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NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

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DoD Announces Demonstration Project for Prehospital Blood Reimbursement

The U.S. Department of Defense (DoD) has published a notice in the *Federal Register* titled "TRICARE Demonstration Project for TRICARE Ambulance Add-On Reimbursement for Pre-Hospital Blood Transfusion." The demonstration project will test dedicated reimbursement for prehospital blood transfusions delivered by ground and air ambulances. This action directly follows the National Defense Authorization Act (NDAA) report language America's Blood Centers (ABC) and partners championed during Blood Advocacy Week, and it represents a meaningful step toward closing a longstanding reimbursement gap that has kept lifesaving blood off most ambulances.

According to the notice, the demonstration will begin on January 1st, 2027, and run through December 31st, 2031, under DoD's authority to test alternative payment approaches (10 U.S.C. § 1092). Ambulance providers will be able to bill separately for blood products (Low Titer O+/O- whole blood, packed red blood cells (PRBC), plasma, or a PRBC/plasma combination) administered during medically necessary ALS2, Specialty Care Transport, or air ambulance transports.

The add-on payment will be set at whichever is higher: the standard TRICARE/OPPS rate for blood products (currently $189.84 per unit under HCPCS P9010), or the actual invoiced cost from the blood supplier. Providers can also bill once per transport for the transfusion administration itself (CPT 36430), reimbursed at roughly $40.

Coverage extends to TRICARE Prime, TRICARE Select, and TRICARE for Life beneficiaries, including those enrolled in a Medicare Advantage plan. It does not extend to USFHP enrollees, claims originating overseas, or beneficiaries whose other health insurance is primary.

The demonstration is estimated to cost approximately $100,000 in administrative expenses, $4.6 million in healthcare costs over the five-year period, and $500,000 for the program evaluation, according to the agency. The demonstration will be evaluated in Year Five on four goals:

- improved beneficiary outcomes;
- reduced total cost of care;
- improved access/network adequacy; and
- administrative feasibility."

Additional implementation details will be published by DoD through TRICARE

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DoD Announces Demonstration Project for Prehospital Blood Reimbursement (continued from page 1)

Manuals ahead of the January 2027 start date. ABC will continue to monitor implementation guidance and will keep member blood centers updated as the TRICARE Manuals are released and as the demonstration rolls out. ABC will also provide updates on our advocacy efforts to ensure sufficient reimbursement to allow for broader adoption of prehospital blood transfusions. Please contact us with any questions or comments.

(Source: *Federal Register* Notice, 7/6/26)

FDA Ebola Guidance Updated & Communication Issued for Blood Establishments Regarding Ebola and Blood Donation

The U.S. Food and Drug Administration (FDA) has published a June 29th final level two guidance document titled "Recommendations for Assessment of Blood Donor Eligibility, Donor Deferral and Blood Product Management in Response to Ebola Virus Guidance for Industry." According to the agency, it updates the January 2017 guidance, "with minor changes. For example, we revised the terms used to describe Ebola disease and removed links to inactive websites and withdrawn guidance documents. We have also clarified that FDA will communicate when the recommendations in sections III.A.2. and III.B of the guidance should be implemented and specify the countries for which donor residency and travel history should be assessed."

Additionally, the agency released a June 29th communication titled "Important Information for Blood Establishments Regarding Ebola Disease and Blood Donation." The communication explained that, "[b]ecause of the severity of [Ebola disease] and the potential risk of transmission by blood and blood components, Ebola disease meets the definition of transfusion-transmitted infection 21 CFR 630.3(l); however, transmission of Ebola disease by blood transfusion has not been reported. Routine measures used to screen every blood donor effectively prevent individuals with symptomatic Ebola disease from donating blood. [In addition, blood establishments] provide educational materials before donation that instruct individuals to not donate blood if they have ever had Ebola disease. [The recommendations in the updated guidance] are intended to reduce the risk of collecting blood and blood components from individuals that have a history of Ebola disease or may be at risk for exposure because of travel to a country with Ebola disease transmission. Considering the current Ebola disease outbreak in the Democratic Republic of the Congo (DRC) and Uganda, we refer blood establishments to the recommendations in our guidance document to update their donor eligibility processes accordingly, including asking donors about residency or travel to DRC and Uganda. FDA will continue to monitor the Ebola disease outbreak in coordination with the Centers for Disease Control and Prevention (CDC) and will issue updated information as it becomes available, including the list of countries for which donor residency and travel history should be assessed."

(Sources: FDA Guidance, 6/29/26; FDA Communication, 6/29/26)

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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

The U.S. Department of Health and Human Services (HHS) has published a notice in the *Federal Register* on July 2nd announcing the "Termination of Declaration Authorizing Emergency Use of Drug and Biological Products During the COVID-19 Pandemic." The notice explained that on June 29th, HHS Secretary Robert F. Kennedy, Jr. determined, "that circumstances no longer exist justifying the authorization of emergency use of drugs and biological products during the COVID-19 pandemic. Based on this determination, the HHS Secretary is terminating this declaration, effective on June 29th, 2027." It specifically references that the, "emergency use authorizations (EUAs) for COVID-19 vaccines and convalescent plasma have been revoked and there are COVID-19 vaccines and convalescent plasma products that are licensed through traditional pathways (i.e. approval of a Biologics License Application (BLA)). There are now FDA-approved therapeutic options for all ages and across all spectrum of disease (e.g. mild to requiring hospitalization). The FDA continues to encourage sponsors of EUA authorized products to obtain approval as appropriate through traditional pathways (i.e. approval of a New Drug Application (NDA) or BLA). If there is a gap between termination of an EUA authorization for a product and FDA approval, sponsors can work with the FDA to facilitate access to these investigational drugs through clinical trials and expanded access protocols, as appropriate."

(Source: *Federal Register* Notice, 7/2/26)

The Centers for Medicare & Medicaid Services (CMS) has announced the, "proposed rule that would update Medicare payment policies and rates for hospital outpatient and Ambulatory Surgical Center (ASC) services under the Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System Proposed Rule for calendar year (CY) 2027." The proposed rule would update, "OPPS payment rates for hospitals that meet applicable quality reporting requirements by 2.4 percent. This update is based on the projected hospital market basket percentage increase of 3.2 percent, reduced by a 0.8 percentage point productivity adjustment. For CY 2027, using the hospital market basket update, CMS proposes an update factor to the ASC rates of 2.4 percent. The update applies to Ambulatory Surgical Centers meeting relevant quality reporting requirements. This update is based on the proposed IPPS market basket percentage increase of 3.2 percent, reduced by 0.8 percentage point for the productivity adjustment."

(Source: CMS Announcement, 7/2/26)

Vijay Kumar, MD has stepped down as the acting director of the Office of Therapeutic Products (OTP) at the U.S Food and Drug Administration (FDA). Dr. Kumar became acting director in June 2025. *STAT News* reported that he told agency staff in a communication, "[a]fter careful reflection, I decided the time has come for me to move on. I discussed with Center and Agency leadership; we mutually decided not to renew my detail." Karim Mikhail, acting director of FDA's Center for Biologics Evaluation and Research (CBER), will now serve as OTP's acting director.

(Source: *STAT News*, "FDA's top gene therapy regulator is leaving his role," 6/29/26)

BRIEFLY NOTED

The National Highway Traffic Safety Administration's (NHTSA) Office of Emergency Medical Services (EMS) is hosting a collaborative federal webinar series regarding prehospital blood transfusion in practice. The series will kickoff on July 23rd at 10 a.m. EDT with the first webinar titled "Defining Prehospital Blood Transfusion." Registration is open for this



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BRIEFLY NOTED (continued from page 3)

event. The agency has announced that additional webinars in the series will take place on:

- August 18th: "Establishing a Prehospital Blood Transfusion Program;"
- September 22nd: "Working with a Blood Supplier in Your Prehospital Blood Program;"
- October 20th: "Paying for Your Prehospital Blood Program;"
- November 17th: "Prehospital Blood Transfusion Policies, Protocols Guidelines & Training;" and
- December 15th: "Prehospital Blood Transfusion: Tracking Success & Improvement."

(Source: NHTSA Announcement, 6/29/26)

A paper published in *Health Affairs* titled, "National Health Expenditure Projections, 2025–34: Strong Utilization Growth Initially, Legislative Impacts Later," explained that national health expenditures are, "projected to have reached $5.7 trillion in 2025, reflecting growth of 7.3 percent from 2024, which would represent a third consecutive year of growth greater than 7.0 percent. This rate of growth in health spending is expected to have been faster than that of the gross domestic product (GDP) (5.0 percent) and to have resulted in an increase in the health share of the economy (from 18.0 percent in 2024 to 18.4 percent in 2025)." The authors also noted that, "[s]ignificant legislative provisions are anticipated to affect health spending and insurance coverage trends through 2028. [Overall hospital spending growth is] projected to slow 2.4 percentage points to 5.8 percent in 2026. [National health expenditure growth is] projected to slow to an average of 4.9 percent per year during 2027–28. Despite the slower growth, health spending is still expected to outpace GDP growth of 3.7 percent per year during 2027–28. As a result, the health share of GDP is expected to rise to 19.1 percent by 2028. [More generally, it is] expected that growth in the use of medical services and goods is projected to retreat somewhat during 2027–28, relative to the recent faster rates. [Total hospital spending is] expected to grow 4.3 percent per year, on average, during 2027–28 (relative to 5.8 percent growth in 2026). [During 2029–34,] national health expenditure growth is projected to average 5.2 percent, reaching nearly $9.0 trillion by 2034. Health spending and enrollment trends over the course of 2029–34 are primarily influenced by demographic and economic factors. Because average annual national health spending growth, led by rapid growth in Medicare, is projected to outpace average annual GDP growth during 2029–34 by 1.3 percentage points, the health share of GDP is expected to rise to 20.6 percent by 2034. [During 2029–34, spending for] hospitals, physician and clinical services, and prescription drugs is expected to grow around 5 percent, on average (4.9 percent, 5.5 percent, and 4.6 percent, respectively)." The authors concluded by noting that, "[a]s has been the case, on average, over the longer-run history, health spending is expected to continue to grow more rapidly than economic resources (GDP and disposable personal income). [Policy makers will] undoubtedly continue to explore options for addressing the significant financing challenges for a sector that is expected to account for more than one-fifth of the economy by 2034. The financing concerns must also be considered within the context of aligning the goals of technological advancement (perhaps driven by progressions in artificial intelligence that could be cost-increasing or cost-decreasing) with improved population health and health insurance coverage."

Citation: Fiore, J., Sisko, A. Poisal, J. "National Health Expenditure Projections, 2025–34: Strong Utilization Growth Initially, Legislative Impacts Later." *Health Affairs*. 2026.

The Biomedical Excellence for Safer Transfusion (BEST) Collaborative has issued a call for applications for the Scott Murphy Memorial Lecture, which was, "established in 2007 by the BEST Collaborative in recognition of the tremendous contribution of the late Dr. Scott Murphy, a past chair of the BEST Collaborative, [in] the field of transfusion medicine and to the science of platelet storage." The organization is, "encouraging junior faculty involved in the broadly understood field of transfusion medicine to apply for this unique award. The recipient of the next award will be invited to present during the BEST Meeting (BEST LXXII) in Atlanta, Ga. Oct. 14th-15th. and to network with [the organization's

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BRIEFLY NOTED (continued from page 4)

members.]" A listing of previous winners is available. Applications with a letter of interest and C.V. can be submitted online. The submission deadline is Friday, July 31st, and the decision will be announced by the end of August 2026. The award[ee] will be invited to attend the entire BEST Meeting [and will be provided] a $500 honorarium and [a stipend] up to $1,000 toward travel expenses [by BEST to the meeting.]"

The BEST Collaborative has also announced that the call for scientific membership applications is open. According to the announcement, the organization renews its Board of Directors and scientific membership every four years. "The BEST Collaborative is now, looking for new talent to bring continued scientific vigor and fresh ideas to our team. Members are expected to actively participate in BEST studies, contribute innovative research ideas, and attend our interactive twice-yearly meetings, which alternate between North America in the autumn and Europe in the spring. To support these responsibilities, members will receive a stipend to help offset travel expenses." The application deadline is Friday, July 31st and decisions will be announced in September 2026." The four core teams are: "Cellular Therapy (*Current Team Leads: Dave McKenna, MD; David Stroncek, MD*); Clinical Studies/Transfusion Safety (Current Team Leads: Simon Stanworth, MA, PhD; Meghan Delaney, DO); Conventional Components (*Current Team Leads: Jason Acker, MBA, PhD; Denese Marks, PhD*); [and] Donor Studies (*Current Team Leads: Marc Germain, MD, PhD; Ralph Vassallo, MD*)

(Sources: BEST Collaborative Lectureship Announcement, 5/28/26; Scientific Membership Application Announcement, 5/28/26) ♦

RESEARCH IN BRIEF

Alpha-gal Immunoglobulin E Seroprevalence Among Blood Donors Described. The Centers for Disease Control and Prevention's (CDC) *Morbidity and Mortality Weekly Report* has published a paper titled "Alpha-gal Immunoglobulin E Seroprevalence Among Blood Donors—10 States, 2024–2025." The authors of the paper noted that, "[t]o further understand the geographic distribution of alpha-gal IgE seropositivity, seroprevalence was estimated at a state population level using data from blood donor samples in 10 states. [From November 2024 to April 2025,] samples of residual donor serum and corresponding demographic variables (age, sex, race and ethnicity, zip code, and county of residence) were obtained from specimens collected from 3,000 unique blood donors (300 per state from 10 selected states: Arkansas, Kentucky, Maine, Minnesota, Missouri, New Mexico, South Carolina, Tennessee, Virginia, and Washington).† County of residence included U.S. Census Bureau county–equivalent entities, including the city of St. Louis, Missouri, and multiple independent cities in Virginia." The investigators explained that, "[i]n this analysis, estimated alpha-gal IgE seroprevalence was higher in states with established populations of lone star ticks (Arkansas, Kentucky, Missouri, South Carolina, Tennessee, and Virginia) than in the four analyzed states outside the lone star tick range. [County population density was found] to be inversely associated with seroprevalence. Although residents of less populated areas are at higher risk for tick bites, and bites of the lone star tick are the primary known risk factor for alpha-gal IgE seropositivity, seroprevalence was not statistically different in rural, suburban, and urban areas." The authors concluded that, "[t]he estimated state-level alpha-gal IgE seroprevalences in this study far exceed the 2022 estimate of up to 450,000 persons nationwide affected by AGS (0.14 percent of the U.S. population, based on the 2022 U.S. Census Bureau estimated population). In areas of the United States where lone star tick populations are established, 5.5 percent–31.2 percent of the human population aged ≥16 years might receive a positive alpha-gal IgE test result and therefore possibly be at increased risk for future development of Alpha-gal syndrome (AGS). Because of this level of population seroprevalence using the current diagnostic test and threshold for positivity, IgE testing should only be performed for patients with a clinical history and symptoms consistent with AGS. A more specific diagnostic method, and possibly an increase in the threshold for alpha-gal IgE

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RESEARCH IN BRIEF (continued from page 5)

positivity, are needed to improve AGS surveillance. Public health case investigations will be required to evaluate clinical symptoms in addition to IgE testing data, which could strain the resources in the most affected states. Blood donor seroprevalence data align well geographically with areas where persons are impacted by AGS. This adds further support for a geographic focus for AGS surveillance, tick bite prevention, and health care provider education. Elevated alpha-gal IgE seroprevalence might also serve as sentinel surveillance for areas and populations where cases might be underdiagnosed and underreported to improve estimates of AGS incidence." Limitations of the research acknowledged by the authors included, "the voluntary blood donor population differs from the general population because it typically comprises persons who have higher socioeconomic and health statuses, are predominantly White, and were born in the United States; opportunistic sampling methods and the location of blood donation centers resulted in uneven geographic coverage within states, decreasing statewide representativeness; [and] blood donors disproportionately have type O blood, which might have affected the findings; increasing evidence indicates that alpha-gal IgE seroprevalence might be lower in persons with type B blood. Type B blood has been found to be protective against both alpha-gal seropositivity and AGS. This might have resulted in seroprevalence overestimates in this report because the general U.S. population includes more persons with type B blood than does the blood donor sample population."

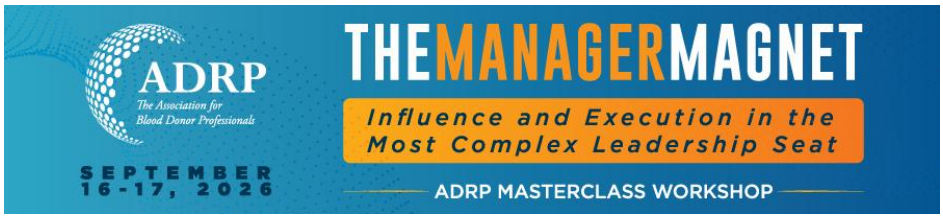
Citation: Saunders, E., Taylor, M., Jones, E., *et al*. "Alpha-gal Immunoglobulin E Seroprevalence Among Blood Donors—10 States." *Morbidity and Mortality Weekly Report*. 2026

PEOPLE



Gregory Lehmann, MHA has been named vice president of Donor Outreach and Collections at ImpactLife. In the is role he will, "overse[e] departments responsible for marketing and communications, donor recruitment, donor promotions, scheduling, and blood collection." According to the announcement, Mr. Lehmann has, "has provided leadership in clinical operations throughout the bulk of his career, with a focus on team performance and quality patient care. He began his career with UnityPoint Health in 2007 before moving to Iowa Health Care in 2016. His most recent role was department administrative officer for Radiology, where he led more than 500 team members in radiology services across multiple hospital locations. 'Greg has a proven track record in the healthcare industry leading large operational divisions with a focus on performance, collaboration and process improvement,'" said Katie Marchik, chief operating officer at ImpactLife in the announcement. "And he is passionate about serving patients, communities, and teams by removing barriers to optimal performance to create consistent quality outcomes." Mr. Lehmann received his, "undergraduate degree from Illinois State University. He completed the University of Iowa's Executive Master of Health Administration while working in leadership roles for University of Iowa Hospitals and Clinics in 2016."

(Source: ImpactLife Announcement, 6/24/26)



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.

Register for the ABC Executive Fellows Capstone Project Webinar Series

The first cohort of ABC Executive Fellows are pleased to present their final capstone projects in a special two-part webinar series on Tuesday, July 21st at 2 p.m. EDT and Tuesday, August 18th at 2 p.m. EDT. Registration is open as the capstone projects are designed to address opportunities and challenges that impact the broader blood community. Covering a wide range of timely and relevant topics, these presentations offer valuable insights for professionals across all areas of blood center operations. Attendees will have the opportunity to learn from the project teams, engage directly with the authors during Q&A, and bring new ideas back to their organizations. Please contact us for more information or assistance registering.

Registration Is Open for the ABC SMT Forum

ABC will host the next Scientific, Medical and Technical (SMT) Forum on July 27th at 1 p.m. EDT. Hear David Oh, MD, MHA, director/chief executive officer, and chief medical officer at Hoxworth Blood Center and Margaret Simon, program director at Hoxworth Blood Center share insights into the structure and organization of the TM/BB fellowship program along with common challenges and innovative opportunities in fellowship programs. The SMT Forum is designed to be both informative and interactive, with the second part of the session dedicated to open discussions and audience-driven topics. Registration is open. Please contact us with questions.

ADRP Trends in Donor Relations Study Results Are Available

Participants can now access the results of the *ADRP Trends in Donor Relations Study*. This survey is a strategic tool for blood centers to use in evaluating the performance of collection and recruitment operations and marketing strategies in comparison to your domestic and international colleagues. A key feature of the reporting platform is the ability to view how your operations compare to others using a variety of dynamic filters, including blood center location, collection levels, and employee count. Only centers that participated in the survey will have access to this information. Blood centers that did not participate can purchase the survey report for $599. Please contact us with any questions.

MEMBER NEWS

Vitalant has announced the expansion of, "testing capabilities within the Vitalant Coagulation Laboratory in Pittsburgh, Pa. to support biotherapy development, marking a key milestone in its broader strategy to advance lab services across its national network." According to the announcement, "[w]ith this expansion, it now adds next-generation sequencing (NGS) as part of a coordinated, hub-and-spoke approach to cell and gene therapy (CGT), including advanced testing capabilities. [The expansion also] reflects Vitalant's ongoing efforts to consolidate and integrate laboratory services, building on existing capabilities across its network, including centralized analytics initiatives in Phoenix, Ariz. [Vitalant is] also evaluating future opportunities to highlight how these expanded capabilities may support patients with sickle cell disease, with current work primarily focused on red cell exchange transfusion and related services."

(Source: Vitalant Announcement, 6/22/26)

ADVANCED THERAPIES NEWS

The U.S. Food and Drug Administration (FDA) has, "issued a supplemental approval for Casgevy (exagamglogene autotemcel) for patients aged 2 years and older with either sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs) or transfusion-dependent beta thalassemia (TDT). According to the agency announcement, "[t]his is the first gene therapy approved for patients aged 2 years and older with SCD. Casgevy has been previously approved for the treatment of patients aged 12 years and older with SCD with recurrent VOCs or TDT. [Casgevy is] a gene therapy consisting of the patient's own (autologous) hematopoietic (blood) stem cells, administered as a one-time single dose for intravenous infusion. The cells are edited using CRISPR/Cas9, a type of genome editing technology, and then engrafted in the body's bone marrow. CRISPR/Cas9 can be directed to a specific spot in DNA, where it cuts the genetic material so that DNA can be accurately removed, added, or replaced. In patients with severe SCD, this treatment increases a type of hemoglobin which is called fetal hemoglobin (HbF). This helps prevent red blood cells from forming into abnormal sickle shapes and addresses the underlying cause of disease, thereby eliminating VOCs. In patients with TDT, treatment increases HbF levels and total hemoglobin levels, hence eliminating dependence on regular RBC transfusions."

(Source: FDA News Release, 7/1/26)

The FDA has announced the approval of Tregzi as the, "first regulatory T (Treg) cell-based immunotherapy for improving chronic graft-versus-host disease (GVHD)-free survival in adult patients with blood cancers undergoing allogeneic hematopoietic stem cell transplantation (allo-HSCT). [Tregzi uses] stem cells and immune cells collected from blood of a closely matched donor to help the body fight cancer while reducing the risk of a serious complication called chronic GVHD—a condition that can occur when transplanted donor blood cells attack the patient's body. Patients receive this treatment after undergoing chemotherapy to prepare their bodies for a bone marrow or stem cell transplant. [The safety and effectiveness of] Tregzi were established through PRECISION-T, a clinical trial in which 187 adult patients with blood cancers, including acute leukemia and myelodysplastic syndrome, were randomly assigned to receive either Tregzi or a standard stem cell transplant. The primary endpoint was chronic GVHD-free survival, defined as the time from HSCT to the earliest occurrence of either death from any cause or the first onset of moderate or severe chronic GVHD, within two years after day 0. Patients who received Tregzi achieved significantly higher rates of chronic GVHD-free survival. At one year, 78 percent of patients who received Tregzi achieved this outcome, compared to 38.4 percent of patients who received a standard transplant. After accounting for death as a competing risk, 12.6 percent of patients who received Tregzi developed serious chronic GVHD within one year, compared with 44 percent of patients who received a standard transplant. The highly persuasive and internally consistent results from this randomized controlled trial denote clinical benefit in the indicated population. The FDA reviewed the results of this trial and determined that the benefits of Tregzi outweigh its risks. The side effects observed with Tregzi were generally consistent with those expected in patients undergoing stem cell transplantation—most commonly, infections. No patient had a severe reaction during the infusion of Tregzi, and no cases of graft failure were observed within the study period."

(Source: FDA News Release, 6/30/26)

BBG Advanced Therapies (BBG AT), a subsidiary of San Antonio-based nonprofit BioBridge Global (BBG) has partnered with VERIGRAFT, "to support the company's U.S. development and manufacturing readiness activities for its personalized tissue-engineered vein therapy (P-TEV)." A news release noted that, "[u]nder the agreement, BBG AT will provide support for key U.S. development and manufacturing readiness activities, including donor vein sourcing, manufacturing and testing-related operations, as well as operational preparation for U.S. clinical trials. P-TEV is VERIGRAFT's lead advanced

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ADVANCED THERAPIES NEWS (continued from page 8)

therapy medicinal product (ATMP) and is being developed as a personalized, fully biological tissue-engineered vein designed to replace diseased vein segments and restore venous valve function. [The therapy is] intended for patients with chronic venous insufficiency (CVI), a progressive vascular disease that can lead to pain, swelling, skin changes, and venous leg ulcers. Unlike current treatment approaches that primarily manage symptoms, P-TEV is being developed to address the underlying venous valve dysfunction that contributes to disease progression."

(Source: BBG AT News Release, 6/24/26)

The Alliance for Regenerative Medicine (ARM) has published a coauthored white paper with Guidehouse titled "Cell & Gene Therapy (CGT) Expansion: The Evolution of CGT Delivery in the U.S." According to the announcement, the paper highlights the evolution of CGT delivery, "leverag[ing] U.S. claims data on select CGT products to examine the evolution of CGT delivery beyond the early academic-focused model."

(Source: ARM and Guidehouse White Paper, 6/26/26)

GLOBAL NEWS

The Australian and New Zealand Society of Blood Transfusion (ANZSBT) have published a position statement regarding the prevention of transfusion-transmitted cytomegalovirus (TT-CMV). According to the organization the statement, "reflects the ANZSBT consensus informed by a systematic review, h[e]movigilance data, pre-clinical evidence, and review of international guidance and concludes that: [t]he collective evidence supports the use of pre-storage leu[k]odepleted blood components as 'CMV-safe' for immunosuppressed patients. CMV-seronegative cellular blood components do not offer additional benefit over leu[k]odepletion in any population including immunosuppressed patients." The statement comes in the wake of an ANZSBT Clinical Transfusion Practice Committee meta-analysis that, "aimed to determine whether transfused patients receiving blood from donors with CMV-negative serology reduce the rate of CMV infection compared with unselected donors when all transfusions undergo pre-storage leu[k]odepletion. The review found no cases of confirmed CMV transmission from leu[k]odepleted blood products, and no difference in CMV infection rates in recipients of CMV-unscreened or serologically negative leu[k]odepleted blood products." The statement also noted that, "Granulocyte transfusions, or any other cellular blood component not able to be leu[k]odepleted, should preferably be from CMV seronegative donors when the recipient is CMV seronegative. Clinical consideration of monitoring and preemptive therapy is likely to be required in most CMV seronegative recipients if CMV negative granulocytes cannot be sourced. [Suspected cases] of TT-CMV in immunocompromised, neonatal or intrauterine patients, and CMV-seronegative transplant recipients should be investigated using a standardi[z]ed pathway. This should include assessment of reactivation, other common sources including maternal CMV serostatus and breast-milk exposure prior to donor and component tracing and residual component testing where available."

(Source: ANZSBT Announcement, 6/25/26)

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), has partnered with the Defence Medical Command to help, "innovate battlefield transfusion in an era of drone warfare." An NHSBT announcement explained that the joint work includes:

- "[t]he Spray Dried plasma project for battlefield trauma, for use in battlefield trauma care, under the Blood Far Forward progra[m]. Plasma is needed for massive blood loss; dried plasma can be stored and carried more easily, making it more suitable for battlefield use;

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- NHSBT is the leader of the SWiFT trial, working with Air Ambulance services and the Ministry of Defence to assess the safety and feasibility of whole blood for prehospital transfusion. Whole blood is easier to store and transfuse than multiple blood products, so it can be used in difficult situations;
- [c]ollaboration on research and development covering both blood and blood components, and supporting capability such as blood group testing;
- NHSBT will provide further expert h[e]matology and product safety advice to the Ministry of Defence and their NATO partners, supporting trauma product development and transfusion governance; [and]
- NHSBT is also tria[l]ing using drones to deliver blood, separate to the partnership, which could have military use on the future."

(Source: NHSBT Announcement, 6/29/26)

COMPANY NEWS

InVita Healthcare Technologies recently announced the acquisition of **MAK-SYSTEM**. According to a company news release, the companies are creating a, "more connected and intelligent blood management ecosystem from donor to patient with greater visibility, efficiency, interoperability, and operational confidence." Todd Collins, president and chief executive officer (CEO) of InVita Healthcare Technologies explained in the announcement, "[b]lood management is one of the most highly regulated and mission-critical areas of healthcare, where visibility, traceability, and operational continuity directly impact patient outcomes. his combination brings together two industry leaders to create the world's leading blood management platform, connecting people, processes, and data across the blood lifecycle to improve operational efficiency, enhance patient outcomes, and support life-saving care." Frank Jaubert, CEO of MAK-SYSTEM, added in the news release, "[f]or more than four decades, MAK-SYSTEM has helped set the standard for blood management through trusted technology, deep domain expertise, and an unwavering commitment to our customers. The future of blood management will depend on greater connectivity, interoperability, and visibility across the blood lifecycle. By joining InVita, we are bringing together complementary strengths to create a platform capable of delivering greater connectivity, scale, and innovation for blood and healthcare organizations worldwide. Together, we will help our customers operate with greater confidence, efficiency, and precision while continuing to improve patient care."

(Source: InVita Healthcare Technologies News Release, 7/1/26)

Terumo Blood and Cell Technologies (Terumo BCT) is hosting a Clinical Expert Meeting webinar titled "Improving Sickled Blood Exchange and RCE for Rapid Leukoreduction." Registration is open and this event will take place on July 7th at 1 p.m. EDT. During the event, speakers will discuss:

- "[t]he principle that selectively targeting and exchanging the bottom (denser) half of the RBC layer significantly enhances the removal of HbS
- [t]he potential theoretical benefits of this modified RBC exchange technique
- [t]he effectiveness of RCE compared to TLP; [and]
- [t]he unique dual advantage of RCE — its potential for both greater safety and increased speed."

(Source: Terumo BCT Announcement, 6/30/26)

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

July 21. **America's Blood Centers (ABC) Executive Fellows Capstone Project Webinar Series Session I (Virtual).** More information including a link to registration is available to ABC members here.

July 23. **National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (EMS) "Prehospital Blood Transfusion in Practice" Webinar (Virtual).** Registration is open. More information is available here.

July 27. **ABC Scientific, Medical, and Technical (SMT) Forum (Virtual).** More information including a link to registration is available to ABC members here.

July 29. **U.S. Food and Drug Administration (FDA) Cellular, Tissue, and Gene Therapies Advisory Committee (Virtual).** More information is available here.

August 18. **ABC Executive Fellows Capstone Project Webinar Series Session II (Virtual).** More information including a link to registration is available to ABC members here.

August 18. **NHTSA Office of EMS "Establishing a Prehospital Blood Transfusion Program" Webinar (Virtual).** Registration is open. More information is available here.

September 16-17. **ADRP: The Association for Blood Donor Professionals Master Class (Virtual).** Registration is open. More information is available here.

September 22. **NHTSA Office of EMS Working with a Blood Supplier in Your Prehospital Blood Program Webinar (Virtual).** Registration is open. More information is available here.

October 4-7. **Association for Advancing Tissue and Biologics (AATB) Annual Meeting. San Francisco, Calf.** More information available here.

October 5-7. **ARM Cell & Gene Meeting on the Mesa. Phoenix, Ariz.** More information is available here.

October 14-15. **Biomedical Excellence for Safer Transfusion (BEST) Collaborative Member Meeting. Atlanta, Ga.** More information is available here.

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Sign up for ABC's &ADRP's *Pulse of Leadership*



CALENDAR (continued from page 11)

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

October 20. **NHTSA Office of EMS Paying for Your Prehospital Blood Program Webinar (Virtual).** Registration is open. More information is available here.

November 5-6. **2026 ABC Women's Executive Leadership Community *Rise &* Lead Workshop. San Antonio, Texas.** More information is coming soon.

November 17. **NHTSA Office of EMS Prehospital Blood Transfusion Policies, Protocols Guidelines & Training Webinar (Virtual).** Registration is open. More information is available here.

November. 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.

December 15. **NHTSA Office of EMS Prehospital Blood Transfusion: Tracking Success & Improvement Webinar (Virtual).** Registration is open. More information is 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

Immunohematology Reference Laboratory Manager. LifeSouth Community Blood Centers is looking for a leader with a passion for making a difference to join our Immunohematology Reference Laboratory team in Atlanta, GA. **Legal authorization to work in the United States is required. We do not provide visa sponsorship for this position.** Shift differential applies to eligible evening and overnight hours. This position is responsible for leading staff engaged in performing laboratory testing and related activities in our AABB-accredited reference laboratory. The IRL Manager is expected to provide day-to-day onsite supervision of testing personnel and reporting of test results under the direction of the Laboratory Director. This position is also responsible for performing laboratory procedures and reporting of test results, as well as ensuring compliance with established laboratory policy and with applicable governmental regulatory requirements from agencies such as CLIA, FDA, AABB, HIPAA, and state licensing regulations. Join our team and help us continue 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 here!

Director of Supply Chain (Piedmont, SC). The Blood Connection seeks an experienced and strategic Director of Supply Chain to lead procurement, inventory management, warehousing, logistics, and distribution operations across its growing multi-state blood center network. Reporting to the Vice President of Operational Support Services, this leader will oversee the supply chain infrastructure that supports donor centers, mobile collection operations, laboratories, manufacturing facilities, warehouses, and distribution activities. Responsibilities include directing inventory planning and replenishment, managing vendor relationships and contract negotiations, overseeing warehouse and distribution operations, implementing advanced ERP and supply chain technologies, and driving process improvements that enhance efficiency, compliance, and

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POSITIONS (continued from page 12)

service levels. The Director will collaborate closely with Finance, Quality, and Operations leadership on budgeting, strategic planning, and operational excellence initiatives while developing and mentoring a high-performing supply chain team. The role requires a bachelor's degree in Supply Chain Management, Logistics, or a related field, along with 7–10 years of progressive leadership experience in healthcare, blood banking, pharmaceuticals, or another regulated environment. Candidates should possess strong analytical, project management, and change leadership skills, as well as a proven track record of optimizing complex supply chain operations. This is an exceptional opportunity to lead a mission-critical function that directly supports lifesaving services throughout the communities we serve. Apply today.

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!