

2018 #25

July 27, 2018

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Please Note: The *ABC Newsletter* will not be published on August 3rd. We will resume regular publication on August 10th. Thank you for your continued interest.

FDA Publishes Babesia Draft Guidance: Proposes Regional Testing with Two Assays

The Babesia draft [guidance](#) from the U.S. Food and Drug Administration (FDA) has been long-anticipated. It summarizes knowledge about transfusion-transmitted babesiosis in the U.S. and declares babesiosis a relevant transfusion-transmitted infection (RTTI). The guidance recommends the following actions to mitigate risk to blood recipients:

- Testing each donation using a licensed nucleic acid test (NAT) and licensed antibody test for collections in any of the 14 states (listed below) and the District of Columbia:
 - Connecticut, Delaware, Maine, Maryland, Minnesota, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, Wisconsin, and Washington D.C.;
- Implementing appropriate donor deferrals;
- Updating donor history questionnaires and accompanying materials as needed in conformance with the guidance, allowing removal of the current “history of babesiosis” query when testing is performed, and including an approach to requalify donors previously deferred for such a history using testing; and
- In states not testing, donors need to be asked about both a history of babesiosis or of a positive test (diagnostic or donor screening) and deferred for affirmative answers unless the test was two or more years earlier and current tests are negative.

Otherwise acceptable donations, nonreactive in current testing, can be released. Donations with reactive tests must not be distributed for transfusion. Within three days of a reactive test, in-date products from the two years prior to the reactive donation that were not tested must be quarantined. Consignees of such units must be notified, and distributed products retrieved and quarantined. For such components already transfused, consignees are to be encouraged to have a discussion with the recipient’s physician of record.

Reporting requirements for blood establishments as they implement testing are described along with necessary changes to the *Circular of Information*.

(continued on page 4)

Prehospital Plasma Transfusion for Injured Patients Explored in Two Randomized Trials

In the first trial, the safety and efficacy of prehospital plasma administration to civilian trauma patients has been reported in patients at risk for severe hemorrhage. Two hundred-thirty patients who received plasma were compared to 271 standard care resuscitations with saline in this “pragmatic” multicenter, cluster randomized trial. The plasma was thawed group AB or group A with anti-B titers of $<1/100$. The groups were well matched with median injury severity scores of 21 and 22, and had median transport times to the hospital of 40-42 minutes. The primary endpoint of 30-day mortality fell from 33 with standard care to 23.2 percent in the intervention group (risk difference -9.8 percent, 95 percent confidence interval, -18.6 to -1.0). Secondary outcomes including mortality at 24 hours and in-hospital mortality were also lower. Transfusion requirements were reduced with plasma. Coagulation tests at the time of admission were improved and no statistically significant differences were seen in the incidence of multiorgan failure, acute lung injury, respiratory distress syndrome, healthcare-associated infection, or transfusion reactions. An editorial discusses the logistical issues in using thawed plasma and supports studying liquid plasma and alternatives such as lyophilized plasma. The authors conclude that the results “should motivate trauma center personnel and air medical crews across the country to consider implementing this lifesaving approach.”

The second trial was a single center randomized trial in patients transported by ground already in hemorrhagic shock in Denver, Colo. One hundred-forty-four patients were randomized with 125 receiving plasma frozen within 24 hours (65) or saline (60) included in the analysis. Median new injury severity scores were 27. Transport times were 19 and 16 minutes respectively. No mortality benefit at 28 days was observed, 15 percent in the plasma group vs. 10 percent among controls, ($p=0.37$). Transfusion and fluid therapies from 6 to 24 hours after injury were not different. The trial stopped early (after 144 of the planned 150 eligible patients) due to futility. A commentary was largely laudatory but posed a question about the appropriateness of using of 28-day mortality in trauma populations in which the median time to death is 2 hours. Differences in patient populations (e.g. at risk for shock vs. in shock, longer transport times, differences in ages etc.) and differences among the participating trauma systems, that are not accounted for, may explain the different results from these two trials

Citations: Sperry, J.L., Guyette, F.X., Brown, J.B. *et al.* Prehospital plasma during air medical transport in trauma patients at risk for severe hemorrhage. *New Engl. J. Med.* 2018. doi: [10.1056/NEJMoa1802345](https://doi.org/10.1056/NEJMoa1802345).

Cannon, J.W. Prehospital damage-control resuscitation. *New Engl. J. Med.* 2018. doi: [10.1056/NEJMe1805705](https://doi.org/10.1056/NEJMe1805705).

Moore, H.B., Moore, E.E., Chapman, M.P. *et al.* [Plasma-first resuscitation to treat haemorrhagic shock during emergency ground transportation in an urban area: a randomised trial.](#) *Lancet.* 2018.

Naumann, D.N., Doughty, H., Cotton, B.A. [No gains with plasma-first resuscitation in urban settings.](#) *Lancet.* 2018. 💧

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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 recognize 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 healthcare 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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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.

Sameer Ughade Steps Down from Director of IT Position at ABC



Sameer Ughade, MS, PMP, CISM, announced that he will leave his current position as director of information technology (IT) and business intelligence at America's Blood Centers, as of Friday, July 27th. "I really appreciated getting the opportunity to work with the staff and members on some really interesting and critical projects," said Mr. Ughade. "I am going to miss working with such a talented, dedicated group of individuals towards such a noble cause."

Mr. Ughade joined ABC in 2016 to lead the data warehouse project bringing with him expertise in IT infrastructure design and development of business intelligence systems within the healthcare sector. "We greatly appreciate Sameer's dedication to ABC and its members," said ABC Chief Executive Officer Kate Fry, MBA. "Under his leadership, the ABC Data Warehouse has made significant progress and is strongly positioned for future changes. Sameer has also been an invaluable asset in providing business intelligence and information technology expertise. We wish him the very best." For any ABC Data Warehouse or IT questions, please contact [Ruth Sylvester](#), director regulatory affairs.

ABC Cosigns PAHPAIA (H.R. 6378) Support Letter to House Committee

ABC, AABB, and the American Red Cross sent a joint [letter](#) to the House Energy and Commerce Committee this week. The letter expresses thanks for the committee's commitment to the nation's blood supply as part of H.R. 6378, the Pandemic and All-Hazards Preparedness Advancing Innovation Act (PAHPAIA) of 2018. It urges the committee to ensure the blood-specific provisions that promote both the safety and availability of the blood supply are kept during conference negotiations with the Senate. The letter highlights "Section 116 of the bill as "a significant step in examining the unique, and often overlooked, role of the nation's blood supply in emergency preparedness and response systems and the specific challenges associated with donor recruitment, implementation of safety mandates and innovation, and adequacy in the face of public health emergencies. We believe that policies that support the availability of a safe and adequate blood supply are needed. The report required by this section is critical to evaluating possible solutions."

Additionally, the three organizations asked that the requirement that the Assistant Secretary for Preparedness and response "consult with blood banks and other key stakeholders" when developing policy and updating guidelines be kept along with recognition and consideration of the financial implications for the blood community to implement guidelines as part of the National Response Framework. Last week, the Committee [approved the PAHPAIA of 2018](#). ♦

WEBINAR SAVE THE DATE

ABC SMT Journal Club Webinar

August 7, 2018 at 3 PM EDT

Additional information including login details available to ABC members in [MCN 18-028](#).



BABESIA DRAFT GUIDANCE (continued from page 1)

The draft guidance aligns fairly closely to advice from the Blood Products Advisory Committee in May 2015, but rejects their [recommendation](#) for nationwide, year-round serology plus regional NAT in favor of a fully regional approach.

There is currently a single NAT and a single antibody assay licensed for donor screening, (the Imugen assays from Oxford Immunotec). Immunetics has a donor screening antibody test in development, while Roche and Grifols have NATs under development.

Both ABC and its member blood centers will continue to examine the guidance in preparation for submitting [comments](#) to the FDA by September 25, 2018. Members with comments should send them to [Ruth Sylvester](#) as soon as possible.



AMERICA'S BLOOD CENTERS'
56TH SUMMER MEETING
July 30 – August 2, 2018 **Montréal, QC**

2018 SUMMER MEETING SCHEDULE

Monday, July 30	ABC Board Meeting
Tuesday, July 31	Medical Directors Workshop
Wednesday, August 1	SMT Forum Business Forum Host Event by Héma-Québec (off-site)
Thursday, August 2	ABC Members Meeting

Hotel Information

Hotel Omni Mont-Royal
Hotel room rate: \$234 (CAD) + tax

For registration information, visit
http://bit.ly/abc_summer_meeting.

For sponsorship opportunities,
please contact Leslie Maundy at
lmaundy@americasblood.org

All of us at Héma-Québec look forward to hosting our ABC colleagues, family and friends at the 2018 ABC Summer Meeting in Montréal. A striking union of European charm and North American attitude, Montréal seduces visitors with a harmonious pairing of the historic and the new, from exquisite architecture to fine dining. We hope you can take the opportunity to see what Montréal has to offer and discover its many colorful and vibrant neighborhoods which overflow with markets, museums, boutiques, restaurants and local cafés—diverse expressions of the inhabitants "joie de vivre."



HÉMA-QUÉBEC

– Luc Vermeersch,
Vice-President, Finance
and Strategic Project Management



America's Blood Centers[®]
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RESEARCH IN BRIEF

Tick-borne infection perspective. Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, and colleagues have published a short perspective contextualizing the current increases in incidence and interest in tick-borne infections. It focuses on the emergence of Lyme disease, which is not thought to be transfusion-transmitted. The paper also discusses babesiosis and anaplasmosis which are transfusion-transmitted, and explores several other pathogens that may be of interest in the short and

(continued on page 5)



RESEARCH IN BRIEF (continued from page 4)

medium terms (e.g. ehrlichiosis, Powassan virus). Diagnostic, therapeutic, and preventive needs are touched upon.

Citation: Paules C.I., Marston, H.D., Bloom, M.E., Fauci, A.S. Tickborne diseases—confronting a growing threat. *New Engl. J. Med.* 2018. doi: [10.1056/NEJMp1807870](https://doi.org/10.1056/NEJMp1807870).

L-glutamine for sickle cell disease. In a phase three randomized, multicenter, double blind, placebo-controlled trial in 230 adult and pediatric patients, the amino acid l-glutamine reduced painful crises and hospitalizations by one-quarter and one-third respectively compared to placebo over 48 weeks of observation. Results were independent of co-administration of hydroxyurea. Side effects were not serious, and rates of transfusion were not reported. This trial resulted in the U.S. Food and Drug Administration (FDA) approval of L-glutamine for sickle cell disease. An accompanying editorial characterizes that approval as a “landmark” and discusses the hypothesized mechanism of action (reduction of oxidative stress in red blood cells) while proposing a number of further clinical research questions. By comparison, hydroxyurea costs \$1,700 annually vs. more than \$40,000 for pharmaceutical grade L-glutamine, and whether this cost will be a barrier to its use is not known.

Citations: Niihara, Y., Miller, S.T., Kanter, J. *et al.* A phase 3 trial of L-glutamine in sickle cell disease. *New Engl. J. Med.* 2018. doi: [10.1056/NEJMoa1715971](https://doi.org/10.1056/NEJMoa1715971).

Minnitti, C.P. L-glutamine and the dawn of combination therapy for sickle cell disease. *New Engl. J. Med.* 2018. doi: [10.1056/NEJMe1800976](https://doi.org/10.1056/NEJMe1800976).

Pediatric theme section in Transfusion and Apheresis Science. This special section includes discussions of stem cell transplantation, donation of cells for transplant by youth donors, apheresis techniques for tiny patients, pediatric apheresis emergencies, pediatric transfusion support in hemoglobinopathies, indications for red cell and platelet transfusion in children, and use of pathogen-reduced components in pediatrics.

Citation: Segatchian, J. and Sniecinski, I. eds. [Pediatric transfusion: Global perspectives on some clinical and methodological aspects of cellular therapy, apheresis emergencies and blood transfusion in pediatric patients.](#) *Transfusion and Apheresis Science.* 2018.

Duration that infectious Zika virus is present in semen and serum estimated. Much of the literature on the kinetics of Zika infection have relied on serial determinations of the presence of viral RNA, but viral RNA may overestimate the duration that infectious virus is present. Scientists from Puerto Rico and the Centers for Disease Control and Prevention used serial, sensitive virus isolation techniques and found infectious virus in 8 of 97 RNA positive patients’ semen samples and 2 of 36 patients’ serum samples. No patient had more than a single isolate. The latest detections were at 38 days after symptom onset for semen (all patients with RNA positive semen were symptomatic) and three days after symptom onset from the symptomatic patient. The second serum isolate was from an asymptomatic patient. These data suggest that the current blood donor deferral for Zika infection of 120 days after a positive test or resolution of symptoms is conservative.

Citation: Medina, F.A., Torres, G., Acevedo, J. *et al.* [Duration of infectious Zika virus in semen and serum.](#) *J. Inf. Dis.* 2018. 💧



RECENT REVIEWS

Occult Hepatitis B (HBV) infection (OBI). OBI is the presence of infection with undetectable hepatitis B virus (HBV) DNA or surface antigen. It is often suspected in U.S. blood donors by the presence of antibody to the HBV core antigen (anti-HB core) and can be transmitted to recipients of transfused products. Its prevalence is dependent on the sensitivity of the DNA and antigen tests used. It is quite high in geographic regions with high HBV prevalence such as Asia and Africa, but much lower in the developed west and Australia. The performance of various assays, OBI epidemiology in diverse populations, and its clinical consequences in several populations are discussed in this review by Jean-Pierre Allain. He decries the paucity of unbiased research on OBI, and notes that “only massive exposure to blood products prepared from blood of OBI carriers contains sufficient amount of infectious virions to cause infection. It is possible that lower infectious doses might be infectious in severely immunodeficient individuals, yet no evidence was provided.”

Citation: Allain, J-P. Global epidemiology of occult HBV infection. *Annals of Blood*. 2018. doi: [10.21037/aob.2017.06.01](https://doi.org/10.21037/aob.2017.06.01). ◆

INFECTIOUS DISEASE UPDATES

EBOLA

The Ebola outbreak in Democratic Republic of Congo (DRC) has ended according to government officials in the DRC. The outbreak that began 11 weeks ago in May in the remote Bikoro Health Zone and eventually involved four locations including an urban center with multiple transportation connections. Fifty-three cases were recognized, 38 confirmed and 15 probable. There were 29 deaths.

A coordinated effort among the DRC Ministry of Health, the World Health Organization (WHO), Doctors Without Borders, and others is credited with its expeditious control. Interventions included standard outbreak surveillance and control measures and the use of an investigational vaccine in a “ring vaccination” strategy targeting case contacts.

At no time did the U.S. Centers for Disease Control and Prevention (CDC) classify DRC as “having widespread transmission of Ebola virus”, therefore triggering interventions as required in the Food and Drug Administration’s (FDA) “[Recommendations](#) for Assessment of Blood Donor Eligibility, Donor Deferral and Blood Product Management in Response to Ebola Virus”.

Sources: (WHO News [Release](#), 7/24/18; [International Society of Infectious Diseases. PRO/AH/EDR. Ebola update \(54\): Democratic Republic of Congo, cases, therapeutics](#). 2018. ◆



BRIEFLY NOTED

Global Healing, an international non-profit organization dedicated to improving health systems in resource-constrained parts of the world, recently issued its 2017 [annual report](#). It highlights Global Healing's work and accomplishments throughout the past year through projects to improve the quality and safety of healthcare in Vietnam, Haiti, and Honduras. The organization's work in Haiti included helping Hôpital Universitaire de Mirebalais establish quality systems within the blood bank and training the blood bank volunteers and staff. Global Healing's annual report also highlights its goals for 2018.

(Source: Global Healing [Annual Report](#) 2017, 7/20/18)

REGULATORY NEWS

The Centers for Medicare and Medicaid Services (CMS) has [issued](#) the proposed rule for Hospital Outpatient Prospective Payment Systems (OPPS) for calendar year 2019. ABC is currently analyzing the document and a full analysis of the impact for community blood centers is forthcoming.

(Source: CMS Proposed [Rule](#))

CMS recently announced changes within its leadership. Agency Administrator Seema Verma has added Paul Mango as the chief principal deputy administrator and chief of staff, Chris Traylor, as the deputy administrator for strategic initiatives, and promoted Brady Brookes to the position of deputy chief of staff. "President Trump and [HHS] Secretary Azar have laid out an ambitious agenda to strengthen the Medicare and Medicaid programs for the millions of Americans they serve. This is a big responsibility and my team will have a critical role to play to help accomplish these goals," said Administrator Verma in news a [release](#). "That is why I am pleased to welcome two distinguished and experienced leaders that not only have a wealth of knowledge managing complex healthcare issues, but also have hands-on experience at the local level in the practice and implementation of policy. These new additions will further strengthen our executive team and will help deliver on the promises made by the Trump Administration to better serve the American people."

(Source: CMS [News Release](#), 7/24/18)

Department of Health and Human Services Secretary Alex Azar has appointed Adam Boehler as senior advisor for value-based transformation and innovation. Mr. Boehler had previously served as director of the Center for Medicare and Medicaid Innovation (CMMI). "Adam is the kind of results-oriented, transformational leader we need to deliver on what President Trump has promised the American people: better healthcare at a lower cost," said Secretary Azar in an agency news [release](#). "At CMMI, he has already demonstrated an ambition for bold change, and will now be able to bring his deep experience with private sector innovation to help HHS execute on the long-talked-about goal of transforming our healthcare system into one that pays for value." Prior to joining CMMI, Mr. Boehler founded both Landmark Health and Avalon Health Solutions, in addition to being an operating partner at Francisco Partners, a global private equity firm focused on investing in healthcare technology and services.

(Source: HHS News [Release](#), 7/18/18) 💧



WORD IN WASHINGTON

The House voted in favor of repealing the medical device tax this week, which placed a 2.3 percent tax on the sale of medical devices. ABC sent a [letter](#) of support to the bill’s sponsors, Reps. Erik Paulsen (R-Minn.) and Ron Kind (D-Wis.), supporting the repeal of the tax which could adversely impact community blood centers that purchase approximately \$1.5 billion worth of medical devices annually, potentially resulting in \$11.5 million in additional costs. “Today’s vote is a win for American innovation, American jobs, and most of all for American patients, who benefit from the life-changing innovations our industry produces every day,” said Advanced Medical Technology Association (AdvaMed) President and CEO Scott Whitaker in a [statement](#). “We commend Rep. Erik Paulsen (R-Minn.) and a number of leaders from both sides of the aisle for their commitment to permanently repealing this onerous tax and for working to ensure our member companies have the long-term certainty they need to invest in R&D, hiring and other capital improvements to create the next-generation of treatments and cures.”

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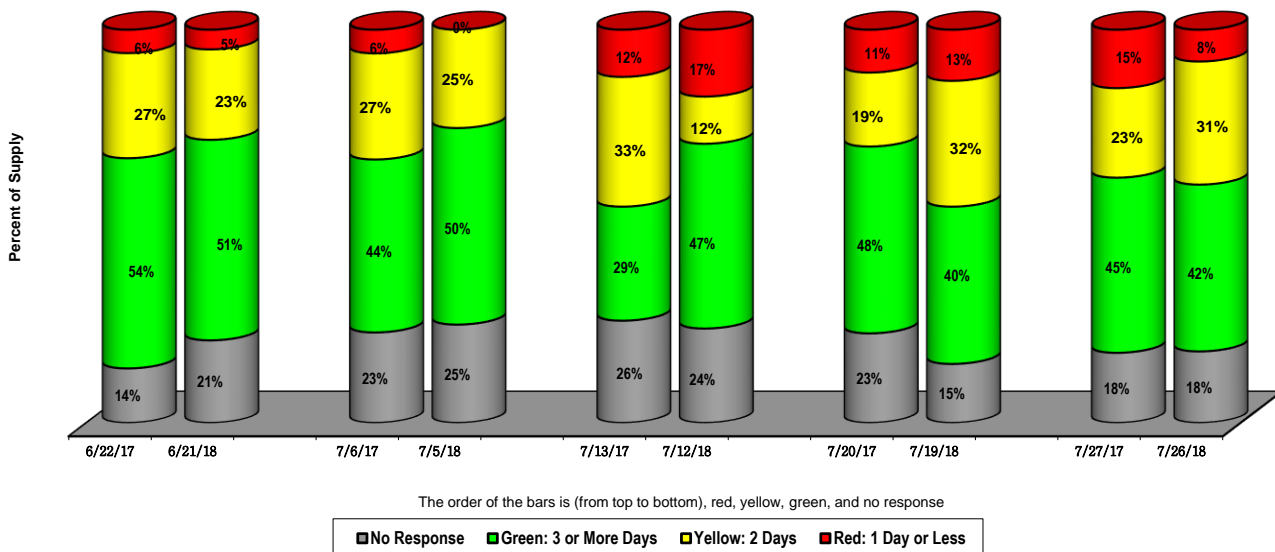
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The John S. McCain National Defense Authorization Act (NDAA) for 2019 final conference report has been [filed](#) in the House. It includes a provision to extend the current program for replacing and eliminating high-risk cesium irradiators at blood centers through December 31, 2027. The replacement program was scheduled to expire in 2020. ABC previously [sent](#) a letter to the Senate Armed Services Committee asking for the extension to be a part of the NDAA. 💧

STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply



Daily updates are available at:
www.AmericasBlood.org



PEOPLE



Tom Schallert will be retiring as Chief Executive Officer of Northern California Community Blood Bank (NCCBB) on August 17th. He has held the position since 1990. Mr. Schallert has seen collections double and a new headquarters built for the blood bank during his tenure, in addition to serving both on the board and as president of the California Blood Bank Society, Blood Centers of California, and America's Blood Centers. He has played an active role in helping Rotary International, Global Healing, and Safe Blood Africa improve the safety and availability of blood in Nigeria. Mr. Schallert also performed needs assessments and trained donor recruiters in Nigeria. Prior to joining NCCBB, he served as the Associate Administrator regions of the American Red Cross in California and Florida.

Kate Witthaus, MBA has been named the next Chief Executive Officer of NCCBB. She has been with NCCBB for 12 years, most recently in the role of director of administrative services. Ms. Witthaus has “well established relationships in the organization and community and an in-depth understanding of the [organization’s] mission, values, and operations” stated the NCCBB announcement. She is a universal blood donor and has donated eight gallons during her career at NCCBB. Ms. Witthaus received her MBA from Humboldt State University.



(Source: Northern California Community Blood Bank Announcement, 7/24/18)

Héma-Québec Medical Director **Pierre Robillard, MD**, has been honored by ISBT for his outstanding contribution to transfusion medicine nationally and internationally. He received the ISBT Award during the recent ISBT Congress in Toronto, for his “leadership in the education of blood transfusion, more specifically his work in developing standard definitions for surveillance of non-infectious adverse transfusion reactions,” according to news release from Héma-Québec. Dr. Robillard played a prominent role in the implementation of a hemovigilance system for donors at Héma-Québec.

(Source: Héma-Québec News [Release](#), 7/25/18) 💧

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Maundy by e-mail (лмаundy@americasblood.org) or by fax to (202) 899-2621. (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)

2018

July 31-Aug. 2. **Summer Meeting & MD Workshop, Montreal, Québec.** Contact: ABC Meetings Dept. Phone: (202) 654-2917; e-mail: meetings@americasblood.org.

Sept. 5-7. **3rd European Conference on Donor Health and Management, Copenhagen, Denmark.** More details available [here](#).

Sept. 11. **37th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, MD.** More details available [here](#).

Sept. 12. **8th Annual Symposium Red Cell Genotyping 2018: Patient Care, Bethesda, MD.** More details available [here](#).

Sept. 24-26. **The MedTech Conference, Philadelphia, PA.** More details available [here](#).

Oct 15-16. **510(k) Submissions Workshop, Washington, D.C.** More details available [here](#). 💧

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 institutional 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, contact Leslie Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 899-2621; e-mail: lmaundy@americasblood.org.

POSITIONS

Controller. LifeShare Blood Center is seeking a **CONTROLLER**. The Controller plans, organizes, and directs the Financial Services Department functions for LifeShare Blood Center, Blood Center Properties, and LifeShare Blood Center Foundation. They are responsible for keeping abreast of trends and developments in Generally Accepted Accounting Principles (GAAP), advising the CFO of pertinent issues, and developing any necessary changes to the financial statements. The Controller manages the cash flow, receipts and deposits; supervises and reviews the preparation of monthly financial statements and quarterly board reports; monitors the General Ledger and updates the Sage 100 system as needed. Provides direction to Financial Analyst, Financial Services Manager, and Payroll Administrator, as necessary, to accomplish departmental goals and objectives. Requirements include college degree with emphasis in Accounting or related field, a Louisiana CPA license, and excellent written and verbal communication skills. Must have a thorough knowledge and understanding of Generally Accepted Accounting Principles, and must be highly organized and demonstrate initiative in fulfilling established duties and responsibilities. Must have the ability to deal with the public and employees in a tactful, professional manner, maintaining a high level of confidentiality when appropriate. Review complete job description and submit applications at www.lifeshare.org/careers.

President/Chief Executive Officer. Houchin Community Blood Bank is currently seeking a President/CEO to lead our successful, local, non-profit community blood bank, serving all of Kern County for over 60 years. We operate in a state-of-the-art, 42,000 square foot facility, with an additional location for donations. Qualifications include a bachelor's degree (master's degree preferred) in Business Administration or a related field. The successful candidate should have several years of excellent leadership experience and exceptional strategic planning abilities. He or she should have experience in blood banking or related health services and should embrace the ever-changing regulations and advances in the industry. The CEO will be responsible for effectively leading and inspiring a staff of up to 100 people to continued success. This executive leadership position requires the ability to make sound financial decisions to ensure continued financial success. He or she will maintain a strong presence in the local community and will work with the Board of Directors to accomplish our mission of providing a safe

and adequate blood supply for our community and beyond. For more information on our company, please visit us at www.hcbb.com. Interested applicants may email resumes to careers@hcbb.com.

Senior Director of Marketing and Communications. LifeShare Blood Center is seeking a Senior Director of Marketing and Communications (SDMC). The SDMC will provide leadership, strategic direction, branding, and communication for LifeShare Blood Center. The SDMC will create strategies that increase the organization's local, regional, and national image for individuals, corporations, foundations, public and private sources, in support of the company's mission, vision, objectives, and needs. Requirements include bachelor's degree or equivalent preferred, with emphasis in advertising, marketing, journalism, communications, non-profit management, or public administration. A minimum of five years' experience in public relations, government relations, or fund development for a mid-sized company. A minimum of five years' of increasing responsibility and supervision of employees and/or departments. Demonstrated effectiveness in written and verbal communications. Must have excellent grammar, punctuation and spelling ability. Must have public speaking or organizational representative experience. Review complete job description and submit applications at www.lifeshare.org/careers.

Vice President, Community Engagement. Responsibilities: Work with executive management and the board in the development of We Are Blood's corporate community engagement strategy and provide strategic direction and oversight of its community engagement programs: marketing, public relations, communications, donor engagement, corporate outreach, development, community outreach, blood and platelet recruitment, and volunteer services. Develop and maintain key relationships in the community that promote and enhance awareness of We Are Blood and its mission. Provide strategic direction and oversight of We Are Blood's community engagement programs: marketing, public relations, communications, donor engagement, corporate outreach, development, community outreach, blood and platelet recruitment, and volunteer services. Ensure We Are Blood's donor engagement goals are met, including mobile drive and fixed site and platelet donor recruitment. Provide strategic direction of We Are Blood marketing and communications (including collateral materials development, newsletters,

(continued on page 10)

POSITIONS (continued from page 11)

events, etc.) and supervise the team. Requirements: Four to seven years of management experience; College degree or equivalent work experience; Experience in development, strategic communications and relationship management; Excellent presentation skills with experience in public speaking; Must be at least 21 years old, have a valid Texas driver's license, acceptable driving record and proof of liability insurance. Click [here](#) for full description. **To Apply: Send your CL & Resume to resumes@tcms.com.** EEO Employer: Minorities/Women/Veterans/Disabled

Transfusion Safety Officer. We have an opportunity for an experienced Hospital Transfusion Safety Officer to join the Medical Services team at Bloodworks. The Hospital Transfusion Safety Officer acts as on-site consultant for physicians and nurses at an assigned hospital regarding the administration of blood and blood components. The role provides expertise and training on blood ordering, distribution, administration, monitoring, and transfusion reactions. Requirements for this position include: RN/BS - Nursing, Nurse Practitioner, or Physician's Assistant with current Washington State license, certified Medical Technologist with a minimum of three years of Blood Bank experience, or other qualified medical or nursing training may also be considered. Two to four years' experience in leadership roles in nursing and/or transfusion therapy is preferred. Experience with providing in-service education for health professionals is preferred. Prior experience with transfusion administration is preferred. Specific Job Skills: Knowledge of standards of practice regarding transfusion administration. Valid State Driver's License with acceptable driving record in Washington State; possess and maintain a driver's license for at least one year. **WORKING CONDITIONS:** Frequent regional travel, some overtime, on-call, evening meetings. This position has direct exposure to blood borne pathogens. Salary is DOE, DOQ. Interested candidates should apply [here](#). Bloodworks Northwest is an EOE.

Medical Technicians. Join our team! LifeServe Blood Center currently has two part-time openings for medical technicians at our Des Moines, IA location. This laboratory reference position serves hospital patients across Iowa, Nebraska and South Dakota. Testing includes basic blood banking and complex antibody identification. Primary Responsibilities for this Position Include: Accepts, verifies, processes, and tests incoming samples; Performs various testing procedures, including immunohematology, on donor and patient blood products; Performs quality control, equipment maintenance and calibration; Utilizes computer system to obtain necessary data and to record test results; and participates in the ongoing monitoring for each testing process to identify errors or potential problems. Education and/or Experience: MT/MLS or MLT from American Society for Clinical

Pathology or equivalent; bachelor's degree in medical technology or chemical, physical or biological science or related scientific field from an accredited college or university or an equivalent combination of education, certification, training and or experience; and meet current CLIA or ABB requirements for testing personnel. Interested applicants should visit our website: <https://www.lifeservebloodcenter.org/about-us/join-our-team/> and click on JOIN OUR TEAM. LifeServe Blood Center is fully committed to equal employment opportunity. All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identification, genetic information, marital status, pregnancy, disability, veteran status or any other legally protected status.

Compliance Officer, Blood Transfusion Service (Job ID: 3067738). Massachusetts General Hospital (MGH) in Boston, MA is seeking qualified applicants for the Compliance Officer, Blood Transfusion Service (BTS) position. The Compliance Officer is a key resource in the highly regulated environment of the BTS at MGH which is an AABB accredited, FACT accredited, FDA licensed facility. The Compliance Officer reports directly to the Director (Responsible Head) and has broad responsibilities for compliance, quality assurance and performance improvement. Must be completely familiar with pertinent regulations for FDA, AABB, FACT, NMDP, CLIA, TJC, Commonwealth of Massachusetts, NRC and OSHA. MT(ASCP) or equivalent and bachelor's degree in Medical Technology, Clinical Laboratory Science or related science field, subspecialty certification (ASCP)BB or SBB, minimum five years of experience in a transfusion service, blood bank apheresis program or donor center is required. For more details or if you are interested in applying for this position, please visit www.mghcareers.org and apply for **JOB ID:** 3067738. Massachusetts General Hospital is an Equal Opportunity Employer. *By embracing diverse skills, perspectives and ideas, we choose to lead. Applications from protected veterans and individuals with disabilities are strongly encouraged.*

Senior Director of Blood Operations. LifeShare Blood Center is seeking a Senior Director of Blood Operations (SDBO). The SDBO is responsible for the management, organization, and leadership of LifeShare Donor Center locations. Regional Directors of each location report to this position. The SDBO is responsible for the oversight of reaching collection goals and ensuring community involvement of the Regional Directors. The SDBO must ensure that all personnel are following expected processes, policies, and SOPs. Responsible for team members to adhere to all cGMP, SOP, FDA, AABB, and other regulatory bodies, as well as departmental policies

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POSITIONS (continued from page 11)

and procedures. Responsible for meeting quality standards while actively ensuring compliance. Requirements include bachelor's degree in health or related field, four plus years' blood banking experience or five years in progressively responsible management position and/or five years working in or leading sales team. Demonstrated experience in leading teams in a regulated environment preferred. Must have working knowledge and understanding of CLIA, FDA, OSHA and AABB regulations and statutes, as well as cGMP. Knowledge of strategic planning, budgeting, organizing and implementing required. To apply, please visit: www.lifeshare.org/careers.

Part Time MT/ MLT/ MLS (MedCity Dallas & JPS Hospital in Fort Worth, TX). The Medical Technologist will report to the Manager or designee of Reference & Transfusion Services. The incumbent will participate in all activities in the R&T Services to include but not limited to: 1. Support Carter BloodCare's vision, mission and core values. 2. Maintain compliance with Carter BloodCare's attendance policies. 3. Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies. 4. Participation in competency, proficiency, and educational opportunities. By accomplishing these duties, the MT ensures that daily operations in the R&T laboratories meet and follow all established guidelines, provide excellence in service and meet the needs of all R&T customers. Shifts: Nights (MCD), weekends (JPS). Qualifications: Associates or bachelor's degree in Biology/Chemistry/Laboratory Sciences or related field required. MLT (ASCP), MT (ASCP), BB (ASCP), MT (AMT) or equivalent required. Recent graduate from an accredited Clinical Laboratory Sciences (CLS) program within the last five years and currently board eligible. Carter BloodCare is an EEO/Affirmative Action employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing. To apply go to <http://www.carterblood-care.org/>, click on Careers.

Director of LifeCord. LifeSouth Community Blood Centers is currently seeking an individual to join our team as the Director of LifeCord in Gainesville, FL. This position is responsible for overseeing the cord blood collections and cellular therapy initiatives within the organization through the LifeCord program. LifeCord is a public, community-based cord blood bank that collects and stores umbilical cord blood for the purpose of clinical cures and basic research in the field of stem cell transplantation. LifeCord is a program of LifeSouth which performs community and donor education, cord blood collection and processing, distribution of cord blood units and evaluation of transplant outcomes. LifeCord also works to increase the diversity of donors from which cord blood is collected. Bachelor's degree required. Concentration in healthcare or science-related field preferred. Two years of management or supervisory experience required. Valid driver's license required. Must meet and maintain LifeSouth driver's eligibility requirements. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Follow this link to apply: <https://lifesouth.careerplug.com/jobs/791065/apps/new>. 