

2019 #16

May 10, 2019

INSIDE:

OUR SPACE: Together
We Can2

Canada to Change MSM
Deferral to 3 Months.....3

WORD IN WASHINGTON
.....4

2019 ADRP Annual
Conference Registration
.....5

ABC 2019 Meetings &
Workshops5

RESEARCH IN BRIEF6

STOPLIGHT®: Status of
America's Blood
Centers' Blood Supply .8

CALENDAR.....9

POSITIONS.....9

Please Note: The ABC Newsletter will not be published on May 17th. We will resume regular publication on May 24th. Thank you for your continued interest.

Final Babesia Guidance Published by FDA

The U.S. Food and Drug Administration (FDA) has published a final guidance entitled, "[Recommendations for Reducing the Risk of Transfusion-Transmitted Babesiosis.](#)" The guidance recommends that babesiosis is a relevant transfusion-transmitted infection (RTTI) 21 CFR 630.3(h)(2)(i) and (ii) but does not recommend year-round antibody testing in Babesia endemic states at this time due to the lack of an available antibody test.

The FDA's Blood Products Advisory Committee previously recommended nationwide year-round antibody screening of donors in addition to nucleic acid testing (NAT) in high risk states. Currently, the Grifols Procleix Babesia Assay for the detection of RNA from Babesia species is the only FDA licensed test available for the screening of whole blood and blood component tests. The previously available FDA licensed Imugen *B. microti* antibody test and Imugen *B. microti* NAT have been discontinued by the manufacturer.

This contributed to the FDA's recommendation of regional year-round testing of all donations collected in the states below "using a licensed NAT for Babesia, or FDA approved pathogen reduction device":

- Connecticut
- Delaware
- Maine
- Maryland
- Massachusetts
- Minnesota
- New Hampshire
- New Jersey
- New York
- Pennsylvania
- Rhode Island
- Vermont
- Virginia
- Wisconsin
- Washington, D.C.

(Continued on page 4)



OUR SPACE

Rita Reik, MD, FCAP Chief Medical Officer

Together We Can

It is a tremendous honor to have the opportunity to serve as Chief Medical Officer (CMO) for America's Blood Centers (ABC) and I want to express my deepest gratitude to the search committee and members who made this possible. As we all know, my predecessor Louis Katz, MD is the quintessential "hard act to follow" and the thought of attempting to fill his shoes leads to some understandable trepidation on my part. His leadership, presence, passion, wit, and wisdom have been at the core of America's Blood Centers for so long, that in the minds of many of us, his name is synonymous with ABC. His contributions to the blood banking and healthcare communities are too numerous to mention here, but we all know they were, are, and will continue to be important, transformative, and forward thinking. Dr. Katz will remain a source of inspiration and support for all of us.

ABC's current leadership under the Board of Directors, CEO Kate Fry, MBA, CAE, Past-President Martin Grable, and current President Michael Parejko, is well-suited for dealing with our industry's current and upcoming challenges. They embody a dynamic combination of experience, responsiveness, passion, and innovative thinking and I am delighted to join this talented group of people.

I have been in the blood banking community for over 25 years, and what I observe is that technology and information are disrupting and transforming our world. Boundaries are shifting and disappearing, new solutions are being developed for old problems, and new problems are arising from the rapidity at which we are changing. We are dealing with this disruptive paradigm globally, nationally, in our communities, jobs, and families. History has proven that the clock cannot be turned back, and so survival depends on the ability to embrace change, adapt, evolve, and move ahead.

How do we, as blood bankers and transfusion medicine professionals, survive these sweeping changes in our community and the healthcare industry? Better yet, how do we flourish as we did in the past? I wish I had the answers to these questions, but together we will have to find the answers. Whether one wants more or less government, the beginning of an effective response to change often starts with laws and regulations which can increase or decrease our burdens and protections. In view of this reality, ABC is placing a prevailing emphasis on public awareness and advocacy. In order to remain viable, ABC and the members it serves will need visibility and a seat at the table when laws are passed that affect the blood banking industry, hospitals, patients, and donors. We will need to speak with one voice on critical issues and agree on our priorities in order to effectively leverage the regulators and legislators that serve the public that relies on us.

(continued on page 3)

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and 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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OUR SPACE: Together We Can (continued from page 2)

My recent experience in joining fellow ABC members on Capitol Hill in order to engage Congress in our cause was exhilarating and eye-opening. It was inspiring to see our government at work and encouraging to realize they were ready to engage in our cause if the message was clear, consistent, and compelling. Because learning is iterative, the message must be repeated, so we will need to continue to advocate for visibility, public awareness, disaster support, access to health care for the disadvantaged, and the resources needed to bring forth critical technological innovations.

From a CMO perspective, I look to the scientific, medical, and technical (SMT) leadership in ABC for the wisdom, objectivity, expertise, patient/donor focus, and innovative thinking that will find the common ground in thorny issues and package our messaging irresistibly to the public, regulators, and lawmakers. The talent, intellectual acuity, and scientific discipline available to ABC from its SMT group is an invaluable resource for moving our industry forward on all levels. To paraphrase what I heard in a recent conversation, perhaps the CMO role is best seen as one of “a facilitator and convener.” I agree with that assessment and look forward to serving all of you in that capacity as we seek common ground, common sense, and viable solutions for current and future challenges.

[Rita Reik, MD, FCAP](#)

ABC Chief Medical Officer ♦

Canada to Change MSM Deferral to 3 Months

Health Canada recently accepted requests from Canadian blood providers Héma-Québec, an ABC member, and Canadian Blood Services to change Canada’s blood donation policy regarding men who have sex with men (MSM), reducing the deferral period from 12 months to 3 months from the last MSM sexual activity, announced Canadian Blood Services and Héma-Québec on Wednesday, May 8th in separate news releases. This new policy will take effect on June 3rd, giving blood centers time to make the necessary changes to their methods used to determine blood donor eligibility.

“It has been demonstrated that implementing a 12-month temporary exclusion in 2016 had no impact on the safety of the transfusion system,” said Héma-Québec’s Vice President of Medical Affairs and Innovation Marc Germain, MD, PhD, FRCP in their [news release](#). “As a result of recent data concerning transfusion safety, the exclusion policy applied to men who have had sex with another man could be reviewed. Such a change is scientifically justified and will not endanger the very high level of safety of blood products.”

The change request was made by both Héma-Québec and Canadian Blood Services in December 2018. It included stakeholder input and scientific data that demonstrated that the safety of Canada’s blood supply would not be jeopardized by adjusting the eligibility criteria for MSM.

“We empathize with individuals who, for many different reasons, cannot give blood. This further reduction to the waiting period represents the next available step forward in updating our blood donation criteria,” said Canadian Blood Services CEO Graham Sher, MD, PhD in the Canadian Blood Services [news release](#). “The work to evolve the blood donation eligibility criteria doesn’t end here. The research required to generate further evidence-based changes is ongoing.”

(continued on page 6)



BABESIA FINAL GUIDANCE (continued from page 1)

Additionally, the guidance recommends that blood centers in states not subject to Babesia testing and whose products are not pathogen reduced must revise their donor history questionnaire to ask donors if they have ever had a positive test for Babesia, either as a medical diagnosis or donor screening. Those individuals with reactive Babesia NAT results are deferred for a period of at least 2 years from the date of the test. Donors must be notified and counseled on the potential significance of the results. Donor questions regarding history of babesiosis may be discontinued when testing or pathogen reduction is performed. Individuals previously deferred for a history of babesiosis may be eligible for reentry.

Products from donations that test reactive for Babesia must not be used for transfusion. The *Circular of Information* must be updated to indicate when testing for Babesia is performed. More information and the full guidance are available on the FDA's [website](#).

The recommendations in the guidance may be implemented as soon as feasible but no later than 12 months after the guidance issuance date, which would be May 9, 2020.

The guidance finalizes the July 2018 draft guidance, which America's Blood Centers (ABC) submitted [comments](#) to FDA on behalf of its member blood centers. Additionally, ABC joined AABB and the American Red Cross in the submission of [joint comments](#). Babesia donor testing began in August 2012 in certain endemic areas under investigational new drug applications. Most individuals that become infected with B. microti are asymptomatic, while others display flu-like symptoms.

(Source: FDA [Guidance](#), 5/9/19) ♦

WORD IN WASHINGTON

The Senate has introduced compromise language in the Pandemic All-Hazards Preparedness Act (PAHPA) (S.1379) that includes all blood center provisions. This potentially paves the way for passage of the bill in the near future at which time it will go back to the House for passage before going to the President to sign the bill into law. Members of America's Blood Centers (ABC) can view the Senate bill on the ABC Member [website](#). This broad legislation drives the nation's disaster planning and readiness activity and contains three important provisions to blood centers:

- inclusion of blood centers as stakeholders the HHS Assistant Secretary for Preparedness and Response (ASPR) must consult in disaster planning;
- recognition of financial implications borne by blood centers for such work; and
- a report to Congress from HHS within one year of the bill's enactment regarding recommendations for supporting an adequate blood supply.

ABC previously signed-on to a coalition [letter](#), joining more than 60 organizations, sent to congressional leadership encouraging passage of PAHPA in addition to ABC members advocating on Capitol Hill with their members of Congress during ABC's annual Advocacy Day in March 2019.

(Sources: MCN [19-036](#), 5/9/19; Coalition [Letter](#), 3/22/19)

(continued on page 8)



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

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.

2019 ADRP Annual Conference Registration

[Registration](#) for the 2019 ADRP Conference in Indianapolis, Ind. May 14th – 16th remains open with a discounted rate still available to ADRP [subscribers](#). This year's 41st conference features a theme of "Innovate. Collaborate. Motivate." It will take place at the Hyatt Regency Indianapolis with breakout sessions and roundtable discussions, for blood center leadership, directors, management, and front-line staff. Tracks include recruitment, leadership, collections, and marketing/communications. P.A.C.E. continuing education credits are available. Come join hundreds of attendees worldwide to share best practices, learn, and network. The conference also features a tradeshow for attendees to hear about the latest products and services available to blood center staffs. More information and the schedule-at-a-glance can be found on the ADRP [website](#). ADRP is an international division of America's Blood Centers with more than 700 subscribers worldwide. ♦

ABC 2019 Meetings & Workshops				
Meeting/Workshop	Dates	Location	Hotel/Hotel Rate	Registration Dates & Fees
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/night	Late April - July 5 MD Workshop \$435 MD+Summer \$760
Summer Meeting	July 31-August 1	Denver, Colorado	Grand Hyatt, \$239/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](#).



CANADA MSM DEFERRAL (continued from page 3)

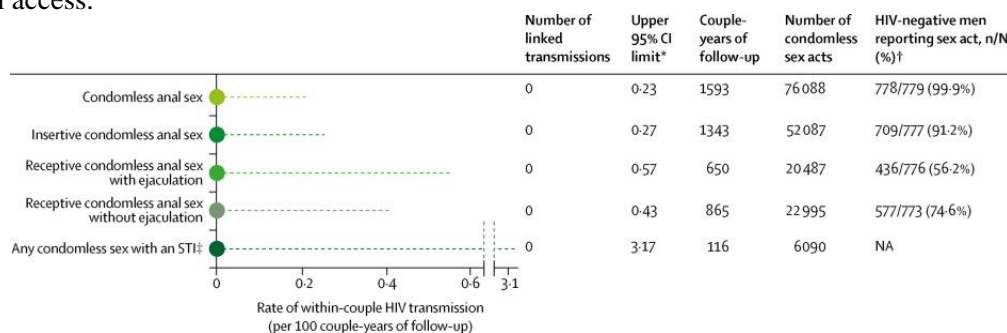
The deferral is meant to protect the blood supply from transfusion-transmitted infections, such as HIV, which are more prevalent and have higher incidence among MSM. However, as blood screening tests have become more advanced and additional data from scientific studies becomes available, blood services around the globe continue to examine their MSM deferral policies. Canada now becomes the latest country to reduce the length of the fixed-period for MSM deferrals.

According to figures from Héma-Québec, the possibility of contracting HIV from a blood transfusion is “extremely low,” 1 in 23 million in Québec and the MSM policy change “will not alter this risk in any significant way.” The U.S. Food and Drug Administration’s (FDA) Blood Products Advisory Committee (BPAC) met in March to further discuss the FDA’s 12-month MSM deferral in the U.S.

(Sources: Canadian Blood Services [News Release](#), 5/8/19; Héma-Québec [News Release](#), 5/9/19) 💧

RESEARCH IN BRIEF

Results from Phase Two PARTNER Study (PARTNER2). Researchers have published results of PARTNER2 in *Lancet*. It examines 972 gay male serodifferent couples across Europe that engaged in condomless sex in which one of the individuals was HIV negative and the other HIV positive but using antiretroviral therapy (ART) to suppress the virus. The researchers discovered that “[a]fter eight years of follow-up of the so-called serodifferent couples, the study found no cases at all of HIV transmission within couples,” according to a [report](#) in *Reuters*. “The study proves that using antiretroviral therapy to suppress the AIDS virus to undetectable levels also means it cannot be passed on via sex.” Data was retrieved from participants at baseline and every 4-6 months during study visits with ART regimen, CD4 cell count, and current and recent plasma HIV-1 RNA load captured for the HIV-positive subjects at baseline and each visit, as they were asked to test every 6-12 months. The study recruited the participating couples from September 2010 through July 2017. Though 15 HIV-negative individuals did become “HIV-1 positive during eligible follow-up, [there]were [none] within-couple phylogenetically linked transmissions” as the individuals became infected with HIV from a different sexual partner. “Our findings provide conclusive evidence for gay men that the risk of HIV transmission with suppressive ART is zero,” said Alison Rodger, a professor at University College London who co-led the research, to *Reuters*. The full study is [available](#) with open access.



Courtesy of *Lancet*. Rate of within-couple HIV transmission through condomless sex according to sexual behaviour reported by the HIV-negative partner.

STI=sexually transmitted infection. NA=not applicable. *Estimated using the exact Poisson method. †Numerator is the number of HIV-negative men within the eligible couples ever reporting that specific sexual act and denominator is the group-specific number of HIV-negative participants who contributed eligible couple-years of follow-up. ‡Refers to STIs (excluding HIV) self-reported by the HIV-negative partner.

(continued on page 7)

RESEARCH IN BRIEF (continued from page 6)

Citation: Rodger, A., Cambiano, V., Bruun, T., Vernazza, P., Collins, S., Degen, O., *et al.* [Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy \(PARTNER\): final results of a multicentre, prospective, observational study.](#) *Lancet*, 2019.

(Source: *Reuters*, [AIDS drugs prevent sexual transmission of HIV in gay men](#), 5/2/19)

Repeat Female Blood Donors Enjoy Protective Effect from Cardiovascular Disease. There have been conflicting studies since the 1980s regarding blood donation and the protective effect of heart disease. The aim of this study was to estimate the relationship between blood donation and cardiovascular disease by including the largest cohort of all Dutch donors to date.

The study population was 159,934 Dutch whole-blood donors with an active donation history of at least 10 years. The investigators felt this time period would be needed for blood donation to exert its protective effect on cardiovascular disease. The authors aimed to reduce the healthy donor effect (HDE) bias. They accomplished this by including only individuals who remained active donors for at least 10 years and adding a follow-up period of 10 years. “Cardiovascular endpoints were based on hospital discharge diagnoses and death certificates from Dutch Hospital Data and Statistics Netherlands and occurring after the 10-year qualification period.”

A total of 9,381 (10.81 percent) men and 4,338 (6.28 percent) women suffered a primary cardiovascular hospital admission or death. Adjusted for age, men did not differ in cardiovascular hazard, with a hazard rate ratio (HRR) of 0.99 (95 percent CI 0.94 to 1.04). However, women showed a reduction in cardiovascular morbidity associated with high-frequency blood donation (16-115 donations) (HRR=0.90, 95 percent CI 0.84 to 0.97) compared with low-frequency donors (1-11 donations). A total of 874 (0.55 percent) suffered a primary cardiovascular death. The age-adjusted HRRs for cardiovascular mortality indicated a stronger protective effect of high-frequency blood donation than on morbidity but attenuated to 0.99 (95 percent CI 0.83 to 1.18) in men and 0.89 (95 percent CI 0.60 to 1.31) in women.

The authors concluded that this study showed a possible protective effect of long-term, high-frequency blood donation against cardiovascular disease. Women with a high donation level during the first 10 years of their donation career had a decreased cardiovascular risk of approximately 10 percent compared with women with low donation intensity. Although comparable results were obtained on cardiovascular mortality, they did not reach statistical significance due to the low number of events. For this study population, the protective effect was only observed in women and not in men.

Citation: Peffer, K., den Heijer, M., de Kort, W., *et al.* Cardiovascular risk in 159 934 frequent blood donors while addressing the healthy donor effect. *Heart*. 2019. Doi: [10.1136/heartjnl-2018-314138](https://doi.org/10.1136/heartjnl-2018-314138).

Contributed by Richard Gammon, MD, Medical Director at OneBlood 💧

We Welcome Your Letters

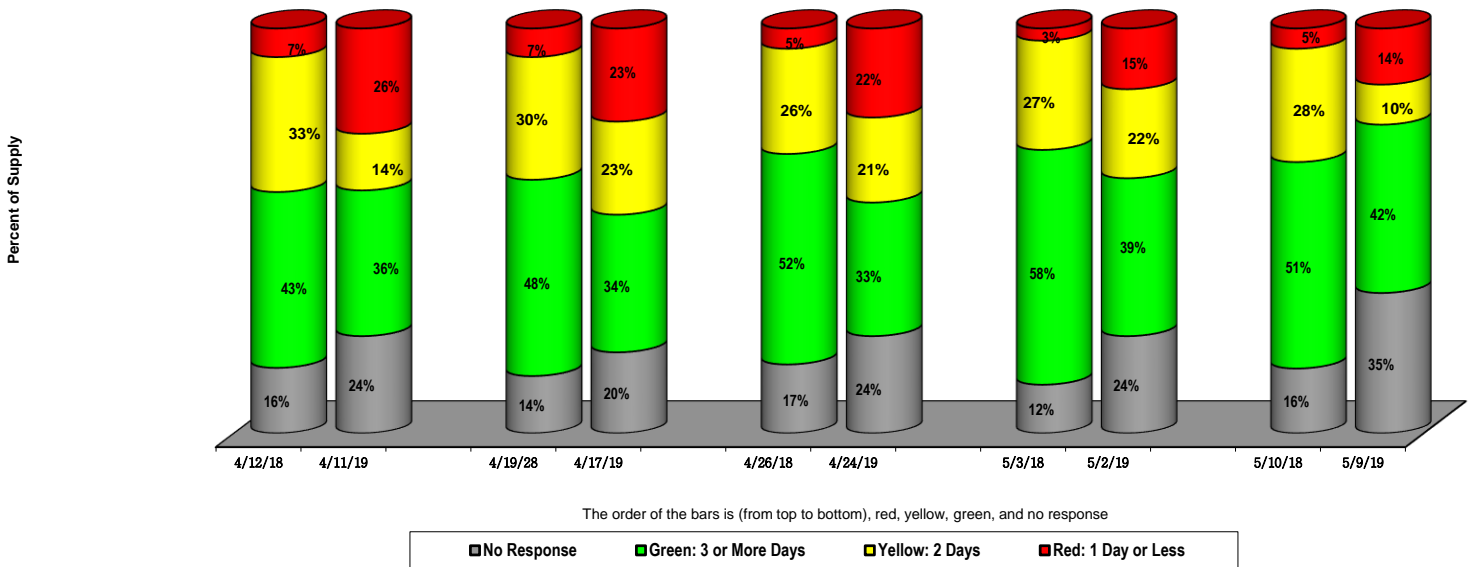
The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity 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.

WORD IN WASHINGTON (continued from page 4)

The House Appropriations Committee continued markup of the fiscal year 2020 Labor, Health and Human Services, Education, and Related Agencies funding bill this week. The draft version of the bill references the donor history questionnaire and recommends that the National Heart, Lung, and Blood Institute continues providing the U.S. Food and Drug Administration with the “latest science” on the risk of sexually transmitted infections (STIs) through blood transfusions. “The Committee is concerned that certain FDA guidance in the educational materials provided in the blood donor questionnaire are inappropriate and misguided. The recommendations for deferral should not mention someone’s sexual orientation, and rather focus on risk factors that might expose a potential donor to blood-borne illness. The Committee strongly recommends that NHLBI continue to provide the FDA with the latest science on the risks of transmission of STIs through blood donation and transfusion.”

Additionally, the draft legislation included an \$8.5 billion increase in funding for the U.S. Department of Health and Human Services over the previous year bringing total funding for the department to \$99 billion. It also includes a \$2 billion increase over 2019 funding levels at the National Institutes of Health totaling \$41.1 billion in proposed funding for the agency 2020, as well as a total of \$8.3 billion in funding for the Centers for Disease Control and Prevention (\$921 million more than 2019 funding levels at the agency). ♦

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



Daily updates are available at:

www.AmericasBlood.org

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!

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

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

Laboratory Services Manager. LifeSouth Community Blood Centers is currently seeking a skilled individual for a **Laboratory Services Manager** position in our Immunohematology Reference Laboratory in **Gainesville, FL**. This position is responsible for overseeing all laboratory testing activities performed in the LifeSouth facility. This includes meeting the needs of customers for accurate, timely and high-quality immunohematology reference laboratory testing and services. This position is also responsible for compliance with established laboratory policy and with applicable governmental regulatory requirements from CLIA, FDA, AABB, HIPAA and state licensing regulations. Bachelor's degree in clinical laboratory, chemical or biological science required. SBB Certification required. Five years of clinical laboratory experience at a licensed, certified or accredited facility required. Previous management experience required. Master's degree may compensate for less experience. Relocation expenses negotiable. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. VEVRAA Federal Contractor. Follow this link to apply: <https://lifesouth.careerplug.com/jobs/901033/apps/new>.

Clinical Lab Supervisor (San Francisco, CA). Since 1941, Vitalant has proudly served as a leader in the blood banking industry. We are a globally-recognized leader in blood transfusion medicine. Requirements: Bachelor's degree. Must satisfy CLIA requirements for High Complexity Testing. Certification as a Medical Technologist or Specialist in Blood Banking (SBB) by a recognized certifying organization. Seven years clinical laboratory

testing experience. Two years supervisor experience required. Two years IRL experience preferred. Apply [here](#). EOE

Senior Clinical Lab Specialist (San Francisco, CA; Req: 190688). Vitalant exists to help people realize their life-transforming potential by offering convenient blood donation opportunities and sharing our expertise in transfusion medicine. Under minimal supervision, this position is responsible for performing routine testing of biological specimens and reviewing test results and quality assessment data and responsible for providing skilled technical support in the laboratory. Requirements: Bachelor's degree required. Must satisfy CLIA requirements for High Complexity Testing required. Certification as a CA Medical Technologist required. Specialist in Blood Banking (SBB) by a recognized certifying agency preferred. Five years clinical laboratory testing experience required. One-year IRL experience preferred. For more information or to apply, please visit [here](#). EOE

Executive Director. ADRP, an International Division of America's Blood Centers (ABC), is seeking a part-time Executive Director. The position is a senior management role and will provide oversight and leadership to all aspects of ADRP, including membership, communications and marketing, events, and education. The position will report directly to the ABC Chief Executive Officer, providing strategic guidance on emerging trends in the blood banking industry to help shape strategies that promote growth and drive value. Primary Responsibilities:

(continued on page 10)

POSITIONS (continued from page 9)

Provide organizational oversight, including support for the ADRP Advisory Board and ADRP committees, management of ADRP in accordance with an annual budget, and alignment of ADRP with other ABC programs and services. Promote ADRP through a variety of communication platforms, including a monthly Newsletter, various email communications, and the ADRP website. Educational Requirements: Bachelor's required. Experience, Knowledge, Skills and Abilities: Five plus years of related experience in program development and management, event planning, communications and/or marketing. Experience in the blood banking industry preferred, but not required. Strong written and oral communication and interpersonal skills. Strong planning and organizational skills, detailed oriented. This is a remote position. Click [here](#) to view the full job description. Interested applicants should send a cover letter and resume to careers@americasblood.org.

Assistant Director of Clinical Business Development. Stanford Blood Center (SBC), a subsidiary of Stanford Health Care, is focused on connecting our communities to provide hope for healing. We lead the fields of transfusion and transplantation medicine by advancing science and technology. For more information, visit <http://blood-center.stanford.edu/>. We are seeking an Assistant Director of Clinical Business Development to improve SBC's market position and achieve financial growth and service excellence for SBC's core business units. Core Duties: In coordination with operational departments, serve as a primary service relationship contact for customers, current and prospective. Develop a growth strategy focused both on financial gain and customer satisfaction. Set and manage customer expectations, communicate strategic plans and status. Screen and identify potential business deals by analyzing market strategies, deal requirements, potential, and financials. Close new business deals by coordinating requirements; developing and negotiating contracts; integrating contract requirements with business operations. Manage customer relationships through regular meetings and maintaining a customer database. Capture customer feedback to identify areas for improvement and opportunities for revenue growth and ensure customer satisfaction and retention. Qualifications: Four-year college degree required; MBA or other advanced degree desired. For a complete job description and to apply, please visit <https://www.stanfordhealthcarecareers.com/>, and reference job #50676.

Supervisory Physician / Chief, Infectious Diseases Section (Department of Transfusion Medicine; Clinical Center, National Institutes of Health; Department of Health and Human Services). The Department of Transfusion Medicine at National Institutes of Health Clinical Center is recruiting a physician faculty member

to oversee the Infectious Disease Section, provide medical support for Clinical Center patients and perform subspecialty consultation related to infection transmission through blood, blood components, and cellular therapies. The successful candidate will oversee a section of 14 staff including a CLIA-approved testing laboratory. Additional functions include research related to transfusion-transmitted infections and teaching in an ACGME-accredited training fellowship in Transfusion Medicine. The Department of Transfusion Medicine is a full-service collector and provider of blood, blood components and cellular therapies. The position requires detailed knowledge of molecular, genetic testing for transfusion-transmitted agents. Candidates must be board certified or eligible in Blood Banking / Transfusion Medicine, Hematology, Infectious Disease, appropriate subspecialty certification(s), must have an M.D. or equivalent degree and must possess an active, current, full, and unrestricted license or registration as a physician from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. Salary is commensurate with training and level of experience and a full federal benefits package will be included. A detailed vacancy announcement with the mandatory qualifications and application procedures can be obtained during the open and close dates listed below, at www.usajobs.gov. Announcement Number NIH-CC-19-DH-10480377; Open date: May 13, 2019; Close date: May 23, 2019. Applications must be received by 11:59 pm on May 23, 2019. Questions on application procedures may be addressed to Teresa Collins, the HR Specialist at (301) 594-9032 or collinstl@mail.nih.gov. DHHS and NIH are equal opportunity employers.

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 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 Chicagoland 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

(continued on page 11)

POSITIONS (continued from page 10)

(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. 💧