America's Blood Centers
Powered by Community.

NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

2026 #16 May 26, 2026

INSIDE:

WORD IN WASHINGTON 2
BRIEFLY NOTED.....3
INFECTIOUS DISEASES UPDATE.....4
MEMBER NEWS.....5
2026 ABC Advocacy Summit 2 Weeks Away — Register Today! 6
Nominations Are Open for HOSA Recognition Program.....6
Register for the ABC Advocacy Training 101 Webinar.....6
ADVANCED THERAPIES NEWS.....7
GLOBAL NEWS 7
COMPANY NEWS 8
CALENDAR.....9
POSITIONS.....10

Interactive Communication Interventions for Blood Donor Motivation Reported in *Vox Sanguinis*

Investigators in *Vox Sanguinis* conducted a systematic review aimed to, "identify the types and components of interactive communication–based interventions that have been evaluated, and examine their effects on key outcomes, including intention to donate, first donation, and repeat donation. In clarifying which interactive strategies appear most promising, this review aims to support blood services in developing and implementing scalable, evidence-informed approaches to enhance rates of donation." The paper included studies in which, "participants had to be aged 16 years or older, feature an interactive component between at least two parties and have reported at least one outcome of: intention to donate blood; attempted blood donation; actual blood donation; blood donation motivation; frequency of retention; [and] change in behavi[o]r." The authors explained that the review consisted of 36 studies from 1977 to 2024, of which, "20 interventions were randomized controlled trials (RCTs), whereas the others were quantitative non-randomized studies (e.g., cohort studies) (n = 15) or qualitative (n = 1). The studies were conducted in several countries: 15 in the United States, four in India, three each in Canada and China, two in Australia and one each in Brazil, France, Germany, Iran, Nigeria, Serbia, Sierra Leone, Switzerland and Turkey."

The investigators discovered that, "only two interventions solely sought to recruit new donors. One found that addressing knowledge gaps, potential concerns, and misconceptions through interactive awareness sessions positively increased willingness to donate blood. The other intervention featured a call plus an email brochure, which saw a significant increase in appointment attendance." The review found that, "addressing donors' concerns, beliefs, and emotions to be beneficial. Previous donation history, age, and male sex were associated with positive outcomes. [The authors] saw inconsistent evidence for several interventions, including educational awareness sessions, phone calls, and motivational interviews. [The findings] align with previous systematic reviews reporting heterogeneous effects of communication interventions and highlighting methodological limitations in the evidence base. [Additionally,] the paper suggested that, "[t]he modality of the reminder could be significant and that the added value of interaction could depend on the script of the conversation. Interpretation of comparative effectiveness should, however, be approached cautiously, given the substantial heterogeneity in intervention content, comparators, and outcome reporting across the included studies."

The paper concluded that, "[g]iven the desperate need for recruiting reliable blood donors and the known cost-effective, quick, acceptable, and successful nature of communicative interventions in healthcare settings, the lack of research over the

(continued on page 2)

Interactive Communication Interventions for Blood Donor Motivation Reported in *Vox Sanguinis* (continued from page 1)

last five decades into interactive interventions promoting blood donation is surprising. It is clear from this review that more evidence exploring these interventions and better reporting of study details is needed to assess the efficacy of different interventions. Finally, a shift towards more heterogeneous methods of donor recruitment could be needed to maximize donations from different populations."

Acknowledged limitations of the review were, "[o]nly nine studies included calculations justifying their sample size as statistically powerful (internal validity); several populations used was generalizability (external validity); [s]tudies measuring intention or willingness to donate have limited use, as it is unknown whether the participants donated, or tried to but could not; [f]or studies with incentives for completing the intervention, it is possible because of social desirability bias, participants reported positive outlooks post-intervention as they believed it was the desired response or would make them more likely to receive the money."

Citation: Boult, L., Douglass, T., Tremblett, M., and Joyce, J.B. "The efficacy of interactive communication interventions for motivating blood donation: A systematic review." *Vox Sanguinis*. 2026.

WORD IN WASHINGTON

Rep. Neal Dunn, MD (R-Fla.) has introduced the, "'Enhancing Clinical Laboratory Innovation and Access Act (Enhancing CLIA Act) of 2026' to update the regulation of diagnostic testing services under the Clinical Laboratory Improvement Amendments (CLIA), to further innovation." A news release from his office noted that the proposed legislation would:

- "[d]irect the Centers for Medicare & Medicaid Services (CMS) to establish a transparent and publicly accessible database with key information regarding laboratory developed testing services (LDTs), including summaries of performance specifications and validation information;
- [r]eaffirm that LDTs are professional services regulated by CMS under CLIA;
- [c]larify that LDTs include innovative analyses of digital laboratory information, such as genomic data derived from previously-sequenced patient samples;
- [l]everage existing review and oversight mechanisms to allow laboratories to voluntarily obtain confirmation from a recognized third party that an LDT is analytically and clinically valid; [and]
- [e]stablish centralized error reporting and bolster CMS oversight authority if credible information indicates an LDT lacks analytical or clinical validity."

(Source: Rep. Neal Dunn News Release, 5/18/26)

(continued on page 3)

The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2026 by America's Blood Centers. Reproduction of the *ABC Newsletter* is forbidden unless permission is granted by the publisher (ABC members need not obtain prior permission if proper credit is given).

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.

America's Blood Centers
Chief Executive Officer: Kate Fry
Editor: Mack Benton
Subscriptions Director: Leslie Maundy
Annual Subscription Rate: $420

Send subscription queries to
memberservices@americasblood.org
America's Blood Centers
1717 K St. NW, Suite 900, Washington, DC 20006
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

WORD IN WASHINGTON (continued from page 2)



Last week, while celebrating emergency medical services (EMS) professionals during "Save a Life Day" as a part of EMS Week, the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) highlighted prehospital blood transfusions in an agency news release. NHTSA explained in the communication that, "roadside care innovations such as prehospital blood transfusions [can lower mortality rates by 37 percent for crash victims [according to research], which is why NHTSA invested $80 million to expand blood transfusion capabilities for safety partners." The event featured a blood drive, blood transfusion demonstrations from EMS personnel, Stop the Bleed education, and CPR training.

(Source: NHTSA News Release, 5/22/26)

BRIEFLY NOTED

A "Correspondence" published in *The New England Journal of Medicine* described a "controlled study to investigate the effectiveness of a simple, low-cost intervention to reduce the risk of bacterial contamination of blood bags: the use of a double knot applied immediately proximal to the blood bag." The authors of the manuscript explained that 180 pediatric blood bags were filled with, "48 to 52 ml of lysogeny broth and closed the bag with either one knot (90 bags) or two knots (90 bags). Bacterial cultures (*Staphylococcus aureus* ATCC12600, *Pseudomonas aeruginosa* ATCC27853, or *Escherichia coli* DSM30833), grown to an optical density at 600 nm of 0.5, were introduced into tubing, which was connected by sterile docking to the blood bags." They noted that, "0.6×10^8 to 1.0×10^8 bacteria were in direct contact with the outer knot of each bag. The prepared blood bags were hung top down (such that the bacteria were in constant contact with the outer knot) and stored at 20 to 22°C for 35 days. On day 35, the culture medium was transferred to 50-ml tubes." The authors found that, "microbiologic testing, "showed substantial bacterial contamination in 8 of 90 blood bags that were sealed with a single knot (9 percent; two-sided exact Clopper–Pearson 95 percent confidence interval [CI], 4 to 17). In contrast, none of the 90 bags that were sealed with a double knot were contaminated (0 percent; two-sided exact Clopper–Pearson 95 percent CI, 0 to 4). Although the confidence intervals are wide, we used a high-stress test, with incubation of highly concentrated bacteria directly in front of the knot for 35 days at room temperature. Therefore, bacterial contamination of the tubing of blood bags sealed with double knots and stored at 4°C would be highly unlikely to lead to contamination of the bags." The investigators wrote in the manuscript that findings, "suggest that the use of a double knot is a simple, low-cost, and effective method for reducing the risk of bacterial contamination of blood bags. This intervention could substantially improve patient safety, particularly in resource-limited settings. Although metal clamps represent an alternative solution, they also strain the limited budgets of blood centers, with a cost of approximately $0.06 per piece; at 100 blood donations per day, this cost exceeds one employee's daily wage in Nigeria. For facilities that use a single knot to close the bag, the double knot, as part of a multifaceted approach to blood safety that includes proper disinfection of the skin in the area of the vein puncture, could decrease the rate of contamination by providing an additional layer of protection."

Citation: Selleng, K., Ismail, H., Kohler, C., *et al*. "Reducing Bacterial Contamination of Blood Bags with a Double Knot." *NEJM*. 2026.

(continued on page 4)

BRIEFLY NOTED (continued from page 3)

The Johns Hopkins Applied Physics Laboratory (APL) has issued a news release regarding ongoing research efforts to create a shelf-stable blood substitute. The Human Erythrocytes Available for Reconstitution and Transfusion (HEART) research initiative is, "leveraging lab-made, stem-cell-derived red blood cells to investigate the viability and scalability of shelf-stable, lyophilized—or 'freeze-dried'—red blood cells" bypassing the current ongoing need for blood donors. The research, "leverages O-negative stem cells and organoids—clumps of cells that behave like an organ. In this case, a bone-marrow-like organoid is developed to produce a supply of red blood cells. The [researchers] opted to use lab-produced red blood cells because of the hurdles associated with collecting red blood cells from humans. Once red blood cells are produced in the lab, they're packed with cryopreservatives and dehydrated, resulting in a powdery substance." Corrine Fuller, a biomedical engineer working on the project stated in the news release, "[w]hat's unique about this work is we are developing a specialized process for lyophilizing, or essentially 'freeze-drying,' the cells so that they don't require continuous refrigeration. Our goal is to develop a product that's shelf-stable and usable in an austere or remote environment." Next the researchers noted that the, "powdery red blood cells, which still contain the proteins and sugars found naturally in blood, can later be rehydrated with sterile saline solution. The goal is to make this shelf-stable blood substitute safe and effective for universal donorship, or the equivalent to receiving a unit of O-negative blood from a blood bank. Ultimately, the HEART blood substitute would require only that warfighters or medical teams carry a small container of freeze-dried cells and saline solution to have the materials necessary for a lifesaving blood transfusion." The APL concluded the news release by explaining that, "[d]uring the next phase of development, APL researchers will work on proving the scalability of HEART. Early results from the initial effort led to follow-on funding to fabricate, test, and characterize a bioreactor capable of producing erythrocyte-like cells from human stem cells. Building on this process, the team has already designed a prototype bioreactor that demonstrates how the process could enable larger-scale production. Efforts like HEART directly support the Department of War's goal of strengthening biomanufacturing capabilities while reducing reliance on vulnerable supply chains."

(Source: Johns Hopkins News Release, 5/7/26) ♦

INFECTIOUS DISEASES UPDATE

EBOLA

On May 22nd, the World Health Organization (WHO) updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of May 21st, "[i]n total, 746 suspected cases, including 176 deaths among suspected cases have been reported from DRC and 85 confirmed cases (two in Uganda), including ten deaths (one in Uganda) (CFR 12 percent) have been reported from both countries. Last week the WHO declared the Ebola disease outbreak in the DRC and Uganda caused by Bundibugyo virus a, "public health emergency of international concern (PHEIC), but [noted that it] does not meet the criteria of pandemic emergency, as defined in the International Health Regulations (2005) (IHR)." The U.S. Centers for Disease Control and Prevention (CDC) published an update on May 25th stating that the U.S. "is responding to an outbreak of Ebola disease in remote areas of the (DRC and Uganda.) To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak. The overall risk to the American public and travelers remains low." On May 18th, the CDC announced that it has, "enhanced travel screening, entry restrictions, and public health measures to prevent Ebola virus disease from entering the United States amid ongoing outbreaks in East and Central Africa." The CDC has not classified the affected region as having "widespread transmission of Ebola virus," which would trigger donor interventions in the U.S. The U.S. Food and Drug Administration (FDA) guidance requires that, "in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history

(continued on page 5)

INFECTIOUS DISEASES UPDATE (continued from page 4)

questionnaire (DHQ), including your full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2)."

(Source: WHO Update, 5/22/26; CDC Update, 5/19/26)

MEMBER NEWS

Blood Bank of Alaska is partnering with Guardian Flight Fairbanks to provide blood products "on every flight" of the air medical provider. A news release noted that, "Guardian Flight Fairbanks' base of operations is now the first and only air medical provider to carry lifesaving blood products on every flight, setting a new standard for patient care in the region. [Guardian Flight Alaska,] a division of Global Medical Response (GMR), has distinguished itself as one of the few air medical services nationwide equipped to carry packed red blood cells onboard every flight. This enhancement launched recently with aircraft[s] based in Sitka, Juneau, and Ketchikan, and now, with the addition of Fairbanks, expands the availability of transfusion care to numerous communities throughout the state. In further expansions, aircraft serving Deadhorse and the North Slope [began] carrying blood products in April 2026." During EMS Week, a civilian flight crew performed Alaska's first prehospital whole blood transfusion.

(Source: Global Medical Response News Release, 3/18/26)



Carter BloodCare, in partnership with the Grapevine, Texas Rotary Club, has donated a recently retired mobile collections coach to the community of Paras, Mexico. The bus will serve as a mobile health clinic for the men, women, and children in the rural town of Paras in the state of Nuevo Leon, Mexico, 540 miles south of Carter BloodCare's North Texas headquarters. While Paras is a small community of just under 1,000 people, their health needs are great. Through this international community health initiative, Carter BloodCare also has donated retired collections coaches to support people in Ukraine and Nigeria.

(Source: Carter BloodCare Announcement, 5/19/26)

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



OneBlood recently joined local leaders at a community discussion reflecting on the response to the Pulse Nightclub mass casualty shooting in 2016. The event included Orlando Mayor Buddy Dyer and former Congresswoman Val Demings. Following the tragedy, thousands within the community presented to donate blood.

(Source: OneBlood Announcement, 5/23/26)



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.

2026 ABC Advocacy Summit 2 Weeks Away — Register Today!

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. View the 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.

Nominations Are Open for HOSA Recognition Program

ABC and HOSA Future Health Professionals have launched nominations for our 2026 recognition program, celebrating outstanding HOSA contributions to the nation's blood supply. This initiative aims to acknowledge HOSA chapters and state associations that have demonstrated exceptional commitment to the nation's blood supply. We are accepting nominations in two categories:

- *The Blood Drive Recruitment Award*: celebrates chapters that go above and beyond in organizing successful blood drives, considering factors such as units collected, first-time donors, and innovative strategies; and
- *The Blood Drive Awareness Award*: honors chapters that excel in raising awareness of the need for blood donations through creative campaigns, media engagement, and community partnerships.

Nominations are due by Friday, May 29th. Winners will be recognized at the HOSA International Leadership Conference (ILC). We encourage ABC members to nominate a HOSA chapter's or state association's achievements in supporting the nation's blood supply. Should you have any questions about the nomination process or require additional information, please contact us.

Register for the ABC Advocacy Training 101 Webinar

ABC encourages those individuals that are or may possibly attend the ABC Advocacy Summit to take part in the "ABC Advocacy Training 101" webinar on June 3rd at 3 p.m. EDT. This virtual event will help you prepare for Hill Day as ABC Government Affairs Manager Lorenzo Rodriguez provides an introduction and insights to advocacy on Capitol Hill and Juan Cotto of Bloodworks Northwest shares his blood center's experience building relationships with members of Congress. This event is the perfect forum for both first-time Advocacy Summit attendees and experienced advocates alike to receive tips, share experiences, and learn from your peers. ABC members may contact us for more information and a link to registration.

(continued on page 7)

INSIDE ABC (continued from page 6)

Register for the AI for Blood Centers Webinar

The ABC Educational Webinar Committee will host a June 16th webinar titled "Artificial Intelligence (AI) for Blood Centers." Hear your peers share real-world experiences and insights on how AI is being deployed and implemented at their blood centers. Speakers include:

- Chris Ebert (SunCoast Blood Centers);
- Evan Arias Johnson (SunCoast Blood Centers);
- Andrea Sign (Carter BloodCare); [and]
- Niveditha Rameshbabu (Stanford Blood Center).

ABC members can contact us with questions or to receive a link to registration.

ADVANCED THERAPIES NEWS

Beam Therapeutics Inc. has announced that it has "updated biomarker data" to present from an ongoing clinical trial of its investigational therapy ristoglogene autogetemcel (risto-cel) to treat sickle cell disease patients. According to the company's chief medical officer, Amy Simon, MD, "[t]he data continue to support the ability of risto-cel to restore red blood cell health and function, including improvements in sickling and rheologic parameters comparable to sickle cell trait, while also reinforcing the relationship between fetal hemoglobin induction and improved clinical outcomes in sickle cell disease." Risto-cel is, "an investigational genetically modified cell therapy for the treatment of sickle cell disease (SCD). The one-time therapy consists of autologous CD34+ hematopoietic stem and progenitor cells (HSPCs) that have been base-edited in the promoter regions of the HBG1/2 genes and are administered via a hematopoietic stem cell transplant procedure. The risto-cel edit is designed to inhibit the transcriptional repressor BCL11A from binding to the promoter without disrupting BCL11A expression, leading to increased production of non-sickling and anti-sickling fetal hemoglobin (HbF) and thus mimicking the effects of naturally occurring variants seen in hereditary persistence of fetal hemoglobin."

(Source: Beam Therapeutics Inc. News Release, 5/12/26)

GLOBAL NEWS

The European Centre for Disease Prevention and Control (ECDC) has issued a news release stating that, "sexually transmitted infections reached record levels across Europe in 2024, driven by sharp rises in gonorrhea and syphilis, and widening gaps in testing and prevention. Targeted action is urgently needed to prevent further spread, including among women of reproductive age." The most recent data from the ECDC Annual Epidemiological Reports showed a, "surge in bacterial sexually transmitted infections (STIs) across Europe. In 2024, notifications of gonorrhea and syphilis, alongside congenital syphilis, reached their highest levels in over a decade, reflecting sustained transmission across multiple countries. The data for 2024 show that gonorrhea cases reached 106,331, representing a 303 percent increase since 2015. Syphilis cases more than doubled over the same period to 45,577 cases. Chlamydia remains the most frequently reported STI with 213,443 cases. Lymphogranuloma venereum (LGV) also continued to see ongoing transmission, with 3,490 reported cases. [Sexually active gay and bisexual men] remain the most disproportionately affected group, with the steepest long-term increases in gonorrhea and syphilis. Among heterosexual populations, syphilis is rising, particularly among women of reproductive age, the consequences of which are a near doubling of congenital syphilis cases from 78 in 2023 to 140 in 2024 across 14 countries reporting data. [ECDC urges] public health authorities to urgently update national STI strategies and strengthen surveillance systems to better monitor the impact of prevention efforts.

(continued on page 8)

GLOBAL NEWS (continued from page 7)

Without decisive action, current trends are likely to continue, increasing negative health consequences and widening inequalities in access to care.

(Source: ECDC News Release, 5/21/26)

COMPANY NEWS

The **International Society of Blood Transfusion** and **Terumo Blood and Cell Technologies (Terumo BCT)** are hosting a complimentary webinar on June 4th titled "Advancing Toward Non-DEHP Disposables." Registration is open. This virtual event will present recent study results showing the quality, safety, and efficacy of blood components, collected by apheresis and stored in non-di(2-ethylhexyl) phthalate (DEHP) plasticized blood containers. Speakers include:

- Susanne Marschner (*Vice President, Research & Scientific Programs, Vitalant*);
- Bethany Brown: (*Senior Director, Transfusion Innovation & Product Development, American Red Cross*); and
- Stefan van Wonderen (*Department of Anesthesiology, Amsterdam UMC, Laboratory of Experimental Intensive Care & Anesthesiology, Amsterdam UMC, Department of Anesthesiology, Dijklander Ziekenhuis*).

(Source: ISBT & Terumo BCT Announcement, 5/20/26)

The New York Times recently published a column titled "This Is the Biggest Culprit for High Health Care Spending" that suggested hospital prices are the leading cause of rising insurance premiums. The author, Zack Cooper who is an associate professor at Yale's School of Public Health and its Department of Economics, explained in the piece that, "[t]he reason hospital prices are so high: hospitals' accumulation of market power, which brings them more bargaining heft when they negotiate prices with insurers. Since 2000, there have been more than 1,300 hospital mergers among the nation's approximately 5,000 hospitals. When hospitals that were once competitors merge, prices go up, often by double-digit percentages, with no measurable improvement in patient outcomes. Even though we rely on competition to determine hospital prices, 21 percent of hospitals are effectively monopolies — they have no competitor within a 30-minute drive — and an additional 24 percent face only one competitor." The **American Hospital Association (AHA)** has published a response in *The New York Times* titled "Why Does Health Care Cost So Much?" authored by AHA Chief Executive Officer Rick Pollack that stated, "[i]n 2025, hospital expenses increased 7.5 percent, with sharp increases in labor, drugs, and medical supplies. At the same time, patients are arriving sicker, requiring more complex care, driving up hospital costs. Meanwhile, Medicare and Medicaid routinely reimburse below the cost of providing services, and insurers increasingly use tactics that delay or deny payment—disrupting care and adding administrative cost and burden. Hospitals are largely price takers, not price setters; government programs set rates administratively, and insurers negotiate payment terms. In 2025, expenses grew about twice as fast as hospital reimbursements for patient care, meaning hospitals absorbed much of the increase instead of shifting it to patients or payers."

(Sources: *The New York Times*, "This Is the Biggest Culprit for High Health Care Spending," 5/4/26; *The New York Times*, "Why Does Health Care Cost So Much?," 5/16/26)

The **Association for the Advancement of Blood & Biotherapies (AABB)** has released Association Bulletin #26-03 titled "Neonatal Red Blood Cell (RBC) Transfusion and Mannitol Exposure." Key points included in the document are:

(continued on page 9)

COMPANY NEWS (continued from page 8)

- "[t]he use of RBC units with a mannitol-containing additive solution (AS) for neonatal transfusion is globally widespread;
- [c]linical data demonstrate that mannitol-containing RBC units do not cause harm in extremely low birthweight, neonatal, and pediatric patients receiving routine small volume transfusions (<20 ml/kg);
- [f]or large-volume transfusions (>20 ml/kg) there are no controlled data demonstrating harm; however, available evidence is insufficient to exclude risk, particularly with rapid transfusion, impaired renal clearance, or very high cumulative exposure;
- [w]ashing or volume reduction may reduce mannitol exposure, but these interventions can negatively impact RBC quality, delay availability, or be impractical in emergencies or settings such as extracorporeal circuits;
- [c]oncern about mannitol exposure is based primarily on physiologic plausibility and experience with therapeutic mannitol dosing, rather than direct evidence of toxicity from mannitol-containing RBC transfusions; [and]
- [e]mergent transfusion for significant anemia should not be delayed."

(Source: AABB Association Bulletin 26-03, 5/14/26)

The American Society for Clinical Pathology (ASCP) has extended the deadline to Sunday, May 31st.for the 2026 Vacancy Survey. An announcement from the organization noted that the survey aims to, "determine the extent and distribution of workforce shortages within the nation's medical laboratories. All responses will be confidential, and data will only be reported in aggregate. Individual-level data will not be reported." ASCP asks all laboratory professionals to complete the survey and encourages individuals to forward the survey link to their peers.

(Source: ASCP Survey, 5/5/26)

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

June 3. **America's Blood Centers (ABC) Webinar: "Advocacy Training 101" (Virtual).** Please contact us for more information and a link to registration.

June 4. **U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Virtual Town Hall: "Best Practices for Preparing BLA Submissions for Cell and Gene Therapy Products."** More information is available here.

June 8-9. **2026 America's Blood Centers (ABC) Advocacy Summit. Washington, D.C.** Registration is open. More information is available here.

June 16. **ABC Webinar: Artificial Intelligence (AI) for Blood Centers (Virtual).** Please contact us for more information and a link to registration.

June 19. **Alliance for Regenerative Medicine (ARM) Workshop: "From Platform to Patient: Defining Market readiness for Genetic Medicines. Paris, France.** Registration is open. More information is available here.

(continued on page 10)

CALENDAR (continued from page 9)

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

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.

Sept. 16-17. **ADRP: The Association for Blood Donor Professionals Master Class (Virtual).** 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. 5-7. **ARM Cell & Gene Meeting on the Mesa. Phoenix, Ariz.** More information is available here.

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

Nov. 5-6. **2026 ABC Women's Executive Leadership Community *Rise &* Lead Workshop. San Antonio, Texas.** 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.

May 11-13. **2027 ADRP: The Association for Blood Donor Professionals Annual Conference Columbus, Ohio.** 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

Regional Director (Tallahassee, FL). OneBlood is seeking an experienced Regional Director to oversee donor blood collection operations and lead regional teams in support of its lifesaving mission in the Panhandle. This leadership role is responsible for driving operational excellence, ensuring compliance with regulatory and accreditation standards, and achieving donor recruitment and collection goals across the region. Candidates should possess strong leadership, analytical, communication, and team management skills, along with the ability to build collaborative relationships and improve operational performance. A bachelor's degree and significant management experience in healthcare, blood banking, or a related field are preferred. Travel within the region may be required. This position is based in Tallahassee, Florida, and offers the opportunity to join a mission-based organization dedicated to maintaining a safe and reliable blood supply for local communities. Competitive compensation and a comprehensive benefits package offered. Apply at **OneBlood Careers**.

Executive Director (Spokane, WA). Vitalant is seeking an exceptional, mission-driven leader to serve as the Executive Director for our Spokane 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

(continued on page 11)

POSITIONS (continued from page 10)

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.

Clinical Systems Analyst – Blood Center Services (BECS). Stanford Blood Center (SBC) in Palo Alto, CA, is seeking a specialized Clinical Systems Analyst to join our Blood Operations team. In this role, you will support blood collections, manufacturing, testing, and distribution by delivering technical solutions through BECS, LIS, and other core blood center applications. Key responsibilities include optimizing system configurations, writing test cases, executing validations, performing root cause analysis, and ensuring the ongoing maintenance of all SBC blood systems. Key Responsibilities: System Oversight: Administer and support blood operations applications. Compliance & Validation: Manage system updates, configurations, validation, and implementation. Workflow Integration: Collaborate with lab operations to optimize system interfaces and blood manufacturing/testing workflows. Technical Support: Implement and troubleshoot system functions for zero downtime operations. Minimum Qualifications: Experience: Minimum 3 years of systems analyst work experience in blood operations, BECS administration, and support. Domain Expertise: Minimum 3 years of experience with Blood Establishment Computer Systems (BECS), Laboratory Information Systems (LIS), or Data Innovations (DI) Instrument Manager. Education: Bachelor's degree in a related field or equivalent professional experience. About Stanford Blood Center - SBC is a world-class organization dedicated to connecting local donors to patients in need. We provide hope for healing through innovative research and clinical excellence. Join us in a role where your technical expertise directly impacts life-saving medical care. Visit us at www.stanfordbloodcenter.org. Apply here! For inquiries, contact: Miriam Garrido, mobile: 650-272-8412 SBC Talent Acquisition Consultant.

Medical Laboratory Scientist. LifeSouth Community Blood Centers is looking for experienced Medical Laboratory Scientists, with a passion for making a difference. Current openings: Gainesville, Florida (Multiple shifts available; rotating weekends and holidays), Jacksonville, FL (Overnight), and Atlanta, Georgia (Morning shift; rotating weekends and holidays). **Legal authorization to work in the United States is required. We do not provide visa sponsorship for these positions.** Shift differential applies to eligible evening and overnight hours; sign-on and/or relocation bonuses may also be offered to qualified candidates. Our Medical Laboratory Scientists work in a full-service, accredited immunohematology laboratory following established policies and procedures to resolve complex immunohematology and compatibility problems to provide the safest donor blood for patients in our community. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and apply today!

Laboratory Supervisor (Evenings). LifeSouth Community Blood Centers is looking for an experienced **Laboratory Supervisor** with a passion for making a difference to lead our evening shift Immunohematology Reference Laboratory team, in **Gainesville, FL**. Shift differential applies to eligible evening and overnight hours; sign-on and relocation bonuses may also be offered to qualified candidates. In this role, you'll oversee daily operations, ensure adherence to established policies and procedures, and support staff in resolving complex testing and compatibility challenges. You'll play a critical part in identifying and addressing issues that may impact test performance or result reporting, while mentoring and guiding team members to uphold the highest standards of quality and safety. Your leadership will help ensure the delivery of the safest donor blood for patients in our community. We are committed to excellence in customer service and patient care. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and apply today!

Purchasing Manager. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The **Purchasing Manager** at our headquarters location in **Gainesville, FL** is responsible for vendor selection, negotiation, establishment and maintenance of all purchased materials, supplies, equipment, and services used by the company. The Purchasing Manager is organized and decisive and can motivate the team to reach daily and long-range goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and apply here!

Program Manager, Blood Donor Engagement. The University of Texas MD Anderson Cancer Center's Program Manager, Blood Donor Engagement leads relationship-driven marketing and communications efforts to advance the institution's blood donor recruitment and engagement goals. This role leads a cross-functional Blood Bank Marketing and Communications team representing eight departments to ensure timely, coordinated implementation of outreach tactics. Serving as the Institutional Affairs liaison for Blood Bank leadership, the

(continued on page 12)

POSITIONS (continued from page 11)

Program Manager provides a single point of contact to address communications needs, manage issues and risks, and elevate matters as appropriate. The position develops and drives a comprehensive blood donor engagement strategy, oversees marketing and communications planning, and provides strategic recommendations to support recruitment goals. The Program Manager strengthens partnerships across departments conducting outreach activities, ensures consistent use of MD Anderson's brand voice and English and Spanish editorial standards, and manages coordinated institutional communications during critical blood shortages. This role directly supports lifesaving patient care. **Education:** Bachelor's degree in communications, marketing, public health, business, or related field. **Experience:** Experience in program or project management with emphasis on marketing and communications; healthcare or blood banking experience preferred. Click here to apply.

Director Business Development. OneBlood is seeking an experienced **Director, Business Development** to lead strategic growth initiatives and build strong partnerships that support organizational objectives within a dynamic healthcare environment. This leadership role will drive business expansion, identify new opportunities, manage key relationships, and collaborate cross-functionally to support long-term operational success. Candidates should possess proven experience in business development, strategic planning, relationship management, and team leadership, along with strong communication and analytical skills. Healthcare, nonprofit, or regulated industry experience preferred. Bachelor's degree required; advanced degree a plus. This position is based in Orlando, Florida, and offers the opportunity to contribute to a mission-driven organization dedicated to saving lives across the communities it serves. Competitive compensation and comprehensive benefits package offered. Apply online through OneBlood Careers.

Chief Financial Officer. Blood Assurance is seeking a strategic, collaborative, and mission-focused **Chief Financial Officer (CFO)** to join our executive leadership team. The CFO serves as a key strategic partner to the CEO and Board of Directors, providing leadership and oversight of the organization's financial strategy, fiscal sustainability, and operational performance. This executive leader will guide long-term financial planning, ensure strong internal controls and compliance, and support strategic growth initiatives across the organization. The CFO will oversee Finance and Information Technology functions and play a critical role in aligning financial operations with Blood Assurance's life-saving mission. **Key Responsibilities:** Develop and execute long-term financial strategies aligned with organizational objectives. Lead capital planning, forecasting, and investment strategy. Identify and assess financial risks and opportunities. Oversee accounting, payroll, budgeting, forecasting, financial reporting, audit, and tax compliance. Ensure strong internal controls and regulatory compliance. Lead annual budgeting process and present financial updates to executive leadership and Board. Oversee financial systems, data integrity, and reporting tools. Oversee the Information Technology department. Support projects and initiatives for the Information Technology department. **Required Qualifications:** Bachelor's degree in Accounting or Finance with CPA license. 10–15+ years of progressive experience in finance and accounting. Minimum 5 years in senior executive or leadership role with direct supervisory responsibility. Experience working closely with a Board of Directors. Demonstrated experience in strategic financial planning and organizational leadership. Qualified candidates are encouraged to email a cover letter and resume to Marly Stone at marlystone@bloodassurance.org.

Transfusion Lab Manager Needed! Join Florida's leading blood center, **OneBlood**, as a Blood Bank Lab Manager in Bay Pines, 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. 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.

Financial Services Manager. LifeSouth Community Blood Centers is seeking an experienced and detail-oriented **Financial Services Manager** to join our team, in **Gainesville, FL**. This position oversees core financial operations, manages staff, and ensures compliance with organizational policies and deadlines. It provides leadership across accounts payable/receivable, fixed assets, payroll, and revenue cycle functions, driving accuracy and efficiency while supporting the organization's mission to provide a safe blood supply and exceptional service to the community. The Financial Services Manager will work closely with leadership to analyze financial data, identify trends, and support strategic decision-making while maintaining compliance with company policies and regulatory standards. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and apply here!