

2020 #32

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Blood Community Comments on Framework for Equitable Allocation of COVID-19 Vaccine

America's Blood Centers, AABB, and the American Red Cross submitted joint [comments](#) to the National Academies of Sciences, Engineering, and Medicine (NASEM) on the proposed draft of the "Preliminary Framework for Equitable Allocation of COVID-19 Vaccine." The letter states that blood centers should be prioritized and recognized as healthcare facilities "for the purpose of the vaccine allocation framework and at a minimum, classifying workers at these establishments as critical risk workers."

The three organizations state that "[a] safe and adequate blood supply is critical to medical practice, patient safety, and the public's health. Blood and blood components are irreplaceable essential medicines and unique health care resources. Blood transfusions are routine medically necessary treatments for patients with certain chronic health conditions, such as sickle cell disease, and are frequently required for patients who lose blood during surgery or because of injury... Blood centers and their personnel are essential to protecting the health care system, as they collect, test, process, and distribute blood components to hospitals and other settings of care where blood is transfused to patients. Additionally, blood centers' personnel are on the front lines of the nation's response to COVID-19, as they are collecting, testing, processing, and distributing COVID-19 convalescent plasma. Due to the nature of their positions, they work in close proximity to others and members of the public and are therefore at higher risk for exposure to COVID-19."

It concludes by emphasizing that "[t]o ensure a safe and robust blood supply remains available throughout the pandemic, it is essential that blood centers be considered health care facilities for the purpose of the vaccine allocation framework and that their personnel be included as critical risk workers."

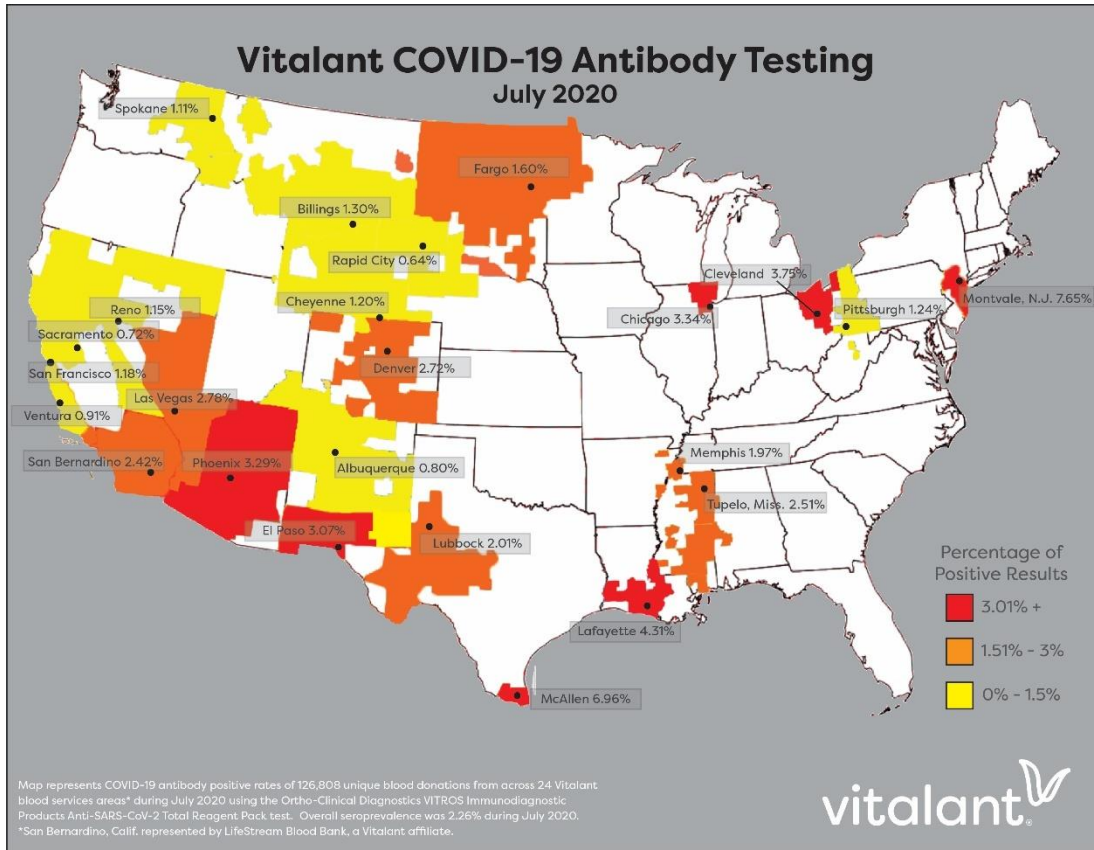
(America's Blood Centers, AABB, American Red Cross Joint [Comments](#), 9/4/20)





Vitalant Publishes COVID-19 Seroprevalence Data

Vitalant [released](#) data this week from June through July on their COVID-19 antibody positivity rates of more than 250,000 blood donors across the U.S. The organization saw an overall positive antibody rate of 2.26 percent in July and 1.37 percent in June. “We are pleased to share our data to assist ongoing response and preparedness efforts,” said Ralph Vassallo, MD, chief medical and scientific officer at Vitalant, in a news release. “We will continue antibody testing all blood donations for the foreseeable future to help identify convalescent plasma donors and meet the emergent need.” According to the figures published by Vitalant, the organization’s Newark, N.J. service area had the highest prevalence in July with 7.65 percent while Rapid City, S.D. had the lowest in July at 0.64 percent. Vitalant began testing all blood donations for antibodies on June 1st.



Map courtesy of Vitalant

(Source: Vitalant [News Release](#), 9/10/20) 💧

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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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REGULATORY NEWS

The U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) will hold an online public meeting Friday, September 25th from 1–4 p.m. EDT according to a recent [announcement](#) in the *Federal Register*. The committee plans to discuss, prioritize, and vote on actionable recommendations to the HHS Assistant Secretary for Health “from the work groups, [formed following last month’s meeting], to improve the blood community’s response to future public health emergencies.” Additional information including an agenda will be published on the HHS [website](#) when available. The working groups will focus on prioritizing specific actionable recommendations for the nation’s blood system that were segmented into categories to address:

- supply chain solutions to provide blood products and ensure product availability to hospitals;
- data infrastructure and solutions;
- regulatory/public-private partnerships;
- national disaster/business continuity planning;
- governance/locus authority;
- blood donor engagement, growth, and research;
- innovation; and
- financial needs.

(Source: ACBTSA Meeting [Announcement](#), 9/10/20) 💧

WORD IN WASHINGTON

U.S. Representatives Mike Quigley (D-Ill.) and Val Demings (D-Fla.) have [introduced](#) legislation in the House of Representatives that would end the U.S. Food and Drug Administration’s (FDA) blood donor deferral of men who have sex with other men (MSM). The “Science in Blood Donation Act of 2020” calls for “individual risk [based] assessment of sexual behaviors upon which all donors are evaluated equally, without regard to sexual orientation or gender identity.” In a news release, Rep Quigley said, “I’ve been proud to lead on this issue in Congress and am equally proud to introduce this bill with my good friend Rep. Val Demings. Over the course of many years, we have made significant progress in rolling back an indefinite ban on blood donations from MSM, to a 12-month deferral to the current three-month deferral. This is still not enough. Our work will not be complete until FDA approves a non-discriminatory, science-based policy that properly addresses individual risk assessment, as we’ve seen countries across the world adopt. An arbitrary blanket ban, especially during a crisis, is simply unacceptable. This past year, awareness on this issue has continued to grow and this bill marks yet another important step in Congress’s fight for the full and equal treatment of all Americans.” Rep. Demings added in the release, “every day, across the United States, donated blood marks the difference between life and death. There is no substitute. Yet our country turns away thousands of healthy and willing blood donors based solely on their gender identity and sexual orientation. This policy is based on fear, stigma, and prejudice, not science. Expanding the donor pool by hundreds of thousands of healthy Americans would save lives every day in emergency rooms and hospitals around the country. Blood is never at a higher demand than in an emergency. Orlando knows the pain of mass shootings, and discriminatory sexual orientation guidelines denied victims’ friends and families the opportunity to donate blood afterward. It’s time to move away from these archaic rules and ideologies. When we know better, we should do better. By basing our medicine on science, we can maximize our donor pool while keeping our blood supply safe.” Rep. Quigley serves as vice-chair of the LGBT Equality Caucus and has long been a supporter of ending the MSM deferral. This bill would also “require the FDA to update its Guidance on Reducing the Risk of Human Immunodeficiency Virus Transmission (HIV) by Blood and Blood Products based on an assessment of current testing accuracy and individual risk-based analysis.”

(Source: Rep. Mike Quigley [News Release](#), 9/9/20) 💧



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

INSIDE ABC

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

ADRP Digital Marketing Solutions Virtual Master Class Begins Next Week

Registration is still open for the upcoming [Digital Marketing Solutions Virtual Master Class](#). This series of three single-day events will occur over the course of three weeks and has been designed to move beyond the basics and build upon the skills needed to excel at your job while providing participants with the latest tools and trends to incorporate into their current business plans.

Not convinced? [Watch](#) ADRP President Lisa Entrikin explain why this event is essential and like no other in the industry.



ADRP Annual Conference Goes Virtual

ADRP's [Annual Conference](#) will now be a virtual event. Originally scheduled to take place in Phoenix, Ariz., this year's virtual meeting will occur November 16th-18th with the theme, "Charting the Course to Excellence." The full conference [program](#) is available. [Register](#) today!



August SMT Journal Club Webinar Recording Available

A recording of the most recent ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar is available to ABC members. The webinar explored:

- [Cost-effectiveness evaluation of the PROPPR trial transfusion protocols](#) (*Transfusion*);
- [A case study of 10 patients administered HBOC-201 in high doses over a prolonged period: outcomes during severe anemia when transfusion is not an option](#) (*Transfusion*); and
- [Is SARS-CoV-2 transfusion transmitted?](#) (*Transfusion*).

Additional details including the presentations and a playback of the webinar are available to ABC members in [MCN 20-079](#).

(Source: [MCN 20-079](#), 8/25/19) ♦



BRIEFLY NOTED

The National Academies of Sciences, Engineering, and Medicine (NASEM) have [published a report](#) titled “Addressing Sickle Cell Disease [SCD]: A Strategic Plan and Blueprint for Action.” The report “recommends medical and social supports to ensure a safe transition from pediatric to adult SCD care; metrics to assess the quality of SCD care; and new payment models for currently available and pipeline treatments.” Highlights of the report are available [here](#). The report outlines eight strategies as part of a strategic plan for addressing SCD moving forward:

- establish a national system to collect and link data to characterize the burden of disease, outcomes, and the needs of those with SCD across the life span;
- establish organized systems of care that ensure both clinical and nonclinical supportive services to all persons living with SCD;
- strengthen the evidence base for interventions and disease management and implement widespread efforts to monitor the quality of SCD care;
- increase the number of qualified health professionals providing SCD care;
- improve SCD awareness and strengthen advocacy efforts through targeted education and strategic partnerships among the U.S. Department of Health and Human Services; health care providers, advocacy groups, community-based organizations, professional associations, and other key stakeholders (e.g., media and state health departments);
- address barriers to accessing current and pipeline therapies for SCD;
- implement efforts to advance understanding of the full impact of sickle cell trait on individuals and society; and
- establish and fund a research agenda to inform effective programs and policies across the life span.

(Source: NASEM [Announcement](#), 9/10/20)

The National Institutes of Health’s (NIH) National Heart, Lung, and Blood Institute (NHLBI) has announced funding opportunities for grant applications in transfusion medicine: one for basic-transfusion medicine research applications “Hemostasis, Thrombosis, Blood Cells, and Transfusion Study Section (HTBT)” and another for transfusion medicine clinical (observational study or mechanistic clinical trial) applications “Clinical Integrative Cardiovascular and Hematological Sciences (CCHS).” NHLBI encourages investigators interested in applying for an R01 grant application in transfusion medicine to refer to a description of these study sections [here](#) and to contact the corresponding Scientific Review Officer to evaluate fit of their proposed research application for a specific study section. Other review study sections may also apply. For example, non-mechanistic clinical trial applications directed to NHLBI need to be submitted to specific Funding Opportunity Announcements and are reviewed through different review panels. Investigators are always welcome to discuss whether their proposed research in transfusion medicine meets the mission of the NHLBI and Funding Opportunity Announcements for consideration by contacting the Program Office in the Division of Blood Diseases and Resources at (301) 435-0065 or email [Dr. Simone Glynn](#).

(Source: NHLBI [Announcement](#), 9/4/20) 💧

RESEARCH IN BRIEF

SARS-CoV-2 and The Immune Response. A study published in the *New England Journal of Medicine* aimed “to assess SARS CoV-2 seroprevalence in the population of Iceland and to assess changes in antibody levels within the first four months.” The researchers measured “SARS-CoV-2–specific antibodies in

(continued on page 6)



RESEARCH IN BRIEF (continued from page 5)

30,576 persons with six established assays [two pan-immunoglobulin ([pan-Ig]).” The antibodies were evaluated “in two groups of quantitative polymerase chain reaction (qPCR) positive Icelanders and in six groups who had not been qPCR-tested or who had a negative result.” The study “collected samples from a group of hospitalized qPCR-positive persons and invited all positive persons to donate samples shortly after recovery and three months [later] (2,102 samples from 1,237 persons)...[and also] “from quarantined persons who had not tested qPCR-positive to evaluate infection during quarantine and the effect of exposure type on the probability of infection.” The investigators “used three groups of samples collected from persons who had neither tested qPCR-positive nor been quarantined to evaluate seroprevalence outside quarantine...Of 1,215 who had recovered, 1,107 were seropositive (91.1 percent) [and this remained stable up to four months]...Of the 1,797 qPCR-positive Icelanders, 1,088 (61 percent) were in quarantine when diagnosed.” The study also “tested for antibodies among 4,222 quarantined persons who had not tested qPCR-positive [and] 2.3 percent were seropositive...Those with household exposure were 5.2 times more likely to be seropositive than those with other types of exposure; similarly, a positive result by qPCR for those with household exposure was 5.2 times more likely than for those with other types of exposure.” The authors note that “[w]hen these two sets of results (qPCR-positive and seropositive) were combined, [they] calculated that 26.6 percent of quarantined persons with household exposure and 5.0 percent without household exposure were infected.” The researchers “estimate[d] that 0.9 percent of the population has been infected by SARS-CoV-2...Ten deaths have been attributed to COVID-19 [for a] nationwide fatality risk of 0.3 percent.” The authors concluded by raising concern that “the low SARS-CoV-2 antibody seroprevalence in Iceland indicates that the population is vulnerable to a second wave of infection.”

Citation: Gudbjartsson, D.F., Norddahl, G.L., Melsted, P., *et al.* Humoral Immune Response to SARS-CoV-2 in Iceland. *NEJM* .2020. Doi: [10.1056/NEJMoa2026116](https://doi.org/10.1056/NEJMoa2026116).

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

INFECTIOUS DISEASES UPDATE

The World Health Organization (WHO), the United Nations Food and Agriculture Organization (FAO), and the World Organization for Animal Health (OIE) published a joint [statement](#) this week that warns countries of the pandemic risk associated with H1N1 swine influenza in pigs in China. The groups note that “[o]ver the past four decades instances of sporadic transmission of influenza viruses between animals and humans have occurred. These sporadic zoonotic infections remind us that the threat of an influenza pandemic is persistent.” The statement continues, “influenza in swine is not an OIE listed disease and thus does not require reporting to the OIE by the veterinary authorities. However, due to the pandemic risk associated with animal influenza viruses, there is a need for continued surveillance and risk assessment of emerging strains in swine populations,” said Dr. Matthew Stone, deputy director general (International Standards and Science) at OIE in the statement. “Through the international partnership between OIE, FAO, WHO, and contributing laboratories, emerging influenza variants, that may be of public or animal health concern, can be identified and flagged for further attention. We continuously monitor changes in circulating influenza virus strains in animal populations worldwide.” According to a recent [report](#) from the University of Minnesota’s Center for Infectious Disease Research and Policy (CIDRAP), “[t]wo variant H1N1 cases involving the subtype have recently been detected in humans, and a small seroprevalence study in Chinese swine workers suggested that 10 percent had been exposed to the virus. The WHO Collaborating Center in China has developed a candidate vaccine virus targeting the strain.”

(WHO, FAO, OIE Joint [Statement](#), 9/9/20; CIDRAP, [Groups emphasize pandemic risk for Chinese swine H1N1 flu subtype](#), 9/9/20) 💧



GLOBAL NEWS

Canadian Blood Services and the COVID-19 Immunity Task Force (CTIF) of Canada have [published](#) the final results from a nine-province SAR-CoV-2 seroprevalence study. As the [initial](#) findings of the first 10,000 samples revealed in late July, less than one percent of the samples collected from May 9th through June 18th tested positive for antibodies virus that causes COVID-19. The final results included more than 37,000 samples from blood donor centers (excluding Quebec.). “We know that these results could underestimate true seroprevalence for two reasons,” said Professor Catherine Hankins, CITF Co-Chair, in a news release. “First, antibody levels do decline rapidly and may have disappeared in some people by the time of testing. Second, blood donors in general are health-conscious and healthier than the general population,” she continues. “Nonetheless, these results once again tell us how few Canadians were infected by SARS-CoV-2 by the end of May. This shows that when all actors, especially individual citizens, follow good public health practices, the risk of infection diminishes considerably.” CITF Co-Chair Professor David Naylor added, “Global data suggest that population-wide infection rates estimated from SARS-CoV-2 antibodies are about 50 percent higher than those measured in blood donor samples. But even if we doubled or tripled the estimates from this study, there is little to no likelihood that levels of immunity in the population are high enough to slow down a second wave of COVID-19 infection.” Héma-Québec and the National Institute of Public Health (INSPQ) [published](#) findings from a seroprevalence study of blood donors in Québec. Their data showed that 2.23 percent of the 7,691 individuals whose blood samples were tested between May 25th and July 9th, whose ages ranged from 18 to 69 “would have been infected by COVID-19.”

(Source: CTIF News Releases, [9/8/20](#); [7/23/20](#); Héma-Québec [News Release](#), 8/5/20) ♦

COMPANY NEWS

Grifols has announced that it will [acquire](#) the remaining stock shares of Alkahest, Inc., a California-based biotech company that researched the potential benefits and effectiveness of plasma therapies derived from the plasma donations of young individuals. “We saw the promise of Alkahest’s understanding of aging when we made our first investment and entered into a collaboration agreement with them five years ago,” said Grifols co-CEO Víctor Grifols in a news release. “Now we see a wealth of plasma-derived and non-plasma therapeutic candidates identified by Alkahest that can significantly support the unmet needs of many diseases associated with aging.” The \$146 million transaction is expected to be finalized in the spring of 2021. “It is most gratifying to see some of our initial academic discoveries on the therapeutic power of plasma proteins being translated into new treatments for human diseases through the synergies between Grifols and Alkahest,” said Tony Wyss-Coray, PhD, professor of Neurology at Stanford and co-founder and board member of Alkahest. I am thrilled to continue and expand our productive partnership and am optimistic for continued clinical success.” Currently, Alkahest “has four candidates in six phase-2 clinical trials [including] therapeutic products for neurodegenerative, cognitive decline, neuromuscular, and ophthalmic indications.”

Grifols is offering a free Transfusion Science Educational Webinar on September 16th from 10 a.m. to 1:30 p.m. EDT. The event will address:

- SARS-CoV-2 and Transfusion Safety: Current Status;
- Assessing SARS-CoV-2 Transmission Risk in Tissue Donors; and
- Convalescent Plasma Deployment for COVID-19.

Interested individuals can register by emailing TSEC@grifols.com. Additional details are available [here](#).

(Sources: Grifols [News Release](#), 9/7/20; Grifols [Webinar Announcement](#), 8/25/20) ♦



CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published weekly) are welcome. Send information to 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.)

Sept. 16. **Grifols Virtual Transfusion Science Educational Course.** More information available [here](#).

Sept. 16, 23, 30. **ADRP Digital Marketing Solutions Virtual Master Class.** More details available [here](#).

Sept. 25. **HHS Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) Meeting (Virtual).** More details available [here](#).

Oct. 3-5. **2020 AABB Annual Meeting (Virtual).** More information available [here](#).

Oct. 27. **Biomedical Advanced Research and Development Authority (BARDA) Industry Day 2020 (Virtual).** More information available [here](#).

Nov. 16-18. **2020 ADRP Conference (Virtual).** More details available [here](#).

2021

Mar 8-10. **ABC Annual Meeting, Washington, D.C.** More details coming soon.

June 25-26. **64th Annual California Blood Bank Society Annual Meeting, Santa Clara, Calif.** More details coming soon.

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** More details 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

POSITIONS

Manager of Immunohematology Reference Laboratory (St. Paul, MN). Primary duties are to coordinate and supervise all activities in the Immunohematology Reference Laboratory (IRL) and the Reagent Donor Program (RDP). IRL responsibilities include overseeing clinical laboratory testing procedures, management of rare blood inventory, and supervision of laboratory staff. In addition to immunohematology testing this position is also responsible for red cell and platelet genotyping for characterizing donor genotypes and to assist with serology patient work ups. Provides expertise and consulting leadership within the Enterprise. RDP responsibilities include supplying manufacturers of immunohematology reagents with red cells and plasma. Provides excellent customer to the reagent vendors and oversees the recruitment of donors for patients and the RDP. Qualifications Medical Technologist MT (AMT) or Medical Laboratory Scientist MLS (ASCP). Five years relevant technical experience working in an Immunohematology Reference Laboratory. Three-year experience in supervising others. Specialist in Blood Banking (SBB), or SBB eligible. **Other:** Excellent oral and written communication skills. Ability to work independently organizes and prioritize

duties and occasionally work irregular hours. Excellent interpersonal, communication and leadership skills. Understanding of red cell and platelet serologic methods. View full job descriptions on: innovativebloodresources.org/careers/. EEO Employer

Outside Sales Representative/Event Planner (Ardmore, Okla., USA). Account Consultants/Outside Sales Representatives must develop new partnerships with targeted decision makers in community organizations, educational and religious institutions and businesses to gain support in meeting the needs for volunteer blood donors. Responsibilities include organizing and 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

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POSITIONS (continued from page 8)

recurring blood drives for the following year. Develop and maintain relationships with key accounts. Give presentations 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, one to three 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. **How to apply:** <http://obi.org/careers/>.

Chief Operations Officer (Shreveport, LA). LifeShare Blood Center is seeking an experienced Chief Operations Officer (COO) to plan, organize and direct all operations for its newly-formed division, LifeShare Plasma Services in accordance with our strategic goals and business plan, policies, SOPs, and applicable regulatory and accreditation guidelines. Primary areas of responsibility include collections, financial incentives, recruitment, manufacturing, distribution, quality, and other areas of operations. In leadership of the plasma operations team, the COO will model LifeShare's mission and values, integrating them into daily decisions, behaviors and actions. The ideal candidate holds a bachelor's degree in a health or business-related discipline; master's degree preferred; at least 10 years of progressively responsible management experience, preferably in a clinical laboratory, blood or plasma center, or manufacturing center; and demonstrates a working knowledge of FDA regulations governing plasma centers, PPTA, OSHA, and cGMP for laboratory operations. Come be a part of the LifeShare team, "connecting donors and the lives they impact!" LifeShare offers a competitive salary and generous benefits package, including employer-paid medical, life and disability insurance; 401k with employer contributions and PTO. Click [here](#) to apply.

Quality Assurance Specialist (Bradenton, FL). Sun-Coast Blood Centers is accepting applications for a Quality Assurance Specialist to work at our Lakewood Ranch Head Quarters. This position performs duties in all areas of the quality assurance program, including, but not limited to error management, document control, lookback activities, and auditing. Other duties include: Acts as a liaison for external inspections. Conducts required annual staff trainings and maintains blood bank training files. Performs validations prior to implementation of new processes, equipment, or software version updates, and other duties as assigned. Qualified applications should possess a bachelor's degree in Medical Technology or equivalent experience. Prefer applicant to have MT licensure, but not required. Applicant must have three years blood center production or clinical laboratory experience plus two years medical administration or other medically related experience. To apply and view a complete Job Description of this position please visit <https://www.scbb.org/careers.html>. EOE. Applicant drug testing required.

Operations Manager. Blood Assurance is seeking an Operations Manager to manage our collection efforts in the greater Nashville, TN and surrounding areas. This position will be responsible for operational oversight of collection services for multiple collection teams in an assigned territory. Supervises staff in coordination with other department leaders and ensures compliance with all Standard Operating Procedures, FDA and AABB regulations. Monitors performance in the areas of productivity, proficiency and customer service. A bachelor's degree with some prior supervisory/management experience in blood banking is required. Advanced skills in leadership, teamwork, analytics and communications are also required. Blood Assurance offers a competitive base wage with healthcare benefits and a 401K retirement plan. Qualified candidates are encouraged to submit an online employment application for consideration at www.bloodassurance.org. Blood Assurance is an Equal Opportunity Employer and a Tobacco Free Workplace.

Chief Medical Officer (Associate Professor, Full Professor). The University of Washington, Department of Laboratory Medicine and Pathology and Bloodworks Northwest 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://usr58.dayforcehcm.com/CandidatePortal/en-US/bloodworks/>. EO employer – M/F/Vets/Disabled ♠