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

ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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

2015 #36 **October 2, 2015**

INSIDE:

ABC Study Illuminates O-Negative Donor Recruitment Practices

As the demand for blood products declines in the US, blood centers have become savvier in their recruitment and collection techniques – many developing specific strategies to recruit donors and collect products to more accurately align with hospital needs for specific blood groups and product types. Blood bankers are especially interested in growing and retaining their O-negative donor base, and a recent ABC study sheds some light on just how ABC blood centers are doing it.

"Time and time again, at every conversation that involves the future of blood donation, with either recruiters or CEOs, the topic of increasing collections among O-negative donors comes up. It's certainly not surprising that so much effort is being placed on this group, but what surprised me from my conversations is that no one seemed 100 percent satisfied with their recruitment approach," said ABC Chief Operating Officer Matt Granato, who conducted the study. The Blackstone Group, ABC's research agency of record, aided in its analysis.

"The survey and subsequent report was ABC's response to assist members in understanding the effectiveness of different recruitment approaches that may result in higher O-negative donor frequency vis-à-vis all other donors. And although we have not uncovered the silver bullet, we have narrowed it down to a number of practices for further investigation," explained Mr. Granato. ABC shared the study's results with the participating blood centers, and Mr. Granato discussed the key findings during an International Society for Blood Transfusion (ISBT) meeting of the Working Party on Donors and Donations in July.

Survey Methods. ABC launched the survey in May 2015, garnering responses from 56 blood centers, including 52 in the US and non-members in Canada, England, and the Netherlands. However, for the purpose of making accurate comparisons, the report analyzed only the 48 US blood centers that provided complete data. The survey asked about seven different interventions that blood centers may or may not be doing that may have an impact on donation frequency.

Specifically, the survey asked whether participants implement a different reward system, unique recruitment and retention strategies, different rebooking or telerecruitment methods, and/or specific processes that apply only to O-negative donors. It also asked whether participants segment O-negative donors further to employ targeted marketing techniques.

(continued on page 3)

OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

Let's Put Our Money Where Our Mouths Are

A persistently important issue mentioned when ABC staff discusses advocacy with the members has been the quality control (QC) burden associated with labeling and distributing leukoreduced (LR) apheresis platelets. FDA has determined that we must demonstrate statistically, with validation and QC testing, that our processes attain and maintain 95 percent confidence that 95 percent of our units contain $<5 \times 10^6$ residual white blood cells (WBCs). This level of performance is clinically appropriate in my clinician's brain (spare me the epithets please). If we believe that LR is clinically important, we should be stringent about what we distribute. The problem comes when the QC burden is greater than the QC benefit. Many of us think that with our robust plateletpheresis platforms and processes, we are well past that threshold.

The first question is not how good our products are or should be *per se*, but how do we know how good they are, and how many ways there are to know. FDA accepts very standard statistical estimates using binomial and hypergeometric distributions. ABC members insist the volume of testing required is unreasonable, and for many of our smaller members this approach requires testing all or most of the products. The agency responds, "make an alternative proposal."

We are trying to do so, but the effort requires a lot of work by ABC members, and it is not clear we are willing to do the lifting needed. In MCN 15-067, we described the concept of "parametric release" wherein if process parameters are within specification, QC testing is not needed. Parametric release has worked in venues like device sterilization, where documentation that appropriate sterilizer conditions obviate the need for spore strips to prove sterility with biological indicators. This approach requires that we show the agency data proving that when our process is correct, we have the requisite statistical certainty of compliance and need not perform QC, in this case counting residual WBCs. Depending on the method used, volume of testing, and your contract, each residual WBC count can cost as much as $30 – which under parametric release, is required only when there is a process issue suggesting the possibility of failure (and during periodic revalidations).

The MCN asks ABC members to answer a survey and asks volunteers to compile a significant amount of data for their calendar 2014 plateletpheresis collections. The response to date is underwhelming. Go back, look at the MCN, and get in touch with me. If it's really important, we need to do the work. Commit to filling in the survey by Oct. 8 and the data collection spreadsheet before Dec. 1, and ABC will commit to help move the issue forward within the FDA, armed with the facts and prepared to advocate on your behalf for a more cost effective and robust QC program.

lkatz@americasblood.org

The *ABC Newsletter* (ISSN #1092-0412) is published 46 times a year by America's Blood Centers® and distributed by e-mail.

ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

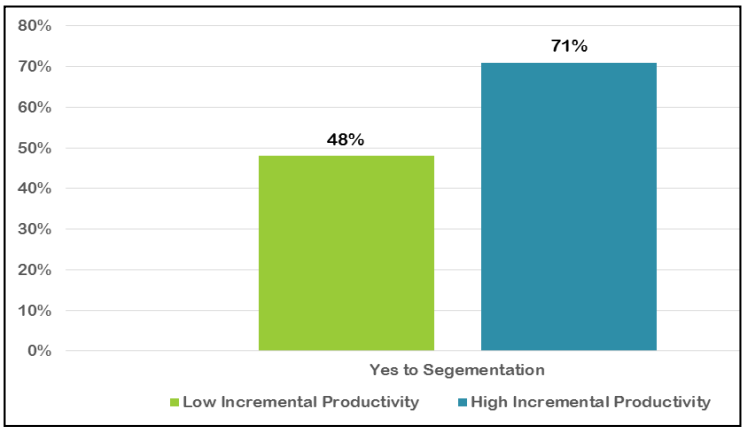
America's Blood Centers
President: Susan Rossmann
CEO: Christine S. Zambricki
Editor: Betty Klinck
Subscriptions Manager: Leslie Norwood
Annual Subscription Rate: $390

Send subscription queries to
mnorwood@americasblood.org.
America's Blood Centers
725 15th St. NW, Suite 700, Washington, DC 20005
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

O-Negative Donor Management Practices (continued from page 1)

To assess the efficacy of the blood centers' O-negative donor management practices, Mr. Granato and the Blackstone Group compared each center's reported donor frequency for all donors with its donor frequency for O-negative donors. Blood centers that reported a frequency for O-negative donors that was less than 15 percent greater than their reported overall frequency for all donors were categorized as low incremental productivity centers, while centers that reported a frequency for O-negative donors exceeding their frequency for all donors by 15 percent or more were categorized as high incremental productivity centers.

Results. The average donor frequency for all donors in the US centers was 1.73 times per year, compared with 1.96 times per year for O-negative donors. When segmented into the aforementioned productivity groups, 31 centers fell into the low incremental productivity group, while 17 belonged to the high incremental productivity group.



The chart above shows the percentage of blood centers identified as high incremental productivity blood centers in terms of O-negative donor frequency that conduct additional segmentation of O-negative donors. Source: ABC O-Negative Donor Management Practices Study, July 2015

Six of the seven interventions had no demonstrable individual effect on whether a blood center fell into the high or low productivity group. However, segmenting O-negative donors further by characteristics like age, gender, and location did show an association with a blood center's likelihood of belonging to the high incremental productivity group. Three-fourths of the centers in the high productivity group utilized some type of additional segmentation for O-negative donors, compared to just half of the low incremental productivity centers.

"This suggests that segmenting the O-negative pool by additional characteristics for targeting purposes may be an important intervention associated with high incremental productivity," said Mr. Granato, although he notes that this was a small sample size and further research is needed.

By scoring the interventions based on whether and also how consistently they happened, Mr. Granato was able to show an association between the number and intensity of interventions and the likelihood that a center would be in the high incremental productivity group. On this measure, low incremental productivity centers had a mean score of 6 (out of 14), while high incremental productivity centers had a mean score of 7.41.

In analyzing the blood centers by geographic region, Mr. Granato discovered that "blood centers in the West, and particularly in California, were disproportionately found in the high incremental productivity group," he said. Of the seven participating California blood centers, six were in the high incremental productivity group.

"I cannot at this point explain this apparent pattern," said Mr. Granato. "Future research should focus on investigating this finding, as well as the types of additional segmentation that are conducted among O-negative donors." He notes that ABC's findings may help direct future research in this area.

One California blood center, Northern California Community Blood Bank (NCCBB) has been successful

(continued on page 4)

O-Negative Donor Practices (continued from page 3)

in retaining O-negative donors through a combination of interventions. A little over 6 percent of the center's donor base is O-negative, yet 10.7 percent of collections are from O-negative donors, said Tom Schallert, the administrator at NCCBB.

"NCCBB's success is due to the combination of recruitment techniques that assures that nearly all of our O-negative donors know how important they are and why. Knowing their importance is the primary motivator," said Mr. Schallert.

NCCBB employs several communication methods to give O-negative donors individualized attention and educate them about the importance of O-negative blood. The center uses type-specific telerecruitment, sends special letters to first-time O-negative donors informing them of their importance, and sends reminder postcards to O-negative donors. The collection staff is also well-trained and aware that O-negative is the universal blood type, said Mr. Schallert.

San Diego Blood Bank (SDBB) has similarly focused on tailoring specific messaging to O-negative donors, particularly first-time donors. In July, the blood center initiated a new marketing campaign to ensure more consistent messaging for O-negative donors and to reward O-negative donors who give blood more than once a year double points for the center's online rewards store, according to Leslie Eagan, account marketing manager at SDBB.

"A lot of times education is key – sometimes O-negative donors don't even know why their blood type is so vital," said Ms. Eagan. "In addition, by recognizing them and giving them extra points, we're showing O-negative donors that they're appreciated."

Questions regarding the ABC study or suggestions for ways to expand upon these findings may be sent to mgranato@americasblood.org. ♦

Margaret E. Wallace to Retire as President, CEO of LifeShare Blood Centers

LifeShare Blood Centers, Shreveport, La., announced on Sept. 21 the retirement of its president and CEO of 30 years, Margaret E. Wallace, MS, MT(ASCP), SBB. The blood center's board of trustees is embarking on a national search for her successor, during which time Ms. Wallace will continue to lead the organization.

During her service to LifeShare Blood Centers, Ms. Wallace has maintained what has been the focus of the center since 1942 – providing quality blood components for use by patients in need. At the same time, she led the expansion into new territories in Louisiana, Arkansas, and Texas, embraced technological advancements, and was instrumental in the creation of the John J. Moulds Immunohematology Reference Laboratory and Scientific Support Services.

Over the course of her career, Ms. Wallace has been published in multiple transfusion medicine related journals. She has been recognized as the recipient of the John Elliott Memorial Award and the Ivor Dunsford Memorial Award from AABB, the Sol Haberman Administrative Award from South Central Association of Blood Banks (SCABB), and the Jack B. Alperin Award from the University of Texas Medical Branch for outstanding support of the SBB program.

(continued on page 5)

Margaret Wallace to Retire (continued from page 4)

Ms. Wallace has also held faculty appointments in the field of medical technology and blood banking, and committee appointments for associations including AABB, the SCABB, and the American Society of Clinical Pathology. In addition to her work as a member of these professional organizations, she is a member of the Rotary Club of Shreveport.

"Margaret leaves behind a legacy of knowledge, excellence, and quality in the blood banking field. Her skills and leadership have been the driving force for the last 30 years, growing LifeShare into what it is today. Her influence will continue always to be a part of who we are and what we do at LifeShare," said John Matessino, chairman of LifeShare Blood Centers' board of trustees. (Source: LifeShare press release, 10/2/15) ♦

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. ♦

ABC Holds Financial Management Workshop in Chicago

America's Blood Centers recently welcomed blood center chief financial officers, chief operating officers, and other financial and accounting professionals to its 2015 Financial Management Workshop, hosted by the Institute for Transfusion Medicine (ITxM) in Chicago, Ill. from Sept. 16 to 17. Attendees explored an array of topics ranging from understanding the cost of blood products to detecting fraud at blood centers.

"We hold this workshop every other year and it has proven to be an excellent opportunity for networking with other financial executives, but also to share best practices," said Rob Van Tuyle, CEO of BloodSource and chair of the workshop planning committee. "This year's workshop allowed financial and operational staff from blood centers around the US to discuss serious issues facing all of our centers."

The workshop offered blood center financial professionals a premiere educational and networking opportunity to learn about and discuss a wide variety of hot topics, from streamlining finance functions, to unrelated business income, to procurement outsourcing, and alternative methods of pricing blood. As a part of the ABC Professional Institute (API), attendees were able to earn professional education (CPEs) credits for CPAs.

The workshop kicked off with a review of the current state of the industry by ITxM President and CEO Jim Covert, followed by a breakout session led by blood industry experts on the cost of producing blood and how to streamline finance functions using the Lean philosophy. Rob Nowak, CPA, Principal, CliftonLarsonAllen, LLP, explored unrelated business income, such as what qualifies as unrelated business income and how the IRS views unrelated business income for non-profits. Attendees were eager to hear from Cathy Clarke, CPA, chief assurance officer with the same firm, who reviewed non-profit accounting updates.

During a session titled, "How do You Measure Success?" attendees heard from several blood center finance executives on key performance indicators (KPIs) in the blood industry and discovered what other

(continued on page 6)

INSIDE ABC (continued from page 6)

centers use for KPIs, as well as how they influence decision-making. An expert in fraud, Angela Morelock, CPA, CFE, CFF, ABV, CrFA, a partner at Forensics & Valuation Services, BKD, LLP, discussed the cost and impact of fraud, the warning signs of fraud, and practical tips to reduce the risk of fraud.

Cyber-security is a major concern for all organizations in today's technologically advanced world. Workshop attendees learned about the risks of hackers and cybercrime, as well as how it can impact a blood center. The presentation also reviewed what cyber liability insurance can do to help in the event of a cybersecurity attack. Akiva Faerber, senior vice president of Clinical Resource Management at MedAssets, discussed procurement outsourcing and alternative methods for pricing blood.

Workshop attendees were excited to hear the results of a survey recently completed by ABC member blood center professionals, which illuminated current financial practices among ABC members.

"I would like to give a special thanks to our host, ITxM, for the use of their facility and hospitality and also to the planning committee for developing a wonderful program," said Mr. Van Tuyle.

ABC Webinar to Discuss HLA Testing and TRALI Mitigation

As part of the 2015 America's Blood Centers Professional Institute (API) Webinars, the ABC Training and Development/Lab Directors/Inventory Managers Committee will hold a webinar on Oct. 8 titled "HLA Testing." The webinar is intended to familiarize the audience with the accrediting significance and some of the operational tasks associated with transfusion-related acute lung injury (TRALI) mitigation using these assays.

By participating in this webinar, attendees will be able to:

- Summarize AABB standards interpretation and assessment findings/impact on blood centers;
- Describe approaches to determining cut-offs and appropriate validation; and
- Describe methods to track results in blood establishment computer systems (BECs).

ABC members can find more information in MCN 15-077. Contact Ruth Sylvester at rsylvester@americasblood.org with questions. ♦

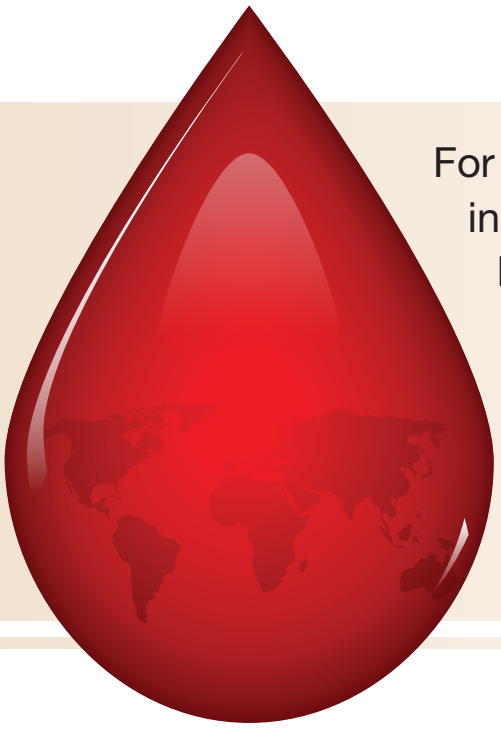
RESEARCH IN BRIEF

A recent study in *JAMA Internal Medicine* suggests that using the terms "breakthrough therapy" and "promising" in Food and Drug Administration (FDA) press releases may cause the general public to incorrectly assume that a drug is definitively effective. FDA's breakthrough therapy designation is used to help fast-track the approval process of drugs that "treat a serious or life-threatening condition" and that "may demonstrate a substantial improvement over available therapies" based only on preliminary evidence. Because the term "breakthrough" connotes a definitive advance, patients may misunderstand FDA's use of the terms "breakthrough" and "promising" in press releases, causing unwarranted confidence in the drug's efficacy. Tamar Krishnamurti, PhD, and colleagues of Carnegie Mellon University in Pittsburgh, Pa., conducted an online survey among 597 Americans. Participants were randomized to read one of five explanations of a recently approved drug, based on an FDA press release for a metastatic lung cancer breakthrough drug conditionally approved based on a surrogate

(continued on page 7)

HOLOGIC®
The Science of Sure

Supporting your testing needs to safeguard the world's donated blood supply.



For nearly 20 years Hologic has been investing in technologies to ensure the safest possible blood supply. Together with our partner Grifols, we share a history of innovation and support towards providing NAT technologies in the United States and around the world. We are proud to support America's Blood Centers.

800-523-5001 | www.hologic.com

RESEARCH IN BRIEF (continued from page 6)

Outcome, tumor shrinkage. The facts-only explanation described the drug as meeting the breakthrough criteria but without using that term. Two other descriptions added the terms breakthrough and promising. The tentative explanation used FDA-required language for professional labeling. The definitive explanation changed "may be contingent" to "is contingent." They found that adding the terms promising or breakthrough increased the percentage of participants rating the drug as "very" or "completely effective" compared with facts-only: 23 and 25 percent vs. 11 percent. It significantly increased the percentage believing that the evidence supporting the drug is "strong" or "extremely strong." This "breakthrough effect" was mitigated by explaining the regulatory meaning of accelerated approval (as required in the professional label). The researchers note that their study may be limited by their study population, which is younger and more educated than the general public. "While the name "breakthrough therapy designation" is specified by law, FDA is not required to use the name or terms like promising in press releases. Press releases with neutral terms – and that routinely explain the limited evidence supporting accelerating approval – might help consumers make more accurate judgments about these drugs," conclude the authors.

Citation: Krishnamurti T, *et al*. A randomized trial testing US Food and Drug Administration "breakthrough" language. JAMA Intern Med. 2015 Sept. 21:1-3. [Epub ahead of print]

BRIEFLY NOTED

Armed Services Blood Program (ASBP) lab technicians, assigned to the hospital ship USNS Mercy (T-AH 19) took part in a Blood Safety Workshop with Vietnamese laboratory technicians during Pacific Partnership 2015 (PP15). Mercy is currently in Vietnam for its fourth mission port of PP15. Pacific Partnership is in its 10th iteration and is the largest annual multilateral humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Asia-Pacific region. While training for crisis conditions, Pacific Partnership missions to date have provided real world medical care to approximately 270,000 patients and veterinary services to more than 38,000 animals. Additionally, the mission has provided critical infrastructure development to host nations through more than 180 engineering projects. The US Pacific Command and the ASBP held a three-day Blood Safety Workshop as part of the Pacific Partnership 2015. According to Navy Capt. Roland Fahie, ASBP director, the workshop was part of the Theater Security Cooperation Plan for the US Pacific Command and part of the ASBP's contributions toward Global Health Engagements. "Through the workshops, we build medical capabilities in these countries," said Capt. Fahie. "We teach them how to build and maintain a safe blood supply in their country, strengthen their processes, and provide increased knowledge to physicians, nurses, laboratory personnel, and management personnel." More information about the ASBP's participation in the Pacific Partnership 2015 can be found here. (Source: ASBP Focal Point, 9/29/15; ASBP press release, 7/21/15)

Lab technicians assigned to the hospital ship USNS Mercy take part in a Blood Safety Workshop with Vietnamese lab techs during Pacific Partnership 2015.

The National Institutes of Health (NIH) Advisory Committee to the Director presented on Sept. 17 to NIH Director Francis S. Collins, MD, PhD, a detailed design framework for building a national

(continued on page 8)

BRIEFLY NOTED (continued from page 7)

research participant cohort of 1 million or more Americans to expand our knowledge and practice of precision medicine. NIH plans to move quickly to build the infrastructure so that participants can begin enrolling at least 1 million participants in three to four years. "We have an incredible opportunity to advance research and make new medical breakthroughs through precision medicine, which tailors disease prevention and treatment to individuals based on genetics, environment and lifestyle," Department of Health and Human Services Secretary Sylvia M. Burwell said in an NIH press release. To advance this approach to medicine, President Obama proposed the Precision Medicine Initiative in January, which aims to enable a new era of medicine through research, technology, and policies that empower patients. Dr. Collins established the Precision Medicine Initiative Working Group and tasked them to develop a plan for creating and managing a large research cohort, with data and specimens that can be accessed by all researchers, for studies to understand the variables that contribute to health and disease, with the ultimate goal of developing more effective treatments tailored to individuals. The report drafted by the working group makes numerous recommendations on cohort assembly, participant engagement, data, biological specimens, policy and governance. Among the scientific opportunities presented by this cohort is the ability to:

- Develop quantitative estimates of risk for a range of diseases by integrating environmental exposures, genetic factors and gene-environment interactions;
- Identify the causes of individual variation in response to commonly used therapeutics;
- Discover biological markers that signal increased or decreased risk of developing common diseases;
- Use mobile health technologies to correlate activity, physiological measures, and environmental exposures with health outcomes;
- Develop new disease classifications and relationships;
- Empower study participants with data and information to improve their own health; and
- Create a platform to enable trials of targeted therapies.

ABC members may want to monitor regulatory progress related to genetic testing and the Precision Medicine Initiative, as federal agencies have already taken an interest in the role that blood centers may play in conducting genomic testing of donors. Keep an eye out for more details on this subject in a future Newsletter. (Source: NIH press release, 9/17/15)

***The Wall Street Journal* recently published an article about pathogen reduction for blood products and the challenges blood centers face in implementing this technology.** The article describes how pathogen reduction could help to protect the blood supply from existing and emerging infectious threats. Several blood community experts, including ABC President Susan Rossmann, MD, PhD, are quoted in the article explaining cost pressures upon blood centers and an unsustainable reimbursement system that does not permit for blood centers to implement new, expensive blood safety interventions – like pathogen reduction. The article is available here. (Source: The Wall Street Journal, 9/27/15)

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. Please send letters to ABC Publications Editor Betty Klinck at newsletter@americasblood.org or fax them to (202) 393-1282. 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.

REGULATORY NEWS

The AABB Food and Drug Administration (FDA) Liaison Committee met two weeks ago with representatives from FDA on Monday to discuss the FDA's Final Rule, "Requirements for Blood Components Intended for Transfusion or for Further Manufacturing Use" and other topics. America's Blood Centers is represented on the committee by ABC CEO Christine Zambricki, DNAP, CRNA, FAAN, ABC Chief Medical Officer Louis Katz, MD, and ABC President Susan Rossmann, MD, PhD. Meeting participants discussed a number of requirements, including those increasing the minimum hemoglobin level for male donors to 13.0 g/dL. FDA. Attendees also reviewed "medical supervision" language that introduces significant changes to the way blood establishments manage healthy donors with low pulse and autologous donors. Committee members from the blood community took issue with what they consider to be the burdensome requirements for freezing source plasma. ABC representatives and other attendees also discussed the need to increase the flexibility of plasma regulations. Current regulations regarding the sale of plasma to fractionators to be made into plasma protein therapeutics do not allow for the maximum use of the gift given by donors. Whole blood plasma can be shipped as "recovered plasma" to create essential plasma derivatives at any time during its shelf life. While apheresis plasma for transfusion bears the same labeling as whole blood plasma, FDA requires untransfused apheresis plasma to expire (one year from the date of collection) before it can be sent for fractionation. Because this adds operational complexities to its use, this is generally not done, and unused product may be wasted. Committee members reiterated concerns that had been submitted previously in comments to FDA on draft guidances about laboratory developed tests, the transmission of HIV through blood products, and bacterial testing for platelets. AABB will post a summary of the meeting in the near future. (Source: AABB Weekly Report, 9/25/15)

Health practitioners and insurers around the US switched on Thursday from ICD-9 to ICD-10 codes, a vast new set of alphanumeric codes for describing diseases and injuries. Health providers have been trying to stave off implementation of the new codes for years, concerned over insurance and

(continued on page 10)

REGULATORY NEWS (continued from page 9)

billing issues that may arise from the learning curve associated with implementing the enormous number of codes as compared with ICD-9, which has been in place for 36 years. The codes that doctors must use to diagnose patients have multiplied from about 14,000 to nearly 70,000. Many healthcare professionals have made light of the obscurity of some of the new codes – such as W56.22xA: struck by orca or R46.1: bizarre personal appearance. There is even an illustrated book of healthcare professionals' favorite ICD-10 codes. While the absurdity of some of the codes is humorous, the implementation of ICD-10 is causing real concern and requiring healthcare providers to update their health IT systems and provide adequate training to facilitate the change. Many health institutions have created "help desks" designed especially to field questions regarding ICD-10. While blood centers are largely not affected by this change, their hospital customers will be committing time and resources to implementing the ICD-10 codes. (Sources: MedPage Today, 9/30/15; NPR, 10/1/15)

The US Department of Health and Human Services' (HHS) Office of the National Coordinator for Health Information Technology (ONC), in collaboration with more than 35 federal partners, released on Sept. 21 the updated Federal Health IT Strategic Plan 2015-2020. The final plan represents the collective strategy of federal offices that use or influence the use of health information IT. The plan's work aims to improve the health IT infrastructure, help transform health care delivery, and improve individual and community health. The plan sets a blueprint for the federal partners to implement strategies that will support the nation's continued development of a responsive and secure health IT and information use infrastructure. The strategic goals of the plan are to: advance person-centered health and self-management; transform healthcare delivery and community health; foster research, scientific knowledge, and innovation; and enhance the US health IT infrastructure. Over the next five years, the plan's federal partners will assess their individual and collective progress on efforts to use health IT to achieve the plan's goals, including progress on the HHS Delivery System Reform initiative. More information is available in the HHS press release. (Source: HHS press release, 9/21/15) ♦

The Food and Drug Administration (FDA) announced on Sept. 21 in the Federal Register that it has established the Patient Engagement Advisory Committee, which will provide advice to the FDA Commissioner or designee on complex issues relating to medical devices, regulation of devices, and their use by patients. The committee may consider topics such as agency guidance and policies, clinical trial or registry design, patient preference study design, benefit-risk determinations, device labeling, unmet clinical needs, available alternatives, patient reported outcomes and device-related quality of life or health status issues. FDA invites public comment regarding the committee, which must be submitted by Nov. 20. Comments can be submitted to Docket Number FDA-2015-N-3166 at www.regulations.gov. (Source: Federal Register, 9/21/15) ♦

GLOBAL NEWS

On Sept. 17 Argentina lifted its ban on blood donation from men who have sex with men (MSM). At a signing ceremony for the resolutions lifting the ban in Argentina, Health Minister Daniel Gollán said, "For a long time, people believed that homosexual relationships were more risky than heterosexual relationships" in terms of contracting HIV, a perception that had led to the initial ban. "What we are doing today is scientifically and technically accurate," he continued, and is "based on a medical approach that replaces that old concept of 'risk groups.'" Argentina joins a growing minority of countries, including Italy and Spain, which assess donors based on individual risk rather than basing the deferral solely

(continued on page 11)

GLOBAL NEWS (continued from page 10)

upon sexual orientation. Several other countries have removed their lifetime MSM deferral in place of a fixed-period deferral. In the US, the Food and Drug Administration proposed earlier this year that the MSM deferral be changed from a permanent deferral to a deferral of one year since the last MSM contact. More information can be found in a Slate.com article about the change. (Source: Slate.com, 9/21/15)

INFECTIOUS DISEASE UPDATES

NEW HUMAN VIRUS

Researchers have discovered a previously unrecognized virus in old human blood samples, but note that there is no evidence that it causes any illness. Half of those infected appear to have cleared it. The genetic sequence of the virus has similarities to hepatitis C, and to the non-pathogenic human pegivirus (GBV-C or what was originally called hepatitis G). Amit Kapoor, PhD, a virologist at Columbia University led the team that identified the virus that has been named human hepegivirus 1 (HHpgV-1). He notes that many people understand that humans coexist with myriad bacteria that are not pathogenic but they do not realize the same is true of viruses (what we might call a viral "normal flora"). The team made the discovery with the use of "deep sequencing" techniques for RNA and DNA, reporting their results in *mBio* on Sept. 22. As part of a search for novel human viruses, the group analyzed blood samples from a cohort of 46 people that were collected before and after they received a blood transfusion between 1974 and 1980. Their study identified two people who acquired what looked like a novel flavivirus following transfusion. Based on subsequent blood samples, both cleared the virus. They then tested 70 more people from that cohort but did not find the HHpgV-1 sequence again. An analysis of a separate repository of samples, from 106 frequently transfused patients with hemophilia, found two more people harboring HHpgV-1 sequences. They had persistent infections that lasted 5.4 years but no evidence of any related disease. While this research highlights the power of advanced screening techniques, it is far too early for blood banks to consider any action against HHpgV-1, Michael Busch, MD, PhD, co-director of Blood Systems Research Institute, San Francisco, told *Science*. "Does it cause trouble that would justify any response with blood safety? I don't think we're at that level." Moreover, there's a chance the virus could even be helpful. Dr. Busch and others have demonstrated that HIV-infected patients have slower progression when co-infected with GBV-C, which makes up a portion of HHpgV-1's genetic sequence. "There was clear evidence that it reduced the pathogenesis of HIV," he added. The researchers now aim to develop an antibody test to determine who has been infected with HHpgV-1 in a larger population. Members of the AABB Transfusion Transmitted Diseases committee have been apprised of the publication and will monitor further studies in this area. (Science, 9/22/15)

Citation: Kapoor A, *et al*. Virome analysis of transfusion recipients reveals a novel human virus that Shares genomic features with hepaciviruses and pegiviruses. MBio. 2015 Sept. 22;6(5).

CMV

A study in the *Journal of Clinical Microbiology* examined the use of three commercial assays for cytomegalovirus (CMV) DNA in German blood donors. While human CMV is a ubiquitous viral pathogen that causes mostly asymptomatic disease, it causes serious morbidity in immunocompromised patients, who make up a significant proportion of transfusion recipients. Tanja Vollmer, PhD, and colleagues of the Universitätsklinik der Ruhr-Universität Bochum, Germany, implemented routine CMV pool

(continued on page 12)

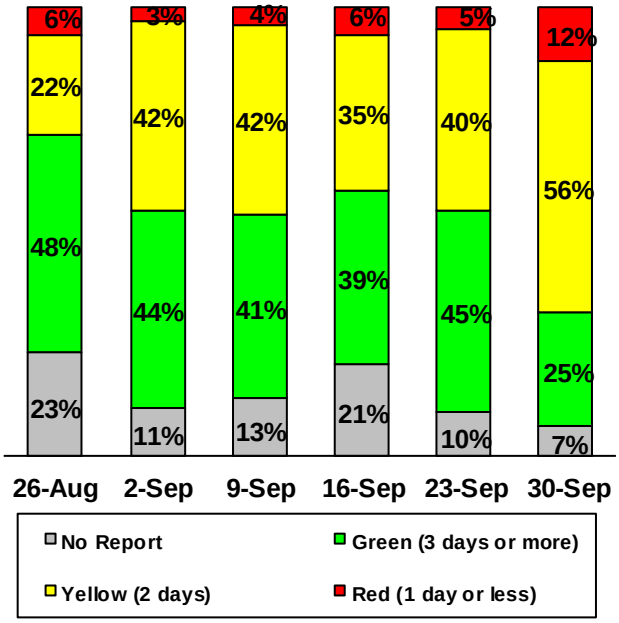
INFECTIOUS DISEASE UPDATES (continued from page 11)

screening in plasma for the identification CMV-DNA positive blood donors and evaluated the sensitivity and performance of different CMV DNA amplification systems. Minipools of 18,405 individual donors (from 54,451 donations) were screened for CMV DNA. Five donors had CMV DNA with detectable IgA, IgM, and/or IgG antibody; one donor had no CMV-specific antibodies and appeared to represent a window infection. The RealStar CMV PCR Kit (Altona Diagnostics), Sentosa SA CMV quantitative PCR (Vela Diagnostics), and CMV R-gene PCR (bioMerieux) showed comparable analytical sensitivity ranging from 10.23 to 11.14 IU/mL (MP-NAT) or 37.66 to 57.98 IU/mL (ID-NAT). A single donor with a window-period donation during acute primary CMV infection was identified. The authors conclude that "the "evaluated methods present powerful basic tools providing sensitive possibilities for viral testing."

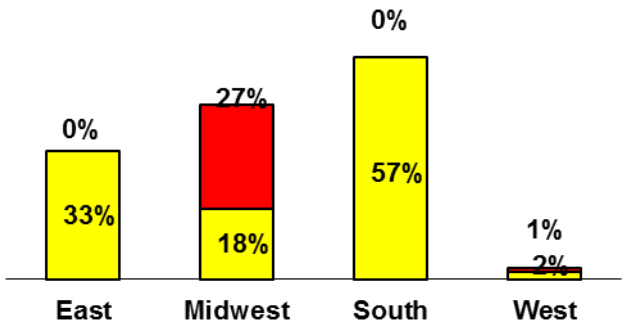
Citation: Vollmer T, *et al*. Systematic evaluation of different nucleic acid amplification assays for cytomegalovirus detection: feasibility of blood donor screening. J Clin Microbiol. 2015 Oct;53(10):3219-25.

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Sept. 30 2015



Percent of Total ABC Blood Supply Contributed by Each Region
East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:
www.AmericasBlood.org

MEMBER NEWS

The Illinois Coalition of Community Blood Centers (ICCBC) and Chicago Alderman gathered at Chicago City Hall on Sept. 22 to kick off "Dona Sangre, Salva 3 Vidas" campaign and to call for increased Latino volunteers to donate blood and join the bone marrow registry. The Chicago legislators and Illinois blood centers held the event in conjunction with Blood Cancer Awareness Month and National Hispanic Heritage Month. While Latinos make up the largest minority of the US population, about 17 percent of the population, they comprise only 4 percent of blood donors. A majority of Latinos, nearly 60 percent, have type-O blood, and O-negative is the universal blood type, pointed out the ICCBC in a press release. "As chairman of both the Latino Caucus and the Committee on Health and Environment, I feel I have a duty to work with my fellow council members to raise awareness of the powerful contribution the Latino community can make to patients in need through blood donation. One of the top reasons people have for not donating blood is because they have not been asked … today I am asking: 'Dona Sangre, Salva 3 Vidas'' said Chicago 12th Ward Alderman George Cardenas. Margaret Vaughn, Government Affairs Director of the ICCBC, explained, "Latino blood contains certain antibodies, unique to the Latino population, which are critical when an exact antigen match is required for Latinos in need of a transfusion." Chicago 36th Ward Alderman Gilbert Villegas added, "With the rising Latino population in the City of Chicago, the mindset needs to change that we just can't wait until there is a loved one in need of blood or an emergency to donate. Blood is needed every two seconds and only has a shelf life of 42 days. We have to become regular blood donors so that a constant supply can be tested, maintained and ready to go at all times by our city's hospitals." Numerous other experts from the blood and organ donation community were on-hand to discuss the importance of Latino donors. Press conference attendees also heard from the mother of 5-year-old Lucas Cervone of Chicago, who is battling Leukemia and requires a bone marrow transplant but is having difficulty finding a matched donor due to his multiethnic Caucasian and Latino background. The ICCBC encourages all Latino donors to visit www.AmericasBlood.org to find the donation center nearest to them and give blood, as well as to consider becoming a bone marrow donor by visiting www.bethematch.org. The ICCBC is a statewide association of non-profit blood centers that includes numerous members of America's Blood Centers. (Source: ICCBC press release 9/22/15)

(From left to right) Holding up their "Dona Sangre" T-shirts are Maria Olivero with the National Kidney Foundation of Ill.; Javiar Macias with the National Leukemia and Lymphoma Foundation of Ill; Lawrence Smith with Heartland Blood Centers; Chicago 31st Ward Alderman Milly Sanchez; 30th Ward Alderman Arial Reboyras; 15th Ward Alderman Raymond Lopez; Margaret Vaughn with ICCBC; 10th Ward Alderman Susan Garza; Thelma Sardin and Hugo Sahagun both with LifeSource.

In commemoration of National Sickle Cell Month in September, Community Blood Center of the Carolinas (CBCC) and the Carolinas Sickle Cell Collaborative are raising awareness about the need for blood donors – in particular African American donors – to help treat area sickle cell patients. The Carolinas Sickle Cell Collaborative (#StepUp4Sickle) is a joint effort between CBCC, regional healthcare providers, sickle cell advocacy partners, and local African American community leaders. Partners include Carolinas HealthCare System, Piedmont Health Services and Sickle Cell Agency, Sickle

(continued on page 14)

MEMBER NEWS (continued from page 13)

Cell Partners of the Carolinas, and individual community advocates. The mission of the Collaborative is to cultivate hope, inspire compassion and improve the quality of life for local sickle cell patients in need of specially matched blood. The goals of the Carolinas Sickle Cell Collaborative include: 1) increase awareness about sickle cell disease; 2) identify more blood donor matches for sickle cell patients in our community; 3) increase the number of African American blood donors to support these patients; and 4) involve more African American organizations in hosting blood drives throughout the year. Studies show that 90,000 people in the US have sickle cell disease and that 98 percent of those are African American. Although sickle cell is not unique to African Americans, it is more frequently diagnosed in the African American patient population in the US. These patients often need regular blood transfusions from donors with matching blood types and similar blood characteristics. The best match usually comes from other African American donors. "We are deeply committed to championing the needs of local sickle cell patients who require life-saving blood," said Martin Grable, president and CEO of CBCC. "We urge the public, and especially African American donors who are typically the best match for sickle cell patients, to come out and donate blood either at one of our donor centers or at a community blood drive." In line with a proclamation from the Charlotte, N.C. Mayor Daniel G. Clodfelter, the Charlotte community came together over the month of September for several community events to raise awareness of sickle cell disease. (Source: CBCC press release, 10/2/15) ♦

PEOPLE

Robert Califf, MD, a leading cardiologist and researcher, was nominated by President Obama as the next commissioner of the Food and Drug Administration (FDA). Dr. Calif., whose nomination was announced Sept. 15, joined the agency in January as the deputy commissioner and was widely expected to be nominated for the position, reported Reuters. Dr. Califf joined FDA after several decades as a researcher and administrator at Duke University. He has led numerous pivotal clinical trials, been among the nation's most cited medical authors, and for years served on various FDA advisory committees. The position is subject to confirmation by the Senate, but industry observers do not expect him to face significant opposition. If confirmed by the Senate, Dr. Califf would replace Stephen Ostroff, MD, who has served as acting commissioner since Margaret Hamburg, MD, stepped down earlier this year. (Source: Reuters, 9/15/15) ♦

COMPANY NEWS

HCLL Transfusion, a blood transfusion management application from Mediware Information Systems, is now live in all of the 60 Military Treatment Facilities (MTF) for which the Department of Defense (DoD) is contracted, announced Mediware on Sept. 22. The addition of HCLL software to the Armed Services Blood Program (ASBP) is helping ensure that the blood products supplied to America's servicemen and women will remain safe and reliable, both within the US and in MTFs around the world, according to Mediware. The HCLL application, known in DoD installations as the Blood Management Blood Bank Transfusion Service (BMBB/TS), automates the processes for blood test results and transfusions. The Military Health System contracted to use the software directly with ThunderCat Technology, which delivers technology services and solutions to the federal government. Planned Systems International managed the implementation. "We are pleased that the roll-out of the HCLL software application, our proven transfusion management solution, has been completed and is already contributing to the improved patient care that the military is providing for its personnel and their families," said Mediware President and CEO Thomas Mann. (Source: Mediware press release, 9/22/15) ♦

MEETINGS

Oct. 24 **1st Annual Sickle Cell Disease Symposium: A Comprehensive Approach to Managing Sickle Cell Disease**

The Charlotte Area Health Education Center will hold the 1st Annual Sickle Cell Disease Symposium on Oct. 24 from 8 a.m. to 3 p.m. at the Carolinas Medical Center-NorthEast in Concord. N.C. This educational program will focus on the comprehensive approach to management of sickle cell disease including novel therapies, myths, and truths about the disease, acute and chronic pain management, pulmonary complications and the impact of psychological challenges on clinical outcomes.

Contact: Amanda Rogers; e-mail: Amanda.Rogers@carolinahealthcare.org; phone: (704) 512-6038

Nov. 18 **FDA Joint Meeting of Cellular, Tissue, and Gene Therapies Advisory Committee & Oncologic Drug Advisory Committee, Silver Spring, Md.**

The Food and Drug Administration will hold a joint meeting of its Cellular, Tissue, and Gene Therapies Advisory Committee and its Oncologic Drug Advisory Committee in Silver Spring, Md. The committees will discuss the safety and efficacy of Biologics License Application 125593, Mycobacterium phlei-Cell wall-Nucleic Acid complex (MCNA), submitted by Telesta Therapeutics Inc. The meeting will be held Nov. 18 at FDA's White Oak Campus in Silver Spring, Md. from 8 a.m. to 5 p.m. More information can be fund here.

Contact: Jane Kim, janie.kim@fda.hhs.gov

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 Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: mnorwood@americasblood.org.

EQUIPMENT AVAILABLE:

For Sale. 50 Genesis Mixers Model CM375A and 22 Ohaus portable digital scales. All in working order. For additional details or to make an offer contact Jahn Legh-Page at (559)389-5440 or jlegh-page@donateblood.org.

POSITIONS AVAILABLE

Medical Operations Analyst. Are you really good at Microsoft Excel and Access and are able to "see" and understand the causes of patterns, trends and permutations in multiple groups of complex data? Oklahoma Blood Institute has this new and exciting position, which will be a key strategic member of a large multi-location, multi-state group of blood centers in the Central United States and could be the perfect position for you. It is based in Oklahoma City. A successful candidate will most likely have to possess at least three years of experience as an information data analyst, preferably with advanced Microsoft experience in Excel, Access, Word, and PowerPoint in the medical or medical device

(continued on page 16)

POSITIONS (continued from page 15)

field. It has the potential for significantly impacting the bottom line of a large group of life saving non-profit independent blood centers. Some travel to the various centers in the Central US, will be required. Days: Monday through Friday; Hours: 8:00 a.m. to 5:00 p.m. Qualified candidates should submit their resume to our website careers page at http://obi.org/careers/.

Vice President of Quality and Compliance AD009 (San Antonio, TX). Responsible for leading, managing and coordinating the quality, regulatory, and compliance activities related to all donor, patient and component testing services provided by QualTex Laboratories' headquarters and satellite locations. Will coordinate all external audits for the organization. Must exhibit leadership and must maintain current knowledge of regulatory requirements for all areas of testing services provided by QualTex Laboratories. Must be knowledgeable of all Standard Operating Procedures (SOPs) pertinent to quality and regulatory management. Bachelor's degree in Medical Technology, Applied Science, or related discipline required. Six years blood banking/transfusion medicine/clinical laboratory experience required. Six years of Quality and Management experience required. Computer experience required. Three years driving experience with good driving record required. MT (ASCP), SBB/BB, ASQ-CQA or CMQ/OE certifications preferred. Texas or Georgia Operator's Driver's License required. US Passport preferred. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

Facility Phlebotomist – Neighborhood Donor Center-The Woodlands, TX (Gulf Coast Regional Blood Center). Essential Duties: Assists with preparing the facility prior to opening to receive donors by stocking supplies and equipment and performing quality control checks as assigned. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Actively recruits repeat donors. Education and Experience: High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's Degree from an accredited college or university is a plus). Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Certificates, Licenses, Registrations: Certificate of Phlebotomy strongly preferred. EMT Certification or Licenses in a related field a plus. Contact: Jill Novickoff at (262) 289-2309.

Mobile Team Phlebotomist I (Brazos Valley, College Station, TX, Gulf Coast Regional Blood Center). Essential Duties: Assists with the loading, unloading, set-up and tear down of equipment at mobile donor sites. Performs pre-donation screening, venipuncture, and post-venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Demonstrates strong level of customer service skills and customer service focus. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education: High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience. (Associate's Degree from an accredited college or university is a plus.) Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Contact: Jill Novickoff at (262) 289-2309.

Consultation Technician III (Gulf Coast Regional Blood Center). Essential Duties: Demonstrate competency in essential functions of Tech II. Under the guidance of a Specialist, perform, interpret, and document moderately complex antibody identification, compatibility testing, and donor serological testing. Prepare consultation reports. Evaluate and process requests and patient samples per established guidelines. Record, place and fill orders for antigen-negative red blood cells. Monitor inventory of components. Prepare washed and deglycerolized RBCs. Perform quality control and preventative maintenance as assigned. Prepare reagents. Enter rare cell and serum samples into database. Education and Experience: MLT from an accredited program (ASCP or equivalent) plus minimum two years advanced and recent (within past two years) blood bank and immunohematology experience; or MLS from an accredited program (ASCP or equivalent) with recent (within past two years) blood bank and immunohematology experience; or MLS new graduate eligible to take certification exam; certification must be obtained

(continued on page 17)

POSITIONS (continued from page 16)

within six months of employment. Failure to obtain certification may lead to termination of employment. Contact: Jill Novickoff at (262) 289-2309.

Assistant Manager Component Lab. (Location: St. Paul, MN; Status: Full-Time, 1.0 FTE (40 hours per week), Exempt; Schedule: Monday-Friday, Second Shift) The Assistant Manager, Component Laboratory supervises personnel and coordinates operations associated with routine processing and testing of blood and blood components during the evening shift. The Assistant Manager acts as the CLIA Technical Consultant for hematology and microbiology. The person in this position assists the Manager to ensure that the Component Laboratory is meeting quality requirements and participates in laboratory projects and Innovative Blood Resources initiatives. To apply please go directly to our website with an updated resume: https://home2.eease.adp.com/recruit2/?id=18996752&t=1.

Phlebotomist – Neighborhood Donor Center (Gulf Coast Regional Blood Center). Essential Duties: Assists with preparing the facility prior to opening to receive donors by stocking supplies and equipment and performing quality control checks as assigned. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education and Experience: High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's degree from an accredited college or university is a plus). Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Contact: Jill Novickoff at (262) 289-2309.

Lab Tech I (Gulf Coast Regional Blood Center). Position will evaluate and process samples into laboratory computer, perform equipment QC and maintenance; and reagent preparation under supervision of Consultation Management. Strong customer service skills are necessary for frequent contact with internal and external customers. Attention to detail is critical to position. Essential Duties and Responsibilities: include the following; other duties may be assigned. Management retains the discretion to add to or change the duties of the position at any time. Evaluate and process requests and patient samples per established guidelines. Obtain and verify required information for antigen-negative red blood cell orders. Perform equipment quality control and preventative maintenance. Enter relevant data into Safe Trace Tx. Prepare reagents. Print labels and perform label quality control. Scan records into imaging system. Education and Experience: High School Diploma or GED and a minimum of one year of prior job related laboratory experience or equivalent combination of education and related experience. Contact: Jill Novickoff at (262) 289-2309.

Community Engagement Representative (Gulf Coast Regional Blood Center). Reporting to the Marrow Donor Manager, the position involves contacting businesses, churches, organizations to educate and inform their members about the functions and needs of the National Marrow Donor Program (NMDP). Must also coordinate donor drives to help recruit donors into the registry. Responsibilities: Educate and inform members of the community, especially the minority community, about the functions and the needs of the NMDP. Persuade organizations/businesses with a large percentage of minorities to sponsor bone marrow drives. Coordinate minority community donor drives, to include contacting and soliciting the drive sponsors. Assist with PR requests to meet departmental, newspaper, radio and TV deadlines in coordination with the Commit for Life department. Assist in preparing material for special events, media or visitors. Maintain close working relationship with Department Director and Marrow Donor Coordinator. Responsible for reviewing consent and shipping Buccal swabs from donor drive. Education and Experience: Bachelor's degree from an accredited college or university, preferably in science or marketing and minimum of one year experience to include customer service or sales; or equivalent. Contact: Jill Novickoff at (262) 289-2309.

Donor Recruitment Coordinator (Gulf Coast Regional Blood Center). This position is primarily responsible for managing activities related to scheduling, sourcing and conducting successful blood drives. Responsibilities: Manage all aspects of donor group blood drives and associated activities to maximize collections and ensure efficiency and effectiveness. Determine and implement the most effective use of marketing, scheduling and motivational blood drive tools. Schedule blood drives by analyzing resource availability. Ensure that established blood drive collection, efficiency and product goals are met. Conduct planning sessions and perform site inspections. Attend scheduled blood drives and monitor/evaluate and respond to issues to ensure drive success. Analyze existing donor group activity and develop methods for increasing donor group collections. Evaluate and act upon opportunities to source/obtain new donor groups.

(continued on page 18)

POSITIONS (continued from page 17)

Master comprehensive understanding of Commit for Life Group and Individual programs, Power of Life program, and Type Matters to answer donor questions with all donor groups and provide necessary information and training. Education and Experience: Bachelor's degree from an accredited four-year college or university; minimum of one year experience. Contact: Jill Novickoff at (262) 289-2309.

Quality Assurance Specialist/Training Coordinator. Full-time, bachelor's degree, or equivalent, in the clinical/healthcare field with three to five years' experience in quality assurance practices/training preferred, and possesses exceptional customer service skills. Additional information/requirements and how to apply are available at www.shepeardblood.org. EOE for Individuals with Disabilities & Protected Veterans.

Mobile Team Phlebotomist (Gulf Coast Regional Blood Center). Scope of Responsibility: Reporting to the Mobile Team Supervisor, position is responsible for the performance of routine work related to the set up/tear down or mobile sites and the screening, collection and hematroning of blood and blood products. Essential Duties and Responsibilities include the following; other duties may be assigned. Assists with the loading, unloading, set-up and tear down of equipment at mobile donor sites. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Demonstrates strong level of customer service skills and customer service focus. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education and Experience. High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's degree from an accredited college or university is a plus). Contact: Jill Novickoff, (262) 289.2309.

Component Lab Technician I (Gulf Coast Regional Blood Center). Essential Duties and Responsibilities: Organize, identify and document component production daily with complete accuracy into the computer system or manually if needed. Weigh, balance and load blood products intended for separation into the centrifuge accurately adjusting setting according to production intentions. Organize, apply product labels and store all components produced with complete accuracy ensuring that all procedures are followed. Assist as necessary in the daily process of securing quarantined components and perform quality control functions for laboratory equipment as assigned. Promptly respond and prepare special patient use requests/assignments and must recognize and interpret special procedures or tags on units and act upon them accordingly. Assist with biohazard waste management including collection and internal transport of organizational waste. Assist in the RRPL area including organizing, preparing, packing, and shipping of non-transfusable products for research, manufacturing, or Clinical Trials. Assure products are properly managed according to standard operating procedure and client specifications in a reasonable amount of time. Must comply with OSHA, FDA, AABB, cGMP and other regulatory standards. Education and Experience: High School Diploma or GED; Experience working in a regulated environment is a plus. Contact: Jill Novickoff, (262) 289 2309.

Area Representative - La Quinta, CA (Schedule: Monday through Friday; 8:00 am to 4:30 pm). The essential element of the Area Representative position is to develop, maintain, and expand professional relationships with community businesses. Provide quality customer service with the goal of adding donations from new groups and increasing donations from existing groups. The Area Representative is responsible for all aspects of the Blood Drive recruitment process within an assigned territory. This includes, but is not limited to booking the drive, education, management, and coordination of the drive in cooperation with the assigned representative or chairperson of the business or organization. The ideal candidate will have a bachelor's degree (BA) in Business, Marketing, Public Relations, or related field preferred. Three to four years of direct experience in the Art of Persuasive Communication, with a strong background in customer service. Sales and marketing experience is strongly preferred. Current California driver's license. For further information and to apply online please visit: www.LStream.org. Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the Federal government E-verify program to determine employment eligibility. Job Number: IN-4224968251

Lab Manager. The Blood & Tissue Center of Central Texas in Austin is hiring a Lab Manager to supervise staff, day-to-day testing, and overall lab operations. This position will ensure compliance with applicable protocols, policies, and regulations; serve as subject matter expert for the lab; perform supervisory review of all testing records to include donor testing/reference bench, QC, and maintenance documentation; optimize workflow based on daily collection projections and patient testing needs; troubleshoot and solve problems arising from equipment, processes, or workflow as needed. Qualified candidates must have a four-year college degree and certification in a Laboratory Science

(continued on page 19)

POSITIONS (continued from page 18)

field, as well as hold an ASCP certification or be eligible to acquire it within six months of hire. A minimum of three years supervisory experience in a medical setting is required, preferably in a blood center. At least three years of experience in a blood bank lab and three years of experience in production and process control in a biologic or GMP environment is a must. Knowledgeable in cGMP, FDA, and AABB regulations needed. Please visit www.inyourhands.org to apply.

Technical Services Liaison – HS003 (San Antonio, TX). Responsible to assist in building positive and lasting customer relations with hospital customers and collaborating to resolve technical issues. Will audit hospital customers and ensure compliance with regulations for all blood components returned to South Texas Blood & Tissue Center (STBTC). Associate's degree in Medical Laboratory Technology, or bachelor's degree in Chemical, Physical or Biological Science and/or Medical Laboratory Science required. Blood banking experience required. Five years laboratory experience in a hospital or blood center required with a bachelor's degree or 10 years laboratory experience in a hospital or blood center required with an associate's degree. Five years' experience with hospital Laboratory Information System (LIS). Computer experience required. Must be at least 21 years old with three years driving experience and a good driving record. Certified Medical Laboratory Technologist (MLT) required, Certified Medical Technologist (MT) or Certified Laboratory Scientist (CLS) required. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources: (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.