

2019 #4

February 8, 2019

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Monoclonal Antibody Approved for Treatment of Acquired Thrombotic Thrombocytopenic Purpura

The U.S. Food and Drug Administration (FDA) has approved caplacizumab-yhdp (Cablivi), a recombinant anti-von Willebrand factor humanized, bivalent variable-domain-only immunoglobulin fragment, for the treatment of acquired thrombotic thrombocytopenic purpura (aTTP) in combination with therapeutic plasma exchange (TPE) and immunosuppression.

“Patients with aTTP endure hours of treatment with daily plasma exchange, which requires being attached to a machine that takes blood out of the body and mixes it with donated plasma and then returns it to the body. Even after days or weeks of this treatment, as well as taking drugs that suppress the immune system, many patients will have a recurrence of aTTP,” said Richard Pazdur, MD, director of the FDA’s Oncology Center of Excellence and acting director of the Office of Hematology and Oncology Products in the FDA’s Center for Drug Evaluation and Research, in an agency news [release](#). “Cablivi is the first targeted treatment that inhibits the formation of blood clots. It provides a new treatment option for patients that may reduce recurrences.”

The approval was based largely upon the results of the recently published HERCULES study in the *New England Journal of Medicine*. In that study, 145 patients were randomized to [Cablivi] or placebo during TPE. Recipients of the active drug were more likely to normalize their platelet counts and had shorter intervals to normalization. They were also less likely to relapse or become refractory and had shorter stays compared to placebo recipients.

The risk of a composite outcome of death, aTTP recurrence or a thromboembolic event was 12 percent vs. 49 percent (p<.001). “The U.S. approval of Cablivi provides a much-needed treatment option for people facing this challenging disease,” said Sanofi CEO Olivier Brandicourt, MD in a Sanofi news [release](#). “There have been limited medicines available to treat aTTP until now. Cablivi marks the first U.S. approval in our newly formed rare blood disorders franchise, and we look forward to continuing to provide important medicines for people living with these very serious diseases.”

Citation: Scully, M., Cataland, S.R., Peyvandi, F., *et al.* Caplacizumab treatment for acquired thrombotic thrombocytopenic purpura. *N. Engl. J. Med.* 2019 doi: [10.1056/NEJMoa1806311](https://doi.org/10.1056/NEJMoa1806311).

(Sources: FDA News [Release](#), 2/4/19, Sanofi News [Release](#), 2/6/19) ♦



ABC Issues Call for Blood Donors

America's Blood Centers [urged](#) blood donors across the country to schedule an appointment to donate at their local blood center given winter blood shortages that are occurring across the country. The nationwide appeal for donors occurred this afternoon (Friday, February 8th) as several ABC member blood centers are currently out on appeal for donors and are experiencing a one-day supply or less. Shortages are beginning to impact patient care and elective surgeries in some areas of the country. The nation's blood supply is expected to get tighter as another round of winter weather continues to make its way across the country leading to the cancellation of blood drives and collection operations. With January and February being historically low blood inventory months due to illnesses such as colds and flu preventing individuals from donating, ABC wanted to be proactive in assisting members with additional blood drives expected to be cancelled for multiple days due to cold and snowy conditions. All blood collection agencies in the U.S. are making every effort to meet the emergency blood needs of patients and ensure a safe and sufficient blood supply is readily available in storm affected areas. ABC is committed to spreading the word to blood donors in unaffected areas encouraging them to give in the coming days and weeks to help meet the immediate and future needs of those impacted by these storms. 💧

Frequent plateletpheresis donations are associated with lower lymphocyte levels

A cross-sectional, single-center observational study recently revealed an association between lymphopenia (low lymphocyte levels) and the frequency of plateletpheresis donations. The authors, intrigued by findings of incidental lymphopenia in two healthy plateletpheresis donors, hypothesized that this may be a result of the continuous removal of leukocytes that occurs within the leukoreduction chamber of their instruments. They tested this hypothesis by measuring multiple analytes – including CD4+ and CD8+ T lymphocyte counts – in three groups stratified by their donation frequency during the preceding 365 days (i.e., those donors who had donated: (1) 1-2 times (n = 20); (2) 3-19 times (n = 20); or (3) 20-24 times (n = 20)). The findings demonstrated CD4+ lymphopenia in 0 percent, 10 percent, and 55 percent of these strata respectively and CD8 lymphopenia in 0 percent, 20 percent, and 55 percent. The differences by stratum were statistically significant. The authors close by stating: “frequent plateletpheresis performed with a leukoreduction system chamber is associated with a decrease in circulating T-cell numbers but not in their antigen receptor diversity. It is likely that some donors in our study have had persistent lymphopenia for months, if not years, without apparent adverse effects. Although further study is needed, our current data do not suggest that plateletpheresis associated lymphopenia is harmful to donors.”

Citation: Gansner, J.M., Rahmani, M., Jonsson, A.H., *et al.* Plateletpheresis-associated lymphopenia in frequent platelet donors. *Blood* 2018. doi: [10.1182/blood-2018-09-873125](https://doi.org/10.1182/blood-2018-09-873125).

Contributed by Chris Gresens, MD, Senior Chief Medical Officer, North & West Divisions, Vitalant 💧

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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.

Save the Date: ABC Quality and Technical Directors Workshops & BCA IRL Networking Conference & Symposium

ABC and Blood Centers of America, Inc. (BCA) are partnering to provide a multiday professional development and educational opportunity for quality and technical blood bank professionals in Bloomington, Minn. at the Embassy Suites Bloomington. [Reserve](#) your room by April 7th to secure the group rate of \$139. The BCA IRL Networking Conference / IRL Disease Symposium will take place on April 29-30th with the ABC Quality (QA) & Technical Directors (TD) Workshop following it on April 30th- May 2nd. Additional schedule and registration information are below:

Schedule:

- April 29: BCA IRL Networking Conference (*BCA members-only; BCA will provide registration information*)
- April 30: BCA IRL Disease Symposium (*All ABC members welcome; no registration fee; ABC will provide symposium registration*)
- April 30 – May 1: TD Workshop (morning) and Joint TD/QA Session (afternoon)
- May 2: QA Workshop

Registration & Fees:

- ABC will open registration mid-February.
- Breakfast, lunch, and two receptions included.
- ABC QA/TD Workshop Registration Fees: (Early Bird: mid-Feb-Feb 23 / Regular: Feb 24-April 5)
 - TD or QA Workshop: \$360 early bird/\$420 regular
 - TD & QA Workshop: \$435 early bird/\$495 regular

2018 Compensation and Benefits Survey Results Now Available

The results from ABC's 2018 Compensation and Benefits survey are [available](#). Highlights include current trends in compensation and benefit programs of ABC member blood centers, with data effective as of October 1, 2018, along with salary data collected in an individualized manner, rather than organizational averages. This methodology allows the survey to present data that is more accurate, detailed, and far more reflective of the actual market. Thirty-four ABC member blood centers participated in the benefit survey, and 34 member blood centers participated in the compensation survey, which includes data representative of close to 12,000 employees and 67 positions. Participants can purchase the results for \$450. Non-participant pricing is \$900. This survey was designed by Gallagher Surveys, in collaboration with ABC's Human Resources Committee. To place your order, please [e-mail](#) Anmarie Flaherty. For blood centers that have already ordered the survey, an e-mail with the results has been sent.

(Source: ABC [MCN 19-011](#))

(continued on page 4)



INSIDE ABC (continued from page 3)

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, 2019 at the Ritz-Carlton (Pentagon City). Don't miss an exclusive opportunity for blood center 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 & Celebration of Life 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.



AMERICA'S BLOOD CENTERS'

57TH

ANNUAL MEETING

March 23-26, 2019 | Washington, DC



2019 ANNUAL MEETING SCHEDULE

Saturday, March 23: International Blood Safety Forum
ABC Board Meeting

Sunday, March 24: General Session
SMT Forum & Celso Bianco Lectureship
Celso Bianco Celebration of Life Reception

Monday, March 25: ABC Members Meeting
General Session
22nd Annual *Awards of Excellence*

Tuesday, March 26: Advocacy Forum
Capitol Hill Visits

“ The ABC Annual Meeting is the premiere opportunity for individuals to explore trends amongst peers within the blood community, contribute their thoughts and ideas to important policy discussions with regulators, while sharing their stories with legislators and networking with industry partners. Value exists for professionals of all experience levels. Join us in Washington, D.C.!”

*—Kate Fry, Chief Executive Officer
America's Blood Centers*



America's Blood Centers
It's About *Life*.



Hotel Information
Ritz-Carlton (Pentagon City)
Hotel room rate: \$259



**For registration information,
visit http://bit.ly/abc_am19.**

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

Upcoming ABC Webinars – Don't Miss Out!

- **SMT Journal Club** – April 3rd. Additional details forthcoming!
- **QA Education Webinar – PRT & Double Red Cell Licensure** – April 9th. Additional details forthcoming!
- **QA Education Webinar – Change Management** – July 16th. Additional details forthcoming!



BRIEFLY NOTED

The *New York Times* (NYT) recently [published](#) an editorial examining the growth of the plasma industry within the U.S. and the donors being compensated for their donations. The article suggests that the plasma “industry depends on the blood of the very poor” questioning whether low-income individuals are being exploited for the financial gains of organizations. This stigma has long-existed and been a topic of much debate within the transfusion community. The Plasma Protein Therapeutics Association (PPTA) expressed a dissenting view to the NYT’s characterization of the exploitation of donors pointing out that plasma donors come from diverse segments of the population, “[w]hen I go to centers, what I see in those centers is people of all walks of life. You see mothers, you see students, you see employed people, you see unemployed people,” said PPTA President Emeritus Jan Bult in the article. PPTA also published a statement in response, which can be read in its [entirety](#).

(Source: *New York Times*, [What Is the Blood of a Poor Person Worth?](#), 2/1/19) 💧

RECENT REVIEWS

Does platelet transfusion work for patients with or at risk for bleeding who are on antiplatelet drugs? Transfusion medicine physicians continue to debate this question. These drugs are used in millions of patients with and at risk for atherosclerotic cardiovascular disease. In a 2015 estimate, one-third of U.S. adults were on aspirin or another such agent, and among octogenarians the proportion was > 50 percent. The subject has been discussed at multiple ABC meetings over the years with no clear consensus. A paper in *Transfusion Medicine Reviews* summarizes the available literature. It provides descriptions of the commonly prescribed agents, briefly reviews the *in vitro* assessment of platelet function, and both the *in vitro* and clinical outcomes evidence for the effects of platelet transfusion. A single high-quality study suggests that platelet transfusion to patients on antiplatelet drugs with intracerebral bleeding is deleterious. Two other clinical trials (central nervous system and gastrointestinal bleeding) show little evidence of benefit and possible harms. The published data are too scant to make categorical assessments of the individual available antiplatelet agents, much less regarding doses or dual agent regimens that are common. The authors conclude “the data on efficacy of platelet transfusion in clinical practice based on either a few clinical trials or *in vitro/ex vivo* studies seem insufficient to make practice decisions to transfuse platelets to reverse anti-platelet effect in a given patient.”

Citations: Srikant, N. and Sarode, R. [Role of platelet transfusion in the reversal of anti-platelet therapy](#). *Trans. Med. Rev.* 2019.

Gu, Q., Dillon, C.F., Eberhardt, M.S. *et al.* [Preventive aspirin and other antiplatelet medication use among U.S. adults aged ≥40 years: data from the national health and nutrition examination survey, 2011–2012](#). *Pub. Health Rep.* 2015. 💧

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.




RESEARCH IN BRIEF

What your cardiovascular surgeons may be hearing about intraoperative autologous transfusion. An observational study presented at the Society for Thoracic Surgeons 55th Annual Meeting and subsequent media events suggests that the practice of hemodilution and reinfusion of autologous blood during heart surgery can reduce allogeneic blood exposure and length of stay (LOS). Autologous pre-deposit donations have declined precipitously since control of the major transfusion transmitted infections that spurred their popularity in the 1980s and 1990s, but the place of intraoperative autologous transfusion in blood conservation strategies remains unclear. In this retrospective study from New York Presbyterian-Queens Hospital, 688 patients undergoing heart surgery from 2009–17 were described, 268 before and 420 after a shift to “more aggressive” use of intraoperative donation. Allogeneic transfusions (both intra- and post-operatively) were decreased to 11 percent vs. 30 percent, and hospital LOS was one day shorter (6.8 vs. 7.8 days) in the “after” group. The shortcomings of the study are its non-randomized, observational design and the inability to control for secular changes in multiple unmeasured clinical practices over time. Prospective studies are needed. A [presentation](#) of the study and discussion can be viewed online.

Citation: Zimmerman, E. *et al.* [Reusing patient’s own blood during heart surgery may improve outcomes.](#) 55th Annual Meeting of the Society of Thoracic Surgeons. 2019.

Transmission of hepatitis E virus (HEV) by blood in U.S.? The transmission of HEV by transfusion is well described, particularly in the European literature where apparent dietary exposure is more prevalent than in the U.S. Several blood services in Europe and elsewhere are screening donors using nucleic acid tests. Prior studies in the U.S have shown a “low” prevalence of antibodies in blood donors, but there has been no recognized transmission by blood, which can cause chronic infection and liver disease in immunosuppressed patients, especially transplant recipients. As a result, there is no current consensus that donor testing for HEV in the U.S. is clinically justifiable. A study in *Transfusion* reports a first possible transmission by blood in the U.S. Archived pre- and post-transfusion recipient samples in the RADAR repository of the Retrovirus Epidemiology Donor Study (REDS) were tested serologically to find those with incident infections and re-exposures between their pretransfusion and posttransfusion bleeds (6–12 months later). Then, their linked donor samples were tested by nucleic acid amplification to find “viremic” donations. Less than 2 percent of recipients (19 of 1,036) had immunoglobulin G (IgG) anti-HEV increases consistent with re-exposure and 1.8 percent (40 of 2,348) with no pretransfusion antibody developed evidence of interval infection. These 59 patients had been exposed to 257 donations, one of which, when tested, was confirmed to contain HEV RNA, that may have been the source of an infection. No clinical or laboratory data from the recipient are available regarding the occurrence of clinical HEV. The latter precludes identification of HEV RNA in the recipient and confirmation of sequence identity to the donor to “prove” transfusion transmission.

Citation: Ticehurst, J.R., Pisanic, N., Forman, M.S., *et al.* Probable transmission of hepatitis E virus (HEV) via transfusion in the United States. *Transfusion*. 2019. doi:[10.1111/trf.15140](https://doi.org/10.1111/trf.15140). 






Regulatory News

The U.S. Food and Drug Administration (FDA) has approved the Grifols Procleix Panther system for babesia screening. “The FDA approval of the Procleix Babesia assay is the latest significant milestone for Grifols and reinforces our strong commitment to helping health professionals decrease potential risks of infection from donated blood,” said Grifols Diagnostic Commercial Division President Carsten Schroeder, in a news [release](#). “By monitoring new and re-emerging threats to blood supply, we continue in our mission to work with leading experts in the field and health authorities to improve patient safety by delivering innovative solutions on proven and reliable testing platforms.” The platform was previously being used under an investigational new drug (IND) application for blood donor babesia screening at ABC member Rhode Island Blood Center, an affiliate of the New York Blood Center, Inc., in addition to Creative Testing Solutions, and the American Red Cross.

(Source: Grifols News [Release](#), 2/7/19)

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) published a proposed rule entitled “Medicare Program: Clinical Laboratory Improvement Amendments of 1988 (CLIA) Proficiency Testing Regulations Related to Analytes and Acceptable Performance (CMS-3355-P). The proposed rule revises existing proficiency testing regulations and updates the required analytes to include tests, which are part of routine clinical use. The microbiology section has 29 analytes proposed for addition and five for deletion to subpart I, revised criteria for determining acceptable limits, changes to definitions, and the rules of reporting. The ABC Quality Blood Regulatory Review Committee is reviewing the proposed rule to determine if comments are needed. ABC members are encouraged to provide feedback to [Ruth Sylvester](#). The comment period for the proposed rule closes on April 5, 2019 at 11:59 PM eastern.

(Source: CMS & CDC Proposed [Rule](#) 2/4/19) ◆

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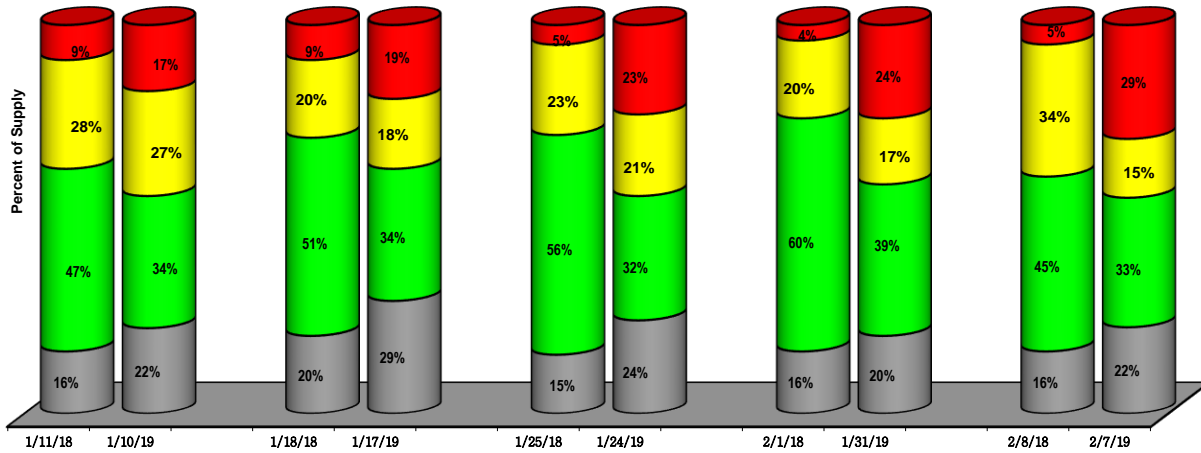
SAVE THE DATE!
March 26, 2019

AMERICA'S BLOOD CENTERS'
CAPITOL HILL DAY
WASHINGTON, D.C.

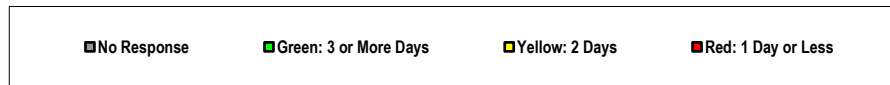
More details coming soon!



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



WORD IN WASHINGTON

President Trump stated that he is committed to ending the HIV/AIDS epidemic in the U.S. by 2030. He addressed his intentions to “ask Democrats and Republicans to make the needed commitment to eliminate the HIV epidemic in the United States within 10 years” during his State of the Union address according to the *Washington Post*. The President’s strategy, which has also been endorsed by the U.S. Department of Health and Human Services Secretary Alex Azar and Centers for Disease Control and Prevention (CDC) Director Robert Redfield, MD “would target the U.S. communities with the most HIV infections and work to reduce transmissions by 2030,” according to *Politico*.

(Sources: *Washington Post*, [Trump announces goal of ending HIV/AIDS epidemic by end of next decade](#), 2/5/19; *Politico*, [Trump’s State of the Union pledge: Ending HIV transmissions by 2030](#), 2/3/19) ♦

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!



MEMBER NEWS

Mississippi Valley Regional Blood Center (MVRBC) and OSF Healthcare announced a partnership that will make MVRBC a provider of blood and blood components to 11 of OSF Healthcare's facilities. "Mississippi Valley Regional Blood Center has served as a reliable and efficient provider of blood and blood components for five of our hospitals," said John Horne, senior vice president, chief supply chain officer at OSF HealthCare, in a joint news release. "This is an expansion of that as OSF HealthCare works to standardize services across the communities our Ministry serves throughout Illinois." MVRBC currently operates as the exclusive provider for five OSF Healthcare facilities, it will add the six new facilities on March 1st. "Volunteer blood donors provide a critical, lifesaving resource that can come from no other source," said MVRBC CEO Mike Parejko in the news release. "We look forward to working with our new OSF HealthCare partners and meeting new donors and Blood Drive Coordinators in the communities OSF HealthCare serves so reliably and so well."

(Source: MVRBC & OSF Healthcare Joint News [Release](#), 1/31/19) 💧

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 Subscribers \$575/\$695 non-subscribers
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
<p>Notes:</p> <p>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.</p>				

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar 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

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](#).

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CALENDAR (continued from page 9)

March 24-26. **2019 ABC Annual Meeting, Washington, D.C.** More details available [here](#).

April 23-24. **15th Annual FDA and the Changing Paradigm for HCT/P Regulation, 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

Immunohematology Reference Laboratory Assistant Director (Hoxworth Blood Center). The Hoxworth **IRL Assistant Director** will have five years' experience and **SBB (ASCP)** at the supervisor level or above in the areas of immunohematology reference testing and/or transfusion service. The Assistant Director is responsible for providing leadership, expertise and oversight with emphasis on customer interactions with our 24 hour associated labs and regional transfusion services, coordinating development, training, and managing resources. The Assistant Director assures that departmental processes, procedures, and quality control activities are compliant with accreditation and regulatory standards. Successful candidate will be responsible for all testing, technical operation, and standard supervisory functions. Other duties include developing/managing contracts and bids, budget development and management, management of a licensed regional antibody registry, relevant projects, training and education of selected transfusion service technologists, bachelors/masters' students and post-doctoral physicians/scientists. Apply – Req ID #35809 <https://www.uc.edu/hr/careers.html>

Chief Medical Officer (America's Blood Centers). Reporting to the Chief Executive Officer (CEO), the Chief Medical Officer (CMO) is responsible for implementing strategies and tactics, consistent with the best scientific and medical evidence and regulatory requirements, that support America's Blood Centers' (ABC) mission, maintain our values, and realize our vision. The CMO works as part of the ABC Senior Executive Team (SET) to communicate ABC's issues to members, regulators, legislators, and external groups and mobilizes ABC members and professional staff to achieve the strategic

goals of the organization. The CMO serves as a public advocate for ABC, maximizing the organization's public presence as a national leader in shaping the future of blood banking, transfusion medicine, and cell therapies. Responsibilities: Represent independent non-profit community blood centers on scientific, medical, and technical matters as well as donor and patient safety concerns before federal agencies, industry and other business partners, allied domestic and international organizations, scientific societies, the media, and the public. Advise the CEO, ABC Board of Directors, and ABC member centers on medical, scientific, technical, safety, and policy issues germane to blood banking. Stay apprised of pertinent regulatory developments and develop effective strategies to achieve success on regulatory issues affecting ABC members. Education & Experience: Medical Degree required. U.S. medical license required with board certification in a medical specialty. Board certification in pathology, transfusion medicine, hematology, or infectious disease preferred. Ten or more years' experience related to blood banking or transfusion medicine. Three or more years' experience with healthcare and/or blood banking issues at a national level via committee work, offices held, or other appropriate experience. Administrative experience in a leadership role preferred. Please click [here](#) to view the full job description. To apply, please submit a resume and cover letter to [Kate Fry](#).

Director, Fixed Site Operations. We Are Blood serves over 40 hospitals and medical facilities in a 10-county

(continued on page 11)

POSITIONS (continued from page 10)

area. We are currently hiring a Director, Fixed Site Operations. Responsibilities: Subject matter expert for Donor Services: Develop and sustain complete familiarity with all industry guidelines, cGMP, technical skills, departmental SOPs, quality policies and procedures, human resources policies and procedures, mainframe donor database, document management software, operator manuals, training plans and other materials as appropriate. Administration of managerial functions: Direct, manage, and evaluate work activities of the Lamar Operations and Satellite Managers; ensure compliance with all applicable industry, federal and organizational guidelines, protocols, policies, and procedures. Employee development: Function as a mentor to fixed site and support staff; providing leadership, guidance, training and counsel; investigate and rectify employee performance and/or behavioral inadequacies with timely counseling; conduct fair, effective, unbiased and factual performance appraisals of department managers and ancillary staff. Project Management: Work with Donor Services Quality Assurance Manager to establish, implement and validate new processes, protocols, procedures, and technologies; draft and revise SOPs; record keeping and organizational leadership. To view the full posting, click [here](#). EEO Employer: Minorities/Women/Veterans/Disabled

Director, Mobile Operations. We Are Blood serves over 40 hospitals and medical facilities in a 10-county area. We are currently hiring a Director, Mobile Operations. Responsibilities: Subject matter expert for Donor Services: Develop and sustain complete familiarity with all industry guidelines, cGMP, technical skills, departmental SOPs, quality policies and procedures, human resources policies and procedures, mainframe donor database, document management software, operator manuals, training plans and other materials as appropriate. Administration of managerial functions: Direct, manage, and evaluate work activities of the Business Integration Services (BIS) manager and mobile operations managers; ensure compliance with all applicable industry, federal and organizational guidelines, protocols, policies, and procedures. Employee development: Function as a mentor to mobile operations and BIS support staff; providing leadership, guidance, training and counsel; investigate and rectify employee performance and/or behavioral inadequacies with timely counseling; conduct fair, effective, unbiased and factual performance appraisals of department managers and ancillary staff; project management, record keeping, and organizational leadership. To view the full posting, click [here](#). Check us out at www.WeAreBlood.org to find out how you else you can be a part of our family. EEO Employer: Minorities/Women/Veterans/Disabled

Chief Information Officer. LifeShare Blood Center is currently seeking a Chief Information Officer. The Chief Information Officer (CIO) is responsible for directing the

information technology (IT) and communication strategy, and data integrity of LifeShare. The CIO oversees and manages the Project Management Office. This scope includes all data centers, technical service centers, production scheduling functions, help desks, data communication networks, computer program development, and computer systems operations. The CIO provides overall management, definition, and strategic planning of all computer and communication activities within the organizations; and provides insight to the C-suite and Board of Trustees on Information Technology and systems. Bachelor's degree in Computer Science or Business with emphasis in information management systems is required. A graduate degree is preferable. Ten plus years' experience in successive leadership with knowledge of contracting, negotiating, organization development, accounting, strategic planning, and supervision. Five plus years in an FDA regulated environment is highly desirable; blood-banking experience is advantageous. This position will be in our Shreveport, LA location. Review complete job description and submit applications at www.lifeshare.org/careers.

Medical Technologist, Clinical Laboratory Scientist, or Medical Laboratory Scientist (MT/CLS/MLS; 2nd or 3rd Shift Available). The Community Blood Center/Community Tissue Services is located in Dayton, OH. We are looking for a Medical Technologist, Clinical Laboratory Scientist, or Medical Laboratory Scientist to join our team of blood/tissue bank laboratory professionals. Our microbiology department is growing! We are expecting a volume of 437,000 tests this year. This position will be on either 2nd or 3rd shift. We perform sterility testing on all tissue grafts, and leukoreduced apheresis units, culture other blood products as needed and provide environmental surveillance cultures. If you haven't thought about working at a blood center or tissue bank give us a call. We'd be glad to give you a tour and tell you more about how we operate. The job consists of performing clinical microbiology testing. BS Required. ASCP certified as a Medical Technologist (MT), Clinical Laboratory Scientist (CLS), or Medical Laboratory Scientist (MLS). We offer a highly competitive benefit package including medical, vision, dental, life and supplemental insurance options, 401(k) with employer contribution and match, tuition assistance and generous paid time off (PTO). CBC/CTS is an Equal Opportunity Employer/Protected Veteran/Disability. Drug-Free Workplace. Visit our website to apply www.cbccs.org.

Medical Director. Provide transfusion medicine (TM) clinical care at Heartland Blood Center (HBC) and its associated hospitals in the scope noted below, as well as effort in leadership of the Immunohematology Reference Laboratory (IRL) as Medical Director at HBC/Versiti. Key components of this position would comprise TM consultation and oversight of blood management at HBC

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and Versiti partner hospitals, as well as participation in educational initiatives and clinical/applied research within both Versiti blood centers and their affiliated health systems. Primary Responsibilities: Oversees blood donor center collections in the Chicago-land and various areas of Indiana. Provides medical direction, including compliance with local, state, and federal regulations and accreditation agencies, for blood center and transfusion services at Versiti affiliated hospitals in Illinois and Indiana. IRL Medical Director for HBC, providing oversight of IRL laboratory staff technical duties and working with Versiti and HBC laboratory management to provide education and skill advancement. Education and Licenses: M.D. or D.O. Degree. Board certified in pathology (AP/CP or CP only), internal medicine, or pediatrics (with subspecialty boards in hematology). Board certified/board eligible in Blood Banking/Transfusion Medicine (American Board of Pathology—ABP). Current or eligible for medical licenses in Illinois, Wisconsin, Indiana, Michigan and Ohio. Experience/Certifications: Demonstrated experience in both 1) pathology/laboratory medicine or hematology and 2) transfusion medicine. Ability to write lectures and articles using original or innovative techniques or styles; excellent presentation skills with capacity to present to varied audiences. Click [here](#) to view the full job description and to apply.

Medical Director. LifeShare Blood Center is currently seeking a Medical Director. The Medical Director provides oversight for LifeShare Blood Center, and LifeShare Cellular, Molecular, and Tissue Services and provides medical support and consultation to centers when requested concerning donors, donor reactions, physician or hospital requests, apheresis services or any related procedures. Additional responsibilities include investigating suspected transfusion transmitted diseases and submitting required reports, reviewing reports of transfusion reactions and taking appropriate action, reviews reports of post-donation illnesses and makes decisions concerning product disposition, reviews abnormal donor test results and all positive infectious disease test results and makes appropriate notifications. Medical Doctor with appropriate specialty, such as hematology or pathology required. Louisiana license must be in good standing. Experience or fellowship in blood banking helpful. Demonstrated excellence as a physician or medical practitioner, either in private practice or in association with a major hospital or medical teaching institution. Knowledge of all regulations, laws, statutes and standards (e.g. FDA, AABB, CLIA, FACT) pertaining to blood donation, transfusion transmitted disease testing, blood compatibility and transfusion, cellular therapies, molecular testing, blood components, and patient or donor reactions. This position will be in our Shreveport, LA location. Review complete job description and submit applications at www.lifeshare.org/careers ♦