America's Blood Centers
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NEWSLETTER

A weekly chronicle of events and issues impacting the blood comunity

2026 #11 **April 13, 2026**

INSIDE:

Bacterial Proliferation in RBC Concentrates Stored in Non-DEHP Containers Studied

Investigators in Canada have released the results of a study that examined, "whether [the] proliferation of transfusion-relevant bacteria in di(2-ethylhexyl) terephthalate-(DEHT-) phosphate-adenine-glucose-guanosine-saline-mannitol (PAGGSM) red blood cell concentrates (RBCCs) was different from bacterial growth in DEHP-saline-adenine-glucose-mannitol (SAGM) units, impacting product safety."

The authors of the latest study appearing in *Vox Sanguinis* explained that, "[p]aired ABO-matched whole blood units were collected into DEHT/PAGGSM whole blood bag sets. On the same day as collection, paired whole blood units were pooled into a DEHP-free polyvinyl chloride (PVC)/citrate bag and then split evenly into one DEHT/PAGGSM bag and one DEHP/SAGM whole blood set from which the anti-coagulant had been removed. Whole blood was stored overnight at room temperature, and leukoreduced RBCCs were produced on day one post collection from each of the two whole blood units using a top/bottom RBC filtration process." For the study, [p]aired DEHT/PAGGSM and DEHP/SAGM RBCC units were in-oculated with one of four transfusion-relevant bacteria: the fast-growing facultative Gram-negative *Yersinia enterocolitica* PEI-A-105 and *Serratia liquefaciens* PEI-A-184, slow growing facultative Gram-positive *Listeria monocytogenes* PEI-A-199, and the aerotolerant anaerobe Gram-positive *Cutibacterium acnes* BPN-BT-19195. Units were spiked to a final bacterial load of ~100 CFU/mL for the facultative spe-cies and to a target load of ~1000 CFU/mL of *C. acnes*, as this bacterium survives but does not proliferate in RBCCs. [On day two] post collection, spiked units were stored at 1–6°C for 43 days and sampled on days 0, 7, 14, 21, 28, 35 and 43 for bacterial enumeration." The researchers "performed [the study] in triplicate]" on all the bacterial species.

The study found that, "*in vitro* quality parameters including h[e]moglobin and h[e]matocrit were not statistically significantly different between DEHP/SAGM and DEHT/PAGGSM units (p=0.889 and p=0.224, respectively. The mean cell vol-ume was significantly higher in DEHP/SAGM RBCCs compared to the DEHT/PAGGSM units (p=0.024). H[e]molysis and residual white blood cells (rWBCs) were also significantly higher in DEHT/PAGGSM RBCCs in comparison with DEHP/SAGM units (p=0.000 and p=0.011). [A]ll DEHP/SAGM and DEHT/PAGGSM RBCCs produced for the study had acceptable *in vitro* quality results on day one as per Canadian Standards Association requirements, and were deemed suitable for comparing bacterial viability and growth between the two types of units."

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Bacterial Proliferation in RBCCs Stored in Non-DEHP Containers Studied (continued from page 1)

Additionally, the researchers noted that, "[f]or *Y. enterocolitica* and *S. liquefaciens*, there was no significant difference in the bacterial growth rate between DEHP/SAGM and DEHT/PAGGSM RBCCs (p=0.95 and p=0.87, respectively). Both species grew to a bacterial load of approximately 10^7 CFU/mL by day seven of RBCC storage, a load that is considered clinically significant. *L. monocytogenes* decreased more in DEHT/PAGGSM RBCCs than in DEHP/SAGM RBCCs from day 0 to day 7 of storage, resulting in significantly different growth curve slopes (p=0.03). However, after day seven, the bacterium proliferated in both types of RBCCs, reaching similar counts (~10^7 CFU/mL) on day 43 of storage. *C. acnes* counts remained at approximately 10^3 CFU/mL until the end of RBCC storage, with no significant differences observed between DEHT/PAGGSM and DEHP/SAGM RBCC units (p=0.08).

The paper concluded that, "there is no increase in the safety risk of RBCC storage in DEHT containers with PAGGSM compared to DEHP/SAGM stored-RBCCs. [Our] results showed that the risk posed by DEHT/PAGGSM RBCC units to transfusion patients is not different from that posed by current units stored in DEHP/SAGM [for] Y. *enterocolitica* and *S. liquefaciens*, [species that] been implicated in septic transfusion reactions involving contaminated RBCCs. Interestingly, slow-growing *L. monocytogenes* had a sharp decrease in bacterial counts in DEHT/PAGGSM RBCC units from days 0 to 7 of storage; however, the bacterial load was comparable in both DEHT/PAGGSM and DEHP/SAGM RBCCs at the end of storage, indicating a similar safety risk for transfusion patients. The reduction in bacterial counts during early storage in DEHT/PAGGSM RBCC is intriguing and could be strain-specific or could be due to an effect of the plasticizer in combination with the change in the additive solution. [Overall,] our study, the first to provide bacterial safety data in DEHP-free blood bags, supports the substitution of DEHP bags with alternative plasticizers for RBCC storage without compromising the safety of transfusion patients in terms of bacterial contamination risk." The authors also acknowledged that their, "[work] could be complemented by testing other bacterial species that can degrade phthalates, such as *Pseudomonas fluorescens*. Furthermore, it would be interesting to run a similar comparative study in RBCCs stored in containers that have other phthalate-free plasticizers such as di-isononyl-cyclohexane-1,2-dicarboxylate (DINCH) and/or *n*-butyryl-tri-*n*-hexyl citrate (BTHC), which have also been shown to be promising candidates to replace DEHP in blood collection and storage containers."

Citation: Ramirez-Arcos, S., Kou, Y., Kumaran, D., *et al*. "Bacterial proliferation is comparable in red blood cell concentrates stored in DEHT/PAGGSM and DEHP/SAGM containers." *Vox Sanguinis*. 2026.

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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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ABC Updates Logo

America's Blood Centers (ABC) recently unveiled a new logo during the 2026 ABC Annual Meeting in Tucson, Ariz. The logo features an updated blood drop and a new tagline, "powered by community," that aligns with our vision: "a thriving blood center community ensuring safe and available blood for every patient in need;" and our mission to: "amplify and advance the contributions of community blood centers to individuals, communities, and the healthcare system." The tagline also represents the core force behind the association—its community of members. Moving forward, ABC will now use this logo externally as we continue to advocate on behalf of independent community blood centers.

REGULATORY NEWS

The Centers for Medicare & Medicaid Services (CMS) has released the fiscal year (FY) 2027 proposed rule for Hospital Inpatient Prospective Payment Systems. The proposed rule includes a 2.4 percent payment rate increase for hospitals over fiscal year 2026. Each year, CMS must reassess the payment rate to reflect hospital reporting of the price of goods and services used to treat all Medicare patients (known as the market basket). CMS is accepting comments on the proposed rule until June 9th.

(Source: CMS Announcement, 4/10/26)

WORD IN WASHINGTON

The National Institutes of Health (NIH) has posted the vacancy for the role of director of the National Heart, Lung, and Blood Institute (NHLBI) and is accepting applications until April 20th. According to the agency, "the director of NHLBI, provides leadership, and administers, fosters, and promotes the prevention and treatment of heart, lung, blood, and sleep disorders so that individuals can live longer and more fulfilling lives [and] takes ultimate responsibility for the development of Institute goals, priorities, policies, and program activities; reports directly to the director of NIH; serves as a senior leader of the NIH; and identifies the need for new or amended NIH-wide policies, procedures, and practices."

(Source: NIH Announcement, 4/6/26)

The U.S. Government Accountability Office (GAO) has published a report titled "High Risk Research: HHS Should Publicly Share More Information on How Risk Is Assessed and Mitigated." The agency found that, "[r]esearch that involves modifying pathogens that have the potential to cause a pandemic—sometimes referred to as 'gain-of-function research of concern'—has been a topic of debate. Based on GAO's review of literature and other sources, this research has advanced scientific knowledge of how pathogens infect humans and transmit and cause disease. However, there is no broad agreement on the extent to which this research has directly led to the development of vaccines and therapeutics, such as for COVID-19. There was broad consensus that gain-of-function research of concern can pose biosafety and biosecurity risks. This is because this research can involve enhancing the transmissibility or virulence of pathogens that have the potential to cause widespread and uncontrollable disease, resulting in significant morbidity and mortality if they were to be accidentally or deliberately released from a lab." GAO is recommending that, "the U.S. Department of Health and Human Services (HHS) ensures that key information on its risk reviews of research involving pathogens is publicly shared, as appropriate, with researchers, Congress, and the public, including steps taken to mitigate risk. HHS neither agreed nor disagreed with the recommendation, but noted it will work in the future to ensure public transparency about the scope of research involving higher-risk pathogens and actions taken to mitigate risks. [Specifically, GAO suggested that the] Secretary of (HHS) should work with HHS funding agencies to ensure that key information on the

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WORD IN WASHINGTON (continued from page 3)

agencies' risk reviews of extramural research and intramural projects involving pathogens are publicly shared with researchers, Congress, and the public, as appropriate. Such information should be regularly updated and include the outcomes of risk reviews, steps HHS funding agencies and researchers took to mitigate risk, and the total number of research projects involving higher-risk pathogen research that agencies support."

(Source: GAO Report, 2/19/26)

BRIEFLY NOTED

The Federal Bureau of Investigation (FBI) has released its Internet Crime Report for 2025. The report noted that the healthcare and public health sectors were targeted the most by cyberthreats to critical infrastructure. "There were 460 ransomware attacks and 182 data breaches, totaling 642 cyber events.

(Source: FBI Report, 4/10/26)

MEMBER NEWS

Inova Blood Donor Services has been honored as a recipient of the *Medical Laboratory Observer*'s (MLO) 2026 Lab of the Year Runner Up Awards. According to a blood center announcement, they are believed to be the first blood center to place in the competition. *MLO* judges entries on:

- [c]ustomer service;
- [p]roductivity;
- [t]eamwork;
- [e]ducation and training;
- [s]trategic outlook; [and]
- [l]ab inspections.

(Source: *MLO*, "2026 Lab of the Year Runner Up: Inova Blood Donor Services," 4/7/26)

Iowa residents can now place the **LifeServe Blood Center** logo on their license plates if they get a specialty license plate from the Iowa Department of Transportation (IDOT). An article published by Radio Iowa noted that the state is now allowing Iowa residents to, "purchase a specialty license plate with a blank space that allows them to stick on a state-approved decal from any of several dozen non-profits." Tim Paluch, a spokesman for LifeServe Blood Center, told the publication that the blood center, "is offering the three-inch square decals for free after you purchase the new plate. 'I think the decal plate, through IDOT, has been around for a while, but what I think they're doing is offering it up to more organizations and nonprofits,' Mr. Paluch said. 'I think it's a great program and I hope more people learn about it and they can kind of show off their pride in organizations like us, that they volunteer with, or donate to, and things like that.'" The news organization further explained that, "[t]he new decal plates have space for just five characters to the right of the sticker. IDOT says if the plate is requested at the time of the initial application for registration and certificate of title for the vehicle, there is no cost, though there's a $5 replacement fee to switch from any plate type to a numbered decal plate."

(Source: Radio Iowa, "Iowa DOT lets motorists promote non-profits on license plates," 4/7/26)

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" Takes Place 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 5)

Room Block Deadline Extended to April 17th for the 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 17th 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!

IN MEMORIAM

Richard E. Limbach passed away on March 19th. He served as executive vice president and chief operating officer of the Blood Center of Southeastern Wisconsin (now Versiti Blood Center of Wisconsin) during his 27-year career with the organization. According to his obituary, Mr. Limbach also held roles as advertising manager at Walker Marketing Corp. in Racine, Wisconsin; Rainfair Apparel in Racine; public relations manager at Oster/Sunbeam; and account executive at McDonald Davis and Associates, Inc. in Milwaukee. He also served in the military and receiving an honorable discharge from the U.S. Army Reserves in 1962. In retirement, Mr. Limbach was the organizer for the St. Agnes Conference of St. Vincent de Paul. A service in his honor will be held on April 15th in Naples, Fla. You may leave notes of sympathy and comfort to his family on his tribute page at www.fullernaples.com. In lieu of flowers, please make a donation to Avow Hospice (Naples, FL) at www.avowcares.org or Saint Vincent DePaul Society/The Church of St. Agnes www.stagnesnaples.org.

(Source: Richard E. Limbach Obituary, 3/19/26)

GLOBAL NEWS

Australian Red Cross Lifeblood has announced that a therapy made from the group AB blood of male donors will now be available to treat , "those battling severe dry eye and other debilitating eye surface diseases." A news release from the organization explained that, "new allogenic serum eye drops (AlloSED) will treat severe eye surface diseases unresponsive to other therapies, offering new hope for patients. [Previously, patients] could access eye drops made from their own donated blood, but this option was limited to people who were medically able and eligible to donate, and to those who lived near a blood donor cent[er]. [Group AB] blood from male donors lacks antibodies that could damage the eyes of some

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patients. [Patients will] need to meet clinical guidelines developed by Lifeblood in collaboration with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO)."

(Source: Australian Red Cross Lifeblood News Release, 3/3/26)

A paper published in *Vox Sanguinis* sought to, "assess the knowledge–attitudes–practices (KAP) status, identify predictors of donation (distinguishing between donor motivators and non-donor barriers), and propose evidence-based, tailored recruitment strategies for this population," of blood donors in China. The researchers also noted that the, "findings aim to inform local recruitment and contribute to the global understanding of youth donor mobilization. A descriptive, cross-sectional survey was conducted over a three-month period from September to November 2023. The target population was students enrolled at all 17 universities and colleges within Wuxi City, Jiangsu Province, China." The study included 8,537 respondents with the majority being male (72.9 percent, n=6221) and overwhelmingly fell within the typical university age range of 18–25 years (94.3 percent)." The researchers, "confirm[ed] the existence of a significant attitude–behavi[o]r gap among university students in China, a phenomenon consistent with global observations. [While non-donors] most frequently self-reported 'perceived physical eligibility (concern)' as a barrier (70.1 percent), this factor was not an independent predictor in the multivariable model. Conversely, positive experiential factors ('sense of glory/honor,' 'donation environment,' 'staff competence') were significant predictors of actual donors. [They believe that] strategies targeting non-donors should move beyond generic health assurances and instead combine myth-busting with active cultivation of a positive anticipated experience—through peer testimonials, service quality transparency, and emphasis on psychosocial rewards—to convert apprehension into action. [The robust association] between donation behavi[o]r and social engagement indicators (CPC/CYL membership, leadership, club activity) is noteworthy. [The recruitment track] for non-donors should employ targeted, myth-busting communication campaigns—delivered via trusted peers and digital platforms—to convert health-related anxieties into perceived capability. The retention track for existing donors must focus on service excellence, through staff training, environment optimization, and meaningful post-donation recognition, to foster repeat donation. Crucially, both tracks should be implemented in partnership with student political bodies, unions, and clubs. Empowering these organizations to lead group drives and peer-to-peer messaging can dramatically enhance the reach and credibility of both recruitment and retention efforts." The paper concluded that, "this study provides an empirical map of factors influencing blood donation among Chinese university students, highlighting that the challenge is not a lack of goodwill but a multifaceted intention–action gap. Bridging this gap requires differentiated strategies: addressing cognitive barriers for non-donors while nurturing experiential motivators for existing donors, delivered through strategic partnerships with campus organizations. Unlocking the potential of this donor pool demands an evidence-based approach that treats students as individuals with varying pathways to becoming lifelong contributors."

Citation: Zhao, L., Jin, J., Yao, J., and Chen, L. "Bridging the attitude–behaviour gap in blood donation: A large-scale knowledge–attitudes–practices study among university students in China." *Vox Sanguinis*. 2026.

ADVANCED THERAPIES NEWS

Kite has announced that the U.S. Food and Drug Administration (FDA) has, "granted traditional (full) approval to the company's CAR T-cell therapy, Tecartus® (brexucabtagene autoleucel), for adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL)." A news release stated that, "[t]he full approval now includes efficacy, safety, and pharmacokinetic data from Cohort 3 of the ZUMA-2 study in patients who are R/R after one or more lines of therapy and who are Bruton tyrosine kinase inhibitor (BTKi)-naïve. [ZUMA-2 is a single-arm,] open-label, multicenter study evaluating Tecartus in adult patients with R/R MCL. Cohorts 1 and 2 evaluated Tecartus in patients who had previously received up to five lines of therapy including anthracycline- or bendamustine-containing chemotherapy, an anti-CD20 antibody and a BTKi. Cohort 3 evaluated Tecartus in patients who had received up to five prior lines of therapy and were BTKi-naïve. A total of 82 patients were treated in Cohorts 1 and 2, and 86 patients were treated in Cohort 3. The primary endpoint across the study was objective response rate (ORR) per the Lugano Classification (2014), as assessed by an Independent Radiologic Review Committee. [In the updated USPI,] MCL safety data are pooled across Cohorts 1–3 (n=168). In this pooled MCL population, cytokine release syndrome (CRS) occurred in 93 percent of patients, including Grade ≥3 CRS in 12 percent; the median time to onset was 4 days and the median duration was 7 days. Neurologic events occurred in 80 percent of patients, including Grade ≥3 neurologic events in 33 percent; the median time to onset was six days and the median duration was 19 days. Infections of any grade occurred in 63 percent of patients, including Grade ≥3 infections in 33 percent. In Cohort 3, serious adverse reactions occurred in 65 percent of patients. The most common serious adverse reactions (>2 percent) were non-ventricular arrhythmias, tachycardias, pyrexia, cytokine release syndrome, unspecified pathogen infections, viral infections, bacterial infections, fungal infections, musculoskeletal pain, motor dysfunction, encephalopathy, aphasia, tremor, seizure, delirium, hypoxia, hypotension, hemorrhage, and thrombosis.

(Source: Kite News Release, 4/2/26)

CorrectSequence Therapeutics has published data in *Nature* from a phase I trial that included, "five patients with transfusion dependent beta thalassemia who were able to stop red blood cell transfusions, the standard treatment for the condition, after receiving the company's [investigational] base-edited treatment CS-101," according to a report by *Inside Precision Medicine*. "The participants continued to have good levels of hemoglobin with no serious side effects during follow-up. [The company] is also aiming to raise fetal hemoglobin levels with CS-101, targeting the same site, but is only changing individual bases without making a full cut, which should reduce risks linked to double-strand breaks, such as large deletions or chromosomal translocations. In this study, CS-101 was given to five patients with beta thalassemia, previously treated with blood transfusions. The process involves extracting their stem cells, reactivating fetal hemoglobin production using base editing, giving the patients chemotherapy to clear existing stem cells and make way for the newly edited population, and finally injecting the patients with the edited stem cells. All five patients were able to stop red blood cell transfusions and had maintained good levels of hemoglobin at three months. These levels stayed at a similar level through a median follow-up period of 23 months. No deaths or reported cancers due to the chemotherapy treatment were observed and the safety profile so far is acceptable. The planned Phase II/III trial will be crucial for evaluating a larger and more genetically diverse patient population across multiple centers."

(Source: *Inside Precision Medicine*, "Base Editing Shows Early Promise for Treating Beta Thalassemia, 4/8/26)

Researchers at the University of New South Wales (UNSW) have described the development of a, "new CRISPR breakthrough [that] shows scientists can turn genes back on without cutting DNA, by removing chemical tags that act like molecular anchors," reported *ScienceDaily*. "The work confirms these tags actively silence genes, settling a long-running scientific debate. This gentler form of gene editing

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ADVANCED THERAPIES NEWS (continued from page 8)

could offer a safer way to treat sickle cell disease by reactivating a fetal blood gene. Researchers say it opens the door to powerful therapies with fewer unintended side effects." The findings have been published in *Nature Communications* as the researchers explained that, "[e]arly versions of CRISPR tools worked by cutting DNA to disable malfunctioning genes. Later versions became more precise, allowing scientists to correct individual letters in the genetic code. However, both approaches rely on breaking DNA strands, which can lead to unintended changes and increase the risk of serious side effects. [The latest version,] known as epigenetic editing, takes a different approach. Instead of cutting DNA, it targets chemical markers attached to genes inside the nucleus of each cell. By removing methyl groups from genes that have been silenced, researchers can restore gene activity without altering the underlying DNA sequence. [So far,] all experiments have been carried out in laboratory settings using human cells at UNSW and in Memphis. [These] findings could have far-reaching implications beyond sickle cell disease. Many genetic conditions involve genes that are improperly turned on or off, and adjusting methyl groups may provide a way to correct those problems without damaging DNA."

(Source: *ScienceDaily*, "This CRISPR breakthrough turns genes on without cutting DNA," 1/5/26)

Trenchant BioSystems, the University of Massachusetts Chan Medical School, and Caring Cross are partnering for, "the development and manufacture of an accessible and commercially viable hematopoietic stem cell (HSC) manufacturing platform for diseases like sickle cell disease (SCD)," reported *Genetic Engineering & Biotechnology*. "[Specifically,] in the first phase of the collaboration, UMass Chan researchers will work with Trenchant BioSystems to start evaluating blood products to separate stem cells and build the automated gene transfer genetic engineering platform with lentiviral vectors from Caring Cross. In the next post-validation phase, Caring Cross will evaluate the system and process for simplicity and cost before offering it as a potential alternative to its collaborators worldwide. UMass Chan and Caring Cross will conduct preclinical studies to launch a Phase I/II clinical trial of autologous gene-modified HSCs for patients with SCD or beta thalassemia. The alliance currently plans to hold an INTERACT meeting with the FDA during the first quarter of 2027 and launch the clinical trial later that year." Trenchant BioSystems AutoCell automated CGT manufacturing platform uses a, "microbubble separation approach as an alternative to immunomagnetic bead-based separation for stem cell gene therapies," according to the publication.

(Source: *Genetic Engineering & Biotechnology*, "Advancing the Manufacture of Patient Accessible Cell and Gene Therapies at Place-of-Care," 3/31/26)

COMPANY NEWS

The **International Council for Commonality in Blood Banking Automation (ICCBBA)** recently announced that it is accepting grant applications for the 2026 ICCBBA Grant. According to the organization, the "funding opportunity designed to support organizations working to advance safer and more efficient systems for Medical Products of Human Origin (MPHO) or other therapeutic biological products. With a total of $100,000 available, the ICCBBA Grant supports projects that strengthen organizational infrastructure, improve electronic information management, and enhance traceability, all critical components in protecting patient safety across the MPHO lifecycle." Applications must be received by April 30th at 5 p.m. local time of the applicant's organization. Projects should be aligned with these objectives:

- "[t]o build technical capacity in transfusion and/or transplantation activities in terms of safety and efficiency;
- [t]o assist transfusion/transplantation establishments in achieving reliable traceability of all MPHO that they manage; [and]

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- [t]o enable ICCBBA to achieve its mission to develop and advance the ISBT 128 Standard for medical products of human origin (MPHO) or other therapeutic biological products to enhance global traceability and achieve harmonization for improved healthcare systems efficiency and patient safety."

More information, including a listing of past recipients, is available. ICCBBA is a, "global nonprofit organization dedicated to enhancing patient safety by leading the development and management of ISBT 128."

(Source: ICCBBA Announcement, 2/12/26)

Fresenius Kabi has opened nominations for the National Blood Donation Hall of Fame program. This initiative, in collaboration with blood centers, recognizes individuals who support the U.S. blood supply. It celebrates the commitment and dedication of extraordinary donors, volunteers, and advocates helping to create awareness on the need for blood and importance of blood donation. Blood centers are invited to nominate someone who exhibits a steadfast commitment to blood donation. Email nominations to: info.usa@fresenius-kabi.com by June 9th. Learn more and see past hall of fame inductees here.

FRESENIUS KABI
National Blood Donation Hall of Fame

(Source: Fresenius Kabi Announcement, 4/7/26)

The **Association for the Advancement of Blood & Biotherapies (AABB)** has released the "35th edition of *Standards for Blood Banks and Transfusion Services* (*BB/TS Standards*) and 12th edition of *Standards for Cellular Therapy Services* (*CT Standards*)." The interim standards are, "focused on infectious disease testing and donor deferrals for facilities outside the U.S. for West Nile virus (WNV) and *Trypanosoma cruzi* (Chagas disease), noted the organization in an April 1st announcement.

(Source: AABB Announcement, 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 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.

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.

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CALENDAR (continued from page 10)

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, 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.

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 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

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POSITIONS (continued from page 11)

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.

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.