America's Blood Centers®
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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #24 **July 9, 2021**

INSIDE:

ABC Submits Comments to USCDI

America's Blood Centers has submitted comments on the U.S. Core Data for Interoperability (USCDI) in support of a biologically derived product unique identifier. The USCDI is a standard set of health data adopted in the 21st Century Cures Act for sharing electronic health information to support patient care.

In the comments, ABC stated that "[our] member centers support efforts to improve transfusion safety, including measures to increase traceability for blood, blood products, and cellular therapies. Blood centers already label blood products with a plethora of identifying information about the contents of the product, the method of collection and production, and a unique product code to allow for tracing a product from the donor to the recipient. However, no standard mechanism currently exists for entering transfusion/infusion related information into a patient's electronic health record (EHR)."

The comments also explained that ABC "supports the addition of a Medical Product of Human Origin (MPHO) Unique Identifier that utilizes the existing information and codes already generated by blood centers as a part of the blood label. Adding a MPHO to the USCDI data set will allow for easier data collection and tracing, without creating any additional work for blood collectors. Capturing existing ISBT-128 data elements (donation number, product code, and division number), into the MPHO Unique Identifier will provide critical traceability to the donor and collection/processing facility, providing a more efficient and accurate process for disease transmission look-back activities, and transfusion reaction investigations…ABC supports the creation of a new standardized data element utilizing existing ISBT-128 blood labeling information to increase transfusion safety, improve patient outcomes and, enhance data collection valuable to monitoring blood utilization."

Currently, details about biologically derived products (such as blood, blood components, and cellular therapies) administered to patients are not captured within the USCDI, and therefore portability of information pertaining to transfusions/infusions is severely limited. While ISBT-128 codes exist for these products, the data is stored in a complex and diverse set of locations within different Electronic Health Records (EHRs).

ICCBBA and the U.S. Food and Drug Administration (FDA) have both submitted proposals to the USCDI for inclusion of information on administration of biologically derived products in a future release of the USCDI.

(Source: ABC USCDI Comments, 6/28/21) ♦

ABC Develops Talking Points on COVID-19 Vaccines and Blood Transfusions

America's Blood Centers (ABC) has created talking points to assist member blood centers in regards to advising physicians who have questions from patients concerning COVID-19 vaccines and blood transfusions. The talking points emphasize that:

- the blood supply remains safe from COVID-19. There is no evidence that COVID-19 can be transmitted through blood;
- in the U.S., there are three COVID-19 vaccines authorized for use (Pfizer, Moderna, and Janssen (Johnson & Johnson)); and
- the FDA explicitly allows donors who have received an authorized COVID-19 vaccine to donate blood provided they are healthy and meet all other eligibility criteria for blood donation.

These talking points in their entirety and an additional library of talking points on other topics are available on the ABC member portal.

(Source: MCN 21-049, 7/6/21)

AHA Issues Member Advisory with Tools to "Navigate" Blood Shortage

The American Hospital Association (AHA) distributed a member advisory on June 29th that described "ongoing efforts aim[ed] to help hospitals and health systems conserve [the] blood supply and encourage donations throughout the summer." The advisory noted that, "The COVID-19 pandemic and the associated mitigation efforts established to slow the spread of the virus have resulted in significant decreases in the nation's blood supply, resulting in the likelihood of shortages...Hospitals and health systems are resuming services that were suspended over the course of the last year and individuals who delayed receiving treatment are now returning for care…These changes have resulted in a significant increase in demand for blood…To effectively mitigate the current blood shortage challenges while also working to increase future supply, the AHA is collaborating with a number of leading blood bank organizations and other key health care leaders to take action. Specifically, conserving blood and blood products will be critical in the near-term. In addition, as we navigate these immediate challenges, increased collaboration and communication between hospitals and their blood providers will be vital in preventing additional blood demand and supply difficulties…as to not overwhelm donation and storage centers or frustrate donors with long wait times for appointments. To achieve this goal, the AHA, in partnership with various organizations, intends to roll out a plan of action focused on a steady drumbeat of encouraging donations over the coming months. The plan will be centered on a careful and well-communicated approach that lays out a realistic set of expectations and takes into account a staggered blood donation advocacy approach."

(Source: AHA Member Advisory, 6/29/21)

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

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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Annual Subscription Rate: $390

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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.

Book Hotel for 2021 ABC Medical Directors Workshop & Summer Summit Before July 12th Deadline

Register today for America's Blood Centers (ABC) 2021 Medical Directors Workshop and Summer Summit. These events will take place in-person in Cleveland, Ohio August 4th-6th. Virtual registration options also exist for those unable to attend including group discounts for virtual registration to allow as many blood center staff members to participate as possible. A preliminary program is available. ABC is working with its event location partner to ensure the safety and well-being of all attendees in accordance with local, state, and national guidelines. Secure hotel reservations now before the July 12th deadline. More information and updates will be provided as they become available.

ADRP Develops New Blood Donor Awareness Resources

ADRP, an international division of ABC, has created a new video aimed at first-time blood donors. The video is part of a series of resources made possible from a grant from Terumo Blood and Cell Technologies, created to assist blood centers in further educating individuals of the ongoing need for blood donors. Other resources include:

- the universal "Your Community is Counting on You" videos (available in English and Spanish);
- the "Turn Your Day Around" PSA and toolkit; and
- a Video Marketing Instructional Guide, and more are available on the ADRP website.

BRIEFLY NOTED

Trusting Heart Blood Center (THBC) held a ribbon-cutting ceremony on June 23rd to celebrate the opening of its first platelet collection site. The facility located in Edina, Minn. is the first of several planned THBC facilities throughout the U.S. that will compensate platelet donors financially.

(Source: THBC News Release, 7/7/21/)

The Society of Thoracic Surgeons, the Society of Cardiovascular Anesthesiologists, the American Society of ExtraCorporeal Technology, and the Society for the Advancement of Patient Blood Management announced a new clinical practice guideline aimed at reducing the need for blood transfusion during heart surgery. The four organizations reported the new guideline in a news release on

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BRIEFLY NOTED (continued from page 3)

June 30th announcing the availability of the guideline in the *Annals of Thoracic Surgery* and two other journals. According to the news release, "the new practice guideline, which features 23 new or updated recommendations, marks the third iteration and the first in 10 years. Blood management guidelines are a 'moving target' that change with the advent of new or modified evidence."

(Source: The Society of Thoracic Surgeons, the Society of Cardiovascular Anesthesiologists, the American Society of ExtraCorporeal Technology, and the Society for the Advancement of Patient Blood Management News Release, 6/30/21)

The BEST Collaborative has issued the call for applications for the Scott Murphy Memorial Award Lecture according to a recent announcement. The Scott Murphy Memorial Lecture was established in 2007 in recognition of the tremendous contribution of the late Dr. Scott Murphy, a past chair of the BEST Collaborative, made to the field of transfusion medicine and to the science of platelet storage. The BEST Collaborative is encouraging junior faculty involved in the broadly understood field of transfusion medicine to apply for this unique award. The recipient of the next award will be invited to present and to network with BEST members during the 62nd BEST Meeting October 13th-14th to be held in Los Angeles, Calif. or at the BEST 30th Anniversary Seminar (date to be announced). A list of prior award recipients and their presentation titles can be found here. Online applications must be submitted by July 31st 5 p.m. PDT. The lecture should be no more than 30 minutes, followed by 10-15 minutes of question and answer. The award recipient will also be welcome to attend the entire BEST multi-day meeting as desired. BEST will provide a $500 honorarium and up to $1,000 stipend toward travel expenses to the BEST Meeting in Los Angeles, Calif.

(Source: BEST Collaborative Announcement, 6/25/21)

RESEARCH IN BRIEF

Survival Benefit Seen with COVID-19 Convalescent Plasma Administered to Hematologic Cancer Patients. Due to "the absence of definitive prospective trial data in patients with hematologic cancers," authors of a paper published in *JAMA Oncology* "conducted a retrospective cohort study to evaluate the hypothesis that convalescent plasma (CP) therapy can correct defects in humoral deficiency and improve outcomes" The researchers "analyzed data from hospitalized U.S. adults with a current or past diagnosis of hematologic cancers diagnosed with confirmed or suspected SARS-CoV-2 infection from March 17, 2020 to January 21, 2021…The primary end point was death within 30 days of COVID-19 diagnosis…Exploratory subgroup analyses were conducted to determine whether patients with more severe illness [intensive care unit (ICU) admission and/or mechanical ventilatory support] had differential outcome by CP exposure." The authors explained that a total of "966 patients were available for evaluation, of whom 143 (14.8 percent) received CP treatment and 823 were untreated control patients…Overall, 512 patients (53.0 percent) had received systemic anticancer treatment within three months of COVID-19 diagnosis, with targeted therapies being the most commonly received…With a median follow-up period of 30 days, 223 (23.1 percent) deaths occurred within 30 days of COVID-19 diagnosis…The [30-day] mortality rate was significantly lower in CP recipients [19/143 (13.3 percent)] compared with nonrecipients [204/823 (24.8 percent)]." They noted that these findings were "statistically significant (HR,0.60; 95 percent CI, 0.37-0.97; P = .03) and [even after] the propensity score–matched comparison (HR,0.52; 95 percent CI, 0.29-0.92; P = .03)…Among the 338 patients admitted to the ICU, the mortality rate was significantly lower in CP recipients compared with nonrecipients, propensity score–matched comparison (HR, 0.40; 95 percent CI, 0.20-0.80)…Among the 227 patients requiring mechanical ventilatory support, the mortality rate was significantly lower in CP recipients compared with nonrecipients in the propensity score–matched comparison

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RESEARCH IN BRIEF (continued from page 4)

(HR, 0.32; 95 percent CI, 0.14-0.72).” The researchers concluded that this “study adds to the accumulating evidence supporting the efficacy of CP treatment in patients with primary or secondary immunodeficiency, including those subjected to profound immunosuppression in the setting of hematopoietic stem cell transplantation and [that CP] was associated with a survival benefit in patients with hematologic cancers and COVID-19.”

Citation: Thompson M.A., Henderson, J.P., Shah, P.K., *et al*. Association of Convalescent Plasma Therapy With Survival in Patients With Hematologic Cancers and COVID-19. *JAMA Oncology*. 2021.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

PEOPLE

Marcelo Fernández-Viña, PhD, D (ABHI), has been awarded the 2021 Rose Payne Award by the American Society of Histocompatibility and Immunogenetics (ASHI). Dr. Fernández-Viña is a professor in the Department of Pathology at Stanford University Medical School and serves as Co-Director of the Histocompatibility and Immunogenetics and Disease Profiling Laboratory (HLA) at Stanford Blood Center. The Rose Payne Award was established in 1984 to honor a great scientist and to recognize her long-standing contributions to the field of immunogenetics and her support in the development of the Society. The ASHI stated, “[w]e are honored to grant this scientific award to a scientist who has contributed so much to the field of immunogenetics.” Dr. Fernández-Viña will be presented this award at the 2021 ASHI Annual Meeting in September. He earned a degree in biochemistry from the School of Basic Sciences in Rosario, Argentina, and his PhD in internal medicine from the University of Buenos Aires Medical School in Argentina.

(Source: Stanford Blood Center Announcement, 6/25/21)

Contributed by Ross Coyle, Public Relations Officer at Stanford Blood Center

INFECTIOUS DISEASES UPDATE

MALARIA

The National Institutes of Health (NIH) have reported phase I clinical trial findings from a novel investigational malaria vaccine candidate. According to an agency news release, “[it] conferred unprecedentedly high levels of durable protection when volunteers were later exposed to disease-causing malaria parasites. The vaccine combines live parasites with either of two widely used antimalarial drugs—an approach termed chemoprophylaxis vaccination. A Phase 2 clinical trial of the vaccine is now underway in Mali, a malaria-endemic country. If the approach proves successful there, chemoprophylaxis vaccination, or CVac, potentially could help reverse the stalled decline of global malaria. Currently, there is no vaccine in widespread use for the mosquito-transmitted disease. The trials were conducted at the National Institutes of Health (NIH) Clinical Center in Bethesda, M.D.”

(Source: NIH News Release, 6/30/21)

MEMBER NEWS

LifeSouth Community Blood Centers (Gainesville, Fla.) has collaborated with Cerus Corp. as a "production partner" for the company's pathogen reduced cryoprecipitated fibrinogen complex product. We are delighted to add LifeSouth as a blood center manufacturing partner for INTERCEPT® Fibrinogen Complex," stated Elan Weiner in news release, general manager of Cerus Therapeutics. "The initial market response has been enthusiastic and as we gear up for a nationwide launch in 2022 following anticipated BLA approvals, we are happy to be able to offer this product in Florida through our partnership. LifeSouth's strong presence throughout the Southeast will help ensure we have the ability to easily deliver product to hospitals in the region." LifeSouth President and Chief Executive Officer Kimberly E. Kinsell, JD added in the news release, "[w]e believe INTERCEPT® Fibrinogen Complex is an exciting innovation in transfusion medicine, and we are pleased to partner with Cerus in the Florida market. Tools to help manage bleeding patients help fill a significant unmet need, and we are excited to contribute to making INTERCEPT Fibrinogen Complex available."

(Source: LifeSouth Community Blood Centers and Cerus Corp. Joint News Release, 6/30/21)

GLOBAL NEWS

***Reuters* is reporting that Germany is expected to revise its blood donor deferral policy for men who have sex with other men (MSM).** The current policy stipulates a 12-month deferral for MSM. Under the revised policy, *Reuters* indicates that, "[m]en in monogamous same-sex relationships will face no [deferral period] when donating blood, according to a new risk assessment by the health ministry and the German Medical Association, seen by the Thomson Reuters Foundation. Men who engage in sexual activity with more than one man or with a new male partner and [individuals] with "frequently changing partners" will have to wait four months before being allowed to donate blood." The news outlet cited a German health ministry spokesperson as stating that "the provisions would be introduced in the next review of the blood donation rules."

(Source: *Reuters*, Germany to ease rules on gay and bisexual men donating blood, 6/28/21)

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Upcoming ABC Webinars – Don't Miss Out!

- **ABC QA Education Webinar: What Worked? What Didn't? Doing Business in a Different Way During the Pandemic** – July 20th from 3 – 4:30 p.m. (EDT). More details including login information is available for ABC members in MCN 21-050 (contact us for a copy of the MCN).
- **ABC SMT Journal Club Webinar** – July 26th from 3 – 4 p.m. (EDT). More details coming soon.
- **ABC Human Resources Forum Call** – July 28th from 3 – 4 p.m. (EDT). More details coming soon.
- **"Rising from Adversity Towards Renewed Resilience" Webinar** – August 12th from 3 – 4 p.m. (EDT). More details coming soon.
- **ABC QA Forum Call** – August 19th from 2 – 3 p.m. (EDT). More details coming soon.

GLOBAL NEWS (continued from page 6)

BioBridge Global (San Antonio, Texas) and Australian-based Vitrafy Life Sciences have partnered to "revolutionize cryopreservation supply chains for human blood products and advanced cellular therapies." According to a joint news release, the partnership was specifically formed to "develop protocols and methodologies utilizing the Vitrafy Life Science patented algorithm and supporting technology to improve the survival rates of blood and blood products during the cryopreservation supply chain process, while developing innovative new products that to date, cannot be successfully preserved. The technology also will be used in advanced cellular therapies such as CAR T therapy, which have notoriously high manufacturing costs with low survival rates." Rachel Beddard, MD, senior vice president and chief medical officer at BioBridge Global, added in the news release, "[t]his innovative technology aligns with BioBridge Global's mission of saving and enhancing lives through the healing power of cells and tissues by enhancing the cold chain solution for a wide range of our products. It is truly exciting to partner with Vitrafy to bring this game-changing technology to our country." Vitrafy Life Sciences Co-Founder Brent Owens stated in the news release, "[c]ryopreservation supply chains haven't seen technological advancements for decades. Vitrafy Life Sciences is extremely proud to partner with such a reputable and ethical organization in BioBridge Global. We look forward to completing our regulatory approvals and moving into robust optimization of these lifesaving therapies."

Photo courtesy of BioBridge Global: Leaders from BioBridge Global, Cell Bridge Strategies, and Vitrafy Life at the BioBridge Global Headquarters in San Antonio, Texas.(Pictured from left to right): Martin Landon, Chief Executive Officer, BioBridge Global; Jane Andrews PhD, Chief Executive Officer, Cell Bridge Strategies; Brent Owens, Co-Founder, Vitrafy Life Sciences; Anand Srinivasan PhD, Director, Innovation & BioDesign, BioBridge Global; and Scott Jones PhD, Vice President, Scientific Affairs, BioBridge Global.

(Source: BioBridge Global and Vitrafy Life Sciences News Release, 7/7/21) ♦

COMPANY NEWS

Following a safety review by the European Medicine's Agency's (EMA) Pharmacovigilance Risk Assessment Committee (PRAC), **bluebird bio, Inc.** has lifted a voluntary temporary marketing suspension of its gene therapy (ZYNTEGLO™) to treat transfusion-dependent beta thalassemia. The committee determined that "there is no evidence [that the gene therapy] causes a blood cancer known as acute myeloid leuk[e]mia (AML). Zynteglo™, a gene therapy for the blood disorder beta thalass[e]mia, uses a viral vector (or modified virus) to deliver a working gene into the patient's blood cells. The PRAC reviewed two cases of AML in patients treated with an investigational medicine , bb1111, in a clinical trial for sickle cell disease. Although there have been no reports of AML with Zynteglo, both medicines use the same viral vector and there was a concern that the vector may be implicated in the development of the cancer…The review found that the viral vector was unlikely to be the cause. In one of the patients, the viral vector was not present in the cancer cells, and in the other patient it was present at a site (VAMP4) that does not appear to be involved in cancer development. After examining all the evidence, the PRAC concluded that more plausible explanations for the AML cases included the conditioning treatment the patients received to clear out bone marrow cells and the higher risk of blood cancer in people with sickle cell disease." bluebird bio Inc. President of Severe Genetic Diseases Andrew Obenshain said in a statement, "[p]atient safety remains our top

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COMPANY NEWS (continued from page 8)

priority. To this end, we are grateful to the PRAC for its comprehensive review of the available evidence and positive recommendation for ZYNTEGLO™. We are pleased to resume offering ZYNTEGLO™ to patients living with transfusion-dependent beta thalassemia, offering the potential to live free from transfusions which is evidenced by our clinical studies where patients are maintaining normal or near-normal hemoglobin levels over the course of up to seven years of follow-up."

(Sources: bluebird bio, Inc. Announcement, 7/9/21; EMA Announcement, 7/9/21)

Kite, a Gilead Company reported "top-line results from a primary analysis" of a randomized phase III global multicenter study its CAR T-cell therapy (Yescarta®) to treat large B-cell lymphoma (LBCL). According to Kite, the therapy "show[ed] superiority [when] compared to standard of care (SOC) in second-line relapsed or refractory LBCL. With a median follow-up of two years, the study met the primary endpoint of event-free survival (EFS; hazard ratio 0.398, p <0.0001). The study also met the key secondary endpoint of objective response rate (ORR)." In the announcement, the company also reported that "safety results from the study were consistent with or lower than the known safety profile of Yescarta for the treatment of LBCL in the third-line setting. Six percent of patients experienced cytokine release syndrome (CRS) Grade 3 or higher, with a median onset of three days, and 21 percent experienced neurological events Grade 3 or higher. No new safety concerns were identified in this second-line setting…[the trial] evaluated a one-time infusion of the CAR T-cell therapy Yescarta compared to SOC in adult patients with relapsed or refractory LBCL. Standard of care for relapsed or refractory LBCL is a two-step process: immunochemotherapy is reintroduced, and if the patient responds and can tolerate further treatment, they move on to high-dose chemotherapy plus stem cell transplant." Kite plans to begin discussions with regulatory authorities in the U.S. and Europe in addition to other global health authorities "regarding submission of a supplemental Biologics License Application later this year to expand the currently approved indications for Yescarta®."

(Source: Kite News Release, 6/28/21)

The office of the U.S. Assistant Secretary for Preparedness and Response (ASPR) announced on June 25th that they were "pausing all distribution of bamlanivimab and etesevimab [a monoclonal antibody therapy developed by **Eli Lilly** that was being used to treat individuals diagnosed with COVID-19] together and etesevimab alone (to pair with existing supply of bamlanivimab at a facility for use under EUA 094) on a national basis until further notice." The announcement comes in the wake of a recommendation from the U.S. Food and Drug Administration (FDA) "that health care providers nationwide use alternative authorized monoclonal antibody therapies, [and] not use bamlanivimab and etesevimab administered together at this time" due to available data regarding the performance of the Eli Lilly monoclonal antibody therapies against certain COVID-19 variants. "The Centers for Disease Control and Prevention (CDC) has identified that the combined frequencies of the SARS-CoV-2 P.1/Gamma variant (first identified in Brazil) and the B.1.351/Beta variant (first identified in South Africa) throughout the United States now exceed 11 percent and are trending upward. Results from *in vitro* assays that are used to assess the susceptibility of viral variants to particular monoclonal antibodies suggest that bamlanivimab and etesevimab administered together are not active against either the P.1 or B.1.351 variants. These assays use 'pseudotyped virus-like particles' that help determine likely susceptibility of the live SARS-CoV-2 variant viruses…ASPR and FDA will continue to work with the CDC and the National Institutes of Health on surveillance of variants that may impact the use of the monoclonal antibody therapies authorized for emergency use. We will provide further updates and consider additional action as new information becomes available."

(Source: ASPR Announcement, 6/25/21) ♦

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.)*

2021

July 19-23. **U.S Food and Drug Administration (FDA) Regulatory Education for Industry (REdI) Annual Conference 2021 (Virtual).** Registration is open.

July 21-22. **Trans-National Institutes of Health (NIH) Workshop on Sickle Cell Disease (SCD) Pain: Approaches to Effective Therapeutic Management of Pain for People with SCD (Virtual)**. Registration is open.

Aug. 4. **ABC Medical Directors Workshop, Cleveland, Ohio.** Registration is open.

Aug. 5-6. **ABC Summer Summit, Cleveland, Ohio**. Registration is open.

Aug. 17-19. **2021 ADRP Conference, Kansas City, Mo.** Registration is open.

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** Registration is open.

Sept. 22. **11th Annual Symposium on Red Cell Genotyping 2021: The New Normal, Bethesda, MD (Hybrid).** For more information click here or contact Natasha Leon.

Sept. 23. **NIH Clinical Center Department of Transfusion Medicine and The American Red Cross40th Annual Immunohematology and Blood Transfusion Symposium. (Virtual).** For more information click here.

Sept 27-30. **Advanced Medical Technology Association (AdvaMed) MedTech Conference, Washington D.C., and Minneapolis Minn. (Hybrid).** Registration is open.

Oct. 17-19. **AABB Annual Meeting (Virtual).** Registration is open.

Nov. 3-4. **The Biomedical Advanced Research and Development Authority (BARDA) Industry Day (Virtual).** 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

Nurse Supervisor, Clinical Apheresis. Memorial Blood Centers is seeking a Nurse Supervisor, Clinical Apheresis in our St. Paul, MN headquarters to join our mission Saving Lives! Responsibilities: Provide cellular therapy collections program leadership and guidance to ensure a clinically consistent and compliant collection operation that exceeds customer expectations. Works with medical staff to review all patient treatments and plans. Qualifications: Associate degree in Nursing. Three years of nursing experience. One year of apheresis or cellular collection. One year leadership experience. To apply go to: https://www.mbc.org/about-us/careers/.

Medical Technologist 1 – JPS (Carter BloodCare; Fort Worth, TX). Principal Accountability: The Medical Technologist 1 will report to the Manager or designee of Reference & Transfusion Services at John Peter Smith located in Fort Worth, TX. The incumbent will participate in all activities in the R&T Services to include but not limited to: Support Carter BloodCare's (CBC) vision, mission, and core values. Maintain compliance with the Carter BloodCare's attendance policies and department schedules as outlined in the CBC Employee Handbook. Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies.

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POSITIONS (continued from page 9)

Participation in competency, proficiency, and educational opportunities. Education: Bachelor's degree required. MT (ASCP), BB (ASCP), MT (AMT) or equivalent certification required. Experience: Recent graduate from an accredited Clinical Laboratory Sciences (CLS) program within the last five years and currently board eligible. NOTE: Must successfully obtain, maintain board certification (i.e., MLS (ASCP) or equivalent) and provided board certification documentation to the CBC Human Resources department within 12 months of hire date. Equal Opportunity Employer: disability/veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 26791.

Manager, Training & Documentation (Carter BloodCare; Bedford, TX). Principal Accountability: Under the direction of IS Directors or the Vice President of Corporate Services, the Manager of Training & Documentation works with IT subject matter expert in developing documentation and training programs for the department. The candidate will ensure that all the controlled documentation, training courses, and train-the-trainer programs are current. Also, will assist in planning, organizing, and maintaining the integrity of online and hard copy documents. Develops, maintains, and enforces the use of change control. The candidate is also responsible for the maintenance of internal websites. Regular full-time attendance is required during office hours. Education: Bachelor's degree in a communication field or equivalent work experience. Certificates in word processing and Office Automation Products preferred. Experience: Knowledge in technical and/or journalistic style writing. Four to five years of writing experience in the IS department with close familiarity with IS operation. Four to five years of experience in training, course development, guide, and job-aid development. Strong experience with various office related software packages (e.g.: Word, Excel, Access, etc.). Experience in developing and maintaining controlled documents in a regulated environment. Equal Opportunity Employer: disability/veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 25128.

Technical Manager. LifeSouth Community Blood Centers is currently seeking a skilled individual for a Technical Manager position in Gainesville, FL. This position is responsible for managing production through subordinate coordinators and staff. The selected candidate will also be fully accountable for costs, methods, personnel, quality, inventory and distribution within the Components Laboratory and Hospital Services departments. Bachelor's degree in a science related field required. Certified Medical Laboratory Technician (MLT) with experience in transfusion services required. Medical Technologist (MT) license preferred. Previous management experience preferred. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. VEVRAA Federal Contractor. Click here to apply.

VP/Chief Medical Officer. LifeStream Blood Bank, located in San Bernardino, California, is seeking a VP/Chief Medical Officer to provide leadership and direction for the medical programs needed to support the organization. This includes all laboratories, product management, hospital relations, donor collections, therapeutic and clinical services, clinical research, donor counseling, national marrow programs and quality departments. LifeStream distributes approximately 130,000 Red Cells and 30,000 Platelets to 80 hospitals in southern California. LifeStream has a vibrant and growing therapeutic apheresis program, active cellular collections program and a strong reference laboratory. This position reports to the President/CEO, is a member of the executive team and has administrative responsibility for the Reference Laboratory and an Assistant Medical Director. Qualifications for this position include a minimum of five years medical experience at a blood center or hospital-based transfusion medicine practice, California medical license eligibility, Board Certification in Clinical Pathology or other relevant medical specialty and Board Certification in Transfusion Medicine. The compensation package includes a strong competitive salary, relocation package and best in class benefits including 100% employer paid family medical and dental insurance. Interested candidates are encouraged to send their resume/CV to Judy Taylor, Director, Human Resources at taylorju@lstream.org. ♦