America's Blood Centers
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# NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

**2026 Issue #28** **September 15, 2026**

**INSIDE:**

*Viewpoint* in Response to AHRQ Systematic Review of Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock Published.....2
WORD IN WASHINGTON .....3
BRIEFLY NOTED.....4
Sign up for ABC's &ADRP's *Pulse of Leadership*.....4
INFECTIOUS DISEASES UPDATE.....5
Final Call: Register for the 2026 ADRP MasterClass .....6
ABC Executive Fellows Program Call for Applicants Is Open .....6
Registration Is Open for the Rise & Lead Workshop .....7
Nominations Are Open for the ABC Medical & Scientific Emerging Leader Award .....7
Economic Outlook Survey Report Available .....7
MEMBER NEWS.....7
ADVANCED THERAPIES NEWS .....8
GLOBAL NEWS .....9
COMPANY NEWS .....9
CALENDAR.....10
POSITIONS.....12

## FDA CBER and CDER Directors Appointed



The U.S. Department of Health and Human Services (HHS) has announced the appointment of Karim Mikhail, BPharm, MSc as director of the U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER). He joined the agency in, "2025 as a senior advisor in the Office of the Commissioner where he led U.S. competitiveness reforms, spanning multiple disciplines from accelerating early clinical development to onshoring biopharmaceutical manufacturing." Mr. Mikhail has been serving as acting director of CBER since May.

An agency news release stated that, "[he brings] more than two decades of leadership experience spanning the pharmaceutical and biotechnology sectors as well as FDA [to the role]. As CBER Director, Mr. Mikhail will lead the center responsible for regulating biological products, including vaccines, blood and blood products, and cellular and gene therapies. He will focus on modernizing regulatory frameworks to accelerate drug development, including for rare diseases, without compromising rigor, and work to strengthen vaccine safety surveillance with a commitment to transparency and scientific precision." America's Blood Centers issued a September 10th statement congratulating Mr. Mikhail.

Michael Davis, MD, PhD has been appointed director of the FDA's Center for Drug Evaluation and Research (CDER). The agency announcement noted that he has been, "serving as the center's acting director and previously as CDER's Deputy Center Director. Dr. Davis brings extensive scientific, clinical, regulatory, and management experience to the role. During his FDA career, he has held leadership positions in CDER's Office of New Drugs and has led multidisciplinary teams responsible for the review of drugs and the development of regulatory science and policy. As CDER Director, Dr. Davis will lead the FDA center responsible for helping ensure that safe, effective, and high-quality drugs are available to the American public. He will direct CDER's reform and innovation agenda with a focus on three critical areas:

- increasing patient access to safe and affordable critical medicines;
- advancing the science of drug development and evaluation; and
- strengthening the domestic and global drug supply chain."

(Source: HHS News Release, 9/8/26)

## *Viewpoint* in Response to AHRQ Systematic Review of Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock Published

A *Viewpoint* titled "Blood or Crystalloids for Hemorrhagic Shock—Response to the Agency for Healthcare Research and Quality" has been published in *JAMA Surgery*. The authors explained that, "a recent systematic review (February 2026) from the Agency for Healthcare Research and Quality (AHRQ) concluded that current evidence is 'insufficient to determine whether blood transfusion strategies improve outcomes compared with crystalloid-based resuscitation in prehospital settings.' This *Viewpoint* [response] critically evaluates the conclusions of the AHRQ report and argues that its claims of scientific equipoise stem from methodologic challenges rather than from true clinical equivalence of blood transfusion and crystalloid therapy. When physiologic principles, modern trauma resuscitation strategies, and emerging clinical evidence are considered together, blood transfusion should remain the preferred resuscitative approach for patients with life-threatening hemorrhage."

The *Viewpoint* response cited findings from the Pragmatic Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial, the Prehospital Air Medical Plasma (PAMPer) trial, the RePHILL trial (resuscitation with blood products in patients with trauma-related hemorrhagic shock receiving prehospital care), and the Prospective, Observational, Multicenter, Major Trauma Transfusion (PROMMTT) study and does not argue that, "blood-based resuscitation has been conclusively proven to be superior, but rather that the aggregate physiologic, operational, and clinical evidence continues to support blood transfusion as the preferred resuscitative strategy while additional studies refine best practices."

The authors explained that while, "[t]he recent AHRQ systematic review concluded that current evidence does not show that any blood transfusion or fluid strategy is superior for prehospital hemorrhagic shock. This conclusion, however, rests on important methodologic limitations that may be misleading. The design of the review appears to have systematically understated the benefit of prehospital blood transfusion by excluding and fragmenting some of the field's most clinically informative data. First, the AHRQ report's basic comparison of crystalloid vs. blood products is weakened by its characterization of crystalloid as standard usual care, a premise that is inconsistent with modern practice [and current guidance.] Second, the AHRQ report's strict inclusion criteria yielded an artificially constrained study population that is questionably relevant to clinical practice." The *Viewpoint* noted that, "[u]ltimately, the issue is not just that more evidence is needed but that the review's methods systematically attenuated evidence of benefit that exists for patients most relevant to prehospital blood transfusion programs. Because this *Viewpoint* is not a formal reanalysis, we do not claim to quantify the precise magnitude of attenuation; rather, we highlight how evidence fragmentation can shift interpretation away from clinically important signals. Future systematic

(continued on page 3)

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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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*Viewpoint* in Response to AHRQ Systematic Review of Prehospital EMS Blood Transfusion (continued from page 2)

reviews should consider sensitivity analyses that preserve landmark pragmatic randomized clinical trials and explicitly evaluate the influence of transfer status, transport time, and patient selection on treatment effect. This is crucial because many readers will absorb the AHRQ headline conclusion of insufficient evidence without appreciating the impact of the methodologic choices; if that fuels hesitation about implementation of blood-based resuscitation, prehospital blood transfusion program development may be hindered in systems caring for patients with life-threatening hemorrhage."

The paper concluded with the authors reinforcing that, "[b]lood-based resuscitation for hemorrhagic shock remains the preferred strategy because it avoids the harms of crystalloid-dominant resuscitation and better addresses the underlying physiology of blood loss. This *Viewpoint* is not intended to suggest that all uncertainty has been resolved or that existing trials are uniformly positive. Rather, we argue that methodologic choices can influence the interpretation of the literature. Given the influence of AHRQ reports on policy, reimbursement, and program development, future reviews should carefully consider how analytic decisions shape conclusions. The most appropriate conclusion is not that blood and crystalloid are equivalent but that current evidence, physiologic rationale, and modern trauma practice support blood-based resuscitation as the preferred strategy for patients with life-threatening hemorrhage."

**Citation**: Coleman, J.R., Henry, R., Raykar, N., *et al*. "Blood or Crystalloids for Hemorrhagic Shock—Response to the Agency for Healthcare Research and Quality." *JAMA Surgery*. 2026.

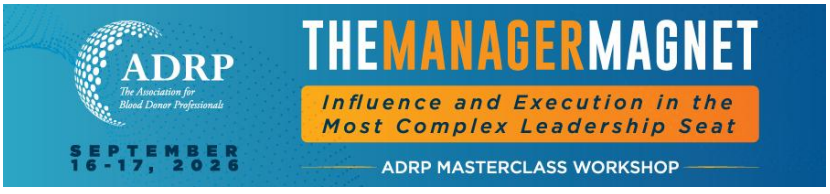
## WORD IN WASHINGTON

**The U.S. Centers for Disease Control and Prevention (CDC) published a notice in the *Federal Register* on September 9th that, "announces the reorganization of the National Center for Immunization and Respiratory Diseases (NCIRD).** NCIRD has consolidated offices, retitled divisions and branches, and modified mission and function statements [as of September 4th.]" Specifically, the notice, [m]erges the Influenza Division and the Coronavirus and Other Respiratory Diseases Division to establish the Influenza and Respiratory Viruses Division (IRVD). [The new division] prevents disease, disability, and death through the prevention and control of seasonal, epidemic and pandemic respiratory viral diseases, including influenza, and other respiratory viral diseases. IRVD informs national awareness of respiratory viral diseases and use of effective interventions. In collaboration with partners IRVD:

- [m]onitors and assesses infection and disease patterns related to influenza, and other viruses causing respiratory illness of public health importance;
- conducts surveillance and response activities through collaboration, support and technical assistance with partners, including state and local health departments and international partners;
- identifies and characterizes viruses to improve detection, diagnostics, vaccines and treatments;
- designs, evaluates, enhances and implements prevention/intervention strategies, including vaccines, treatment, and non-pharmaceutical interventions; and
- applies research to provide science-based enhancement of prevention and control policies and programs."

(Source: *Federal Register* Notice, 9/9/26)

(continued on page 4)



WORD IN WASHINGTON (continued from page 3)

**The National Security Agency (NSA) has announced the development of a resource titled "Cybersecurity Information Sheet (CSI), "Best Practices for Cyber Hygiene."** According to an agency news release, [t]his guide prioritizes mitigations ranked by effectiveness, building on the NSA's Top 10 Cybersecurity Mitigation Strategies, National Institute of Standards and Technology frameworks, and the Department of War Chief Information Officer's Brilliant at the Basics initiative information. Cyber hygiene involves foundational steps to minimize attack surfaces, detect anomalies, and quickly respond to incidents. This guide will assist organizations looking to develop plans for long-term actions to harden networks against this changing threat landscape, emphasizing immediate actions to reduce risk such as network inventory, multi-factor authentication, and patching while building toward implementation of Zero Trust practices like segmentation and continuous monitoring. While applicable broadly, the guidance prioritizes defenses against AI-enhanced threats like automated reconnaissance and living off the land techniques."

(Source: NSA News Release, 9/3/26)

## BRIEFLY NOTED

**On August 18th, Kaufman Hall released its most recent National Hospital Flash Report containing July 2026 data.** Key takeaways from the report included:

- "[h]ospital performance dipped in July as outpatient activity softened. Operating margin and operating room minutes fell month-over-month, likely due to seasonality of elective surgeries. As more care shifts to outpatient settings, hospitals may see greater impact of outpatient volume fluctuations on overall performance;
- [p]ayer mix pressures persisted. Bad debt and charity care rose significantly in July year-over-year, reflecting continued payer mix erosion. As pressure from these trends mounts, hospitals may need to redesign their financial and operational strategies for future sustainability; [and]
- [o]bservation days fell, potentially signaling shifting operating dynamics. Observation days dropped month-over-month, while discharges increased, and average length of stay declined. This may potentially be an early signal of greater focus on clinical documentation and utilization management, sharpening how hospitals classify and code patients. Accurate management of patient classification and utilization is becoming increasingly important as hospitals' operating environment continues to rapidly evolve."

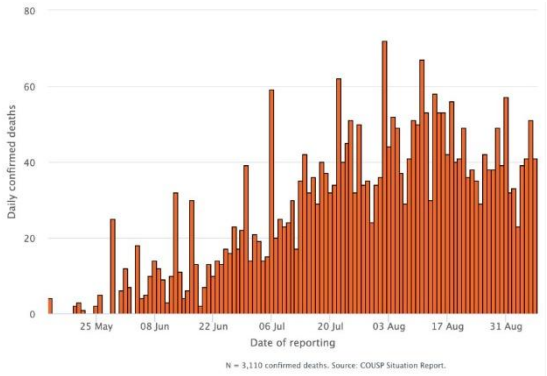
(Source: Kaufman Hall National Hospital Flash Report, 9/15/26)

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## INFECTIOUS DISEASES UPDATE

### EBOLA




On September 10th, the World Health Organization (WHO) updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of August 28th, "the outbreak has spread to 61 health zones [in the region] across 6 of 26 provinces of the country: Bas-Uélé, Haut-Uélé, Ituri, North Kivu, South Kivu, and Tshopo." On September 7th, the WHO noted that, "[a total] of 6,757 confirmed cases, including 3,267 deaths, have been reported corresponding to a crude case fatality ratio (CFR) of 48.3 percent. The transmission dynamics remain variable across affected locations, with evidence of ongoing geographical expansion and sustained increase in cases in some health zones. The continuously high CFR highlights the seriousness of the disease and persistent challenges in timely case detection, access to early and adequate patient care, and effective interruption of transmission. Delayed detection of cases continues to increase the risk of further spread within households, communities, and healthcare settings." 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 11th 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, 9/10/26; CDC Update, 9/11/26)



# 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.*

## Final Call: Register for the 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.

## ABC Executive Fellows Program Call for Applicants Is Open

Apply to participate in the 2027-2028 America's Blood Centers (ABC) Executive Fellows Program (EFP) before November 7th. 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.

(continued on page 7)



INSIDE ABC (continued from page 6)

## 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.

Additional criteria details and more information are available on the ABC website. 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




**Rock River Valley Blood Center** (RRVBC) recently received a $3,000 donation from Stillman Bank for the organization's "Mini Mobile Bus Campaign [to help] expand lifesaving blood donation opportunities throughout the community," reported *Shaw Local News Network*. The blood center's website noted that a mini mobile bus is a, "smaller, more flexible vehicle [that will let RRVBC] go where [they] couldn't before, like schools, small businesses, churches, and neighborhoods.

(continued on page 8)

MEMBER NEWS (continued from page 7)

It will allow [RRVBC] to hold more drives, reach more donors, and collect more blood for the patients who need it most."

(Source: *Shaw Local News Network*, "Stillman Bank donates to RRVBC's Mini Mobile Bus Campaign," 9/13/26)



**Rhode Island Blood Center (RIBC)**, a division of **New York Blood Center Enterprises**, recently celebrated the grand opening of, "its first Massachusetts donor center in Swansea." An announcement from the organization explained that, "[t]he opening was celebrated with a ribbon-cutting ceremony attended by Massachusetts State Representatives Steve Howitt and Justin Thurber, along with community leaders, blood donation advocates, and RIBC representatives. The Swansea center opens two years after Massachusetts expanded its blood collection laws to allow FDA-registered blood establishments to operate collection sites in the state." Hunter Shaffer, MBA, vice president of Operation at RIBC, stated in the announcement, "[t]oday, we're opening more than a donor center — we're opening the door for Massachusetts residents to help save lives in their own communities. We're proud to bring our mission to Swansea and grateful to the local elected officials and community partners who helped make this milestone possible."

(Source: RIBC Announcement, 8/12/26)

## ADVANCED THERAPIES NEWS

**The Blood & Cells Advocacy Roster (BCAR) recently announced that *BioSpace* has published an article titled "Opinion: Blood Centers Can Help Biopharma Scale Cell and Gene Therapies."** The authors of the article are Becky Cap, (Vitalant), Adrienne Mendoza, MHA, (BBG Advanced Therapies), and Jonathan Wofford (Title21 Health Solutions). The article highlighted that companies can, "scale their cell and gene therapies by plugging into the proven existing infrastructure of blood centers, which have the donors, resources and community footprint drug sponsors need." Specifically, the piece includes sections titled:

- "Biopharma's Non-scalable Model;
- Blood Centers' Ready-made Infrastructure; and
- Overlooked No Longer."

America's Blood Centers joined BCAR last year.

(Source: *BioSpace*, "Opinion: Blood Centers Can Help Biopharma Scale Cell and Gene Therapies" 9/15/26)

**Resolution Therapies Limited has partnered with Blood Centers of America, Inc. (BCA), "to ensure broad patient access to its pivotal clinical program for RTX001, its lead asset in end-stage liver disease (decompensated cirrhosis), in the U.S.," according to a company news release.** The announcement noted that partnership aims to, "ensure patients can receive care in the community setting. BCA will serve as one of Resolution's preferred providers of cell collection and processing services for pivotal study sites that require such support. [RTX001 is] an experimental treatment [with] a repeat-dose regimen administered via a peripheral IV, and requires no pre-conditioning or bridging therapy, and no lymphodepletion. This differentiates RTX001 from other cell therapy modalities, which are challenging to administer in a community setting due to inherent complexities. To date, early phase clinical studies of RTX001 have shown no significant safety signals, and no need for prolonged monitoring."

(Source: Resolution Therapies Limited New Release, 9/1/26)

## GLOBAL NEWS

**NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), recently announced that, "[a] young man with serious sickle cell complications has become one of the first people to receive better matched blood based on a new world-leading testing progra[m]."** According to the organization, "[t]he new test discovered he had a rare variant blood type, which meant his regular transfusions could be even better matched. [He] was tested by the NHS blood group genotyping progra[m]. It was the first progra[m] in the world to offer a DNA-based blood testing service to a whole patient group. Now [the first patients] are getting transfusions where blood is selected for transfusion incorporating this new information. [The new test] identified that [he] has D variant blood, a rare version of the Rh blood type. He will now need to receive blood which does not cause any reactions. The DNA analysis of patients' blood groups allows for more accurate matching for people who have certain conditions and need regular transfusions. NHS England is working in partnership with NHSBT to deliver the testing progra[m], which is for people with sickle cell, thalassemia, and transfusion-dependent rare inherited an[e]mias."

(Source: NHSBT Announcement, 9/9/26)

**The *NL* Times is reporting that, "two more people in the Netherlands have died as a result of symptoms caused by a West Nile virus infection according to [the] Dutch public health institute (RIVM).** Three people have died this year from the disease, the RIVM said," according to the news organization. Last month, the RIVM previously reported that, "[a] West Nile virus infection had been confirmed in a blood donor in the Netherlands. This occurred in August 2026 during a Sanquin study among blood donors from areas where the West Nile virus had previously been detected in humans, horses, birds, or mosquitoes. A laboratory test (PCR) detected the virus in the donor, who had no symptoms and is still not showing any." The agency further noted that, "[this was] the first confirmed case of a human infection in 2026 that originated in the Netherlands. The last time people contracted a West Nile virus infection in the Netherlands was in 2020." West Nile virus is a mosquito-borne illness that is transfusion-transmissible. "The disease caused by the West Nile virus is called West Nile fever. 80 percent of people with West Nile fever have no symptoms, 19 percent have flu-like symptoms and 1 percent may develop neurological symptoms. People over 50 and people with weakened immune systems due to illness or medication have a higher risk of becoming very ill from West Nile fever."

(Sources: *NL Times*, "Two more deaths linked to West Nile virus in the Netherlands; Infections double to 18," 9/10/26; RIVM Announcement, 8/17/26) ♦

## COMPANY NEWS

**Octapharma** has announced the publication of findings from a secondary analysis in the *Journal of Cardiothoracic and Vascular Anesthesia* from the FIBRES trial [that] demonstrated that fibryga® (fibrinogen [human]) significantly reduced 24-hour allogeneic blood-product (ABP) transfusion requirements versus cryoprecipitate in two predefined, overlapping subgroups: patients in a non-critical state before surgery and patients undergoing elective surgery." A company news release stated, "[the] analysis evaluated two subgroups that had been defined before the trial results were analyzed. Results from this analysis do not change the primary conclusion of the primary FIBRES trial. In the overall study population, fibryga® met the trial's prespecified criterion for non-inferiority to cryoprecipitate. [The] first subgroup consisted of participants from the FIBRES trial who were determined to be in a non-critical state before surgery (n=634), representing 86 percent of the primary analysis population. In this subgroup, there was a 16 percent relative reduction in ABP units transfused within 24 hours in patients receiving fibryga® versus cryoprecipitate (13.6 units vs. 16.2 units). The second subgroup consisted of FIBRES trial participants undergoing elective surgery

(continued on page 10)

COMPANY NEWS (continued from page 9)

(n=466), representing 63 percent of the primary analysis population. In this subgroup, there was a 19 percent relative reduction in ABP units transfused within 24 hours in patients receiving fibryga® versus cryoprecipitate (11.7 units vs. 14.4 units). In the full study population, 248 (66.7 percent) patients in the fibryga® group and 264 (72.7 percent) patients in the cryoprecipitate group experienced treatment-emergent adverse events during the study (relative risk, 0.92; 95 percent CI, 0.83-1.01; P=0.07). Within the elective-surgery subgroup, adverse events were less frequent among patients assigned to fibryga® than among patients assigned to cryoprecipitate (relative risk, 0.85; 95 percent CI, 0.75-0.97; P=0.02). Serious adverse events were also less frequent among fibryga® recipients in the elective surgery subgroup (relative risk, 0.71; 95 percent CI, 0.52-0.99; P=0.04). No treatment-emergent adverse events, serious adverse events, or deaths in the study were deemed to be possibly or probably related to fibrinogen concentrate or cryoprecipitate."

(Source: Octapharma News Release, 9/9/26)

**Delta Development Team** has launched BloodCOMM® for first responders and clinical teams, "a next generation blood management platform," according to a news release. In an announcement, the company described the solution as, "an intelligent, cloud-based blood management platform that digitizes and automates the blood supply chain, creating a connected ecosystem that enables organizations to track blood units from collection through disposition. By combining AI-assisted scanning, automated workflows, real-time monitoring, GPS-enabled asset visibility, and unit-level cold chain intelligence, BloodCOMM® transforms blood management from a fragmented operational process into a fully connected digital infrastructure. [Through barcode scanning,] AI-powered label recognition, and automated event tracking, BloodCOMM® creates a digital identity for each blood unit, enabling organizations to continuously monitor location, temperature, expiration status, inspections, transfers, excursions, and final disposition throughout its lifecycle. The result is a complete digital cold chain of custody that provides end-to-end visibility into blood movement and handling. Every documented interaction contributes to a comprehensive digital record that authorized stakeholders can access when needed. Relevant patient identifiers, product and disposition details, and deviation history are captured as events occur rather than reconstructed afterward from disconnected records."

(Source: Delta Development Team News Release, 9/9/26)

## 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 18-19. **Colorado Whole Blood Coalition Colorado Whole Blood Summit "Prehospital Blood: Whole Blood and all its Parts in Colorado's EMS and Hospital Systems" (Hybrid).** Gunnison, Col. 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.

(continued on page 11)

CALENDAR (continued from page 10)

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 2-4. **Eugene Springfield Fire "Pacific Northwest Whole Blood Summit."** Eugene, Ore. Col. More information is available here.

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

**Donor Services Collections Operations Manager (Ada, OK).** Our Blood Institute is looking for a Donor Services Collections Operations Manager. This position will play a vital role in ensuring successful blood collection operations throughout our mobile blood drive program. In this leadership position, you'll guide and support supervisors and donor services staff while helping us achieve our collection, quality, financial, compliance, and customer service goals. This is an exciting opportunity for an experienced leader who enjoys working with people, using data to drive improvement, and creating efficient, high-performing teams-all while contributing to a mission that saves lives. This position requires a minimum of three (3) years of supervisory or management experience; blood banking experience preferred. **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/

**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.