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NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

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INSIDE:

ABC Executive Fellows Program Call for Applicants Closes November 7th.....3
BRIEFLY NOTED.....3
WORD IN WASHINGTON 4
INFECTIOUS DISEASES UPDATE.....5
Still Time to Register for Next Week's 2026 ADRP MasterClass 6
Registration Is Open for the Rise & Lead Workshop 6
Nominations Are Open for the ABC Medical & Scientific Emerging Leader Award 6
ABC Releases New State Advocacy Toolkits 7
Economic Outlook Survey Report Available 7
MEMBER NEWS.....7
ADVANCED THERAPIES NEWS 9
GLOBAL NEWS 10
COMPANY NEWS 10
Sign up for ABC's &ADRP's *Pulse of Leadership*.....11
CALENDAR.....12
POSITIONS.....13

Liberal Transfusion Strategy Reduces Unfavorable Neurological Outcomes: TRAIN Trial Results Analyzed in *JAMA*

A secondary analysis published in *JAMA Network Open*, "evaluated the effects of different hemoglobin (Hb) thresholds for guiding red blood cell transfusion (RBCT) on the neurological outcome among patients with moderate to severe traumatic brain injury (TBI) included in the TRAIN trial. [The authors] hypothesized that, as in the main trail, patients randomized to the liberal strategy group would experience a reduction in the occurrence of unfavorable neurological outcome."

This paper began by describing the results of the TRAIN (Transfusion Strategies in Acute Brain Injured Patients) trial as the authors noted that the findings, "demonstrated a significant reduction in the risk of unfavorable neurological outcome with a liberal strategy (Hb <9 g/dL) compared with a restrictive strategy (Hb <7 g/dL); however, because the study population included individuals with acute brain injury, the findings cannot be considered specific to TBI," the researchers wrote. Thus, the authors of this manuscript performed a, "preplanned secondary analysis of the TRAIN trial, a prospective, multicenter, phase III, pragmatic, open-label randomized clinical trial conducted across 72 ICUs in 22 countries between September 2017 and December 2022." They noted that the, "original study included adult patients (≥18 years of age) with acute brain injury, Glasgow Coma Scale (GCS) score of 13 or less (overall score range, 3-15, with 3 indicating deep unconsciousness or coma and 15 full alertness and orientation; higher scores indicate better neurological function; lower scores, more severe impairment), Hb levels of 9 g/dL or lower within the first 10 days of admission, and an expected ICU stay of at least 72 hours. Participants were randomized in a 1:1 ratio to receive either a restrictive transfusion strategy (RBCT triggered by Hb levels ≤7 g/dL) or a liberal transfusion strategy (RBCT triggered by Hb levels ≤9 g/dL) across a 28-day period."

The primary outcome was described as, "the occurrence of unfavorable neurological outcome at 180 days after randomization. Neurological outcome was assessed using the Glasgow Outcome Scale Extended (GOS-E) (range, 1-8, with 1 being death and higher scores indicating better outcomes), with scores dichotomized as unfavorable for GOS-E scores ranging from 1 to 5 and favorable for GOS-E scores from 6 to 8. [Secondary outcomes] included 28-day mortality, the distribution of GOS-E scores in both the restrictive and liberal transfusion groups, ICU and hospital lengths of stay, and the incidence of organ failure, as assessed daily through the SOFA score, calculated from 6 baseline variables (range, 0-24, with higher scores indicating greater severity of disease)."

(continued on page 2)

Liberal Transfusion Strategy Reduces Unfavorable Neurological Outcomes (continued from page 1)

The paper explained that the, "median (IQR) Hb concentration at randomization was 8.4 (7.8-8.7) g/dL in the liberal group and 8.4 (7.8-8.8) g/dL in the restrictive group (P = .96). During the 28-day study period, daily median minimum Hb concentrations differed between the two groups (P < .001). In the liberal group, 215 patients (89.6 percent) required transfusion during the 28-day trial period, compared with 126 patients (51.2 percent) in the restrictive group (P < .001). The liberal group received a median (IQR) of 2 (1-3) units of RBCs per patient, while the restrictive group received 0 (0-1) units (P < .001)." Additionally, the authors noted that the, "primary outcome was available in 475 patients (97.7 percent), including 236 (98.3 percent) in the liberal group and 239 (97.2 percent) in the restrictive group. At 180 days after randomization, unfavorable neurological outcome occurred in 138 patients (58.5 percent) in the liberal group and in 161 patients (67.4 percent) in the restrictive group (RR, 0.86 [95 percent CI, 0.75-1.00]; P = .047; absolute risk difference, −8.77 [95 percent CI, −17.35 to −0.20] percentage points; fragility index of 1). The median (IQR) GOS-E score at 180 days was 3 (2-7) in the liberal group compared with 4 (1-6) in the restrictive group. The distribution of GOS-E scores shifted toward a larger proportion of patients distributed in higher GOS-E subscores in the liberal group compared with the restrictive group (OR, 1.38 [95 percent CI, 1.01-1.90]; P = .046)." The study found, "[n]o significant difference in 28-day mortality was observed between the liberal and restrictive groups (42 of 240 [17.5 percent] vs 51 of 244 [20.9 percent]; RR, 0.84 [95 percent CI, 0.58-1.21]; P = .34)."

The researchers concluded that, "[i]n this preplanned secondary analysis of patients with TBI enrolled in the TRAIN randomized clinical trial, a liberal transfusion strategy (Hb threshold of 9 g/dL) was associated with an absolute 9 percent lower risk of unfavorable neurological outcome at 180 days compared with a restrictive strategy (Hb threshold of 7 g/dL). The incidence of severe adverse events, including cerebral ischemia and infection, was comparable between the two groups. [The] results on transfusion threshold are in line with a single-center study on patients with TBI, in which a liberal strategy (Hb threshold of 9 g/dL) was associated with better neurological outcomes compared with the restrictive strategy (Hb threshold of 7 g/dL). [These] results should be interpreted with caution in light of the inherent uncertainty of the estimate. Our findings contribute to the growing body of evidence on transfusion thresholds in TBI." Limitations of the analysis acknowledged by the authors included: "the open-label design may have introduced bias; some patients received transfusions before randomization, which could have confounded [the] results; a higher rate of unfavorable neurological outcomes [was observed] compared with prior studies, potentially reflecting [the] inclusion of only patients with anemia and [the] use of a stricter dichotomization of GOS-E categories; this secondary analysis may have been underpowered to detect differences of the primary outcome; and the decision to withdraw life-sustaining therapies was not specifically collected."

Citation: Zernini, I.S., Faso, C., Bittencourt Rynkowski, C. *et al*. "Restrictive vs. Liberal Transfusion Strategy in Traumatic Brain Injury: A Secondary Analysis of the TRAIN Trial." *JAMA Network Open*. 2026

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

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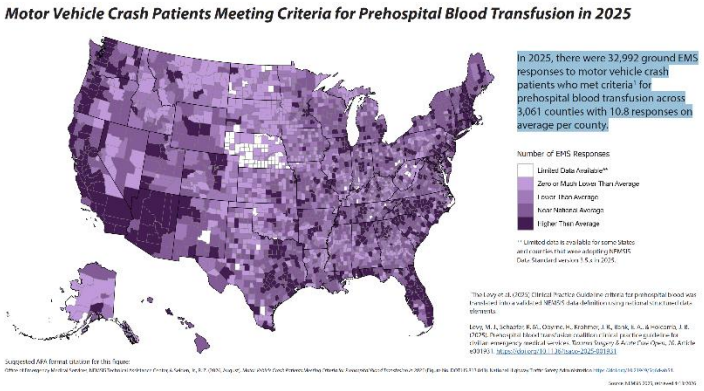
ABC Executive Fellows Program Call for Applicants Closes November 7th

Apply to participate in the 2027-2028 America's Blood Centers (ABC) Executive Fellows Program (EFP) by the November 7th deadline. ABC is partnering with Vanderbilt University's Owen School of Management. This groundbreaking initiative offers industry-specific, best-in-class leadership training to blood community executives, elevating individuals, organizations, and the nation's blood supply. The program will accept an annual cohort of up to 25 fellows who will participate in:

- "a week-long leadership residency at Vanderbilt;
- three additional in-person learning immersions;
- virtual seminars taught by Vanderbilt faculty;
- a 360-leadership assessment;
- individual executive coaching; and
- a capstone project presented at the 2028 ABC Annual Meeting.

The EFP strives to accept participants from a wide variety of backgrounds and leadership roles. Final selections for the 2027-2028 cohort will occur by December 2026. An independent selection committee is responsible for choosing each year's cohort. Senior leaders from ABC member blood centers, hospital-associate members, affiliate organizations, and industry partners are encouraged to apply. The Foundation for America's Blood Centers (FABC) is pleased to announce a limited number of partial scholarships available for individuals employed by ABC active member blood centers. Additional information regarding tuition rates is available here.

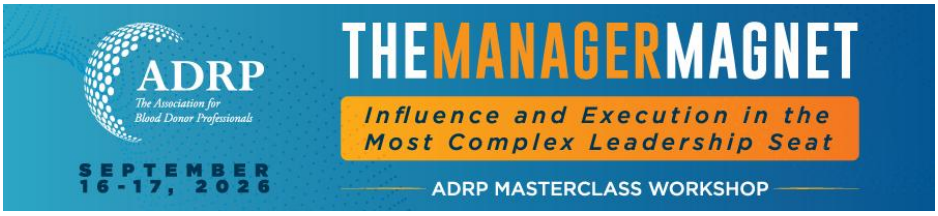
BRIEFLY NOTED



The U.S. Department of Transportation has published a map that depicts where motor vehicle crash patients met the criteria for prehospital blood transfusions in the U.S. in 2025. According to data released by the agency, "[i]n 2025, there were 32,992 ground EMS responses to motor vehicle crash patients who met criteria1 for prehospital blood transfusion across 3,061 counties with 10.8 responses on average per county. [Specifically, the map], developed by the National Highway Traffic Safety Administration's (NHTSA) Office of Emergency Medical Services (EMS), the NEMSIS Technical Assistance Center, and the Office of Behavioral Safety Research, uses 2025 NEMSIS data to quantify and map 32,992 ground EMS responses to motor vehicle crash patients meeting the clinical criteria for prehospital blood transfusion. [Currently, there are] nearly 450 prehospital blood programs operating nationwide, but widespread adoption is needed to improve outcomes for trauma patients, including those injured in motor vehicle crashes."

(Source: U.S. Department of Transportation Prehospital Blood Motor Vehicle Crash Map, 8/1/26)

(continued on page 4)



BRIEFLY NOTED (continued from page 3)

An editorial accepted for publication in *The Journal of Infectious Diseases* titled "Harnessing the Blood Supply for Pathogen Surveillance and Rapid Response to Emerging Infectious Threats" describes the importance and benefits of prioritizing, mobilizing, and leveraging blood and plasma donor samples to assist with the "[e]arly detection and rapid response to emerging infectious diseases." The authors highlight how the, "research on blood donors and linked transfusion recipients has led to major advances in reducing the risk of transfusion-transmitted (TT) infectious diseases (TTID). Beyond identification of pathogens and prevention of TT, this research has contributed to [the] understanding of epidemiology, diagnosis, infection staging, natural history, and pathogenesis of TTID." The editorial advocates that, "[i]ntegrated systems capitalizing on the current infrastructure and scale of the U.S. and global blood supply must be established to access blood and plasma donor samples that are routinely pooled for NAT screening and readily available from large blood and plasma screening laboratories. Partnerships are being established in the U.S. between blood and plasma donor collection/testing organizations and investigators/laboratories capable of real-time processing of the pools, high-throughput MGS testing and analysis using AI-enhanced analytic pipelines. This alignment will provide a unique opportunity for early detection of emerging infectious diseases (EIDs) in blood and plasma donors, which are representative of the general population, including pathogens with prolonged asymptomatic periods before clinical outbreaks are documented. In addition to genomic surveillance of circulating and novel pathogens, real-time MGS supports coordinated responses to new outbreaks and assessment of evolving population immunity. Surveillance of the blood supply would thereby fill a critical gap in existing surveillance programs based on [the] investigation of clinical cases, wastewater, and sentinel animal and vector samples." The authors conclude that, "[t]he evolution of donor-based infectious disease research programs over the past decades illustrates a remarkable transition from improving blood safety to the use of donor specimens as a national and potentially global infectious disease surveillance resource. Inclusion of blood and source plasma donations and IG products for serosurveillance of EIDs and near real-time MGS pathogen detection will accelerate identification of newly circulating pathogens, prospective assessment of consequent population immunity, and development and deployment of medical countermeasures. This vision for establishing an integrated donor-based system for anticipating and responding to EID threats should become an urgent priority!"

Citation: Busch, M.P, Stone, M.S., and Lanteri, M.C. "Harnessing the Blood Supply for Pathogen Surveillance and Rapid Response to Emerging Infectious Threats." *The Journal of Infectious Diseases*. 2026.

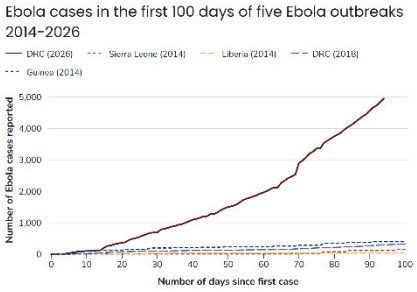
WORD IN WASHINGTON

The Department of Homeland Security (DHS) has announced that the agency is, "proposing to establish a $103,265 fee for all H-1B cap-subject petitions, including those eligible for the advanced degree exemption. The proposed fee would be paid at the time of filing and would be imposed in addition to all other applicable fees or payments." In the proposed rule, DHS explained that, "the proposed fee is specifically to recover the interagency costs described in this rule and having a standalone fee is intended to facilitate tracking, allocation, and reporting of the associated revenue. For these reasons, DHS proposes to implement the $103,265 amount as a separate, additional H-1B fee rather than combining it with the existing H-1B petition fee in 8 CFR 106.2(a)(3)(i). The proposed fee, when required, would be in addition to any other applicable fees or payments, including any separate payment obligation required under a Presidential Proclamation. Accordingly, to the extent a petitioner is subject both to a proclamation-required payment and to the additional H-1B fee proposed in this rule, the petitioner would be required to pay both amounts." The deadline to submit comments is September 24th. DHS noted in the announcement that the, "proposed fee would generate revenue to recover a portion of the federal government's costs for administering the lawful immigration system. [The agency] estimates the proposed fee would generate approximately $8.8 billion annually, based on a projected annual volume of 85,000 H-1B cap-subject petitions."

(Sources: DHS News Release, 8/24/26; *Federal Register* Proposed Rule, 8/25/26)

INFECTIOUS DISEASES UPDATE

EBOLA



*Cases shown based on date reported. Data Sources: DRC INSP, WHO. Data for DRC (2026) are as of 2026-08-17.

On August 28th, the World Health Organization (WHO) updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of August 26th, "the outbreak has spread from 54 to 60 health zones [in the region]. A [total] of 5,794 confirmed cases, including 2,786 deaths, have been reported corresponding to a crude case fatality ratio (CFR) of 48.1 percent. These figures demonstrate a substantial increase in the scale and geographic extent of the outbreak over the past three months. The crude case fatality ratio of 48 percent underscores the severity of the disease and ongoing challenges related to timely case detection, access to and quality of clinical care, and effective interruption of viral transmission. Delays in recognizing cases increase the likelihood of onward transmission within households, communities, and healthcare facilities. The outbreak remains a public health emergency of international concern, following the advice of Emergency Committee meeting convened on August 18th. As of August 26th, at least 1,314 patients have recovered, including 1,293 in the DRC, 18 in Uganda, two in Germany and one in France. As of August 27th, the 42-day enhanced monitoring period, as per international guidance, has been completed in both France and Uganda. The continuing intensity of transmission in the DRC means that the risk of further exportation across international borders remains.

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 September 8th 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, 8/28/26; CDC Update, 9/8/26)



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.

Still Time to Register for Next Week's 2026 ADRP MasterClass

Time is running out to 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.

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 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.

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.

(continued on page 7)

INSIDE ABC (continued from page 6)

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.

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.

MEMBER NEWS

In recognition of the 25-year anniversary of the September 11th attacks, **New York Blood Center (NYBC)** is encouraging individuals to, "honor the lives lost through acts of service, including donating blood, volunteering at a blood drive, or signing up to host a blood drive in their community," according to a report from the *Yonkers Times*. "September 11th is recognized as a National Day of Service and Remembrance, and each year, communities across New York pay tribute to the victims of the attacks by giving back to others. In the week immediately following 9/11 in 2001, more than 23,000 people came forward to donate blood through NYBC, an extraordinary outpouring of service that was nearly three times the number of donations NYBC sees in a typical week today," explained the publication. Jeannie Mascolino, vice president of Operations at NYBC added in the article, "[t]he need for blood in our region is constant, and this September 11th, we invite New Yorkers to roll up their sleeves or give their time in remembrance of those

(continued on page 8)

MEMBER NEWS (continued from page 7)

we lost 25 years ago. The extraordinary response we saw in the aftermath of 9/11 demonstrated the compassion and generosity of this community. Twenty-five years later, donating blood remains a meaningful way to carry that spirit of service forward while helping patients who depend on a stable blood supply every day."

(Source: *Yonkers Times*, "New York Blood Center Calls on New Yorkers to Honor 9/11 Victims for 25th Anniversary through Day of Service," 9/8/26)

Physician's Weekly recently published a commentary in the "Doctor's Voice" section of its website titled "Why Trauma Preparedness Begins with Blood Supply: BERC." The piece authored by Tara Scott, vice president of Marketing and Communications at **Our Blood Institute (OBI)**, included OBI president and chief executive officer (CEO) John Armitage, MD as a contributor and described the evolution of the **Blood Emergency Readiness Corps (BERC)** while highlighting how, "hospitals strengthen trauma preparedness by securing adequate blood supplies before disaster strikes, not after." Specifically, the commentary featured sections dedicated to:

- "Building a National Blood Readiness Network;
- Strengthening Patient Care in Trauma & Beyond;
- The Role of Physicians & Hospital Leaders; and
- How Clinicians & Hospital Leaders Can Help."

It concluded by encouraging clinicians and hospital leaders to:

- "*Know your blood supplier*. Understand how your blood provider prepares for emergencies and how blood availability is incorporated into disaster planning;
- *Advocate for blood donation*. Encourage eligible patients, families, healthcare professionals, and community members to donate. Blood needed in an emergency must be collected before the crisis occurs; [and]
- *Use your trusted voice*. Help patients and communities understand that a safe, reliable blood supply depends on volunteer blood donors every day."

(Source: *Physician's Weekly*, "Why Trauma Preparedness Begins With Blood Supply: BERC," 8/20/26)

The Blood Connection recently announced the opening of its, "third full-service Reference Laboratory." The lab is in Charleston, S.C. and, "expands [The Blood Connection's] capabilities and provides improved turnaround times for Coastal-based healthcare partners in Charleston, Savannah, Ga. and the Pee Dee, S.C.," according to the announcement. Services include:

- "patient antibody workups;
- crossmatch;
- HLA-matched platelets;
- molecular testing (upon request);
- antibody titers; and
- darazalex workups."

(Source: The Blood Connection Announcement, 9/1/26)

(continued on page 9)

MEMBER NEWS (continued from page 8)

Miller-Keystone Blood Center (MKBC) recently held a grand reopening and ribbon cutting event at its Berks County Donor Center, located in Reading, Penn. That morning, MKBC staff gathered with blood donors, community leaders, legislative officials, and other supporters to mark the completion of upgrades designed to enhance the blood donation experience and better serve the community. Providing remarks were MKBC's Rami Nemeh, president and CEO, and MKBC Board Member, Thomas Geng, Jr., DO, MBA, CPE, FACS, Chairman Department of Surgery and CMO at Reading Hospital/Tower Health. The renovation project included reconfiguring the building's donor center and administrative offices, along with the installation of new donor chairs, energy-efficient LED lighting, and updated ADA-compliant restrooms. A special note of thanks to the office of Representative Dan Meuser (R-Penn.) for the provision of a U.S. flag that was flown over our nation's Capitol and is now proudly raised at our Reading location.



Rami Nemeh, MKBC President & CEO and Reading Hospital/Tower Health's Thomas Geng, Jr, DO, MBA, CPE, FACS join blood center staff to cut the ribbon.

Contributed by Marie Clemens, Corporate Director of Communications at Miller-Keystone Blood Center

ADVANCED THERAPIES NEWS

LifeShare Biologics (BLX) has formed as a subsidiary of LifeShare Blood Center. In a company news release, LifeShare's President and Chief Executive Officer (CEO) Dr. Chad A. Douglas explained, "[w]e are creating an organization uniquely positioned to focus on, and create access to, cellular applications in research and medicine. Our Board authorized the creation of this subsidiary, and subsequently voted Monica Kalvelage, previously serving as LifeShare's Chief Operations Officer, to serve as the first president and CEO [of BLX]." Ms. Kalvelage stated in the announcement, "I am honored to serve as the leader of LifeShare Biologics. Our mission is to serve patients by tailoring donated human cells into specialized medical therapies." The news release also noted that, "the mission encompasses and expounds upon the critical role blood centers already fulfill: collecting donated cells, some requiring further manufacturing, to now provide modern, personalized medical treatments."

(Source: LifeShare Blood Center News Release, 9/8/26)

The U.S. Food and Drug Administration (FDA) has published a notice in the *Federal Register* titled "Potency Assessment of Active Immunotherapy Products; Draft Guidance for Industry; Availability." The agency explained that the draft guidance document provides, "recommendations for developing assays to assess potency as a part of a potency assurance strategy for active immunotherapy products (ACTIMPs). When finalized, this guidance will describe the FDA's current thinking regarding design, validation, and evaluation of potency tests for ACTIMPs. This guidance is intended to supplement the December 2023 draft guidance for industry, when finalized, on 'Potency Assurance for Cellular and Gene Therapy Products' with additional advice and considerations specifically for ACTIMPs, including peptide-and-protein based ACTIMPs that are not cellular or gene therapy products."

(Source: *Federal Register* Notice, 8/20/26)

(continued on page 10)

ADVANCED THERAPIES NEWS (continued from page 9)

The Advanced Research Projects Agency for Health (ARPA-H) has announced the recipients of, "contract awards from its Genetic Medicines and Individualized Manufacturing for Everyone (GIVE) program." According to the agency announcement, "GIVE is driving toward a new manufacturing paradigm: an automated network capable of producing individualized, ribonucleic acid (RNA)-based genetic medicines on demand, and replacing a slow, costly, centralized model with one created for speed, scale, and reach. ARPA-H will fund up to $125 million for the research and development program. Genetic medicines require centralized, specialized production that is traditionally slow and expensive, and cold-chain logistics keep patients waiting or without access altogether. GIVE is designed to close that gap by developing automated manufacturing and real-time quality control into a distributed biomanufacturing network, so treatment can be made close to the patient, empowering communities everywhere — not just those near major biomanufacturing hubs — to affordably produce this kind of cutting-edge treatment."

(Source: ARPA-H News Release, 9/1/26)

GLOBAL NEWS

Multiple blood services around the world have united to urge eligible individuals to become regular blood donors. A news release noted that, "[b]lood services in Canada, England, and Australia [are] calling for more donors, with blood supplies across the three countries dropping by up to 30 percent in recent months. Intensifying the strain is a growing demand for blood due to ag[i]ng populations leading to more people living with conditions like cancer and sickle cell that require regular blood transfusions for treatment. At the same time, demand for medicines made from plasma to treat immune deficiencies, bleeding disorders and other conditions continues to rise. Australian Red Cross Lifeblood, NHS Blood and Transplant, and both Canadian Blood Services and Héma-Québec in Canada say these pressures point to a growing global blood supply challenge."

(Source: Australian Red Cross Lifeblood News Release, 8/25/26)

Iceland has shifted the nation's blood donor eligibility policy to "assess donors under uniform criteria regardless of sex or sexual orientation," reported the *Iceland Review*. "The regulation [took] effect September 1st and replaces categorical restrictions that had long limited blood donation by gay and bisexual men." The publication explained that, "[t]he change follows years of debate over Iceland's blood donation rules. The *Iceland Review* reported in 2024 that gay men would be permitted to donate blood as authorities prepared new screening procedures. Earlier proposals had still included lengthy deferral periods based on sexual history. The Health Ministry says the new framework uses harmoni[z]ed criteria for all prospective donors. The aim is to protect the safety of the blood supply while assessing relevant behavi[o]r and risk individually rather than by sex or sexual orientation. The reform also brings Iceland closer to the approach adopted across much of Europe in recent years."

(Source: *Iceland Review*, "Iceland Introduces Gender-Neutral Blood Donation Rules," 9/1/26)

COMPANY NEWS

Delcon and **Blood Bank Computer Systems, Inc. (BBCS)** have announced a partnership that fully integrates Delcon's Milano mixer into BBCS' ForLife Biologics Platform®. According to a company news release, Coastal Bend Blood Center, a member of America's Blood Centers, is the first blood center in the

(continued on page 11)

COMPANY NEWS (continued from page 10)

country, "to launch the enterprise platform that powers the [blood center's] collection and manufacturing operations." The integration specifically, "allow[s] collection data to flow automatically between the two systems instead of being logged and entered manually." Coastal Bend Blood Center President and Chief Executive Officer Corey Survant added in the news release, "we are always looking for ways to strengthen our technology that improves operational efficiency and the donor experience. Connecting the Milano mixer directly with our ForLife Biologics Platform reduces manual data entry, strengthens traceability, and gives our team greater confidence in the information associated with every donation."

(Source: Delcon News Release, 9/1/26)

QualTex Laboratories, a subsidiary of San Antonio-based nonprofit **BioBridge Global (BBG)** recently announced that it has, "earned ISO/IEC 17025 accreditation from the ANSI National Accreditation Board for its microbiology testing laboratories in San Antonio, Texas and Atlanta, Ga. [for] environmental monitoring, tissue sample sterility and bacterial identification. San Antonio's microbiology testing laboratory is also accredited for bioburden and sterility testing." A company news release noted that, "[t]he accreditation process includes an independent assessment of a laboratory's methods, personnel, equipment, and quality management system against rigorous international standards. It is designed to ensure test results are accurate, reliable, and reproducible."

(Source: QualTex Laboratories News Release, 9/8/26)

Fresenius Kabi and the **Association for the Advancement of Blood & Biotherapies** recently launched the 21st Annual Blood Collectors Week (September 6th-12th). The organizations explained that the week, "celebrates the blood collection professionals whose expertise and dedication help ensure patients across the country have access to safe, high-quality blood and blood components. Blood Collectors Week honors the essential professionals who serve as a critical link between donors and patients, including phlebotomists, apheresis operators, donor recruiters, technicians, drivers, and medical directors." The recognition week anticipates having, "[n]early 200 blood collection facilities across the United States participat[ing] in Blood Collectors Week through recognition events, social media engagement, and employee appreciation activities.

(Source: Fresenius Kabi News Release, 9/6/26)

The **Alliance for Regenerative Medicine (ARM)** has named Suzy Jacobs as chief operating officer. Ms. Jacobs previously served as, "[h]ead of Advisor and Consumer Strategy [at] LIMRA." Prior to that, she worked as the chief operating officer of Finseca, according to an ARM news release. "Cell and gene therapies are redefining what's possible for patients, and ARM has built a remarkable community around that mission," said Ms. Jacobs in the news release. "I'm honored to join an organization where biotechnology companies, researchers, and patient advocates work side by side. I look forward to driving ARM's next chapter of growth and expanding the impact we deliver for our members and the patients we ultimately serve."

(Source: ARM News Release, 8/31/26)

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



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.

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 available here.

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.

(continued on page 13)

CALENDAR (continued from page 12)

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

Process Optimization Program Manager (Orlando, FL). OneBlood is seeking a Process Optimization Program Manager to lead initiatives that enhance efficiency, improve donor experience, and strengthen blood supply operations. In this highly visible role, you will partner with teams across Collections, Recruitment, Manufacturing, and Quality to identify opportunities, implement solutions, and drive measurable operational improvements. The ideal candidate is a strategic problem solver with expertise in process improvement, data analysis, and change management. You will lead cross-functional projects focused on reducing product waste, minimizing donor deferrals, improving collection accuracy, and aligning blood collections with organizational demand. Qualified candidates should have a bachelor's degree and relevant experience in business operations, industrial engineering, or process improvement, with knowledge of Lean Six Sigma and continuous improvement methodologies preferred. This is a hybrid position offering the opportunity to make a meaningful impact on OneBlood's mission to save lives. Apply Here

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 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,

(continued on page 14)

POSITIONS (continued from page 13)

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 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.

(continued on page 15)

POSITIONS (continued from page 14)

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 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!