

2020 #22

June 19, 2020

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## Mayo Reports Findings from Convalescent Plasma Safety Study

COVID-19 convalescent plasma (CCP) from recovered COVID-19 patients continues to be viewed as a potential therapy to treat individuals ill with the disease. While researchers worldwide are examining the efficacy of this therapy, investigators at the Mayo Clinic have released results from their safety study, which “found investigational CCP to be safe following transfusion in a diverse group of 20,000 patients.” The findings will be published in *Mayo Clinical Proceedings* as part of the U.S. Food and Drug Administration’s Expanded Access Program (EAP) for COVID-19. “Our efforts to understand CCP continue,” said Mayo Clinic Principal Investigator of the EAP and lead author of the study Michael Joyner, MD in a [news release](#). “We’re optimistic but must remain objective as we assess increasing amounts of data.”

For this study, researchers tracked outcomes for the initial 20,000 patients who received CCP under the EAP. These individuals were 18-years old or older and had been “hospitalized with a laboratory confirmed diagnosis of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and had (or were judged by a healthcare provider to be at high risk of progression to) severe or life-threatening COVID-19.” The donated units of CCP from individuals recovered from COVID-19 did not have a minimum neutralizing-antibody titer level as recipients received 200-500 mL of CCP intravenously. “The patient enrollment indicates a wide age range of hospitalized patients with COVID19, consistent with prior CDC published data. The study population was diverse, with 20 percent of patients being African American, nearly 35 percent Hispanic, and five percent Asian...Nearly all of the patients had severe or life-threatening COVID-19, by design of the investigational protocol. Nearly two-thirds had respiratory failure as well as dyspnea as a primary symptom. Most were hypoxic and nearly half had pulmonary infiltrates. At least one-third had severe respiratory compromise.”

A seven-day mortality rate of 8.56 percent (1,711 deaths) was observed with a higher rate among the sickest of the critically-ill patients, “including patients admitted to the intensive care unit (ICU) vs. not admitted to the ICU (10.5 percent vs. 6.0 percent), mechanically ventilated vs. not mechanically ventilated (12.1 percent vs. 6.2 percent), and those with septic shock or multiple organ dysfunction (MOD)/failure vs. without septic shock or MOD/failure (14.0 percent vs. 7.6 percent).” While acknowledging the “potential risks” that could result from CCP transfusions, the authors believe the findings reveal reasons for “continued optimism” regarding CCP as therapy to treat critically ill COVID-19 patients, “[a]lthough thrombotic and thromboembolic events are emerging clinical

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### Mayo CCP Study (continued from page 1)

complications of COVID-19, our data demonstrate a low rate (<1 percent) of these events within the first seven days after COVID-19 CCP transfusion.” They acknowledge limitations of the study including, “[w]hile the mortality rate has fallen we note that the clinical characteristics of the transfused patients in the EAP have shifted toward less critically-ill patients and lower proportions of apparent ‘rescue therapy.’ No therapy has been introduced into clinical use during this time period which reduces (to our knowledge) mortality in hospitalized patients with COVID-19.”

The authors concluded that while CCP “may be associated” with improved survival, the findings should not be viewed as establishing efficacy. They also note that “[g]iven the accelerating deployment of this therapy, these emerging data provide early safety indicators of convalescent plasma for COVID-19 treatment and suggest research should shift focus from safety toward determining the efficacy of CCP.”

**Citation:** Joyner, M., Bruno, K., Klassen, S., *et al.* Safety Update: [COVID-19 Convalescent Plasma in 20,000 Hospitalized Patients](#). *Mayo Clinical Proceedings*. 2020.

(Source: Mayo Clinic News [Release](#), 6/18/20) ♦

## **HHS OCR Publishes HIPAA Guidance for Contacting Recovered COVID-19 Patients Regarding Blood & Plasma Donation**

The Office of Civil Rights (OCR) within the U.S. Department of Health and Human Services (HHS) issued [guidance](#) concerning whether covered healthcare providers are permitted to use protected health information (PHI) to contact individuals recovered from COVID-19 about potentially donating blood products to help other COVID-19 patients in need under Health Insurance Portability and Accountability Act (HIPAA). “We’re making sure misconceptions about HIPAA do not get in the way of a promising COVID-19 response,” said OCR Director Roger Severino in an agency news release. “This guidance explains how healthcare providers can connect COVID-19 survivors with blood and plasma donation opportunities and further public health consistent with patient privacy.”

Specifically, the HIPAA guidance explains, “[y]es. Generally, a covered health care provider may use PHI to identify patients who have recovered from COVID-19 to provide them with information about how they can donate their blood and plasma containing antibodies to the virus that causes COVID-19, to help treat other patients with COVID-19. The HIPAA Privacy Rule permits HIPAA covered entities (or their business associates on the covered entities’ behalf) to use or disclose PHI for treatment, payment, and health care operations, among other purposes, without an individual’s authorization.”

Additionally the guidance states that healthcare providers should make “reasonable efforts to limit the use or disclosure of PHI.” It notes that “[t]he use of PHI to identify and contact patients who have recovered from COVID-19 for this purpose is permitted as a population-based health care operations activity of the covered healthcare provider because facilitating the supply of donated blood and plasma would be expected to improve the provider’s ability to conduct case management for patient populations that have or may become infected with COVID-19.”

(Source: HHS OCR [Guidance](#) on HIPAA, 6/12/20; HHS News [Release](#), 6/12/20) ♦



## House Introduces Legislation to Limit Liability Related to Coronavirus Pandemic for Blood Centers

Rep. Gregory Murphy (R-N.C.) [introduced](#) H.R. 7179, the Pandemic Liability Protection Act, which would provide protections for businesses open through the pandemic from state and federal lawsuits for harm from COVID-19. The legislation would specifically provide safeguards for businesses exempting them from litigation that is not the result of an act or omission that constitutes willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of an individual. “Throughout this crisis, I have compared the COVID-19 outbreak to building a plane while flying it,” said Rep. Murphy in a news [release](#). “There were so many things that we did not know about this virus in the beginning of the pandemic, and there are still many things that we continue to not understand about it. [D]espite all of this, our essential workers have showed up to work every day to make sure that we have enough food, resources and medical care. Small businesses are the backbone of America, and they shouldn’t need to worry about legal repercussions for inadvertent mistakes that were made because they didn’t have enough information or guidance.”

Blood centers are included on the list of those covered by this legislation. A similar or identical bill is anticipated to be introduced in the Senate as Senate Majority Leader Mitch McConnell (R-Ky.) has indicated he would only allow another coronavirus relief bill that includes liability reform for businesses that continued to operate through the pandemic. America’s Blood Centers continues to work with members of Congress to ensure blood centers are specifically included in any bills shielding essential businesses that acted prudently in response to rapidly changing information during this pandemic. We will keep members apprised of developments with this legislation.

(Source: Rep. Murphy News [Release](#), 6/12/20) 💧

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

- **ADRP Webinar: Strategies to Offset Donor Recruitment Challenges** – June 24<sup>th</sup> from 1 – 2 p.m. (EDT). Register [here](#).
- **ABC SMT Journal Club Webinar** – August 10<sup>th</sup> from 2 – 3 p.m. (EDT). Additional details coming soon.
- **ABC QA Education Webinar** – August 18<sup>th</sup> from 3 – 4:30 p.m. (EDT). Additional details coming soon.

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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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**Reimagined Virtual Experiences**

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**Summer Summit**  
July 14 & 16

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**Medical Director Workshop**  
July 21 & 22

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### RESEARCH IN BRIEF

**Convalescent Plasma Benefits Intensive Care Unit (ICU).** A study published in *Transfusion and Apheresis Science* “preliminary evaluate[d] the importance of convalescent plasma (CP) transfusions in ICUs. The authors of the study “compared mortality rates between two groups: patients untreated (group one) and those treated with CP (group two).” The first group “includes all 34 Basilicata region [Southern Italy] patients recovered in COVID

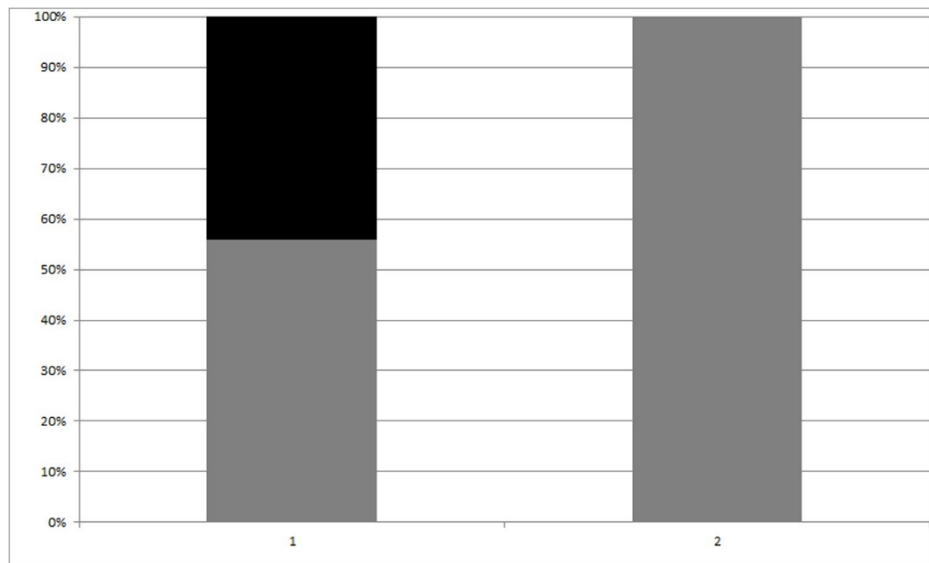


Figure 1 courtesy of *Transfusion and Apheresis Science*

dedicated ICUs, with a mean age of 63 years old and comorbidity rate >70 percent.” Each of the patients from this group received “antiretroviral agents, hydroxychloroquine, steroids and [non] steroid anti-inflammatory agents, heparin, azithromycin and other wide spectrum antibiotics, tocilizumab...Group two consisted of all...reported COVID-19 ICU patients in [the] literature, included in three recently published

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## RESEARCH IN BRIEF (continued from page 4)

papers, with a total number of 19 cases, mean age of 54 years old, with mean comorbidity rate similar to group one.” “The patients in group two underwent pharmaceutical and supporting treatments with these differences: no heparin, hydroxychloroquine and tocilizumab, but in addition [received] arbidol in 10 cases, and in all cases CP transfusion, starting from a single 200 ml dose, repeated in the majority of cases after 7-10 days and once again after the same time, until a total amount of 800-900 mL and in only one case, with multiple organ failure, of 2,400 mL.” The researchers saw “clinical and [laboratory] improvements within three days after [the] procedure...The observation window for all patients (both groups) was [less than] 40 days...In [g]roup one, 15 recipients died due to pulmonary or cardiovascular complications, with a mortality rate of 44.1 percent.” They did not find any deaths in group two “Proportions comparison showed a significant difference in death rate... $p=0.0019$  (figure 1). Mortality with plasma transfusion odds ratio value is 0.03223... $p=0.0197$ .” The authors conclude by stating that their “report shows statistical[ly] significant strong mortality rate reduction for COVID-19 ICU patients treated with CP vs untreated ones, [and that this was] in line with what [was] shown in SARS previous papers.”

**Citations:** Cantore, I., Valente, P. Convalescent plasma from COVID 19 patients enhances intensive care unit survival rate. A preliminary report. *Transfusion and Apheresis Science*. 2020. Doi. [10.1016/j.transci.2020.102848](https://doi.org/10.1016/j.transci.2020.102848).

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

## WORD IN WASHINGTON

**World Blood Donor Day celebrations took place on June 14<sup>th</sup> to thank donors and raise awareness of the need for ongoing blood donations.** In the U.S., several government agencies and the Administration demonstrated their support for blood donation by encouraging individuals across the country to remember its importance. The White House issued a [statement](#) from President Trump, “[o]ver the past several months, the hardships of the coronavirus have lowered our country’s blood and platelet supply to critical levels, and the need to donate blood has never been more acute. With more than 30,000 blood drives canceled since mid-March, those battling severe illnesses or those involved in life-threatening accidents could be in particular danger of not being able to receive the vital care they need. Many of our Nation’s blood banks are operating with depleted stocks, and the majority of them rarely have on hand more than a single day’s supply of type O blood, which is critical because it can be used to meet the blood needs of any patient. During this challenging time, let us commit to raising awareness of the lifesaving act of donating blood. I urge all Americans who are healthy and willing to donate blood to do so at a local donation center. Organizations like the American Red Cross and other blood banks have implemented special protocols to protect donors from possible infection. Your blood donations can help minimize the harm inflicted by the coronavirus on our country.” Additional support included:

- a [video](#) from U.S. Surgeon General VADM Jerome Adams, MD, MPH;
- a [statement](#) from U.S. Secretary of Health and Human Services Secretary Alex Azar; and
- a blog [post](#) from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

(Sources: White House [Statement](#), 6/14/20; Surgeon General [Video](#), 6/14/20; HHS Secretary [Statement](#), 6/14/20; Office of ASPR Blog [Post](#), 6/12/20) ♦





## BRIEFLY NOTED

Friday, June 19<sup>th</sup> is the annual celebration of World Sickle Cell Day. The U.S. Surgeon General VADM Jerome Adams MD, MPH released a [video](#) recognizing the day, while stressing the need for **blood donation from a diverse group of blood donors to assist sickle cell disease patients in need.** Additionally, the [Sickle Cell Disease Coalition](#) has developed a social media [toolkit](#) to promote World Sickle Cell Day. The toolkit is a part of their efforts to raise awareness of the importance of giving blood to ensure the availability of blood for individuals with sickle cell disease. It includes sample posts to share across social media platforms to help recruit donors. The coalition encourages individuals to feel free to modify the posts to link to their region-specific blood donation site finders tagging @ConquerSCD in all Tweets/posts not only on World Sickle Cell Day, but throughout the week of June 22<sup>nd</sup>.

Phase two of the “[The Fight Is In Us](#)” convalescent plasma campaign began on June 17<sup>th</sup>. It features several celebrities including [The Rock](#) and [Samuel L. Jackson](#) as part of a media campaign with a social media component to encourage individuals recovered from COVID-19 to donate convalescent plasma. A coalition of medical and research institutions, blood centers, life science companies, technology companies, philanthropic organizations, and COVID-19 survivor groups have collaborated on the campaign to support the rapid development of potential new therapies for patients with COVID-19. The organizations hope to mobilize tens of thousands of people in the U.S. who have recovered from COVID-19 to donate convalescent plasma. The coalition offers more than 1,500 locations at which COVID-19 survivors can choose to donate. Donations can be made at both blood and plasma donor centers. The Campaign is supported by The Bill & Melinda Gates Foundation, the Lasker Foundation, Microsoft Corp., MITRE, and Uber Health.

(Source: [MCN 20-064](#), 6/16/20)

A reminder that the Centers for Disease Control and Prevention (CDC) has extended the deadline to submit responses for the National Blood Collection and Utilization Survey (NBCUS) to July 10<sup>th</sup>. The agency launched the 2019 National Blood Collection and Utilization Survey (NBCUS) on March 11<sup>th</sup>. NBCUS is conducted every two years and provides invaluable data on the amount of blood collected by U.S. blood centers and used by U.S. hospitals. [Results](#) from the 2017 survey were published in a supplement to *Transfusion* earlier this year. The current survey seeks data on the collection and transfusion of blood for the 2019 calendar year. Nearly all members of America’s Blood Centers participated in 2017, which was vital to the success of the survey. Blood centers are highly encouraged to participate in the 2019 survey. Blood center participation is vital to ensuring accurate estimates, “[a]s the industry continues to consolidate, there are fewer blood centers,” said Mathew Sapiano, PhD, the senior statistician working on NBCUS at CDC. “Higher participation leads to more accurate estimates with narrow confidence intervals, which are more persuasive for users of the NBCUS estimates including industry, academia, government, and policy makers.” This year, the survey has migrated to a new survey platform with a slightly different look than in previous years; however, the survey includes the same questions as the 2017 survey so that 2019 data is comparable to previous years. All participants should have already received an e-mail from CDC with a secure web-link to complete the survey. If you did not receive the link, or if you have any questions, please contact [Jefferson Jones, MD, MPH](#) at CDC’s Office of Blood, Organ, and Other Tissue Safety.

(Source: CDC Email, 5/13/20) ◆

### 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!



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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 Today for Sessions Two and Three of ABC's Ignite Rounds: "Nimble Is the New Normal"**

America's Blood Centers (ABC) has opened [registration](#) for the next two sessions of its member-only Ignite Rounds. These virtual events are designed to be open forums to assist member blood centers through the challenges created by the COVID-19 pandemic with the theme "Nimble Is the New Normal." Registration is free to ABC member blood centers and its vendor partners. With these sessions occurring ahead of the Medical Directors (MD) Workshop and Summer Summit, ABC intends for the series to be a way to ignite conversation and spark new ideas for operating in the new reality of COVID-19. We envision the conversations and ideas being the catalyst for change, while serving as a primer aimed at helping our member blood centers navigate these challenging times through the development of content and resources that lead to impactful solutions discussed in further detail during the 2020 MD Workshop and Summer Summit.

The "Ignite Rounds" are open to all blood center employees to ensure a cross-functional lens. Please mark your calendars and plan on joining the conversation. Come prepared to think creatively and share ideas that could potentially help your blood center and the industry pivot to not only survive COVID-19 but to thrive in the new reality. Future sessions are below with registration details for the latter two future events coming soon.

#### **ABC Ignite Rounds: Appropriate Blood Utilization in a Pandemic**

June 24, 2020 | 4:00 pm EDT

Registration link available to ABC members in [MCN 20-065](#).

#### **ABC Ignite Rounds: Increasing Donor Availability**

July 8, 2020 | 4:00 pm EDT

Registration link available to ABC members in [MCN 20-065](#).

(Source: [MCN 20-065](#), 6/18/20)

### **2020 Virtual ABC MD Workshop and Summer Summit Registration Opens June 22<sup>nd</sup>**

Registration for the 2020 Virtual ABC Medical Directors (MD) Workshop and Summer Summit will launch on June 22<sup>nd</sup>. After careful consideration, ABC decided to transition the 2020 ABC Medical Directors (MD) Workshop and Summer Summit to a virtual event. Please mark your calendars as the Summer Summit will be held on July 14<sup>th</sup> and 16<sup>th</sup>, while the MD Workshop will take place July 21<sup>st</sup>-22<sup>nd</sup>. We believe this ensures the safety of our attendees and staff while continuing to offer opportunities to network and discuss the most pressing issues facing the industry. Reimagined as a virtual experience with two separate events taking place over four days total, ABC envisions this format providing flexibility for attendees' schedules without sacrificing the knowledge sharing and benefits of peer to peer discussions that are a hallmark of in-person meetings. Registration and program details will be released soon. Thank you for your patience during this process, and for your continued support of ABC.

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## ADRP Webinar: Strategies to Offset Donor Recruitment Challenges

[Register](#) today for the Wednesday, June 24<sup>th</sup> ADRP webinar entitled “Strategies to Offset Donor Recruitment Challenges.” This webinar, sponsored by Terumo, will take place at 1 p.m. EDT and will feature discussions on how Mississippi Valley Regional Blood Center uses Terumo’s KPI Dashboard “to drive efficiencies in collection of apheresis products. Pete Lux, director of Donor Services at Mississippi Valley Regional Blood Center will present with the goals of demonstrating:

- how to use data to drive and improve collections;
- how to mobilize Trima to start a donor program before opening a bricks and mortar donor center; and
- how to use incentives for Donor Services and Donor Recruitment teams.

ADRP subscribers may register for free and non-subscribers can participate for \$25.

(Source: ADRP [Announcement](#), 6/5/20) ♦

## CALENDAR

***Note to subscribers:** Submissions for a free listing in this calendar (published weekly) are welcome. Send information to [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or by fax to (202) 899-2621. (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)*

### 2020

July 14 & 16. **ABC Summer Summit (Virtual)**. More details coming soon.

July 21-22. **ABC Medical Directors Workshop (Virtual)**. More details coming soon.

Sept. 9. **10<sup>th</sup> Annual Symposium Red Cell Genotyping 2020: Visionary Solutions, Bethesda, Md.** More details available [here](#).

Sept. 10. **39<sup>th</sup> Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** More details available [here](#).

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

Nov. 22-24. **2020 ADRP Conference, Phoenix, Ariz.** More details available [here](#).

### 2021

June 25-26. **64<sup>th</sup> Annual California Blood Bank Society Annual Meeting, Santa Clara, Calif.** More details available [here](#).

Sept. 15-17. **4<sup>th</sup> European Conference on Donor Health and Management, Hamburg, Germany.** More details available [here](#).

## We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste and published after editorial review. Please send letters to the Editor at [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or fax them to (202) 899-2621. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.





## 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

**DS Collections Operations Director** – Oklahoma Blood Institute (Tulsa, OK). This position will provide leadership and direction over all aspects of the Donor Services collection team for both mobile and fixed site operations. It is responsible for assessing, developing and implementing strategic plans to achieve donor services objectives and goals. Create a friendly competitive environment to motivate staff to achieve high system wide standings on all key performance metrics (loss rates, errors, 2RBC conversion, Global Blood Fund, etc.). Conduct routine meetings to communicate organizational vision, updates, and changes and recognize outstanding staff performance keeping morale high. Maintain adequate staffing levels. Make frequent visits to both fixed and mobile collection sites. Actively participate in internal and external assessments/inspections including corrective action plans and effectiveness checks as needed. Track and monitor inventory and collection goals, which include whole blood, automation rates, and WB conversion data. Analyze data and make adjustments to increase productivity. This includes working closely with recruitment to ensure projections are met. Prepare and manage department annual budgets. Qualifications: Bachelor's degree in management or medical field. Minimum of five years' leadership/management experience, and valid driver's license. Salary: Competitive salary and excellent benefits package. How to apply: <http://obi.org/careers/>.

**Account Manager.** Blood Assurance is seeking an Account Manager who can develop and service group accounts in the Nashville, TN territory. Primary job responsibilities include calling on current and potential blood drive accounts, coordinating with operations teams to book blood drives that meet blood supply goals and developing relationships with community and organization leaders to support our life-saving mission. Travel within the region will be required. Qualified candidates will have three to five years prior related outside sales experience and possess professional verbal and written communication skills, computer skills, influential communicative skills, and negotiation skills and have ability to multi-task while working independently to consistently meet blood product goals. A bachelor's degree is preferred. Blood Assurance offers a competitive base wage with incentive plan and benefits, including a 401K retirement plan. Qualified candidates, please apply online at [www.bloodassurance.org](http://www.bloodassurance.org). Blood Assurance is an Equal Opportunity Employer and a Tobacco Free Work Environment.

**Director of Quality Assurance.** Blood Assurance is seeking a Director of Quality Assurance to work in our downtown Chattanooga facility. The Director monitors the facility's compliance with all applicable standards and regulations and is responsible for the oversight of all activities relating to product quality. Determines appropriate Standard Operating Procedures (SOP's) exist for all manufacturing procedures and staff is appropriately qualified, trained, and competent. Evaluates reports of manufacturing errors and accidents, customer complaints, and variations from SOP's. Ensures records provide a complete and accurate history of all work performed. Audits all manufacturing systems to ensure compliance with applicable regulations and to identify opportunities for improvement. Determines new or revised processes are validated and equipment is appropriately qualified and validated. Qualified applicants should possess: Bachelor's degree with major in biological science or related field. Five years of experience in blood banking, biologics manufacturing or regulations and compliance. Extensive knowledge of AABB, FDA, CLIA, OSHA, and state Departments of Health requirements. Knowledge of quality control, SOP development, and auditing skills. Certification by American Society of Quality as a Certified Manager of Quality and Certified Quality Auditor desirable. Qualified candidates are encouraged to submit an online application at [www.bloodassurance.org](http://www.bloodassurance.org). Blood Assurance is an EOE and Tobacco Free Workplace.

**East Coast Account Manager/Senior Product Specialist (Macopharma USA).** Macopharma is a worldwide, leading and innovative Health Care Company specializing in the fields of Transfusion Medicine and Biotherapy. For more than 40 years, Macopharma has achieved continuous growth and success in these fields. In all our activities, we focus on the improvement of human health outcomes. This position is responsible for developing and maintaining relationships that lead to sales of blood bank filters, equipment, and related products. Travel is required three to four nights per week. Must live near a major airport in Eastern United States. Key responsibilities include: Develop and implement strategies to maintain and/or expand sales within an assigned territory; territory and account management to include forecast of product usage. Provides reports on the budget and sales activity for a given period of time. Interfaces with the customer on a regular basis to understand the customer's overall objectives and requirements. Provides post implementation support to assigned accounts / customers with

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POSITIONS (continued from page 9)

the assistance of support staff. Serves as a point of escalation for issues or activities that the customer encounters during product utilization and ensures the resolution of customer problems/complaints. Prepares and conducts technical/product presentations and demonstrations. Participates in trade shows by representing the organization and sharing information on products. Required experience: Bachelor's degree from four-year college or university. Minimum five years' experience in the blood banking/medical device or related industry. Minimum three years proven sales success. Please send resumes with salary criteria to: [roxane@macopharmausa.com](mailto:roxane@macopharmausa.com). No phone calls.

**Chief Medical Officer [Associate Professor, Full Professor].** The University of Washington, Department of Laboratory Medicine and Pathology is accepting applications for Chief Medical Officer [Associate Professor, Full Professor]. This position involves overall responsibilities for providing medical direction and support for all aspects of Bloodworks' activities. The position requires licensure as a physician (M.D. or D.O.) and board certification in Blood Banking/Transfusion Medicine. In lieu of board certification, candidates who meet the requirements for CLIA laboratory director with 3 years' experience in blood collections, immunohematology, apheresis, and cellular therapy will also be considered. University of Washington faculty engage in teaching, research, and service. Please apply at <https://usr57.dayforcehcm.com/CandidatePortal/en-US/bloodworks/>. EO employer – M/F/Vets/Disabled 💧