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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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

2019 #43 **December 20, 2019**

INSIDE:

Please Note: The *ABC Newsletter* will not be published on December 27th and January 3rd. We will resume regular publication on January 10th. Thank you for your continued interest and enjoy the holidays.

Medical Device Tax Repealed as Congress Passes Spending Bill

Both the Senate and House of Representatives passed a bipartisan $1.4 trillion spending package this week that will avert a government shutdown and fund the government through September 2020. The bill currently awaits President Trump's signature, which is expected at some point today, and includes an increase in funding of almost $50 billion over last year. It would also repeal all three taxes included in the Affordable Care Act. Most notably, a permanent repeal of the medical device tax. America's Blood Centers opposed this tax and has consistently advocated against its implementation by submitting letters to congressional leadership and signing-on to coalition letters. Without this repeal, the medical devices used by blood centers would have been taxed approximately $11.5 million annually. The spending package also includes a total of $94.9 billion in funding for the U.S. Department of Health and Human Services, an increase of $4.4 billion above the 2019 enacted level and $16.8 billion above the President's budget request including $500 million for the "All of Us" precision medicine research initiative.

Additionally, the bill funds the National Cord Blood Inventory at $17.3 million (an increase from this year) including the CW Bill Young Cell Transplantation Program funded at $30 million, an increase of $5.4 million. The Centers for Disease Control and Prevention would receive a total of $8 billion in funding – $636 million above the 2019 enacted level and $1.4 billion above the President's budget request.

The bill also provides $2.7 billion for the Public Health and Social Services Emergency Fund, an increase of $106 million above the 2019 enacted level and $71 million above the President's budget request. This includes $562 million for the Biomedical Advanced Research and Development Authority (BARDA), the same amount as the 2019 enacted level and the President's budget request. ABC has worked closely with BARDA on blood sustainability and availability. The U.S. Food and Drug Administration would receive a total of $3.16 billion in discretionary funding in the bill, $91 million above the 2019 enacted level. Total funding for the agency, including user fees, is $5.77 billion, including $10,000,000 for Integrated Pathogen Reduction of the Blood Supply. The bill also repeals the 21 percent unrelated business income tax on nonprofit parking and transit benefits.

(Source: *The Hill*, Senate passes initial part of year-end spending package, 12/19/19) ♦

REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) announced the publication of an industry guidance entitled "Considerations for the Development of Dried Plasma Products Intended for Transfusion." It provides recommendations for the development and licensing of dried plasma products and approval of manufacturing devices in the U.S. Additionally, it recommends "optimal sources of input plasma; manufacturing and product quality, including product characterization; packaging and reconstitution; clinical studies; and device submissions." The guidance finalizes the October 2018 draft guidance and can be viewed in its entirety on the FDA website.

(Source: FDA Announcement, 12/19/29)

AABB published Association Bulletin #19-03 to address concerns regarding transfusion-transmitted babesiosis. It recommends actions to comply with the May 2019 U.S. Food and Drug Administration (FDA) guidance entitled "Recommendations for Reducing the Risk of Transfusion-Transmitted Babesiosis," incorporating feedback from AABB's 30-day public comment period. It describes "additional testing requirements for blood collections in states specified in the FDA guidance (Standards 5.8.5 and 5.8.6) and recommendations for quarantine and disposition of collections when a repeat donor has a reactive screening test for Babesia (Standard 5.8.7)." It also covers using pathogen reduction technology that is FDA approved. AABB recommends that blood centers "implement the regional strategy for donor testing, pathogen reduction or donor screening for Babesia, as recommended by FDA, by May 10th."

(Source: AABB *Weekly Report*, 12/13/19)

The U.S. Department of Health and Human Services (HHS) Tick-borne Disease Working Group announced that it will host its next in-person meeting January 28th–29th from 9 a.m. to 4:30 p.m., each day. The working group will:

- hear presentations from eight subcommittees on findings and potential actions from reports prepared for the TBDWG to consider; and
- further discuss plans for developing the next report to the HHS Secretary and Congress on federal tick-borne activities and research, taking into consideration the 2018 report.

Additionally, the meeting will explore tick-borne disease research examining the causes, prevention, treatment, surveillance, and interventions for individuals with tick-borne diseases. More information is available on the working group's website. Individuals that would like to attend the meeting must register. The meeting will take place in Washington, D.C. at Hyatt Place Washington DC/US Capitol, 33 New York Avenue NE, Washington, DC 20002.

(Source: *Federal Register* Announcement, 12/9/09)

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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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BRIEFLY NOTED

The U.S. Department of Health and Human Services (HHS) is attempting to increase the number of organs available for transplant by having the Centers for Medicare and Medicaid Services (CMS) issue a proposed rule that revises the Organ Procurement Organization (OPO) Conditions for Coverage that OPOs must meet to qualify for Medicare and Medicaid payment. Also, the Human Resources and Services Administration (HRSA) issued a separate proposed rule that aims to eliminate barriers that may prevent organ donation from living donors. "Every day, twenty Americans die waiting for an organ and thousands of Americans are languishing on waitlists," said CMS Administrator Seema Verma in a news release. "That is unacceptable and represents a missed opportunity to save lives and improve patients' quality of life. "Under President Trump's leadership, CMS is tackling this longstanding issue in the health care system by proposing decisive action to raise performance standards for organ procurement organizations and incentivizing them to facilitate transplant of as many viable organs as they can. We are modernizing the organ transplant system so our sickest patients can receive the care they need. An imperfect organ is better than no organ at all. For someone on a waitlist, that may mean the difference between life and death." OPO performance is currently based on self-reported data. The proposed rule would incentivize OPOs to "actively" collect donated organs and improve transplantation rates in their service areas with the goal of increasing accountability through the use of objective and reliable data according to the administration through four changes:

- "**Donation rate measure**: the donation rate would be the number of actual deceased donors as a percentage of the donor potential, which would be defined as total inpatient deaths in the donation service area (DSA) among patients 75 years of age or younger with any cause of death that would not preclude a potential donor from donating an organ;
- **Transplantation rate measure:** The organ transplantation rate would be the number of organs transplanted as a percentage of the donor potential, which would be defined as total inpatient deaths in the DSA among patients 75 years of age or younger with any cause of death that would not preclude a potential donor from donating an organ;
- **Top 25 percent benchmark:** CMS is proposing that all OPOs meet the donation and transplantation rates of the current top 25 percent of OPOs, which would be made public; and
- **12-month reviews:** At the end of each re-certification cycle (every four years), an OPO would have to meet the CMS requirements for both the donation rate and transplantation rate measures. CMS is proposing to review OPO performance every 12 months throughout the four-year re-certification cycle to more quickly identify OPOs that need improvement and ensure fewer viable organs are wasted and more timely transplants occur."

Many of the changes are not scheduled to begin until 2022. The comment periods are open for 60 days with both the CMS and HRSA proposed rules. "Living organ donation is an important option for thousands of people on the national transplant waiting list," added HRSA Administrator Tom Engels in the news release. "To date, approximately 96,000 individuals are on the national waiting list awaiting an available kidney. This proposed rule will increase living organ donation by removing financial disincentives for living organ donors."

(Source: HHS News Release, 12/17/19)

RESEARCH BRIEFS

America's Blood Centers welcomes contributions or briefs from guest authors for scientific/medical peer-reviewed published papers. The views/comments expressed in submitted articles from external parties are those of the author(s) and are not to be interpreted as the viewpoint of America's Blood Centers. If you are interested in contributing a brief for potential publication please contact us here.

Crossmatch Compatible Platelets Benefit Refractory Heme-Onc Patients

Hematology and oncology (heme-onc) patients are often transfusion dependent requiring supportive therapy with platelet transfusions to prevent and treat bleeding as a result of chemotherapy or the underlying disease. Multi-transfused patients often develop platelet refractoriness. In 20 percent, it is immune mediated due to alloantibodies to either class I human leucocyte antigens (HLA) and/or human platelet antigens (HPA), which results in premature clearance of platelets. This can be addressed by HLA matched or antigen negative platelets or the provision of crossmatch compatible platelets. A study recently published in *Transfusion and Apheresis Science* assessed the efficacy of crossmatched compatible platelets in alloimmunized multi-transfused heme-onc patients refractory to platelet transfusion so as to formulate an appropriate platelet transfusion strategy.

A total of 104 multi-transfused heme-onc patients refractory to platelet transfusions were followed after apheresis platelet transfusion and their response was evaluated on the basis of one-hour post transfusion corrected count increment (CCI). A CCI of less than 5,000 on two consecutive occasions was considered a refractory response. The study involved 38 patients [17 males and 21(females] of which 22 were randomly assigned in the crossmatch platelet transfusion arm and 16 into the standard transfusion arm.

The patients received a total of 149 ABO matched apheresis Platelets with a minimum yield of 3×10^{11}. Post-transfusion platelet increment (PPI), CCI, and percent platelet recovery (PPR) were monitored for each transfusion. A satisfactory response at one-hour post transfusion was a PPI $\geq$ 10,000/µl, CCI $\geq$ 5,000, and PPR $\geq$ 30 percent. Capture-P® Solid Phase System on automated immunohematology Galileo analyzer (Immucor, Inc.) was used for platelet crossmatching. The 38 patients in the study had the following diagnoses: 16 aplastic anemia, nine acute myeloid leukemia, four acute lymphoblastic leukemia, four multiple myeloma, two non-Hodgkin's lymphoma, two myelodysplastic syndrome and one a chronic lymphoproliferative disorder. The mean pretransfusion platelet count was 9,892.85 ± 5,588.30/µL. The blood group distribution of the study population was as follow: 36.8 percent (n=14) B+, 31.5 percent (n=12) O+, 18.4 percent (n=7) A+, 7.9 percent (n=3) was AB+ and one patient each was A- and B-, which was similar to the ABO distribution in the regional donor population. Patients receiving crossmatch compatible platelets showed a significantly higher post-transfusion response rate in terms of a satisfactory PPI (97.8 percent), CCI (97.8 percent) and PPR (82.2 percent) as compared to patients receiving standard platelets with a satisfactory PPI (50 percent), CCI (53.9 percent), PPR (23.7 percent) and patients receiving crossmatch incompatible platelets with a satisfactory PPI (39.3 percent), CCI (42.9 percent), PPR (7.1 percent) (PPI, CCI, PPR: P <.001 among all three groups). The platelet transfusion recovery profiles for crossmatched incompatible and uncrossed-matched platelets were similar making them less suitable options in the refractory patients. As 73 apheresis platelets were crossmatched for 22 alloimmunized patients with a mean of 3.3 ± 0.5 units crossmatched for a single patient, 45 were found to be crossmatch compatible. Thus, the probability of finding a cross match compatible unit for a single patient out of three or four randomly crossmatched units was 48 percent in this single institution study.

The authors concluded that platelet crossmatching is one of the effective interventions in the management of multi-transfused refractory heme-onc patients. It provides an *in vitro* assessment of antigen antibody interaction likely to happen in the potential recipient after receiving a transfusion. Platelet crossmatching is a rapid and may be a less expensive alternative to the HLA matched approach that may reduce overall platelet requirements.

Citation: Chavan, A., Sharma, R.R., Saikia, B., *et al*., Efficacy of cross-match compatible platelets in multi transfused haematooncology patients refractory to platelet transfusion. *Transfusion and Apheresis Science*. 2019. Doi: 10.1016/j.transci.2019.09.010.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

Research Journal Digest

The collection of journal articles below may be of particular interest to the blood banking community:

- HIV residual risk in Canada under a three-month deferral for men who have sex with men – *Vox Sanguinis*
- The global need and availability of blood products: a modelling study – *Lancet Haematology*
- High-throughput assessment of hemoglobin polymer in single red blood cells from sickle cell patients under controlled oxygen tension – *Proceedings of the National Academy of Sciences of the United States of America*

PEOPLE

Helen Bixenman, MBA/HCM, CHC, CG(ASCP)^{CM}, DLM^{CM}, QLC^{CM} vice president of Quality and Regulatory at San Diego Blood Bank, recently received the Distinguished Service Award from the American Society for Clinical Pathology (ASCP), Board of Certification Board of Governors. This honor recognizes the significant contributions made to the mission and values of the ASCP Board of Certification by volunteers. Ms. Bixenman served on the Board of Governors from 2009–18, in addition to holding several other roles throughout the years including being a member of the Executive Committee, chair of the Ethics Review Committee, the International Eligibility Task Force, the International Credentialing Committee, and the CLIA Personnel Standards Task Force. She has also been the Board of Governor's liaison to the Cytogenetics Examination Committee and an alternate to the Blood Bank Examination Committee. While serving as past-president of the Association of Genetic Technologists (AGT), Ms. Bixenman was actively involved with the Combination Agreement of the American Society for Clinical Pathology Board of Registry and the National Credentialing Agency for Laboratory Personnel, Inc. (NCA) to create the new American Society for Clinical Pathology Board of Certification and supported AGT, as a sponsoring organization, in moving forward with the unification. She has also been instrumental in soliciting support from AGT and the ASCP Board of Governor's for the development of the Specialist in Molecular Biology exam.

(Source: San Diego Blood Bank Announcement, 12/17/19)

Claudia S. Cohn, MD, PhD has been named AABB's Chief Medical Officer. As part of AABB's leadership team, she will work closely with members and other stakeholders to build partnerships and consensus in advancing transfusion medicine and biotherapies, improving patient outcomes, and increasing access to lifesaving treatments. Dr. Cohn also serves as an associate professor at the University of Minnesota Medical School in addition being associate director of Laboratories and the university's HLA Lab. She has been a member of AABB's Clinical Transfusion Medicine Committee, Transfusion Standards Committee, and Transfusion-Transmitted Diseases Committee.

(AABB *Weekly Report*, 12/13/19)

Upcoming ABC Webinars – Don't Miss Out!

- **Irradiator Replacement at Blood Centers Webinar** – January 21st from 3 – 4:30 p.m. (ET). Additional details coming soon.

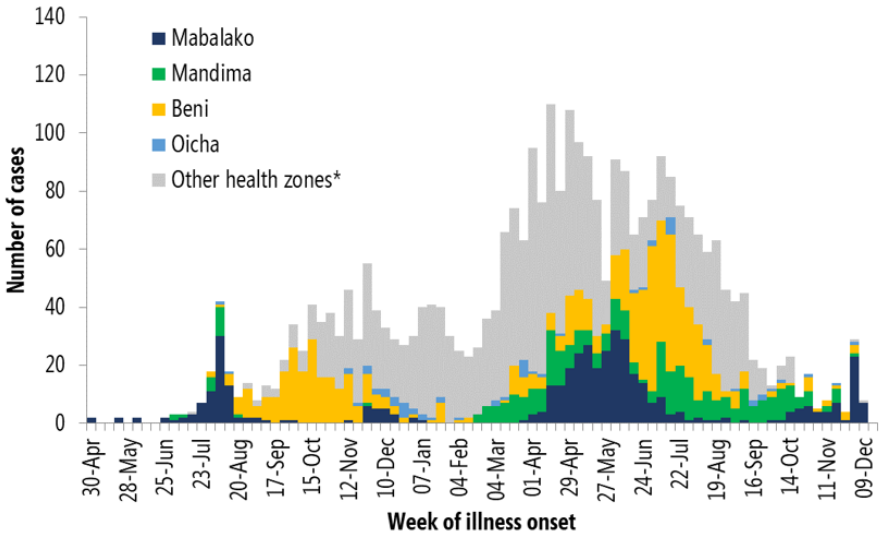
INFECTIOUS DISEASE UPDATES

EBOLA

The U.S. Food and Drug Administration (FDA) announced the approval of a vaccine, Ervebo, for Ebola prevention on December 19th. "Today's approval is an important step in our continuing efforts to fight Ebola in close coordination with our partners across the U.S. Department of Health and Human Services (HHS), as well as our international partners, such as the World Health Organization (WHO)," said FDA Deputy Commissioner for Policy, Legislation, and International Affairs Anna Abram in an agency news release. "These efforts, including today's landmark approval, reflect the FDA's unwavering dedication to leveraging our expertise to facilitate the development and availability of safe and effective medical products to address urgent public health needs and fight infectious diseases, as part of our vital public health mission." HHS Secretary Alex Azar added in a separate news release, "the first-ever FDA approval of a vaccine for the prevention of Ebola is a triumph of American global health leadership. From research and development to support for manufacturing, the U.S. government played an integral role in advancing the development of Merck's vaccine. The newly approved vaccine, as well as investigational therapeutics and other tools supported by the U.S. government, is playing a huge role in saving lives during the current Ebola outbreak in the Democratic Republic of the Congo."

The Centers for Disease Control and Prevention (CDC) and the WHO have not classified the affected areas as having "widespread transmission of Ebola virus," which would trigger donor interventions in the U.S. The U.S. Food and Drug Administration (FDA) guidance requires that "in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history questionnaire (DHQ), including your full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2)." As of December 17th , there were 3,233 confirmed cases with 2,217 confirmed deaths.

Confirmed and probable Ebola virus disease cases by week of illness onset, data as of December 17th*



**Excludes n=173 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

(Sources: FDA News Release, 12/19/19, HHS News Release, 12/19/19, Ebola virus disease – Democratic Republic of the Congo, 12/19/19)

America's Blood Centers®
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INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified.

Register for the 2020 ABC Annual Meeting

Registration is open for America's Blood Centers' (ABC) 58th Annual Meeting in Washington, D.C. March 9th – 11th, 2020 at the Ritz-Carlton (Pentagon City). Join us for the premiere blood community meeting that brings blood center, regulatory, legislative, and medical leadership together to focus on key issues which will ultimately impact blood center bottom-lines. From implementation challenges for the new bacterial guidance to the operational complexities entailed in gender identification, the ABC Annual Meeting will provide you with the latest updates on these topics and more, along with the opportunity to help shape the association's advocacy and policy efforts.

Additionally, attendees will have the chance to work collaboratively with their peers and ABC leadership in developing solutions that address internal and external needs ranging from health policy to donor motivations. This is the only meeting in the industry that focuses solely on advocacy and includes a day on Capitol Hill to let our voices be heard.

Please make your hotel reservations by February 1st to ensure best availability and the group rate. Contact Jeanette Brown for available sponsorship opportunities.

Registrant substitutions are accepted any time at no charge. Registrations cancelled after February 16 will be refunded, less $200. No refunds after March 8. CME and P.A.C.E.® credits will be offered. Schedule at a glance:

- ABC Annual Meeting
- ABC Board Meeting (**open to ABC Members only*) (March 8)
- General Sessions & SMT Forum & Celso Bianco Lectureship (March 9)
- ABC Members' Meeting *(*open to ABC Members only*) & Public Awareness Forum & Advocacy Forum (March 10)
- 23rd Annual *Awards of Excellence* (March 10)
- Advocacy Day – Capitol Hill Visits (March 11)

(Source: MCN 19-086, 12/18/19)

ABC *Blood Bulletin* Feedback Sought

ABC is requesting member feedback regarding the ABC *Blood Bulletin* publication in an effort to ensure that it continues to serve as a valuable resource. The publication attempts to provide the ABC membership with the most recent scientific and technical information on current transfusion medicine topics for sharing not only with their hospital customers, but also with employees at your blood center.

Please complete the survey no later than January 17th. A link to the survey is available in MCN 19-085.

(Source: MCN 19-085, 12/18/19)

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Facebook Blood Donation Tool Now Available to All Blood Centers

Facebook has made their blood donation tool available to all U.S. blood centers. As previously announced, Facebook launched a pilot of their blood donation tool in June of this year. All blood centers will have the ability to input their fixed sited locations as the tool is self-serve. Facebook plans to allow mobile drives to be added later in 2020. Additional details, including instructions and video tutorials, are available to assist your centers in MCN 19-087.

(Source: MCN 19-087, 12/19/19)

ADRP Provides National Blood Donor Month Resources

With National Blood Donor Month quickly approaching in January, ADRP has created several resources to form a complete toolkit for blood centers to use throughout the planning and implementation of their National Blood Donor Month strategies. These resources include:

- Social media graphics, sized for Twitter, Instagram, and Facebook
- Sample social media posts
- Blood donor facts infographic
- Press release template
- Op-Ed article to be used with your local media and partners

Please review the available resources and start incorporating them into your plans today!

(Source: ADRP Announcement, 11/22/19)

2020 ADRP Award Nominations Available

Each year, ADRP honors individuals and organizations that have demonstrated outstanding service, accomplishments, or leadership in blood banking. Blood centers are encouraged to nominate individuals and organizations. In addition to a complimentary conference registration, winners receive a commemorative award and recognition in the ADRP newsletter and website. The nomination deadline is December 31, 2019. This year's award categories are:

Individual Awards

- Donor Recruiter of the Year
- Collections Team Member (Recruitment and Collections)
- Rolf Kovenetsky Leader of the Year
- Ron Franzmeier Lifetime Achievement
- Ronald O. Gilcher, MD

Organization Awards

- Media Partner
- Humanitarian Service
- Blood Drive (Most Creative and Most Productive)
- School Blood Drive (HS or College)

Additional information on the ADRP awards is available on the ADRP website.

(Source: ADRP Awards Announcement, 10/29/19)

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2020 ADRP Annual Conference Now Accepting Abstracts

ADRP, an international division of America's Blood Centers, is encouraging donor collections, donor recruitment, marketing, and communications professionals to consider sharing their knowledge at the 2020 ADRP Annual Conference by being a presenter. The call for speaker abstracts is open until December 31st. Topics that have been the most requested by attendees include:

- **Leadership and team development:**
  - Critical thinking
  - Time management
  - Staff adequacy and talent level
  - Managing change

- **Blood Type Management:**
  - Identifying varying needs of customers based on blood type
  - Maintaining inventory during time of need
  - Rebooking donors and drives with emphasis on time of need

- **Donor and sponsor communication strategies:**
  - Diversification of the donor base
  - Addressing donor apathy
  - Communications strategies

As the industry's leading conference for donor facing professionals in the areas of collections, communications, marketing, and recruitment, this year's focus, "Charting the Course to Excellence," will delve into each step of the donor journey and provide proven solutions for how staff from all aspects of the blood center can work together to achieve the best possible outcomes. Additional information about the conference is available on ADRP's website.

(Source: ADRP Abstract Submission Form, 10/10/19) ♦

ABC 2020 Meetings & Workshops

Meeting/Workshop	Dates	Location	Hotel	Registration Dates & Fees
2020 ABC Annual Meeting	March 9th-11th	Washington, D.C.	Ritz-Carlton (Pentagon City)	Registration now open!
ADRP 2020 Conference	May 19th-21st	Phoenix, Ariz.	Hyatt Regency	Registration now open for ADRP Subscribers!
2020 ABC Medical Directors Workshop and Summer Summit	July 21st-23rd	Cleveland, Ohio	Westin Downtown	More details coming soon!

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.

COMPANY NEWS

Roche Diagnostics announced in a December 16th news release that it has launched a blood screening assay for Zika in markets accepting the CE mark in Europe. "Together with cobas® CHIKV/DENV to screen for chikungunya and dengue viruses, the cobas Zika test provides a solution for preserving blood safety in regions with local outbreaks of these tropical diseases or from donors who may have been exposed while traveling to outbreak areas," said the leader of Roche Molecular Diagnostics, Mario Torres, in the news release. "Launching the cobas Zika test in markets accepting the CE mark expands the emergency preparedness solution for our customers and helps minimize the risk of transmission through infected blood and plasma donations." The U.S. Food and Drug Administration approved the cobas® Zika test for screening blood donors using the cobas 6800 and cobas 8800 systems in October 2017.

(Source: Roche News Release, 12/16/19)

GLOBAL NEWS

Doctors in Ireland recently used a drone to transport blood from land to sea as part of a trial to test the feasibility of delivering blood products in a quicker manner to ships and other vessels at sea. The purpose of the trial was to determine if there was any degradation of the blood product due to a drone flight and subsequently dropping it into the sea for retrieval by a boat," said Eoin Fogarty, MD, a Cork University Hospital (CUH) Emergency Medicine Consultant, to the *Irish Independent*. "The blood was then brought back to land and on to CUH for testing for its integrity. It was found that the blood was still perfectly suited to transfusion." The drone was developed with Skytec in collaboration with the Cork Institute of Technology. It dropped a specially designed, water-tight vehicle into the sea, which remained there for 30 seconds before it was able to be retrieved.

Photo courtesy of the Irish Independent: members of the Cork-based medical team pose with their storage vehicle.

(Source: *Irish Independent*, A drop of blood: Irish doctors pioneer delivery of supplies at sea using a special drone, 12/19/19)

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to newsletter@americasblood.org or by fax to (202) 393-1282. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2020

Jan. 14-15. **IPFA/EBA Workshop on Plasma Collection, Amsterdam, the Netherlands.** More details available here.

Jan. 28-29. **U.S. Department of Health and Human Services Tick-Borne Disease Working Group Public Meeting, Washington, D.C.** More details available here.

Mar. 9-11. **2020 ABC Annual Meeting, Washington, D.C.** Registration is open.

Mar. 25-26. **IPFA 5th Asia Workshop on Plasma Quality and Supply, Chonburi, Thailand.** More details available here.

April 14-15. **16th Annual U.S. Food and Drug Administration and the Changing Paradigm for HCT/P Regulation Conference, Washington D.C.** More details available here.

May 13-14. **IPFA/PEI 27th International Workshop on "Surveillance and Screening of Blood-Borne Pathogens, Porto, Portugal.** More details available here.

May 19-21. **2020 ADRP Conference, Phoenix, Ariz.** More details available here.

July 21-23. **2020 ABC Medical Directors Workshop and Summer Summit, Cleveland, Ohio.** 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, e-mail: newsletter@americasblood.org

POSITIONS

Hematologist/Medical Director. Our growing clinical practice in the area of outpatient therapeutic apheresis and therapeutic phlebotomy is seeking a board-certified hematologist to broaden our clinical services to include pre-op anemia management, cell therapy and treatment of blood disorders. If you have a passion to join a team that is providing cutting-edge medical expertise in the areas of outpatient clinical transfusion medicine, blood banking, immunohematology reference laboratories, therapeutic apheresis, cellular therapy and research, consider joining OneBlood as a Medical Director. Qualified candidates should possess a minimum of 3 years' experience and a M.D. or D.O. degree with board certification in Internal Medicine/Hematology and sub-specialty board certification in Blood Banking/Transfusion Medicine by a Board Registry recognized by the American Board of Medical Specialties. Appropriate state licenses will be required as needed. Must meet the eligibility requirements to obtain appointments at hospitals served by OneBlood. This position includes the option of free medical coverage with a competitive benefit package, 403(b) retirement plan with company contribution PLUS a company match, company vehicle lease/allowance, paid holidays, and much more. This position will be based out of the Ft. Lauderdale, Florida area, with some of the most gorgeous beaches in the nation! If you want to join our lifesaving mission and team of dedicated employees, visit our Careers page at www.oneblood.org to learn more. OneBlood, Inc., a proven leader in blood banking, is an Equal Opportunity Employer/Vet/Disability.

Technical Director. This position's responsibilities include coordination/management of the departments of Distribution, Component Production, Testing and Labeling (North Texas) and Hematology (North Texas and East Texas). He/she will manage departmental operations with strong planning and developmental skills. This individual will also be responsible for advising and informing all senior management regarding departmental activities, requirements, and the requirements of the region's hospitals and transfusion services. Also, the

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POSITIONS (continued from page 11

position will Maintain effective and regular communication with hospital representatives, both in the laboratory and at the administrative level. Other requirements include: Bachelor's degree required, MBA preferred, MT degree or equivalent, 10 years' experience in blood bank administration/ management; and five years' experience in blood banking with experience in inventory management and a working knowledge of component production issues; and five years' experience in blood bank laboratory operations including product quality control and quality assurance activities. Knowledge of hematology instrumentation, bacterial detection testing and environmental monitoring a plus. Equivalent combination of education and experience, working knowledge of all applicable AABB standards and FDA regulations associated with production, distribution, storage, and transportation of blood products. understanding of employment law, OSHA requirements, departmental planning, cost accounting, and budgeting. Carter BloodCare is an EEO/Affirmative Action employer .For full posting, visit www.carterbloodcare.org.

Reference Lab Manager. OneBlood is currently recruiting for a Lab Manager in our AABB-Accredited Immunohematology Reference Laboratory. This position provides leadership and technical expertise, manages staff, and performs training and quality activities for the staff responsible for performing basic through advanced testing procedures on patient and/or donor samples. Applicants must have a bachelor's degree in medical technology, biological science or related scientific field from an accredited college or university. Five or more years in a clinical laboratory, preferably blood banking environment, or an equivalent combination of education, certification, training and/or experience. Applicants must have SBB certification, as well as a valid and current Florida Clinical Laboratory Supervisor license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete Job Description of this position, go to www.oneblood.org and click on the Careers tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.