America's Blood Centers®
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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2018 #43 **December 21, 2018**

INSIDE:

Please Note: The *ABC Newsletter* will not be published on December 28th or January 4th. We will resume regular publication on January 11th. Thank you for your continued interest.

FDA Issues Final Guidance on Labeling RBC Units with Historical Antigen Typing Results

The U.S. Food and Drug Administration (FDA) released a final guidance entitled, "Labeling of Red Blood Cell Units with Historical Antigen Typing Results." It includes recommendations from the industry workgroup, that ABC participated in 2012, as well as joint comments from AABB, ABC, and the American Red Cross in response to the FDA's 2017 draft guidance, and the Blood Products Advisory Committee:

- RBC non-ABO/RhD typing, when performed, should use FDA licensed serological reagents or FDA approved molecular tests if possible.
- When unlicensed reagents are used:
  - Approval by the responsible physician should be obtained, either on a case-by-case basis or using validated standard operating procedures (SOPs) that describe conditions under which unlicensed reagents/unapproved tests may be used.
  - Appropriate positive and negative controls should be used and be described in SOPs that lay out provisions for monitoring reliability, accuracy, precision, and performance of tests.
  - Historical RBC antigen typing results from research use only (RUO) or investigational use only (IUO) are to be considered as having been done with an unapproved test (even when such tests have subsequently been approved).

- Current donations not tested for non-ABO/RhD may be labeled with historical non-ABO/Rh antigen results from prior donations if:
  - typing has been performed on two separate prior donations by the blood collection establishments and found to be concordant.
  - tested with licensed reagents/approved tests, the results can be put directly on the container label or on a tie tag which need not indicate whether the results are historical.

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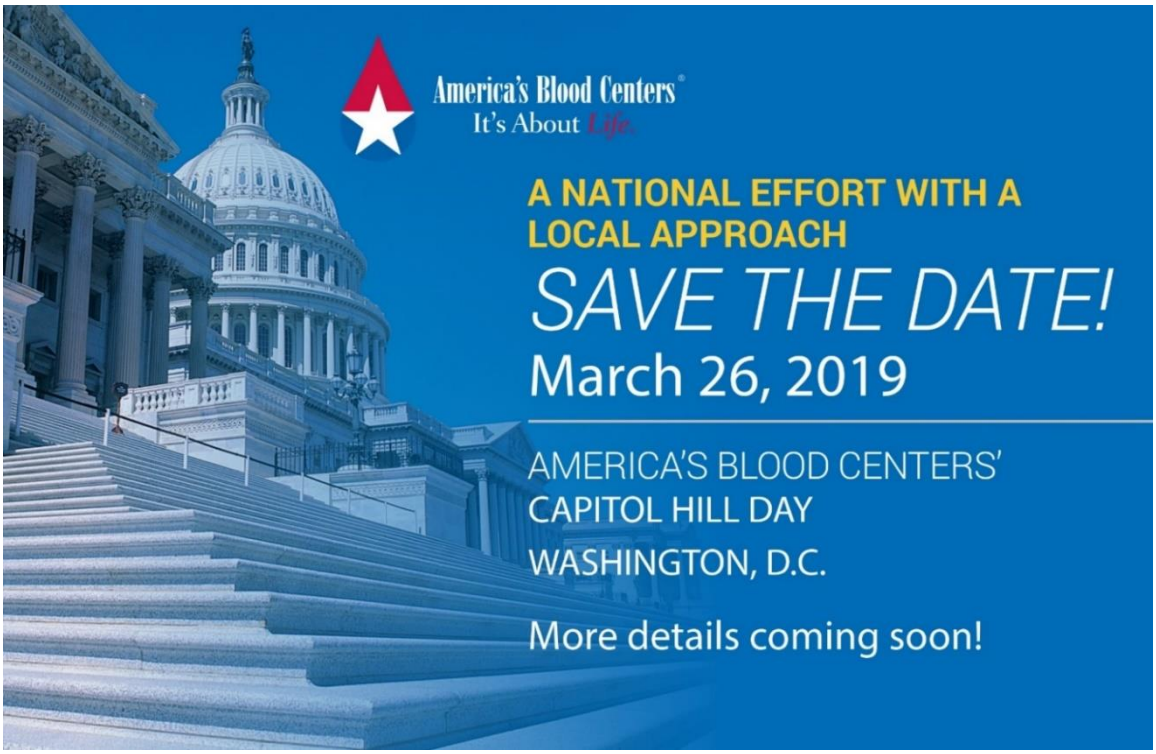
FDA Issues Final RBC Labeling Guidance (continued from page 1)

  - test results obtained with unlicensed reagents/unapproved tests are placed on a tie-tag (or other accompanying document) and the tag indicates whether the results are historical.
  - transfusion services are informed of practices for repeating historical antigen tests.

- Appropriate procedures for reported transfusion reactions are required, including a repeat of any antigen typing discordant from the historical type.

Facilities can include the changes in their annual reports if these procedures are implemented as described in the guidance. Changes that differ from those described in the guidance must be reported as Changes Being Effected (CBE).

(Source: FDA Final Guidance 12/20/18; AABB, ABC; American Red Cross Joint Comments, 4/3/17).



The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.

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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OneBlood & Community Blood Centers of the Carolinas Announce Intent to Merge

ABC members OneBlood (St. Petersburg, Fla.) and Community Blood Centers of the Carolinas (CBCC), Inc (Charlotte, N.C.) revealed their intent to merge in early 2019. "CBCC's decision to join forces with OneBlood will create additional alignment of the blood supply in the southeastern United States and further ensure a safe, available, and affordable blood supply for our hospital partners and their patients", said George "Bud" Scholl, President and CEO of OneBlood and a member of the ABC Board of Directors in the news release.

The announcement was issued in a joint press release following approval by the board of directors at each organization. "Merging with OneBlood is the right thing to do for our community and the merger will provide opportunity to expand our lifesaving services in the Carolinas," said Martin Grable, president and CEO of CBCC and ABC Board President. Following the merger, the organizations will distribute more than 1.1 million blood products each year, while providing service to more than 250 hospitals. OneBlood currently serves Florida, South Carolina, Georgia, and Alabama.

(Source: OneBlood & Community Blood Centers of the Carolinas Joint News Release, 12/17/18)

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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.

57th ABC Annual Meeting Registration Open

Registration is open for America's Blood Centers (ABC) 57th Annual Meeting in Washington, D.C. March 23rd – 26th at the Ritz-Carlton (Pentagon City). Don't miss an exclusive opportunity for blood community leaders to experience peer-to-peer collaboration, while discussing the latest trends impacting community blood centers. The meeting will feature the Celso Bianco, MD Lectureship & Reception, the Scientific, Medical, and Technical Forum, Capitol Hill Visits, General Session, and the 22nd Annual *Awards of Excellence*. Please make your hotel reservations by March 1st to ensure best availability and the group rate. Click here for additional details. Contact Leslie Maundy for available sponsorship opportunities.

ADRP Conference 2019 Call for Speaker Abstracts Extended

ADRP has extended the call for abstracts for its 2019 Annual Conference in Indianapolis, Ind. Marketing, communications, recruitment, and collections professionals and experts are invited to submit abstracts to share their expertise. The deadline to submit is December 31st. Speakers that are chosen will receive a 30 percent discount off conference registration. This year will feature speaker panels, breakout sessions, and roundtable discussions. Interested individuals can submit their abstracts here.

ADRP Award Nominations Extended

Recognize a peer or outstanding donor group by nominating them for an ADRP Award. Submissions are being accepted until December 31st via the online nomination form. This year's categories include:

- Donor Recruiter of the Year
- Donor Collections Team Member of the Year
- Leader of the Year (Recruitment & Collections)
- Franzmeier Lifetime Achievement Award
- Gilcher MD/CEO Award
- Media Partner Award
- Blood Drive Award (Creative & Most Productive)
- School Blood Drive Award
- Humanitarian Service Award

Webinar Recordings for ABC Members

- **Quality Integration Part I Recording –** MCN 18-041
- **Quality Integration Part II Recording –** MCN 18-051

RESEARCH IN BRIEF

(Lack of) adverse clinical impact from moderate post-discharge anemia associated with restrictive transfusion described. A study from the Kaiser-Permanente Northern California hospital system finds that "moderate anemia (hemoglobin levels between 7 and 10 gm/dL) has become significantly more common in temporal association with the adoption of restrictive red blood cell (RBC) transfusion practices between January 2010 and December 2014. Among more than 800,000 discharges of over 400,000 patients, the prevalence of moderate anemia rose from 20 percent to 25 percent while RBC transfusion fell from 39.8 red cell units/1,000 patients to 28.5 in that same interval ($p < .001$ for both comparisons). RBC transfusion, readmissions, and mortality within six months after discharge all fell. The observational study may be affected by confounding due to other unmeasured changes in care during the study. An accompanying editorial suggests that it would be more appropriate to study the potential positive impacts of appropriate prevention and management of anemia "rather than requiring patients to tolerate it."

Citations: Roubinian, N.H., Murphy, E.L., Mark, D.G. *et al*. Long-term outcomes among patients discharged from the hospital with moderate anemia: a retrospective cohort study. *Ann. Intern. Med*. 2018. doi:10.7326/M17-3253.

Shander, A. and Goodnough, L.T. From tolerating anemia to treating anemia. *Ann. Intern. Med*. 2018. doi:10.7326/M18-3145.

Leishmania transmission by blood? Leishmania spp. are widely prevalent vector-borne protozoan parasites that are known to be transmissible by blood. Concern for one form was the subject of a (now lapsed) United States donor deferral related to possible exposure and infection during and following the Gulf War. Brazilian authors describe the use of four assays (three antibody tests and a polymerase chain reaction) that found 41.4 (178/430) percent of otherwise qualified donors in an endemic area with evidence of infection. On follow-up, none of 70 reevaluated donors had developed illness, while half of retested donors remained positive. As recently as 2016, there were only 14 alleged transmissions of Leishmania spp. in the English literature since 1948, despite the high global prevalence of the parasite.

Citation: de Oliveira Franca, A., Pompilio, M.A., Jardim, E.R. *et al*. Leishmania infection of blood donors: a new challenge in leishmaniasis transmission? *PLoS ONE*. 2018. doi:10.1371/journal.pone.0198199.

Jimenez-Marco, T., Fisa, R., Girona-Llobera, E. *et al*. Transfusion-transmitted leishmaniasis: a practical review. *Transfusion*. 2016.

Progress described in the provision of safe blood in sub-Saharan Africa as funding from the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) transitions to ministries of health (MOH). From 2004–16, PEPFAR provided $468 million to 14 nations in sub-Saharan Africa to build and support stronger national blood systems and improve transfusion safety. This funding is being withdrawn, with support needing to come from the countries' MOH moving forward. Collections have increased somewhat since 2004 toward the World Health Organization (WHO) goal of 10 blood units/1,000 population, while only South Africa and Swaziland have actually reached it. Mixed progress has been seen in the percent of collections coming from volunteer donors. Rates of HIV infection in donors have fallen in 10 countries and are below the WHO target of < 1 percent in seven. A critical remaining gap is reaching seropositive donors with their test results, with only 27.6 percent of 13,269 such donors notified in 2016. Nine of 12 reporting countries receive more than 50 percent MOH funding support, and in three, the ministry has absorbed the full cost for the National Blood Transfusion Service. The report concludes that "[c]ontinued improvement of blood safety programs in sub-Saharan Africa will require sustained investments in continuous quality improvement, NBTS accreditation under [Africa Society of Blood Transfusion] AfSBT, linkage of deferred

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RESEARCH IN BRIEF (continued from page 5)

donors who report high risk behaviors and those who screen HIV-positive to HIV testing services and treatment, and stronger blood safety information systems. Strengthening health systems and developing local policy and sustainable financial resources are all important components to consider to ensure the future viability of blood safety programs".

TABLE 1. Number of blood units collected by U.S. President's Emergency Plan for AIDS Relief (PEPFAR)–supported blood transfusion services, number of blood units from voluntary nonremunerated donors (VNRDs), and blood units collected per 1,000 population, by country — 14 PEPFAR-supported countries, 2004 and 2014–2016

	2004			2014			2015			2016		
Country	No. collected	% VNRD	No. per 1,000 population	No. collected	% VNRD	No. per 1,000 population	No. collected	% VNRD	No. per 1,000 population	No. collected	% VNRD	No. per 1,000 population
Côte d'Ivoire	77,972	100	3.4	143,691	100	6.3	155,534	100	6.8	168,025	100	7.4
Ethiopia	43,247	59	0.4	87,685	70	0.8	140,061	97	1.4	173,923	98	1.7
Ghana	165,426	41	6.0	150,322	30	5.4	155,250	34	5.6	160,624	36	5.8
Kenya	18,440	100	0.4	183,475	100	3.9	155,081	100	3.3	167,100	100	3.6
Lesotho	3,000	95	1.4	8,373	96	3.9	7,879	97	3.7	5,008	79	2.3
Mozambique*	67,105	58	3.4	121,091	39	4.3	126,068	42	4.5	131,231	45	4.6
Nigeria†	1,266	100	<0.1	48,908	91	0.2	66,614	82	0.3	51,329	84	0.2
Rwanda	28,777	100	2.4	42,789	100	3.6	53,436	100	4.6	61,768	100	5.3
South Africa	709,324	100	13.0	803,818	100	14.7	828,689	100	15.2	810,895	100	14.8
Swaziland	7,060	100	5.4	14,727	100	11.3	13,752	100	10.5	13,687	100	10.5
Tanzania§	129,404	66	2.4	128,915	89	2.4	67,980	49	1.2	196,735	79	3.6
Uganda	112,250	100	2.8	212,939	100	5.4	230,995	100	5.9	243,335	100	6.2
Zambia	38,477	71	2.3	109,269	100	6.7	100,110	100	6.1	104,355	100	6.4
Zimbabwe	67,813	100	4.3	58,603	100	3.7	59,767	100	3.8	64,890	100	4.1
Total	**1,469,561**	—	**2.2**	**2,114,605**	—	**3.4**	**2,161,216**	—	**3.6**	**2,352,905**	—	**3.8**

Source: 2004, 2014–2016 population data from the Joint United Nations Programme on HIV and AIDS. http://aidsinfo.unaids.org/.
Abbreviations: AIDS = acquired immunodeficiency syndrome; HIV = human immunodeficiency virus.
* 2004 data for Mozambique from https://www.cdc.gov/mmwr/volumes/65/wr/mm6505a4.htm.
† Nigeria and Tanzania did not have data for 2004: therefore, data for 2003 and 2005 were used.

Citation: Kanagasabai, U., Chevalier, M.S., Bakary Drammeh, B. *et al*. Trends and gaps in national blood transfusion services — 14 sub-Saharan African countries, 2014–2016. *Morb. Mort. Wkly. Rept*. 2018. 67:1392-1396.

RECENT REVIEWS

Role of antibodies in transfusion-associated acute lung injury (TRALI). A commentary in *Transfusion* provides a concise review of current thinking regarding the role of antibodies in the pathogenesis of TRALI. The authors describe 30 years of research and the evolving understanding of the more important role of human leukocyte antigen (HLA) class II, as opposed to the prior "primacy" of HLA class I, and human neutrophil antibodies. They ascribe this evolution to our improved ability to identify class II antibodies over time. The commentary also briefly reviews some unique pathogenic observations related to the action of class II antibodies, discusses the role of inflammation of other patient cofactors, while speculating on why, even when a recipient has the cognate antigen to which the immunoglobulin is targeted, only a small proportion of patients develop clinical TRALI.

Citation: Kopko, P.M., Bux, J. and Toy, P. Antibodies associated with TRALI: differences in clinical relevance. *Transfusion.* 2018. doi:10.1111/trf.15094.

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The calendar of events includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!

REGULATORY NEWS

The Centers for Medicare and Medicaid Services (CMS) issued a request for information (RFI) for public comment regarding Accrediting Organizations (AO) Conflict of Interest and Consulting Services (CMS-3367-NC). The agency is seeking feedback to determine if accrediting organizations that offer fee-based consulting services to the organizations that they accredit represents a conflict of interest. The RFI lists the following as examples of consulting services:

- assistance for clinical and non-clinical leaders, including administrators in understanding the AO and CMS standards for compliance;
- review of facility standards and promised early intervention and action through simulation of a real survey, similar to a mock survey to include comprehensive written reports of findings;
- review of a facility's processes, policies and functions;
- identification of and technical assistance for changing and sustaining areas in need of improvement; and,
- educational consultative services.

"We are concerned that the practice of offering both accrediting and consulting services—and the financial relationships involved in this work—may undermine the integrity of accrediting organizations and erode the public's trust," said CMS Administrator Seema Verma to the *Wall Street Journal*, who published an article in September questioning whether conflicts of interest existed between the Joint Commission providing consulting services to hospitals and its board members including 20 executives from health systems. Comments are due on February 19th.

(Sources: CMS Request for Information Notice, 12/20/18; *Wall Street Journal*, U.S. Weighs Potential Conflicts in Hospital-Accreditation Groups With Consulting Arms, 12/18/18).

The comment period for the U.S. Food and Drug Administration's (FDA) proposed rule that harmonizes informed consent requirements for 'minimal risk' studies with the common rule has been extended until February 13th. It would implement a provision of the 21st Century Cures Act to change the informed consent requirement for some FDA-regulated research associated with "minimal risk." The changes would allow an Institutional Review Board (IRB) to waive or alter some elements of the informed consent or even to waive informed consent requirements entirely. The responsible IRB would have to find that appropriate safeguards are being implemented to protect the safety of participating subjects, as is allowed by a common rule waiver provision. ABC members are encouraged to please submit any comments you have to Ruth Sylvester and Louis Katz, MD.

(Source: FDA Proposed Rule, 12/20/18)

The FDA issued a final guidance entitled "Breakthrough Devices Program Guidance for the Industry and FDA Staff." The guidance details how medical device manufacturers can receive the breakthrough designation in an effort to get medical devices to market faster for patients in need without compromising safety. To achieve these goals, the final guidance outlines several program options to efficiently address device development topics as they arise to best facilitate efficient development, such as sprint discussions—meetings between the FDA and sponsors who need timely resolution of focused issues, such as testing protocols—requests for feedback on a data development plan, and requests for clinical protocol agreement. These options improve the efficiency of the FDA's review resources and are designed to facilitate entry of state-of-the-art medical technologies to the market without compromising the standards for marketing authorization. "Today's actions are an important step in our ongoing efforts to ensure an efficient, transparent and scientifically robust system for ensuring patients have access to safe, high quality medical devices," said FDA Commissioner Scott Gottlieb, MD and Center for Devices and Radiological Health Director Jeff

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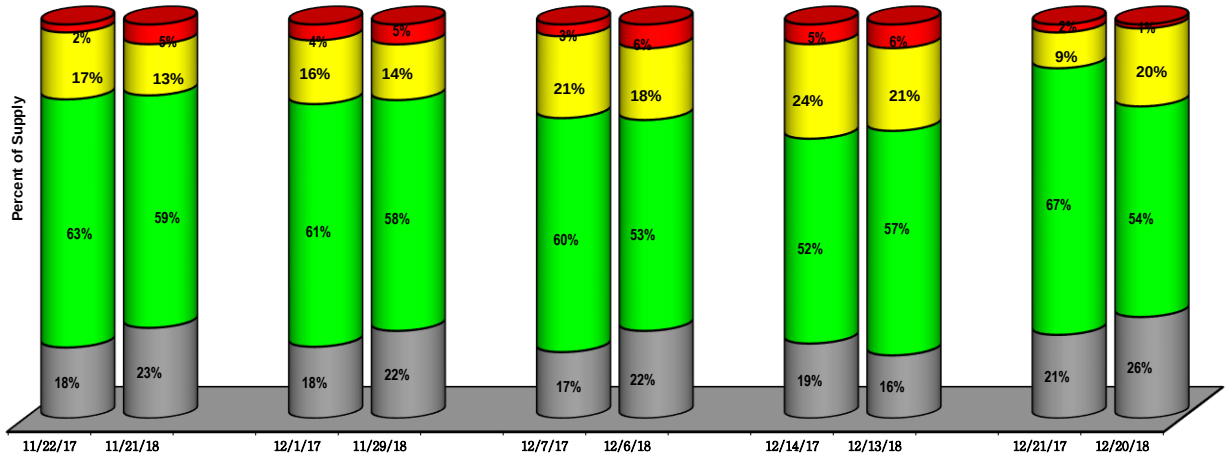
REGULATORY NEWS (continued from page 7)

Shuren, MD in joint statement. "We continue to encourage device manufacturers to consider the Breakthrough Devices Program for innovative, lifesaving devices, and, in the near future, our goal is to have [Safer Technologies Program] STeP as an option for those devices with new advances and adaptations that could lead to a reduction in risk to patients or their providers." The guidance replaces the draft guidance released in October 2017 and supersedes the April 2015 guidance entitled Expedited Access for Premarket Approval and De Novo Medical Devices Intended for Unmet Medical Need for Life Threatening or Irreversibly Debilitating Diseases or Conditions."

(Sources: FDA Guidance, 12/18/18; FDA Commissioner Scott Gottlieb, MD & CDRH Director Jeff Shuren, MD Joint Statement, 12/18/18) ♦

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



The order of the bars is (from top to bottom), red, yellow, green, and no response

No Response | Green: 3 or More Days | Yellow: 2 Days | Red: 1 Day or Less

COMPANY NEWS

Cerus Corp. announced the start of enrollment in the U.S. ReCePI study, a randomized, double-blinded, phase III trial that will examine the efficacy of Intercept-treated red blood cells (RBCs) in up to 600 transfusion patients across 20 sites being treated for acute blood loss during complex cardiac surgeries. "We are pleased to have started enrollment in ReCePI, our pivotal Phase III study," said Cerus Chief Medical Officer Richard Benjamin, MD in a news release. "This marks another important milestone in advancing our Intercept red blood cell program in the U.S." Intercept-treated RBCs will be provided by ABC members Central California Blood Center and OneBlood, in addition to the American Red Cross for use in ReCePI. Cerus also announced the filing for a CE Mark registration for the Intercept RBC system in the European Union.

(Source: Cerus Corp. News Release, 12/19/18; Cerus Corp. News Release, 12/18/18)

bioMérieux has received 510(k) clearance from the U.S. Food and Drug Administration for its BACT/ALERT® BPA and BPN culture bottles quality control testing of leukocyte-reduced apheresis platelets. "The FDA clearance and CE marking of BPA and BPN culture bottles used with BACT/ALERT® VIRTUO® illustrate bioMérieux's commitment to the protection of patients' health," said Mark Miller, MD, executive vice president and chief medical officer at bioMérieux in a news release. "We are thrilled that our innovative solution can now be used by blood banks to increase the safety and availability of life-saving platelets."

(Source: bioMérieux News Release 12/19/18) ♦

GLOBAL NEWS

Be The Match BioTherapies® and NHS Blood and Transplant (NHSBT) in the United Kingdom (UK) announced a partnership that provides a framework for Be The Match BioTherapies with greater accessibility to NHSBT's authorized cell collection centers and close-to-patient cell manufacturing facilities in the UK to assist with standardizing quality and collection approaches. "Our collaboration with NHSBT provides a more streamlined process for cell and gene therapy companies to develop relationships with highly experienced collection, processing, and tissue centers, supported by a first-class quality management and unified regulatory approach," said Jamie Margolis, PhD., director of Cell and Gene Therapy Operations for Be The Match BioTherapies in a news release. "Rather than each cell and gene therapy company approaching centers in the U.K. individually, our team works directly with companies and NHSBT to identify the centers with the capabilities needed for a specific therapy. We then provide therapy-specific onboarding, training and ongoing support to ensure collection protocols are properly executed."

(Source: Be The Match BioTherapies & NHSBT Joint News Release, 12/20/18) ♦

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste and published after editorial review. Please send letters to the Editor at newsletter@americasblood.org or fax them to (202) 899-2621. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

ABC 2019 Meetings & Workshops

Meeting/Workshop	Dates	Location	Hotel/Hotel Rate	Registration Dates & Fees
Annual Meeting	March 23-26	Washington, DC	Ritz-Carlton (Pentagon City), $259/night	Register here by Mar. 1 $760
Technical & Quality Workshop	April 30-May 2	Minneapolis, Minnesota	Embassy Suites, $139/night	Mid-Feb. (Early Bird TD or QA or TD + QA) $360/$435; Feb. 23-Apr. 5 (TD or QA or TD + QA) $420/$495
ADRP Annual Conference	May 14-16	Indianapolis, Indiana	Hyatt Regency, $179/night	Register here now by December 31, 2018 for $525 (regular price for subscribers $575/$695 non-subscriber).
Medical Directors Workshop	July 30 (precedes Summer Mtg)	Denver, Colorado	Grand Hyatt, $239 CAD/night	Late April - July 5 MD Workshop $435 MD+Summer $760
Summer Meeting	July 31-August 1	Denver, Colorado	Grand Hyatt, $239 CAD/night	Late April - July 5 Summer $655 Summer+MD $760

Notes:

For the most up-to-date information on all events, members of ABC may check the calendar on ABC's Member Site.

Non-members may attend all events; information will be updated on ABC's Public Site.

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 (lmaundy@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.)*

2019

Jan. 22. **American Course on Drug Development and Regulatory Sciences – NIH Cell-Based Immunotherapy: From Bench to Bedside and Beyond, Bethesda, MD.** More details available here.

Feb. 4-5. **15th Annual FDA and the Changing Paradigm for HCT/P Regulation, Washington, D.C.** More details available here.

March 6-7. **IPFA 4th Asia Workshop on Plasma Quality and Supply, Hanoi, Vietnam.** More details available here.

March 23. **2019 International Blood Safety Forum, Washington, D.C.** More details available here.

March 24-26. **2019 ABC Annual Meeting, Washington, D.C.** More details available here.

April 30-May 2. **2019 ABC Technical & Quality Workshop, Minneapolis, Minn.** More details coming soon.

May 14-16. **ADRP Annual Conference, Indianapolis, Ind.** More details available here.

May 22-23. **IPFA/PEI 26th International Workshop on "Surveillance and Screening of Blood-Borne Pathogens", Krakow, Poland.** More details available here.

July 30-Aug. 1. **2019 ABC Medical Directors Workshop Summer Meeting, Denver, Colo.** More details 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 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

Clinical Laboratory Scientist (*Sign-on Bonus from $1000 to $5000)*. Donor Testing Laboratory at Hoxworth seeks a Clinical Laboratory Scientist for second shift position. This position performs routine and complex quality control testing of blood and blood components, as well as high-level evaluation, review and interpretation of test results. Candidates shall be able to perform with minimal supervision, be proficient in computerized data entry and retrieval functions, and communicate effectively with individuals within and outside the department. On-call rotation for weekends and holidays is required. The job requires a bachelor's degree and MT (ASCP), BB (ASCP) or CHT (ABHI); - OR- bachelor's degree and registry eligible; -OR- bachelor's degree and HEW certified medical technologist with two (2) years related experience; -OR- MLT with three (3) years related experience. Degree must be in biological science or related field. Visit the Hoxworth Blood Center website at www.hoxworth.org.

Product Quality Control (PQC) Supervisor – (Orlando, Fla.). OneBlood is hiring a PQC Supervisor to provide leadership and technical expertise, coordinate workflows, manage staff scheduling and payroll functions, and perform training and quality activities for the Product Quality Control (PQC) lab. The supervisor will ensure testing is completed in a timely and accurate manner in accordance with regulatory guidelines and organizational policies and procedures. Schedule: Tuesday - Saturday 2:00 pm to 10:30 pm; however, will need to be flexible to work other shifts as needed for departmental coverage. Qualified candidates will possess a bachelor's degree in Medical Technology, Biological Science or related field from an accredited college or university. Three (3) or more years' experience in a Product Quality Control laboratory or other related blood center laboratory, including one (1) or more years' experience in a Supervisor, Tech Lead or management capacity or an equivalent combination of education, certification, training, and/or experience. Valid and current Florida Clinical Laboratory Supervisor license in Immunohematology, and Microbiology required. Supervisor license in Blood Banking preferred. Apply online at www.oneblood.org/careers.

Manager, Clinical Services. LifeStream (San Bernardino, CA) located 60 miles east of Los Angeles and 50 miles west of Palm Springs seeks qualified applicants for its Manager, Clinical Services. Under the direction of the Vice President of Technical and Clinical Affairs, oversees the Therapeutic Hemapheresis Program by managing resources and directing/supervising subordinate staff performing therapeutic procedures in a clinical setting. Coordinates activities between other departments and Clinical Services; lends expertise and strategic direction, in coordination with Chief Medical Officer (CMO) decisions, to oversee clinical practice and, as needed, perform therapeutic hemapheresis. Collaborates with healthcare organizations to establish and maintain clinical services programs. Develops and maintains operating procedures that promote a safe and positive environment for staff, donors and patients. Associate (AS) or bachelor's degree (BRN) in Professional Nursing. Minimum one year of hemapheresis experience in blood banking required. Two to three years of hemapheresis experience is preferred. One year of supervisory experience required. Current California license as a Registered Nurse (RN) required. Current California Driver's License required. Current CPR certification required. This position reports to the Vice President/Technical and Clinical Affairs. LifeStream is an Equal Opportunity Employer, M/F/D/V. Apply online at https://www.lstream.org/open-positions/