



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: [www.americasblood.org](http://www.americasblood.org)

2020 #4

January 31, 2020

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## FDA Publishes New Draft Guidance on CJD and vCJD

The U.S. Food and Drug Administration (FDA) [released](#) a new draft guidance this week entitled “Recommendations to Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease (CJD) and Variant Creutzfeldt-Jakob Disease (vCJD) by Blood and Blood Components; Draft Guidance for Industry.” It includes changes to the current deferral policies that America’s Blood Centers (ABC) has continually advocated for on behalf of member blood centers such as removing the deferral for time spent in European countries or on U.S. military installations in Europe. Donors previously deferred for this reason are eligible for requalification and reentry.

The new draft guidance recommendations contain the following changes :

- removal of the deferral for injecting bovine insulin. Donors previously deferred may be requalified and reentered;
- removal of Human Growth Hormone from the medical deferral list. Donors previously deferred are not eligible for reentry;
- the ability to stop asking prospective donors about having blood relatives with CJD. If a donor volunteers information regarding a blood relative having a genetic form of CJD, then that individual should be deferred. Donors with family members diagnosed with the genetic form of CJD are not eligible for reentry; and
- indefinite deferral of donors who spent time in the United Kingdom (U.K). (three months or more from 1980-96), or Ireland and France (five years or more 1980-2001) as well as transfusion in one of those countries at any time since 1980.

The ABC Quality Blood Regulatory Review subcommittee and the Scientific, Medical, and Technical (SMT) Committee will continue reviewing the draft guidance and provide any [comments](#) to the FDA by the March 31<sup>st</sup> deadline. If members have any comments, please send them to ABC’s Director of Regulatory Services [Ruth Sylvester](#).

Earlier this month, ABC, the Board of Directors, and the SMT Committee published a new position [paper](#) regarding the vCJD deferral that asked the FDA to rescind the current vCJD deferral and allow re-entry of U.S. military personnel, Department of Defense (DoD) civilians, and their families who spent time at U.S. military installations in Europe outside of the United Kingdom (U.K.) during the period of 1980-96. ABC will continue to advocate for this inclusion in the final guidance.

vCJD the human form of Bovine Spongiform Encephalopathy (BSE), is a fatal, progressive neurological condition that was first identified in the U.K. in 1996. It is

(continued on page 2)



## FDA publishes New vCJD Draft Guidance (continued from page 1)

generally transmitted by eating beef of animals affected, though a few cases have been found to result from blood transfusion from donors that appeared healthy at the time of donation but later developed vCJD. As a result, the FDA has recognized vCJD as a relevant transfusion-transmitted infection. Since no licensed screening test for vCJD exists, the FDA implemented geographical deferrals for blood donors depending on time in areas considered at risk for vCJD transmission in 1999.

(Sources: FDA Draft [Guidance](#), 1/30/20) 💧



## AMERICA'S BLOOD CENTERS' 58TH ANNUAL MEETING

March 9-11 | Washington, DC

“Join us in Washington, D.C. for the only industry meeting dedicated solely to advocacy as decisionmakers, thought leaders, experts, and industry partners discuss trends and issues that impact community blood centers. Value exists for professionals of all experience levels with the opportunity to let your voice be heard in policy discussions with your peers, regulators, and legislators as we work collaboratively with all stakeholders to develop solutions that advance the industry.”

Kate Fry, Chief Executive Officer  
America's Blood Centers



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

### 2020 ANNUAL MEETING SCHEDULE

- March 9** General Sessions, SMT Forum, Celso Bianco, MD Lectureship
- March 10** ABC Members Meeting, Public Awareness Forum, Advocacy Forum, 23rd Annual Awards of Excellence
- March 11** Capitol Hill Congressional Visits



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



For registration information, visit [http://bit.ly/abc\\_am20](http://bit.ly/abc_am20)

For sponsorship opportunities, please contact Mack Benton at [mbenton@americasblood.org](mailto:mbenton@americasblood.org).

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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.

### America's Blood Centers

Chief Executive Officer: Kate Fry  
Chief Medical Officer: Rita Reik  
Editor: Mack Benton  
Subscriptions Manager: Leslie Maundy  
**Annual Subscription Rate: \$390**

Send subscription queries to  
[memberservices@americasblood.org](mailto:memberservices@americasblood.org)

America's Blood Centers  
1717 K St. NW, Suite 900, Washington, DC 20006  
Phone: (202) 393-5725

Send news tips to [newsletter@americasblood.org](mailto:newsletter@americasblood.org).



## World Health Organization Declares Public Health Emergency as Coronavirus Cases Increase

The World Health Organization (WHO) [convened](#) another meeting of its Emergency Committee this week to discuss the outbreak of a novel coronavirus (2019 nCoV). The organization has decided that the outbreak currently warrants the designation of a Public Health Emergency of International Concern (PHEIC), “[t]he Committee believes that it is still possible to interrupt virus spread, provided that countries put in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk. It is important to note that as the situation continues to evolve, so will the strategic goals and measures to prevent and reduce spread of the infection. The Committee agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern.”

The blood community continues to monitor the outbreak as the AABB Transfusion Transmitted Diseases (TTD) Committee issued a [summary](#) last week that provided additional background on 2019-nCoV and noted that “[n]o data on the presence of viral nucleic acid or infectious virus in blood have been reported to date for this coronavirus strain. AABB’s Transfusion Transmitted Diseases Committee is monitoring developments continuously and members have been in contact with both [the U.S. Food and Drug Administration] and CDC to assess any need for interventions to protect the safety of the blood supply as our information expands, given the potential similarities of this virus to SARS and MERS-CoV (the Mideast Respiratory Syndrome Coronavirus)”.

As January 31<sup>st</sup>, six [cases](#) have been identified in the U.S. in Arizona, California, Illinois, and Washington according to the Centers for Disease Control and Prevention (CDC). More than 9,800 infections have been confirmed globally with more than 200 deaths since the infection was first identified in the Wuhan, Hubei Province of China.

The U.S. State Department issued a travel advisory recommending Americans forego travel to China at this time, as some U.S. airlines have suspended all flights to China.

CDC defines coronaviruses as “a large family of viruses, some causing respiratory illness in people and others circulating among animals.” The agency is providing updated information at: [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).

(Sources: WHO [Statement](#), 1/30/20; AABB TTD [Summary](#), 1/22/20) ♦

### Upcoming ABC Webinars – Don’t Miss Out!

- **SMT Journal Club Webinar** – March 30<sup>th</sup> from 2 – 3 p.m. (E.T.) More information coming soon.

### 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](#).



## Point of Care Guided Transfusion Algorithm Did Not Benefit Cardiac Surgery Patients

Adult cardiac surgery patients are at increased risk of perioperative bleeding. This is due to either concomitant medication or the type of surgery. Increased blood loss is associated with the increased need for allogeneic blood transfusions and could result in potentially poorer outcomes. Perioperative monitoring of coagulation may help to identify the underlying causes for bleeding and enable specific treatment. Point-of-care (PoC) coagulation monitoring is widely used and has been recommended by various guidelines. A question remains whether the superior results of PoC-guided transfusion algorithms can be replicated in a setting of restrictive and explicit transfusion algorithms both in PoC- and conventional coagulation assay-guided protocols. The results of randomized trial in cardiac surgical procedures at high risk for bleeding that compared transfusion algorithms either guided by PoC, activated rotational thromboelastometry (ROTEM®) and multiple electrode aggregometry (Multiplate®), or standard coagulation assays was recently published in *BMC Anesthesiology*.

This single center trial has a prospective, randomized parallel-group design that involved patients undergoing high risk cardiac surgery. These individuals were eligible for participation if they were between the ages of 18 and 80 and scheduled for cardiac surgery using cardio-pulmonary bypass (CPB) for either a combined coronary artery bypass graft (CABG)/valve procedure or a double or triple valve procedure or a redo surgery.

Post-enrollment, participants were assigned to the PoC or the conventional group with the primary outcome parameter being the chest tube drainage volume after 24 hours. Secondary outcome parameters included the need for allogeneic blood transfusions in the first 24 hours, the course of conventional coagulation parameters, the duration of mechanical ventilation, and the incidence of renal replacement therapy. Transfusion protocols were used from induction of general anesthesia until 24 hours postoperatively. In the PoC group, parallel measurements using ROTEM™ and Multiplate® were performed with differences between the groups analyzed using nonparametric tests for independent samples.

Twenty-six patients were enrolled in the study and randomized. The primary endpoint, chest tube drainage volume at 24 hours postoperatively did not differ ( $p = 0.767$ ) between the two groups. Transfusions of platelets only occurred in the PoC group only (median = two units,  $p=0.056$ ). Results of coagulation monitoring found a higher activated partial thromboplastin time in the PoC group at 24 hours postoperatively ( $p = 0.044$ ), and a lower fibrinogen level in the PoC group at six hours postoperatively ( $p = 0.006$ ). Other secondary outcome parameters that were not viewed as significantly different included the duration of mechanical ventilation postoperatively ( $p= 0.979$ ), the incidence of renal replacement therapy ( $p= 0.902$ ), transfusion requirements of red blood cells ( $p=0.277$ ), and fresh frozen plasma ( $p=1.000$ ).

The authors concluded that blood losses and transfusion amounts did not differ comparing PoC- and central lab-driven transfusion algorithms in high-risk cardiac surgery patients when drainage losses were small (< 500 ml over 12 hours). The investigators also noted that in patients with insignificant bleeding, routine PoC coagulation diagnostics did not seem to improve treatment and outcome. The low blood losses resulted in early termination of the study.

**Citation:** Lehmann, F., Rau, J., Malcom, B., *et al.* Why does a point of care guided transfusion algorithm not improve blood loss and transfusion practice in patients undergoing high-risk cardiac surgery? A prospective randomized controlled pilot study. *BMC Anesthesiology*. 2019. Doi: [10.1186/s12871-019-0689-7](https://doi.org/10.1186/s12871-019-0689-7).

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



## RESEARCH IN BRIEF

The American Society of Hematology (ASH) has [published](#) its 2020 guidelines for transfusion support of sickle cell disease (SCD). The guidelines include 10 recommendations with a strong recommendation for prophylactic red cell antigen matching for Rh (C, E or C/c, E/e) and K antigens over only ABO/RhD matching for patients with SCD (all genotypes) receiving transfusions noting that:

- “the extended red cell antigen profile may be determined by genotype or serology;
- extended red cell antigen matching (Jka/Jkb, Fya/Fyb, S/s) may provide further protection from alloimmunization;
- patients who have a GATA mutation in the ACKR1 gene, which encodes Fy antigens, are not at risk for anti-Fyb and do not require Fyb negative red cells; and
- patients identified by genotype with the hybrid RHD\*DIIIa-CE (4-7)-D or RHCE\*CeRN alleles, which encode partial C antigen, and no conventional RHCE\*Ce or \*CE allele should be transfused with C-negative red cells to prevent allo-anti-C development.”

The guidelines from ASH are designed to improve SCD treatment within the medical community by ensuring access to the newest evidence on SCD.

**Citation:** Chou, S., Alsawas, M., Fasano, R., *et al.* [American Society of Hematology 2020 guidelines for sickle cell disease: transfusion support](#). *Blood Advances*. 2020. 💧

## BRIEFLY NOTED

The U.S. Food and Drug Administration (FDA) issued six final guidances related to the regulation and advancement of human gene therapies this week including a guidance entitled “[Human Gene Therapy for Hemophilia](#)” that provides recommendations for the development of therapies to treat clotting factor VIII and IX in patients with hemophilia. “The growth of innovative research and product development in the field of gene therapy is exciting to us as physicians, scientists and regulators,” said FDA Commissioner Stephen M. Hahn, MD in an agency news release. “We understand and appreciate the tremendous impact that gene therapies can have on patients by potentially reversing the debilitating trajectory of diseases. These therapies, once only conceptual, are rapidly becoming a therapeutic reality for an increasing number of patients with a wide range of diseases, including rare genetic disorders and autoimmune diseases.” The hemophilia guidance also provides considerations for:

- measurements of clotting factor VIII and factor IX assessed by different clinical laboratory assays;
- preclinical studies; and
- clinical trials.

“As the regulators of these novel therapies, we know that the framework we construct for product development and review will set the stage for continued advancement of this cutting-edge field and further enable innovators to safely develop effective therapies for many diseases with unmet medical needs,” said Peter Marks, MD, PhD, director of the FDA’s Center for Biologics Evaluation and Research (CBER) in the news release. “Scientific development in this area is fast-paced, complex, and poses many unique questions during a product review; including how these products work, how to administer them safely, and whether they will continue to achieve a therapeutic effect in the body without causing adverse side effects over a long period of time.” The FDA also published a draft guidance on interpreting sameness of gene therapy products in addition to the six guidances that finalized gene therapy-related draft guidances from 2018. Each of the guidances are available on the FDA’s [website](#).

(Source: FDA News [Release](#), 1/28/20) 💧



## PEOPLE

**Michelle Johnson, MT (ASCP), MBA** has joined LifeStream as the Vice President of Operations. Her responsibilities will include leadership and oversight of donor recruitment, collections, marketing and public relations, manufacturing and hospital services. Ms. Johnson has more than 20 years' experience in blood banking and has led each of these functions during her professional career as an executive including roles as vice president, Technical Operations for Memorial Blood Centers (Minneapolis, Minn.) and chief administrative officer and vice president, Corporate and Community Resources for Carter BloodCare (Bedford, Texas). She most recently served as associate director, Operations for ProGuide Management Resources, a blood bank consulting company specializing in organizational design and development, operational improvement, strategic performance management, strategy development and employee management, and executive training. Ms. Johnson received her Bachelor of Science degree from the University of Wisconsin-Superior, and her Master of Business Administration from Texas Christian University. She is a member of the American Society for Clinical Pathologists and the American Society for Quality and AABB. She has also served on the Board of Directors of the ADRP, an International Division of America's Blood Centers, the Foundation for America's Blood Centers, and the Minnesota Association of Blood Banks.



(LifeStream [Announcement](#), 1/27/20) ♦

## MEMBER NEWS

**San Diego Blood Bank** recently received a proclamation declaring January as National Blood Donor Month. San Diego County Supervisor (District 1) Greg Cox presented SDBB staff with the proclamation as National Blood Donor Month festivities wrap up nationwide. Each year, blood centers across the U.S. celebrate blood donation during the month of January while raising awareness of the constant need for blood by recognizing volunteer blood donors and encouraging blood donation during the winter season when attracting donors can be particularly difficult due to inclement weather, the holidays, and seasonal illness.



*Pictured from left to right: San Diego County Supervisor Greg Cox, Michele Corbett, Vice President, Marketing (SDBB), Claudine Van Gonka, Manager, Public Relations (SDBB), Leslie Eagan, Account Manager (SDBB), Doug Morton, Chief Information Officer/Chief Operating Officer (SDBB), Sherry Serio, Vice President (Foundation for SDBB).*

(Source: SDBB [Announcement](#), 1/28/20)

**LifeSouth Community Blood Centers** (Gainesville, Fla.) won this year's friendly blood drive competition with **Kentucky Blood Center** (Lexington, K.Y.). The annual blood center battle brought in more than 1,200 donors for each center during the month of January with LifeSouth prevailing by a mere eight donors. "We came up short in this competition, but the real victory comes in the lives that will be saved by the blood collected," said Martha Osborne, vice president of Marketing at Kentucky Blood Center to ABC 36 WTVQ-DT. "Thanks to everyone who came out this week to boost the blood supply for our communities." The competition, now in its 12<sup>th</sup> year, is tied at 6 wins apiece for each blood center as it brings fans of the University of Florida and the University of

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## MEMBER NEWS (continued from page 6)

Kentucky, together in an off-the-court rivalry during the National Collegiate Athletic Association's (NCAA's) college basketball season for a good cause.

(ABC 36 WTVQ-DT, [Kentucky narrowly loses 'Big Blue Slam' blood drive](#), 1/24/20) ♦

## GLOBAL NEWS

*The Washington Post* [reported](#) this week that the **Kenyan National Blood Transfusion Service (KNBTS) is experiencing blood shortages in part due to a lack of funding.** The KNBTS had previously received financial support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) for 15 years totaling more than \$72.5 million. In September, the U.S. government fully transitioned financial responsibility for Kenya's blood supply infrastructure to the Kenyan government as part of a transition plan that had been gradually reducing PEPFAR funding over a 10-year period for the African nation. "The United States had consulted with the government of Kenya for several years on plans to transition this blood safety assistance to their responsibility," said U.S. Ambassador to Kenya Kyle McCarter to *The Washington Post*. However, the Kenyan government failed to include funding for the KNBTS in their 2020 budget. "[N]obody at the [Kenyan] Ministry of Health took responsibility," said Sabina Chege, who currently serves as chair of the Kenyan Parliament's Health Committee. "We told them the cuts were coming. Someone there didn't do their job." She did indicate that funding from the Kenyan government would be included in the 2021 budget for the KNBTS, which aims to collect 1 million units of blood annually but collected approximately 164,000 units last year.

(Source: *The Washington Post*, [Kenya's blood banks are running dry after the U.S. ended aid — and a baby's life is at risk](#), 1/30/20)



### ABC Calendar of Events

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



*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) 58<sup>th</sup> Annual Meeting in Washington, D.C. March 9<sup>th</sup> – 11<sup>th</sup>, 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 meeting also includes a day on Capitol Hill to let our voices be heard. **Please make your hotel reservations by February 1<sup>st</sup> 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 Board Meeting (*\*open to ABC Members only*) (March 8<sup>th</sup>)
- General Sessions & SMT Forum & Celso Bianco Lectureship (March 9<sup>th</sup>)
- ABC Members’ Meeting (*\*open to ABC Members only*) & Public Awareness Forum & Advocacy Forum (March 10<sup>th</sup>)
- 23<sup>rd</sup> Annual Awards of Excellence (March 10<sup>th</sup>)
- Advocacy Day – Capitol Hill Visits (March 11<sup>th</sup>)

(Source: MCN [19-086](#), 12/18/19) ♦

<b>ABC 2020 Meetings &amp; Workshops</b>				
Meeting/Workshop	Dates	Location	Hotel	Registration Dates & Fees
2020 ABC Annual Meeting	March 9 <sup>th</sup> -11 <sup>th</sup>	Washington, D.C.	Ritz-Carlton (Pentagon City)	Registration now <a href="#">open!</a>
ADRP 2020 Conference	May 19 <sup>th</sup> -21 <sup>st</sup>	Phoenix, Ariz.	Hyatt Regency	Registration now <a href="#">open!</a>
2020 ABC Medical Directors Workshop and Summer Summit	July 21 <sup>st</sup> -23 <sup>rd</sup>	Cleveland, Ohio	Westin Downtown	More details coming soon!
<p><b>Notes:</b></p> <p>For the most up-to-date information on all events, members of ABC may check the <a href="#">calendar</a> on ABC’s Member Site. Non-members may attend all events; information will be updated on ABC’s <a href="#">Public Site</a>.</p>				



## 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](mailto: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. 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 5<sup>th</sup> Asia Workshop on Plasma Quality and Supply, Chonburi, Thailand.** More details available [here](#).

April 1. **U.S. Food and Drug Administration (FDA) Public Meeting on FDA's Communications About the Safety of Medical Devices.** Silver Spring, Md. More details available [here](#).

April 14-15. **16<sup>th</sup> Annual FDA and the Changing Paradigm for HCT/P Regulation Conference, Washington D.C.** More details available [here](#).

May 13-14. **IPFA/PEI 27<sup>th</sup> 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.

Sept. 23-25. **4<sup>th</sup> European Conference on Donor Health and Management.** Hamburg, Germany. More details coming soon.

Oct. 3-6. **2020 AABB Annual Meeting, Baltimore, Md.** More information available [here](#). ♦

## 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](mailto:newsletter@americasblood.org)

## POSITIONS

**Outside Sales Representative/Event Planner.** Oklahoma Blood Institute (Ada, O.K.) Account Consultants/Outside Sales Representatives must develop new partnerships with targeted decision makers in community organizations, educational & religious institutions and businesses to gain support in meeting the needs for volunteer blood donors. Responsibilities include organizing & promoting blood donation events; assessing, developing and implementing strategic/tactical plans to achieve recruitment objective/goals. She/he is expected to develop a customer-focused culture that will result in successful community partnerships and donation awareness. Identify opportunities for growth within current group base, and facilitate a plan to achieve growth percentage for total unit collection within territory. Book recurring blood drives for the following year. Develop and maintain relationships with key accounts. Give

presentations in order to promote blood collection. Identify and provide feedback on issues regarding customer needs/requirements, customer issues/concerns and satisfaction, competitor activities/strategies, etc. Interact effectively and professionally with team members and all internal/external contacts. Qualifications: Associate/Bachelor's degree preferred, 1-3 years sales related experience, public speaking/presentation experience preferred, excellent communication skills, and valid driver's license with access to vehicle. Salary Range: Competitive salary, commission plan, and excellent benefits package including health, dental, vision, life insurance, long term disability, 401(k), paid time off, etc. Apply at: <http://obi.org/careers/>.

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## POSITIONS (continued from page 9)

**Assistant Manager, Donor Testing.** Innovative Blood Resources (St. Paul, Minn.) is seeking an Assistant Manager for Donor Testing. Join our team today and start making a difference in the community and saving lives. Provide day-to-day supervision of personnel in their shift and laboratory area and responsible for the engagement of Donor Testing staff through proper personnel management, training, development and evaluation of staff. Work with all of IBR management to ensure that organizational needs are being met. Promote the Mission, Vision, Values, and strategic objectives of the organization. Requirements: a Bachelor Degree in Medical Technology/Clinical Laboratory Science highly preferred; BS degree in chemical, biological, or CLIA equivalent (Associates of Science Degree/MLT plus 4 years related experience) with relevant leadership experience acceptable; graduate of a CLIA approved degree program where laboratory experience was obtained and accompanies a working knowledge of good laboratory practices in addition to a minimum of 3+ years' experience in the Donor/Clinical Testing Laboratory; must possess attention to detail, accurate in transcription of numbers, good written and oral communication skills, and computer input/retrieval skills, ability to work in a team environment or independently, good decision making skills, ability to work irregular hours or overtime as dictated by departmental needs. Must comprehend and apply clinical laboratory procedures and theory. View full job descriptions at: <https://innovativebloodresources.org/careers/>.

**Director, Regulatory Affairs.** America's Blood Centers (ABC), North America's largest network of community-based, independent blood programs, is seeking a Director, Regulatory Affairs. The position will be actively involved and accountable for the development, implementation, execution and advancement of the ABC regulatory agenda before federal agencies and other stakeholders. In addition, the position will assist in the facilitation of member education, evaluation and coalescing of member input in the development of industry positions, data collection from internal and external sources, and primary and secondary research. The position will report directly to the Senior Director, Federal Government Affairs, providing strategic guidance on regulatory affairs and public policy issues pertaining to the nation's blood supply. A bachelor's degree is required for the position, which is based in Washington, D.C. This individual should: have a thorough understanding of the federal regulatory processes and landscape, particularly with the FDA; have knowledge of and experience in health policy; blood industry knowledge preferably (but not required); be able to collect, analyze, and synthesize information from varied sources; have strong critical thinking, analytical, and problem-solving skills; be self-motivated and goal oriented; have the ability to multitask

and determine priorities; be able to network and collaborate effectively with colleagues and volunteers; have strong communication skills - verbal, written, and presentation; and be able to travel, sometimes at short notice. ABC offers a salary commensurate with experience as well as an excellent benefit package including medical, dental, LTD, and 401k contribution. We are a hybrid virtual office that promotes a flexible work environment. This is a full-time staff position including benefits and a stipend for internet and telephone services. ABC prohibits discrimination and provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. The full job description is available [here](#). Interested applicants should send a cover letter and resume to [careers@americasblood.org](mailto:careers@americasblood.org).

**Clinical Laboratory Scientist.** Sign-on bonus \$1,000 to \$5,000. Hoxworth Blood Center seeks a full-time, third shift, Clinical Laboratory Scientist for the Immunohematology Reference Laboratory. This position will perform complex immunohematology serological testing; evaluate/interpret test results, prepare reagents, maintain rare blood inventories; perform quality control, data entry/retrieval functions; effectively communicate and requires participation in on-call. Must qualify as High Complexity Laboratory Testing Personnel and General Supervisor defined by CLIA. Registry eligible, must take and pass the MLS (ASCP) or BB (ASCP) exam within 12 months. Sign on bonus after one year Work Performance Review of acceptable performance. Qualifications: Bachelor's degree and MT(ASCP), CLS(ASCP), MLS(ASCP) or BB(ASCP); or Bachelor's degree and registry eligible; OR Bachelor's degree and HEW certified medical technologist with 2 years related experience; or MLT(ASCP) with 3 years related experience. Degree must be in biological science or related field. Apply for position number 40463 at: <https://jobs.uc.edu/>.

**Technician I – Phlebotomist.** We Are Blood (Austin, Texas) has been drawing Central Texans together since 1951. As the exclusive community blood supplier, we serve over 40 hospitals and medical facilities in a 10-county area. Our mission is to provide and protect the community blood supply, to inspire Central Texans to save lives locally, and to always treat everyone we serve as family. When you work here, you're a vital part of helping to ensure that all Central Texans have access to life-saving blood when they need it! This individual will determine donor eligibility, perform phlebotomy techniques, and manage adverse donor reactions at fixed site. Responsibilities: report to work according to department schedule and comply with organizational timekeeping

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POSITIONS (continued from page 10)

policy; maintain the donation site and equipment according to SOP: Assembly, daily quality control procedures, routine/preventative maintenance, housekeeping procedures and disassembly; process and accurately document allogeneic whole blood donations according to SOP: registration, medical history interviews and vital signs (pulse, blood pressure, hematocrit, and temperature), phlebotomy; respond to donor reactions according to SOP: Identify/treat symptoms, monitor/perform vital signs (pulse and blood pressure) and accurately document the reaction; review electronic/hard copy documentation, as appropriate, according to SOP; execute special projects and other duties as assigned by Supervisor or Operations Manager. Requirements: high school graduate or equivalent; effective communication skills; compassionate interpersonal skills; excellent customer service skills; basic computer skills; punctual and dependable; experience in phlebotomy and/or taking vital signs is preferred; certification as a phlebotomist, medical assistant, EMT, paramedic or LVN is a plus; ability to interpret and respond appropriately to sensitive/confidential information and situations; ability to maintain focus and make sound judgments in a busy/distracting environment; ability to perform the same task repeatedly while maintaining a high level of accuracy; ability to read/follow SOPs and to maintain complete/accurate records; ability to work well in a team environment; ability to work a flexible schedule including Saturday and/or Sunday; good manual dexterity; ability to lift up to 25 pounds unassisted; and the ability to stand for long periods. Local applicants only; EEO Employer: Minorities/Women/Veterans/Disabled; interested in our organization, but not this job? Apply [here](#); Check us out on our [website](#) to find out how you else you can be a part of our family.

**Technician I – Mobile Phlebotomist.** We Are Blood (Austin, Texas) serves over 40 hospitals and medical facilities in a 10-county area. Our mission is to provide and protect the community blood supply, to inspire Central Texans to save lives locally, and to always treat everyone we serve as family. When you work here, you're a vital part of helping to ensure that all Central Texans have access to life-saving blood when they need it! This individual will determine donor eligibility, perform phlebotomy techniques, and manage adverse donor reactions at blood drives across the Central Texas area. Responsibilities: loading/unloading the mobile bus, setting up/taking down the blood drive event, and maintaining excellent donor relations; report to work according to department schedule and comply with organizational timekeeping policy; maintain the donation site and equipment according to SOP: Assembly, daily quality control procedures, routine/preventative maintenance, housekeeping procedures and disassembly; process and accurately document allogeneic whole blood donations according to SOP: registration, medical history interviews and vital signs (pulse, blood pressure, hematocrit, and temperature), phlebotomy; respond to donor reactions according to SOP: Identify/treat symptoms, monitor/perform vital signs (pulse and blood pressure) and accurately document the reaction; review electronic/hard copy documentation, as appropriate, according to SOP; execute special projects and other duties as assigned by Supervisor or Operations Manager. Requirements: high school diploma or equivalent required; experience in a blood center is preferred, Certification as a Phlebotomist, Medical Assistant, EMT, Paramedic or LVN is a plus; open availability needed; **MUST** be able to work a full-time schedule with flexible hours to include evenings, weekends, and holidays; effective communication, compassionate interpersonal and excellent customer service skills; basic computer skills; punctual and dependable ability to work well in a team environment able to lift 25 pounds unassisted and ability to stand for long periods; ability to work well in a team environment and good manual dexterity; and the ability to perform the same task repeatedly while maintaining a high level of accuracy. Local applicants only; apply [here](#). Interested in our organization, but not this job? Check us out our [website](#) to view other opportunities within our organizations to make you a part of our Family. EEO Employer: Minorities/Women/Veterans/Disabled. 💧