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NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

2026 Issue #25 August 18, 2026

Are Cold-stored Platelets Inferior to Room-temperature?

Researchers have published the results of the Chilled Platelet Study (CHIPS) in *JAMA*. This trial aimed to, "determine the maximum duration of cold storage, up to 21 days, for which cold-stored platelets (CSPs) are noninferior or superior in hemostatic efficacy to standard room-temperature platelets (RTPs) [stored up to seven days] when transfused in actively bleeding pediatric and adult patients undergoing cardiac surgery with cardiopulmonary bypass (CPB). This study is a "phase 3, multicenter, randomized, partially blinded, adaptive, noninferiority, storage duration–ranging trial."

Eligible patients [were required to be] no younger than 28 days of age and no older than 85 years of age. Exclusion criteria described by authors included, "known bleeding disorder, planned postoperative extracorporeal membrane oxygenation, ventricular assist device and/or continuous kidney replacement therapy, platelet transfusion within 24 hours, and thrombocytopenia (platelet count $<75 \times 10^9$/L). [Patients were] randomized after consent to receive CSPs versus RTPs in a 2:1 ratio."

The researchers explained that, "the indication for platelet transfusion was clinician dependent and therefore pragmatic. The intervention period, when the patient could receive study platelet infusions, extended 24 hours after the first infusion. Initially, the two trial study treatments were RTPs and CSPs stored for up to 7 days. Then, at each planned interim analysis, the maximum storage duration for CSPs was to be increased (or decreased if increased earlier and subsequent data were less promising) up to a maximum possible storage duration of 21 days, according to a prespecified algorithm and the bayesian posterior probability of noninferiority at each cold-storage duration." Additionally, they noted that the U.S. Food and Drug Administration (FDA) issued "guidance permitting CSP use stored up to 14 days for active bleeding when RTPs were not available or practical" during the trial after 280 individuals had been enrolled in CHIPS. "At trial initiation, the maximum allowed dose of CSPs was six units or six 15-mL/kg pediatric doses. At the 600-patient interim analysis, the maximum dose was increased to eight units or eight pediatric doses based on safety data and the need to reduce use of RTPs in the CSP group for patients needing more than the maximum allowed dose."

The authors wrote that the study's primary outcome was, "5-level ordinal hemostatic efficacy score adapted from the universal definition for perioperative bleeding score, with values ranging from 1 to 5 and higher values indicating greater bleeding. [The one secondary] outcome measure was 24-hour total chest tube output (mL/kg). This secondary outcome was only evaluated for superiority."

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Are Cold-stored Platelets Inferior to Room-temperature? (continued from page 1)

CHIPS took place from December 2021 to March 2025, and platelets were transfused "to 660 patients in the interventional CSP group and 340 patients in the standard-of-care RTP group. [There were 989 patients included in the primary analysis, with 650 in the CSP group and 339 in the RTP group.]"

The researchers found that, "[t]he posterior probability that CSPs were noninferior to RTPs on the primary outcome was greater than 99.9 percent for all durations up to and including 21 days. If CSPs were pooled across storage durations, the mean of the primary outcome was 3.08 (95 percent credible interval [CrI], 2.99-3.17) versus RTPs of 2.99 (95 percent CrI, 2.88-3.11) for a difference of 0.09 (95 percent CrI, −0.06 to 0.23). For the primary outcome, no storage duration of CSPs was statistically superior to RTPs. [Within all subgroups] analyzed, CSPs were noninferior to RTPs for the primary outcome." Additionally, the study found that, "increasing the storage age of CSPs to 21 days did not appear to affect 24-hour chest tube output. [There were no] differences in venous or arterial thrombotic events, transfusion-associated adverse events, acute respiratory distress syndrome, kidney failure, septic shock, and mortality between the study groups, except for increased re-exploration rates in the CSP group."

The paper concluded that, "CSPs stored for up to 21 days were noninferior to RTPs stored up to 5 to 7 days for the primary outcome of the hemostatic efficacy score based on a noninferiority margin of one point, with a greater than 99.9 percent posterior probability of noninferiority. Platelet supply is often not sufficient to meet demand, and many hospitals cannot maintain RTP inventory due to their short shelf life. Utilizing CSPs with a storage duration to 21 days, for use in the treatment of active bleeding, has the potential to reduce waste and shortages and increase platelet availability where they cannot be currently kept in inventory due to the short storage duration of RTPs transfused in this study." Limitations of the paper acknowledged by the authors were: "[t]here was no standardized indication for platelets, which may have led to the inclusion of patients who may not have benefited from a platelet transfusion, thereby biasing the entire cohort toward noninferiority; 11 patients were excluded from the primary analysis for receiving treatments that made calculation of cold-storage duration impossible or for missing primary outcomes; other participants in both groups received mixtures of CSPs and RTPs, which may have biased the trial results toward demonstrating noninferiority; despite the trial methods requiring both RTPs and CSPs to be in inventory on the day of surgery, delays in shipping times, allocation of the wrong product from the blood bank, and exhaustion of the blood bank inventory of the study product led to nonadherence to the randomized intervention."

An accompanying editorial titled "A World With Platelets Stored Cold for 21 Days Chill and Tender" explained that the CHIPS results, "herald a possible revolution in the availability, safety, and cost of an essential medical therapy." The editorial highlighted that, "RTP production is expensive, fragile, and complicated, with a frustrating combination of a high wastage rate and short supply. Additionally, historically, RTPs were developed to meet the needs of patients with cancer from an early era of chemotherapy. However, CHIPS provides high-quality evidence that CSPs stored for 21 days achieve clinical results that are noninferior to conventional RTPs." The author concluded the editorial by explaining that, "[p]latelets are an essential medical therapy, and CHIPS is only the first major trial of CSPs. More trials are needed, particularly studying prophylactic uses in cancer, but also in other therapeutic contexts, such as trauma and liver transplant. [Many of these studies] are already being planned and prepared. If CSPs are proven to be a real alternative to RTPs in these situations, then we may be able to provide more platelets to patients who need them and, maybe, astonishingly, with greater ease and security and at less risk and cost."

Citations: Spinella, P.C. Zantek, N.D. VanBuren, J.M. *et al*. "Cold and Room-Temperature Platelets in Cardiac Surgery: The CHIPS Randomized Clinical Trial." *JAMA*. 2026

Hess, A.S. "A World With Platelets Stored Cold for 21 Days: Chill and Tender." *JAMA*. 2026.

Babesia Surveillance of Canadian Blood Donors Reported in *NEJM Evidence*

A paper published in *The New England Journal of Medicine Evidence* sought to, "describe the epidemiology of babesia in blood donors and the general population [in Nova Scotia Canada.]" The authors explained that, "all blood donors were tested for babesia at the Canadian Blood Services (CBS) Surveillance and Discovery Laboratory using the Roche testing system from June 2025 through October 2025. [Red blood cell concentrates (RBCCs) from] babesia repeat reactive specimens were spiked into collection tubes and re-tested with the cobas Babesia nucleic acid test (NAT). The researchers found that, "[o]ne of 10,976 collection tubes resulted in a reactive NAT (two of three repeats were weakly reactive). To determine if babesia could be detected in RBCCs, a 1.1-ml aliquot from the associated RBCC bag was spiked into a collection tube; it again yielded a weakly reactive NAT result in both repeats. Extracted nucleic acid was nonreactive with reference NATs."

An interview with the donor by the CBS Chief Medical Officer revealed that the individual, "reported extensive outdoor activities, a Lyme disease diagnosis in the two months before donation, and several months of malaise. Following the reactive babesia NAT result, the donor was indefinitely deferred from blood donation [and] referred to their physician. [As part] of the case investigation, a June 2025 blood sample (collected for Lyme disease testing) and a new sample collected in September were sent to the National Microbiology Laboratory for further testing. Babesia serology results on the September sample were negative, and both samples tested at the National Microbiology Laboratory were negative for babesia by NAT. Based on these results, the donor case did not meet Nova Scotia's Public Health Surveillance confirmed or probable case definition for babesiosis, according to Nova Scotia Babesiosis Surveillance Guidelines." Summary data provided to the Nova Scotia Department of Health from May 23rd, 2023 to May 12th, 2026 described that, "a total of 11 cases (eight confirmed and three probable) have been reported. Two cases each were reported in 2023 and 2024 (0.2 per 100,000), and seven cases (0.6 per 100,000) were reported in 2025. Eight [of the] cases with additional information available were locally acquired (e.g., no relevant travel history). None reported donating or receiving blood or blood products, and all had documented manifestations consistent with babesiosis. Three of the eight confirmed cases reported a tick bite before symptom onset." The authors concluded that, "Nova Scotia case rates and rates of babesia NAT reactivity in blood donors are lower than rates in New Hampshire, Maine, and Vermont, where babesia NAT screening is mandated by the U.S. Food and Drug Administration for blood components that cannot be treated for the pathogen (e.g., whole blood, red blood cells). A risk assessment by our team suggested that routine donor babesia NAT screening is not currently warranted in Nova Scotia. Continued surveillance with ongoing review of existing policies and education about tick-borne diseases in Nova Scotia remains important."

Citation: Drews, S.J., Charlton, C.L, Trecker, M.A., *et al.* "Emergence of Babesiosis in Nova Scotia, Canada." *The New England Journal of Medicine Evidence*. 2026. ♦

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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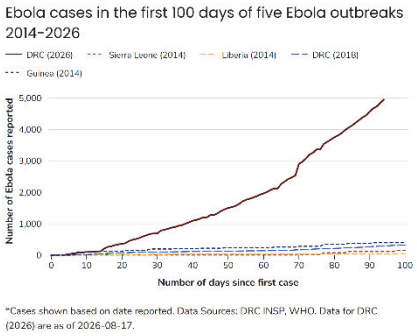
WORD IN WASHINGTON

The U.S. Centers for Disease Control and Prevention (CDC) has published a communication titled "Risk of Severe Arboviral Disease in Patients Receiving B Cell-Depleting or Modulating Medications." In the August 11th advisory, the agency explained that it was, "shar[ing] information and notify[ing] clinicians, public health authorities, and the public about the risk of severe arboviral neuroinvasive disease among patients who are receiving B cell-depleting or B cell-modulating medications, particularly anti-CD20 monoclonal antibodies (mAbs). Patients and their providers should be aware of this risk to help patients protect themselves against the bites of mosquitoes and ticks, which can increase patients' risk of arboviral disease. Arboviruses are RNA viruses transmitted by biting arthropods, most commonly mosquitoes and ticks, which are most active during late spring through early fall. Although most arboviral infections are subclinical, symptomatic arboviral disease typically presents as acute febrile or neurologic illness (e.g., aseptic meningitis, encephalitis, or acute flaccid myelitis). The CDC noted that, "anti-CD20 mAbs currently approved in the United States include rituximab and biosimilars, ocrelizumab, ofatumumab, ublituximab, obinutuzumab, and ibritumomab tiuxetan. Among published case reports of arboviral neuroinvasive disease in patients on anti-CD20 mAbs, overall mortality was approximately 40 percent, and most survivors experienced long-term neurologic sequelae. West Nile virus was the most common infecting arbovirus in these case reports. [There are no approved] treatments, prophylactic agents, or human vaccines to prevent arboviral diseases endemic to the United States. Therefore, it is critical that patients receiving medications that deplete or reduce B cell function be advised to use personal protective measures to prevent mosquito and tick bites."

(Source: CDC Advisory, 8/11/26)

INFECTIOUS DISEASES UPDATE

EBOLA



On August 14th, the World Health Organization (WHO) updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of August 12th, "a [total] of 4,665confirmed cases, including 2,184 deaths, have been reported corresponding to a crude case fatality ratio (CFR) of 46.8 percent. The ongoing rise in cases, broader geographic spread, and continued high mortality demonstrate the rapidly changing scope of this public health emergency of international concern. During the most recent reporting week (epidemiological week 32, August 3rd to 9th, 2026), the highest weekly number of reported cases (579) and deaths (304) were recorded, highlighting the exceptional pace of transmission. The ongoing humanitarian crisis, compounded by insecurity, population displacement and mobility, and cross-border movements, continues to pose significant challenges to response efforts and increase the risk of further geographical spread." The agency also revealed that, "France has reported no secondary transmission following an imported case detected on June 24th. As of August 14th, 41 days had passed since the patient's discharge on July 4th, with no additional confirmed cases reported. In Uganda, the most recent imported case was discharged from a treatment center on July 16th, and the 42-day enhanced monitoring period will cease on August 27th. Uganda remains at risk of BVD re-introduction due to ongoing transmission in neighboring DRC and is undertaking heightened surveillance activities given continued population movement and the risk of cross-border transmission." In May, 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

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INFECTIOUS DISEASES UPDATE (continued from page 4)

August 17th 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 had, "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 Food and Drug Administration (FDA) updated its guidance document on June 29th and published a communication explaining 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. [Considering] the current Ebola disease outbreak in the 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."

(Source: WHO Update, 8/14/26; CDC Update, 8/17/26) ♦

PEOPLE

Frederick B. Axelrod, MD, MBA has been named medical director of Central California Blood Center. He previously served as the president, chief executive officer, and medical director of LifeStream Blood Bank for almost two decades before retiring in 2023. According to his bio, Dr. Axelrod is, "board certified in Clinical Pathology[and] earned his medical degree from Emory University, completed a fellowship in Transfusion Medicine at Cedars-Sinai Medical Center, and received an MBA from Northwestern University's Kellogg School of Management. A recognized leader in the blood banking community, Dr. Axelrod has served on the boards of America's Blood Centers and Blood Centers of California, as well as the U.S. Department of Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability."



(Central California Blood Center Announcement, 8/11/26

AdvaMed®, The Medtech Association®, has announced that **Juan Carlos "JC" Scott** has been appointed chief strategy officer and executive director of AdvaMed Accel. A new release explained that, "[i]n his new role, JC will join AdvaMed's executive leadership team and lead AdvaMed's Accel division, which represents nearly 500 innovative, early-stage medtech companies. He will focus on deepening AdvaMed's engagement with emerging and growth-stage medtech companies, investors, strategic partners, and other innovation ecosystem stakeholders while advancing initiatives that strengthen member value and reinforce AdvaMed's leadership across the medical technology sector. [Prior to joining PCMA,] JC served in senior leadership roles at AdvaMed, where he helped advance policy priorities and strengthened the association's advocacy efforts on behalf of the medical technology industry.

(Source: AdvaMed News Release, 8/12/26) ♦



BRIEFLY NOTED

The Cybersecurity & Infrastructure Security Agency (CISA), in collaboration with [the] National Security Agency (NSA), Federal Bureau of Investigation (FBI), Department of Defense Cyber Crime Center (DC3), National Security Agency (NSA), U.S. Secret Service (USSS), and Republic of Korea's National Policy Agency (KNPA) has published a cybersecurity advisory titled "#StopRansomware: Gunra Ransomware." The joint communication warned that, "a ransomware-as-a-service (RaaS) variant [is being] used by affiliates to target a range of critical infrastructure sectors and organizations worldwide—including healthcare and public health, financial services, government services and facilities, and professional and nonprofit services. [The advisory provides] tailored detection guidance, indicators of compromise (IOCs), recommended actions if potential compromise is detected, and mitigation recommendations aligned to Cross-Sector Cybersecurity Performance Goals (CPGs). [To protect] against Gunra ransomware, CISA and partners provided several mitigation recommendations in the advisory including:

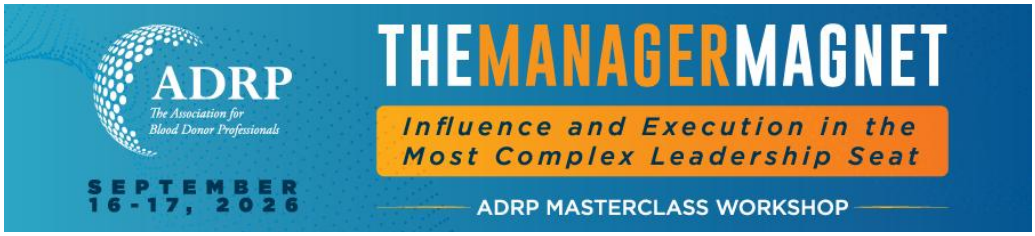
- "[k]eep all operating systems, software, and firmware up to date;
- [p]rioritize patching known exploited vulnerabilities in internet-facing systems;
- [e]nsure backups are immutable, stored in a physically separate, segmented location, and tested offline; and
- [s]egment networks. This prevents threat actors from using an initially compromised device to move laterally to other systems in the organization. [r]estrict access to management interfaces and firewall devices."

(Source: Joint Cybersecurity Advisory, 8/11/26)

The European Centre for Disease Prevention and Control (ECDC) has announced the publication of a scoping review titled "Transmission of Selected Arboviruses through Substances of Human Origin (SoHO)." An agency assessment noted that the review covers, "publications from January 2000 to June 2025, probable or certain transmission cases of arbovirus through substances of human origin (SoHO) were identified for West Nile virus (WNV), dengue virus (DENV), and Zika virus (ZIKV). However, no transmission cases were identified for chikungunya virus (CHIKV), Usutu virus (USUV), or Crimean-Congo h[e]morrhagic fever virus (CCHFV). Findings included:

- "the review identifying 77 documented cases of probable or confirmed arbovirus transmission through SoHO for WNV (47 cases), DENV (26 cases) and ZIKV (four cases);
- [f]or WNV, forty-five cases of transmission through transfusion of blood components (platelets, red blood cells, plasma, and granulocytes) were identified, along with one transmission case through h[e]matopoietic stem cell transplantation, and one transmission case through breastfeeding;
- [f]or DENV, 23 transmission cases were identified through transfusion of blood components (platelets, red blood cells, and plasma), two transmission cases through h[e]matopoietic stem cell transplantation, and one transmission case through breastfeeding;
- [f]or ZIKV three transmission cases were identified through transfusion of blood components (platelets) and one transmission case through breastfeeding; [and]
- [t]here were no reports of transmission through SoHO for three of the six arboviruses considered in this review: chikungunya virus (CHIKV), Usutu virus (USUV), and Crimean-Congo h[e]morrhagic fever virus (CCHFV)."

(Source: ECDC Announcement, 8/7/26)



MEMBER NEWS



Rep. Bill Foster (D-Ill.) recently visited **Versiti's** Illinois facility for a "follow the unit tour," according to a blood center announcement. During the visit, Congressman Foster learned, "about the journey blood takes from donor to patient and saw firsthand the care, expertise and coordination involved in preparing each unit for those who need it." The visit resulted from an invite from Versiti staff following a meeting with his office on Capitol Hill during America's Blood Centers Advocacy Summit in June. Versiti appreciated, "the opportunity to highlight the importance of blood donation and share the work our team does each day to support patients and communities across Illinois."

(Source: Versiti Announcement, 8/17/26)



Congressman Tom Kean (R-N.J.) recently visited **New Jersey Blood Services (NJBS)**, a division of **New York Blood Center Enterprises.** A Facebook post from the congressman noted that, "[a]fter a productive conversation about their legislative priorities, I agreed to sign on as a cosponsor of the BLOOD Centers Act, which would expedite the U.S. Food and Drug Administration (FDA) licensure pathway for blood centers to open new collection sites like our Scotch Plains Donor Center, expanding access to and [the] collection of blood. Thank you to NJBS for all of the hard work they do to keep #NJ07 residents safe and healthy."

(Source: Rep. Tom Kean Announcement, 8/11/26)



Our Blood Institute recently celebrated the grand opening of its new office in Oklahoma City. An announcement from the blood center stated that a ribbon cutting ceremony was held as, "OBI employees, members of its board of directors, hospital and community partners, patient and community advocates, elected officials and other supporters. Congressmen Frank Lucas (R-Okla.) and Kevin Hern (R-Okla.) and State Rep. Eric Roberts joined the celebration, along with representatives from the Greater Oklahoma City Chamber and partners who helped bring the new office to life, including Diversified Construction and ADG Architecture. The new, company-owned office brings together nearly 250 employees in the Oklahoma City metro area and serves as a central hub for departments supporting Our Blood Institute's work across Oklahoma, Arkansas, and Texas. OBI President and Chief Executive Officer (CEO) John Armitage, MD explained in the announcement, "[t]his new office reflects how much Our Blood Institute has grown over the past 50 years and where we're headed next. It gives our team a space to work together more effectively while keeping us rooted in the Oklahoma City community that has supported our mission from the beginning. Ultimately, everything we do here is about better serving our donors, our hospital partners and the patients who depend on us."

(Source: OBI Announcement, 8/13/26)

INSIDE ABC

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

Nominations Are Open for the ABC Medical & Scientific Emerging Leader Award

America's Blood Centers (ABC) is encouraging member blood centers to recognize an early to mid-career medical and scientific professionals (individuals who are within 20 years of having completed their training) with the ABC Medical & Scientific Emerging Leader Award. The deadline to submit a nomination is September 30th. This award honors individuals who demonstrate leadership, innovation, and commitment to advancing blood banking and transfusion medicine. The award recipient will receive:

- complimentary meeting registration and travel support to the 2027 ABC Annual Meeting in Atlanta, Ga.;
- an opportunity to deliver a featured 60-minute lecture during the 2027 ABC Annual Meeting; and
- recognition as an emerging leader in the field.

Additional criteria details and more information are available on the ABC website. Please contact us with any questions.

ABC Releases New State Advocacy Toolkits

ABC has developed two new resources to help member blood centers with their ongoing state-based advocacy efforts. Members now have access to the State Advocacy Toolkit on Blood Donor Leave and the State Advocacy Toolkit on Blood Donation Education. Both are designed to move from awareness to action, giving you resources needed to open a conversation with a state legislator and see it through to enacted policy. Each toolkit includes:

- an overview of the issue and why it matters;
- talking points members can customize for meetings with policymakers;
- a current-landscape review of where the states stand today; and
- model legislation members can adapt to their own state's law and political environment.

Specifically, the donor leave toolkit maps the six states that currently name whole blood donation as a covered leave reason and offers two model templates (a standalone policy and a lighter-lift amendment to existing sick leave law). The donor education toolkit covers the two states with enacted school-based education laws, tracks pending bills in several others, and pairs an "encouragement" model and a "curriculum mandate" model with ABC's *Vein to Vein: The Science of Blood Donation* curriculum as the ready-made pathway to compliance. Please contact us with any questions.

Registration Is Open for the Rise & Lead Workshop

Register for the ABC Women's Executive Leadership Community (WELC) Rise & Lead Workshop taking place in San Antonio, Texas November 5th-6th at The Westin Riverwalk, San Antonio. Join blood community professionals and industry partners for a dynamic leadership experience focused on Executive

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INSIDE ABC (continued from page 8)

Presence and Personal Brand to develop the skills needed to increase your visibility, strengthen your influence, and confidently communicate your value while building meaningful connections with peers and industry leaders. For chief executive officers (CEOs) seeking a more intimate leadership experience, an optional CEO Retreat on November 4th offers a dedicated opportunity to connect with fellow executives, discuss shared challenges, and engage in meaningful peer-to-peer conversations before the workshop begins. WELC empowers leaders throughout the blood community through networking and professional development. Whether you are an emerging leader, experienced manager, or seasoned executive, the workshop creates space for meaningful conversations, shared learning, and the development of lasting professional relationships. Please contact us with any questions.

Economic Outlook Survey Report Available

America's Blood Centers (ABC) recently announced that the ABC Economic Outlook Survey Report has been released. The report is complimentary to participants and instructions on accessing it have been distributed to the designated contact. Non-participating ABC members may purchase the report. The ABC Economic Outlook Survey provides a comprehensive look at blood center finances, including 19 of the most frequently used ratios for benchmarking the financial health of an organization as well as median service fees for 30 different blood products and blood center procedures. Please contact us with questions.

Schedule Released for the 2026 ADRP MasterClass

Join us for the 2026 ADRP MasterClass: "The Manager Magnet: Influence and Execution in the Most Complex Leadership Seat!" This virtual event will take place September 16th-17th. View the schedule and register now. In today's competitive market, businesses that prioritize both employee and customer experience gain a significant edge. Join us as we explore:

- "the connection between employee engagement and customer satisfaction;
- strategies for creating a positive workplace culture;
- how technology and data improve experiences for employees and customers; and
- real-world examples of companies excelling in both areas."

Whether you're in collections, recruitment, marketing, a customer experience professional, or business executive, this event will equip you with actionable insights to enhance both employee and customer journeys.

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.

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



ADVANCED THERAPIES NEWS

CSL Behring has published an update regarding the previous shortage of its gene therapy to treat hemophilia B. The communication noted that, "[i]n March, we shared an update regarding HEMGENIX® (etranacogene dezaparvovec-drlb) availability and our efforts to support people living with hemophilia B while maintaining the highest quality standards for this one-time gene therapy. Since then, we have provided monthly updates to healthcare professionals and patient organizations to enable them to support patient care. Today, we are pleased to share an encouraging update on the progress made over the past several months. Since reestablishing limited supply in April 2026, HEMGENIX has been delivered to support treatment for 22 people living with hemophilia B in commercial and clinical trial settings. This includes the first commercial HEMGENIX treatment in Canada, and the first-ever adolescent to receive a gene therapy in a global clinical trial for hemophilia B, and continued experience across new and established treatment centers. Together, these achievements reflect our steadfast commitment to supporting the hemophilia B community. More than 100 people with hemophilia B have now received commercial treatment with HEMGENIX globally since approval, underscoring the continued progress being made in expanding access. Our highest priority remains supporting eligible people living with hemophilia B and healthcare providers to plan and deliver their hemophilia care. We remain committed to actively managing [the] HEMGENIX supply so [patients] have the confidence to continue shared decision-making conversations, complete evaluations, testing, and other readiness activities to enable appropriate patient access." The therapy is currently indicated for, "the treatment of adults with hemophilia B (congenital Factor IX deficiency) who [c]urrently use Factor IX prophylaxis therapy; or [h]ave current or historical life-threatening hemorrhage, or; [h]ave repeated, serious spontaneous bleeding episodes."

(Source: CSL Behring Communication, 7/24/26)

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), has announced the completion of recruitment for a large clinical trial that seeks to "reduce the risk" of graft-versus-host disease (GVHD) in stem cell transplant recipients. The organization noted that "[m]ore than 400 patients were recruited within the UK IMPACT trial network. The Methods of T Cell Depletion Trial (MoTD), sponsored by the University of Birmingham and delivered by its Cancer Research UK Clinical Trials Unit, is the biggest stem cell transplant trial ever
performed in the UK. In the trial, participants either received the current UK standard to prevent GVHD or two versions of a new treatment. [The MoTD trial,] which is also part funded by the Jon Moulton Charity Trust, is expected to have results next year."

(Source: NHSBT News Release, 7/20/26)

IASO Biotechnology (IASO Bio) has finalized the acquisition of MediSix Therapeutics (MediSix), "a Singapore-based immune cell engineering and cell therapy company." A news release described the acquisition as a, "step in IASO Bio's globalization strategy, integrating MediSix's differentiated T-cell engineering platform, R&D pipeline, and international talent IASO Bio's cell therapy manufacturing and commercialization capabilities to further strengthen and accelerate its global research and development and operational systems. [MediSix's core technology focuses] on addressing key challenges in cell therapy for T-cell malignancies. Its proprietary PEBL (Protein Expression Blocker) platform can specifically block the expression of target proteins on cell surfaces, effectively reducing fratricide among CAR-T cells. This enables targeting of antigens shared between T cells and target cells, and by combining *ex vivo* and *in vivo* CAR-T approaches, has established exclusive technological barriers and advantages for treating hematologic malignancies, solid tumors, and other diseases."

(Source: Saeloun Pte. Ltd. News Release, 8/14/26) ♦

GLOBAL NEWS

A report from *The New York Times* stated that Grifols has "pause[d] operations" of plasma collection facilities in Canada. The announcement comes in the wake of, "deaths, last October and in January, [that] brought the scrutiny of Canada's health regulator (Health Canada), politicians, and the public toward Grifols, a Spanish company that operates Canada's only for-profit plasma collection business at 17 clinics. On August 13th, Grifols described that scrutiny as unwarranted and a reason for its move to stop collecting plasma in Canada temporarily," reported the news organization. 'In light of the unfounded attention that has been focused on compensated plasma collection, Grifols has proactively and voluntarily decided to pause plasma collection activities,' the company said in an emailed statement to *The New York Times*.' The report added that Grifols, "informed Health Canada of its decision on August 12th, the same day that the regulator issued Grifols a notice that it had failed to meet compliance standards at a Winnipeg clinic. 'Canadians' safety must always come first, and we welcome Grifols's decision,' said Emilie Gauduchon-Campbell, a spokeswoman for the health minister, in a statement, adding that regulators found 'several compliance concerns,'" according to the news organization.

(Source: *The New York Times*, "After 2 Plasma Donor Deaths, Company Pauses Clinics in Canada," 8/13/26)

The *BBC* published an article last week alleging that, "sensitive medical data of transplant patients from across the United Kingdom (UK) was routinely sent over an unencrypted pager network, an NHS service has admitted." According to the story, "[a] *BBC* investigation found NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the UK, sent the names, dates of birth and types of organs being offered or needed to members of hospital transplant teams who were using pagers, unaware they were not encrypted. In 2019, then-Health Secretary Matt Hancock announced [that] the NHS in England should stop using pagers by 2021, but some parts of the organi[z]ation have continued doing so. NHSBT said it was 'deeply sorry' and has reported the data breach to the Information Commissioner. It added it has now stopped sending patient data in this way." The report further noted that, "NHS Blood and Transplant, which coordinates transplants across the country, sent messages that detailed the types of organs available, and the names, dates of birth, tissue-match scores, and immunosuppression risk factors (cRF) of the people receiving the transplants. NHSBT acknowledged this was a data breach, after being alerted by the *BBC*. The service's head of organ transplantation, Anthony Clarkson, [told the *BBC*] it had been using a system for urgent communications to transplant teams where speed can be critical. Messages were sent by email, SMS text and, until recently, to pagers. 'We accept it was a data breach,' Mr. Clarkson said. 'We were surprised that these messages were not encrypted, and that vulnerability was there.' He added that NHSBT has now taken urgent measures to stop sending any messages containing sensitive information to the pager network and it has launched an internal investigation 'to make sure nothing like this happens again.'"

(Source: *BBC*, "NHS service admits data breach due to pager use," 8/13/26) ♦

COMPANY NEWS

Abbott and the **Big Ten Conference** have announced a partnership on the "We Give Blood" drive for a third year. This initiative is, "a nationwide competition uniting all 18 Big Ten universities to turn school pride into lifesaving action" through blood donation. Big Ten Conference Commissioner Tony Petitti stated in the news release, "fans show up for their teams in the stands, and now they're showing up for their communities and people who need blood as well. Tens of thousands of people—many of them first-time donors—have already stepped up. Our job now is to keep that energy going, because there is no off-season for the need for blood. According to the Abbott news release, "[t]he competition officially kicks off August

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COMPANY NEWS (continued from page 11)

26th, but to help address the current shortages, Abbott and the Big Ten are urging people to donate now. Any donations made between August 12th and the official start will be honored as part of the competition. In addition to addressing current shortages, the 'We Give Blood' drive also aims to help address the blood supply pipeline problem. [Abbott awards] $1 million to the school with the most donations to support student or community health." The University of Nebraska (Lincoln) won the 2024 competition, and the University of Wisconsin (Madison) was victorious last year. Abbott also noted in the news release that, "[t]his year's competition will offer anyone who presents to donate and logs their donation for a Big Ten school a limited-edition, school-specific T-shirt while supplies last. British travel creators Josh and Jase—who have amassed millions of followers documenting their love of American culture—will also visit each Big Ten campus throughout the season, highlighting what makes each school unique. The 'We Give Blood' winner will be announced at the 2026 Discover® Big Ten Football Championship Game on December 5th in Indianapolis, Ind. A live leaderboard will track donations in real-time here."

(Source: Abbott News Release, 8/12/26)

Moderna, Inc. has begun a phase I trial to "evaluate [the] safety and immune response" of an investigational mRNA vaccine candidate to prevent Bundibugyo ebolavirus (BDBV). A company news explained that, the investigational vaccine is being advanced under Moderna's expanded strategic collaboration with CEPI, who has committed up to $50 million to support preclinical testing and the phase I clinical trial. The first-in-human phase I study is being conducted at three sites in Canada, and will evaluate the safety, tolerability, and immunogenicity of mRNA-1469 in healthy adult participants. The study is expected to enroll approximately 80 participants. BDBV is one of the viruses that can cause Ebola disease and has been responsible for the active outbreak in the Democratic Republic of the Congo. Although vaccines are available against Zaire ebolavirus, no vaccine is currently approved to protect against disease caused by BDBV."

(Source: Moderna, Inc. News Release, 8/4/26) ♦

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

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.

September 23. **FDA Scientific Public Workshop: Next-Generation Sequencing for Adventitious Agent Detection in Biologics (Virtual).** Registration is open. More information is available here.

September 29. **FDA Blood supply Chain Roundtable Webinar (Virtual).** Registration is open. More information is available here.

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CALENDAR (continued from page 12)

October 4-7. **Association for Advancing Tissue and Biologics (AATB) Congress 2026. San Francisco, Calf.** Registration is open. More information is 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.

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

November 3-4. **Plasma Protein Therapeutics Association (PPTA) Plasma Protein Forum Alexandria, Va.** Registration is open. More information is available here.

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 (WELC) *Rise &* Lead Workshop. San Antonio, Texas.** Registration is open. More information is available here.

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.

April 20-21. **PPTA International Plasma Protein Congress (IPPC). Barcelona, Spain.** More information is available here.

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

Director of Quality Assurance. National Blood Testing Cooperative (NBTC) is seeking an experienced **Director of Quality Assurance** to lead the Quality Management System supporting testing services for more than 20 blood centers at **Stone Mountain, Georgia** laboratory. The Director of Quality Assurance is responsible for overseeing all quality management activities to ensure compliance with applicable FDA, CLIA, AABB, 21 CFR, OSHA, and other regulatory and accreditation requirements. This position provides

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POSITIONS (continued from page 13)

strategic leadership for quality assurance, validation, auditing, document control, supplier qualification, occurrence management, CAPA, continuous process improvement, and inspection readiness. Working closely with onsite laboratory leadership, the Director develops, implements, and maintains quality policies and programs; supports operational excellence; and promotes a culture of quality and regulatory compliance. The position partners with laboratory managers on performance improvement, employee development, and strategic initiatives to ensure the laboratory consistently delivers safe, accurate, reliable, and timely testing services. **Qualifications:** Demonstrated experience in a blood center, blood banking, transfusion medicine, or related healthcare laboratory environment required. Bachelor's degree in science or an allied science discipline. Minimum five (5) years of Quality Assurance management experience. Medical Laboratory Scientist (MLS/ASCP) or Specialist in Blood Banking (SBB/ASCP) certification preferred. CMQ/OE or CQA certification through the American Society for Quality (ASQ) preferred. Strong leadership, communication, organizational, analytical, and problem-solving skills. Demonstrated ability to lead cross-functional quality initiatives and drive sustainable process improvement. This is an outstanding opportunity for a collaborative and strategic quality leader who is passionate about regulatory excellence, continuous improvement, and advancing the safety and reliability of the nation's blood supply. Click here to apply.

Community Operations Executive Director (Tulsa, OK). Our Blood Institute is looking for a Community Operations Executive Director. This position will lead local efforts to recruit blood donors, engage community sponsors and volunteers, and oversee the efficient collection, storage, and delivery of blood products. This highly visible leadership position combines community engagement with operational leadership in a dynamic environment where innovation, collaboration, and continuous improvement are at the heart of everything we do. This is more than a management position-it's a **leadership opportunity** to shape community engagement, drive strategic growth, and influence the future of blood services in the Tulsa region. We're seeking an experienced, relationship-focused leader to oversee our Tulsa operations and help advance our mission through strategic partnerships, operational excellence, exceptional team leadership, and **cross-functional collaboration**. **Salary Range:** Competitive compensation and comprehensive benefits package, including Health, Dental and Vision insurance, Life Insurance, Long-Term Disability, Flexible Spending Plan, 401(k) retirement plan, Paid Time Off, Holiday Pay, and Tuition Reimbursement along with tenure bonuses ($500 bonus after 6 months, $1,000 bonus after 1 year, and $1,500 bonus after 3 years). **How to apply:** https://ourbloodinstitute.org/about/careers/

Reference Lab Supervisor. OneBlood is currently recruiting for a Lab Supervisor in our AABB-accredited Immunohematology Reference Laboratory in Ft. Lauderdale, FL. This position provides leadership and technical expertise, coordinates workflow and staff scheduling, and performs training and quality activities for the staff responsible for performing basic through advanced testing procedures on patient and/or donor samples. Applicants must have a bachelor's degree in medical technology, biological science or related scientific field from an accredited college or university. Three or more years in a clinical laboratory, preferably blood banking environment, or an equivalent combination of education, certification, training, and/or experience. Applicants must have a valid and current Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking; Florida Supervisor license and SBB certification preferred. To apply and view a complete Job Description of this position, go to www.oneblood.org and click on the Careers tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Director of Operations (Lifeline Blood Services – Jackson, TN). Lifeline Blood Services is seeking an experienced **Director of Operations** to provide strategic leadership for Administrative Services, including Human Resources, Information Technology, Finance, Purchasing, and Fleet & Facilities. Working closely with the CEO, this executive leadership role ensures operational excellence, regulatory compliance, and organizational success. **Qualifications:** Bachelor's degree required; Master's preferred. Minimum of five (5) years of operations management experience. Strong leadership, financial, organizational, and communication skills. Experience with budgeting, contracts, vendor management, and regulatory compliance preferred. **Schedule:** Full-time, Monday-Friday, 8:00 a.m.-5:00 p.m., on-call as needed, with up to 25 percent travel. At Lifeline Blood Services, our mission is to serve our communities with the safest lifesaving transfusion medicine possible. If you are a collaborative leader who is passionate about operational excellence and making a meaningful impact, we encourage you to apply. **Click here to view the full job description and apply.**

Chief Operations Officer. We are hiring for Chief Operations Officer: Purpose: To effectively deploy and manage the operations resources (physical, human, and financial), drives oversight, compliance with all outside regulatory and accrediting services, and oversee operational performance of We Are Blood to achieve its mission and goals. **Responsibilities:** Oversee the operations processes of We Are Blood, including blood donor screening, collections, clinical services, components

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POSITIONS (continued from page 14)

preparation, donor testing, reference laboratory, inventory management, distribution, and supply chain. Participate in developing and implementing the organization's strategic plan. Provide leadership in establishing and accomplishing operational goals and objectives. In conjunction with Executives and VPs, develop business plans and monitor the execution of each plan. Responsible for the oversight of the operational planning/budgeting and compliance for meeting budgets, goals, and objectives. Prepare and present operational reports and metrics as directed by the CEO. Provide leadership and direction for reporting staff in evaluating, coaching, and counseling employees. Ensure timely and effective training, feedback, and constructive guidance to improve employees' job performance and to expand their knowledge, skills, and techniques. **Skills, Education, & Experience:** College degree with RN, MT (ASCP), SBB, or related field preferred. Minimum of seven to10 years of leadership management and/or supervisory experience in a blood center required. Relevant experience in a highly regulated environment may substitute for formal education. Excellent communication skills, both verbal and written, as well as presentation skills. Must have the ability to handle difficult situations and deal with sensitive and highly confidential information. Requires strong interpersonal, organizational experience, and demonstrated success in project and time management. Prefer management-level budget experience. Apply here.

Hospital Services Director of Operations (LifeServe Blood Center). Lead a mission-driven team where your decisions directly support patients, donors, and clinical partners across the region. In this role, you'll oversee blood manufacturing, product management, distribution, and advanced immunohematology reference laboratory testing—critical operations that ensure safe, reliable blood products for more than 175 hospitals across Iowa, Nebraska, South Dakota, and Illinois. You'll guide daily operations, uphold rigorous regulatory and quality standards, manage financial performance, and develop leaders at every level. This position directs staffing, equipment allocation, laboratory procedures, and productivity outcomes while fostering a culture of continuous improvement and exceptional customer service. You'll supervise testing personnel, validate results, support policy development, and ensure compliance with SOPs, quality programs, and federal regulations. Ideal candidates excel in complex operational environments, bring strong leadership experience, and thrive in roles where precision, accountability, and collaboration matter. Occasional evening or weekend availability may be required. Join one of the nation's largest community-based blood centers and make an impact that truly saves lives. Please click here to view the full job description and apply.

Transfusion Medicine Quality Program Manager. ARUP Laboratories is seeking a Transfusion Medicine Quality Program Manager to lead and support quality, regulatory, and continuous improvement initiatives across ARUP's transfusion medicine programs, including Blood Donor Services, the hospital-based blood bank, and the Immunohematology Reference Laboratory. In partnership with medical directors, laboratory leadership, and corporate quality teams, this role is responsible for developing and maintaining a comprehensive quality management framework aligned with ARUP's Quality Management System. The Manager will oversee regulatory compliance, audit readiness, risk management, CAPA processes, and data-driven quality improvement efforts in a highly regulated environment. This position serves as a key liaison between ARUP Laboratories and University of Utah Health clinical partners and provides expert guidance on transfusion medicine quality, regulatory interpretation, and best practices. The role also supports standardization, change management, training, and quality-related reporting to leadership. Qualified candidates will have a bachelor's degree in Medical Laboratory Science, Clinical Laboratory Science, or a related scientific field; at least seven years of experience in transfusion medicine, blood banking, and/or donor services; and at least five years of experience in quality systems, regulatory compliance, and audit management. Knowledge of FDA, AABB, CAP, CLIA, ISO, and related standards is required. A master's degree and relevant certifications are preferred. Please click here to review the full job description and apply.

Business Development Manager. Gulf Coast Blood is seeking a dynamic Business Development Manager to help expand our impact across advanced therapies, research programs, and clinical services. In this role, you will drive business growth by identifying new opportunities, building strategic partnerships, and expanding relationships with hospitals, pharmaceutical companies, biotech firms, and research organizations. You will manage the full business development lifecycle—from prospecting and solution development to deal closure and ongoing account growth—while supporting innovative programs that help save and sustain lives. **Qualifications:** We are looking for a results-driven professional with experience in business development, sales, account management, or healthcare-related industries. **Advanced therapies or biotechnology background are strongly preferred!** The ideal candidate will have strong relationship-building, communication, and strategic thinking skills, with the ability to navigate complex client environments and identify growth opportunities. **Why join us?** We offer competitive compensation and benefits, career growth opportunities, and the chance to contribute to innovative

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therapies and services that make a meaningful difference in patient care throughout our community. If you're passionate about building partnerships and driving innovation, apply today!

Blood Bank Medical Laboratory Specialist (MLS/MLT). Gulf Coast Blood is seeking a dedicated Blood Bank Medical Laboratory Specialist (MLS/MLT) to join our East Texas team and support our lifesaving mission. In this role, you will perform specialized immunohematology and transfusion medicine testing, ensure accurate blood product processing and distribution, maintain regulatory compliance, and contribute to providing safe, high-quality blood products to patients throughout the region. You will work collaboratively with healthcare professionals while upholding AABB, FDA, and internal quality standards. **Qualifications:** We are seeking candidates with a current **MLS or MLT certification (ASCP or equivalent)** and experience in a clinical laboratory setting. Blood banking experience is preferred but not required. Strong attention to detail, critical thinking skills, and a commitment to quality patient outcomes are essential. **Why join us?** We offer competitive compensation and benefits, opportunities for professional growth, and the chance to make a meaningful impact in the communities we serve. If you're passionate about laboratory science and helping save lives, we encourage you to apply today.

Medical Apheresis LVN. Gulf Coast Blood is seeking a dedicated **Medical Apheresis LVN** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. As an Apheresis Nurse, you will provide donor and patient care through apheresis and leukapheresis procedures. This role includes phlebotomy, peripheral IV and central line care, medication administration and monitoring the donors receiving mobilizing agents. The nurse will monitor patients throughout the procedure. The nurse ensures documentation meets regulatory standards and maintains compliance with AABB, FDA, FACT, and internal policies. **Qualifications:** We're looking for someone who has graduated from an accredited vocational or nursing program with a current LVN license. Request at least four (4) years of recent direct patient care experience, preferably in acute care with strong peripheral IV skills. Apheresis or dialysis experience is strongly preferred. Must hold BLS or ACLS certification and have reliable transportation for travel to donor and group sites. **Why join us?** We offer a **competitive compensation and benefits package**, free parking at the Texas Medical Center, opportunities for career growth, and a supportive workplace focused on excellence and mission. Apply Today!

HR Director. At Stanford Blood Center (SBC), how we treat our people is just as important as the lifesaving work we do. We're looking for an **HR Director** who shares that belief — and brings the experience, courage, and heart to help us live it every day. This is a strategic partnership. You'll work closely with our VP and senior leadership to advance SBC's people agenda, navigate a mission-driven organization within a large health system, and be a trusted resource for managers and staff alike. You bring the same resourcefulness to HR that SBC brings to its mission: finding a way forward. What we're looking for: A leader with presence and warmth in equal measure — someone people at every level feel comfortable approaching. A strategic thinker who brings an HR lens to organizational conversations, not just day-to-day problem solving. Someone who has navigated tough situations and comes out with relationships and trust intact. Solid experience with California employment law and labor/union relations. Background in high volume, people-intensive environments: healthcare, retail, or similar. Ten to 15 years of progressive HR experience with a track record of follow-through. Requirements: Bachelor's degree in Human Resources, Business Administration, or relevant field. Minimum 10 years of progressive HR experience with increasing responsibility. We're a close-knit team doing work that saves lives. If you're energized by meaningful work and want an HR role where you can make a genuine difference, we'd love to hear from you. Click here to apply. Questions? Contact Miriam Garrido, Talent Acquisition Consultant Miriam1@stanford.edu.

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**.