 group M, targeting two independent regions of the viral genome to improve sensitivity and ensure reliable results even in the presence of mutations [and] runs on the fully automated cobas® x800 systems (cobas® 6800/8800 and cobas® 5800).”

(Source: Roche [News Release](#), 3/29/26)

Grifols Diagnostic Solutions Inc. has [received](#) 510(k) clearance from the U.S. Food and Drug Administration (FDA) for Procleix Plasmodium Quality Control. An FDA letter describes the product as a set of quality controls for, “use as an external assayed quality control material to monitor the performance of the qualitative detection of RNA from *Plasmodium falciparum* with the Procleix Plasmodium Assay. This product is intended to be used solely with the Procleix Plasmodium Assay, a licensed donor screening assay, performed on the Procleix Panther System. This product is not intended to replace manufacturer controls provided with the device.”

(Source: FDA [Letter](#) 3/26/26)

Goodlabs has announced a [partnership](#) with Inova Blood Donor Services that provides blood donors the opportunity for, “optional free, clinical-grade bloodwork to eligible donors who book and complete a blood donation through the Goodlabs platform..” The launch of this pilot program at Inova’s CentreMed site aims to, “strengthen the local blood supply and expand access to preventive health insights,” according to a company news release. “Goodlabs also offers a platform for people to analyze past results and track metrics over time. The partnership [with blood centers] operates as a turnkey overlay on existing blood center operations, with no new information technology integration required, and Goodlabs does not share protected health information with blood center partners.”

(Source: Goodlabs [News Release](#), 4/1/26) 💧

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

April 9. U.S. Food and Drug Administration’s (FDA) Center for Biologics Evaluation and Research (CBER), Office of Therapeutic Products (OTP) and the Alliance for Regenerative Medicine (ARM) Workshop: “Advancing Pediatric Cell and Gene Therapy Clinical Trials” Silver Spring, Md. (Hybrid). Registration is open and required for both the [virtual](#) and [in-person](#) options. More information is available [here](#).

April 14. America’s Blood Centers (ABC) Women’s Executive Leadership Community (WELC) Webinar: “Numbers Behind the Mission: How to Correctly Read, Interpret, and Act Using Financial Data.” Registration is open. ABC members may [contact us](#) for more information and a link to registration.

April 15. ADRP Webinar: 2026 ADRP Annual Conference “Know Before You Go!” [Registration](#) is open.

April 28-30. ARM Cell & Gene Meeting on the Mediterranean. Rome, Italy. [Registration](#) is open. More information is available [here](#).

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CALENDAR (continued from page 10)

May 12. **FDA Center for Biologics Evaluation and Research (CBER) Public Webinar: “FDA Review of Biologics License Applications for Blood and Source Plasma.”** [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 19-20. **FDA Regulatory Education for Industry (REDI) Annual Conference 2026: “Innovative Regulatory Strategies to Advance Medical Products” Silver Spring, Md. (Hybrid).** [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.** [Registration](#) is open. More information is available [here](#).

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

June 25-26. **National Heart, Lung, and Blood Institute (NHLBI) and the Sickle Cell Disease Association of America, Inc. (SCDAA) “Research That Heals: Partnering with Patients to Transform SCD Care.” Rockville, Md. (Hybrid).** More information is coming soon.

Oct. 4-7. **Association for Advancing Tissue and Biologics (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](#).

2027

March 8-11. **2027 ABC Annual Meeting. Atlanta, Ga.** More information is coming soon. 💧

CLASSIFIED ADVERTISING

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

POSITIONS

Transfusion Lab Supervisor Needed in Level 1 Trauma Center! Join Florida’s leading blood center, OneBlood, as a Blood Bank Lab Supervisor on 2nd shift in Tampa, FL. Bring your leadership, technical expertise, and management experience to support the transfusion testing procedures on patient and/or donor samples. Qualified candidates should possess three (3) or more years’ experience in a clinical laboratory, preferably blood banking environment, including one (1) or more years’ experience in supervision and management experience, as well as a valid and current Florida Clinical Laboratory Technologist license in Immunohematology and Blood

Banking; Supervisor license strongly preferred. To apply and view a complete Job Description of this Lab Supervisor position, visit www.oneblood.org/careers. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Transfusion Lab Manager Needed! Join Florida’s leading blood center, **OneBlood**, as a Blood Bank Lab Manager in Tampa, FL. Bring your leadership, technical expertise, and management experience to support the

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transfusion testing procedures on patient and/or donor samples. Qualified candidates should possess five (5) or more years' experience in a related field, as well as a valid and current Florida Clinical Laboratory Supervisor license in Immunohematology required; SBB certification preferred. To apply and view a complete Job Description of this Lab Manager position, visit www.oneblood.org/careers. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Director Quality Assurance and Regulatory Affairs (Orlando, FL). OneBlood is seeking an experienced **Director of Quality Assurance & Regulatory Affairs** to lead the strategy, implementation, and oversight of quality and compliance programs across the organization. This role directs departmental operations to ensure adherence to federal and state regulations, licensing, and accreditation standards, while serving as the primary liaison during regulatory inspections. The Director oversees validation and qualification programs, internal audits, and continuous quality improvement initiatives that support the safety, reliability, and efficiency of blood collection and transfusion services. This position also evaluates emerging technical developments and partners with leadership to strengthen quality systems and operational performance. **Qualifications:** Bachelor's degree in a life science or healthcare field (Master's preferred) and 10+ years of progressive leadership in quality and regulatory affairs, ideally within a blood banking environment. Florida Supervisor's License in Immunohematology, SBB, and ASQ certification preferred. [Apply Here.](#)

Medical Laboratory Scientist, Specialist I/Technologist Specialist I, Certified. ARUP Laboratories is looking for a Medical Laboratory Scientist Specialist (MLS/MT) with transfusion medicine experience to join our AABB-accredited Immunohematology Reference Laboratory (IRL). The IRL supports the University of Utah Healthcare as well as clients from around the United States. MLS in the ARUP IRL performs testing that spans from routine type and screens to complex antibody identifications. Many of the employees in the IRL are SBB (Specialty in Blood Banking) certified. The employees have the opportunity to see some of the rarest antibodies currently known in the area of immunohematology. Due to the complexity of this department, we would prefer a candidate who has three (3) years of experience as an MT/MLS in a Transfusion Service. SBB and/or IRL experience are preferred, but not required. Candidate must be willing to participate in on-call rotation of approximately 1/6 weeks and act as backup call 1/6 weeks. Candidate will receive at least six (6) months of training working Monday - Friday, 8:00 AM - 4:30 PM, and then move to a morning shift. Preferred hours would be 9:30 AM - 6:00 PM. We offer exceptional benefits, competitive pay, and beautiful facilities to work in. Prospective

candidates may be eligible for applicable relocation assistance. Interested candidates <https://www.aruplab.com/careers>.

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 Employer/Vet/Disability.

Vice President, Enterprise Laboratory Services (VPELS). 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

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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.

Manager, Communications and Marketing. America's Blood Centers (ABC) is seeking a Communications and Marketing Manager to support and strengthen our mission-driven work. In this role, you'll work closely with colleagues to create clear, useful, and engaging communications that serve our member organizations—from member updates and digital content to marketing materials and press statements. This is a great opportunity for a communications professional who enjoys collaboration, is eager to build skills, and wants to help ensure members have the tools, information, and visibility they need to fulfill their lifesaving mission. Key responsibilities include **Member Communications:** develop, draft, and distribute member communications including email updates, announcements, and special alerts; ensure messaging is accurate, timely, and aligned with the association's mission and strategic priorities; collaborate with internal stakeholders to translate complex healthcare topics into clear, and member-friendly communications; **Website Management:** manage and maintain the association's website, including content updates, organization, design, and SEO optimization; partner with vendors on website enhancements and functionality improvements; ensure content is current, accessible, and consistent in tone and brand; **Media & Public Relations:** serve as the primary point of contact for press inquiries coordinating responses as needed; draft press releases, statements, and talking points; monitor media coverage relevant to the association and ensure stakeholders are aware of key topics of interest; **Design & Creative Work:** create and update visual assets such as graphics, flyers, social media images, email templates, and simple promotional materials; ensure all communications adhere to brand guidelines and maintain a professional, cohesive look; collaborate with vendors on larger design or branding projects as needed. **Required:** Bachelor's degree in Communications, Journalism, Public Relations, Marketing, or a related field; 3+ years of relevant professional communications experience; excellent writing, editing, and proofreading skills; experience managing websites and content management systems (CMS); experience managing organizational social media accounts; strong organizational skills and ability to manage multiple priorities independently. **What We Offer:** fully remote work environment; competitive salary commensurate with experience; comprehensive benefits package including health, dental, and vision insurance; flexible paid time off and paid holidays; meaningful work supporting the blood community. [Apply today!](#) 💧