



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #28

August 13, 2021

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## Blood Center Support Needed for Transfusion Care Hospice Legislation

As a part of the America's Blood Centers' (ABC) advocacy agenda, the association has been working with members of Congress to raise awareness of the need to increase access to transfusion services by hospice patients in need of palliative transfusions. These efforts led to Sens. Jacky Rosen (D-Nev.), John Barrasso (R-Wyo.), and Tammy Baldwin (D-Wis.) [introducing S. 2566 "Improving Access to Transfusion Care for Hospice Patients Act of 2021"](#) on July 29<sup>th</sup>. The legislation "would carve out payment for transfusion services within the hospice Medicare benefit, billing Medicare for transfusion separately. Patients needing this care would be able to continue to receive it outside of the hospice bundle, while still receiving full hospice benefits. Currently, many patients needing transfusions to maintain quality of life (due to conditions such as leukemia, lymphoma, or myeloma) often wait much longer to opt into hospice because they can lose access to transfusion care when they do so, given that such care currently is paid for out of a capped hospice benefit amount. Hospices are allowed to cover transfusions, but it is very costly, so few patients can afford to do so on a regular basis when in hospice care."

ABC is encouraging member blood centers to urge their U.S. Senators to co-sponsor S. 2566 (and if you are based in Wyoming, Nevada, or Wisconsin to thank your senators for their leadership on this issue). A sample letter is available that can be customized. The sample letter explains that "patients [who] need blood transfusions for quality of life often forgo the benefits of the Medicare hospice program, or delay enrollment, to continue to receive these life improving transfusions because, due to cost, few hospice providers provide blood transfusions. Hospice has been shown to decrease costs at the end of life, decrease hospitalizations, and increase quality of life. Yet, because blood cancer patients are less likely to enroll in hospice in order to maintain access to transfusions, they have a greater number of emergency room visits and hospital admissions in the last 30 days of life and are more likely to die in the hospital or intensive care unit compared with patients with solid tumors. To help more patients access the holistic care that hospice provides, please cosponsor S. 2566, Improving Access to Transfusion Care for Hospice Patients Act of 2021."

Please contact [Diane Calmus, JD](#), senior director of Federal Government Affairs, with any questions or comments. America's Blood Centers will continue to provide updates on this bill and its other advocacy efforts as they become available.

(Source: MCN 21-063, 8/9/21) ♦

## American College of Surgeons Addresses Blood Shortages

The American College of Surgeons (ACS) has published a member communication addressing blood shortages and the role of surgeons in patient blood management. The communication states that, “We are facing an unprecedented national blood shortage at a time when demand has increased for operations delayed because of the COVID-19 pandemic. These delays were intended to protect patients with complex medical or surgical conditions from COVID-19-related complications, which included significant increases in peri-operative morbidity and mortality. Also, the facility resources such as intensive care units (ICUs), emergency departments, ventilators, and hospital beds, were filled with high-acuity COVID-19 patients. After nearly 18 months of delayed care, many patients with severe illnesses can no longer wait for treatment. ... The demand for blood and blood products significantly increased during the first societal recovery period from COVID-19; subsequently, the supply of blood and blood products has dwindled as a secondary effect. Typical donor functions were deemed a lower priority than the other aspects of COVID-19 care. Social distancing, masking rules, the need for PPE, and so forth have impaired the ability to fill the needs for blood and blood products. The sum of all these events has led to a blood supply shortage. These shortages call for patient blood management (PBM) and for local-regional efforts to improve the overall supply. PBM includes three important pillars: optimizing erythropoiesis and red blood cell mass, minimizing blood loss, and managing anemia. The surgeons’ role in PBM is essential to optimize the restoration of surgical services and restore timely surgical care to its pre-COVID-19 levels... In this period of severe shortage, surgeons’ role in support of PBM begins with a strong commitment to blood and blood product conservation efforts.

The complete statement is available on the ACS [website](#).

(Source: ACS Member [Communication](#), 8/10/21) 💧

### BRIEFLY NOTED

The CDC has [announced](#) plans to create six Centers for Excellence in Genomic Epidemiology according to the announcement from the agency’s Office of Advanced Molecular Detection (OAMD). The funding is a part of the American Rescue Plan Act of 2021 and will “support state, tribal, local, and territorial public health laboratories with more staff and resources to collect specimens for COVID-19 testing, sequence them to identify and track SARS-CoV-2 variants, and share data...[The Centers for Excellence in Genomic Epidemiology will] operate in tandem between state health departments and academic institutions, allowing all parties to share cutting-edge research. We are also working to develop a cloud-based national bioinformatics infrastructure to provide public health partners with access to data across the nation.”

(CDC [Announcement](#) 7/16/21) 💧

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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 health care system; promote partnerships, policies and programs that increase awareness about the need for blood donation; and serve as a thought-leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

#### America’s Blood Centers

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

Send subscription queries to  
[memberservices@americasblood.org](mailto:memberservices@americasblood.org)  
America’s Blood Centers  
1717 K St. NW, Suite 900, Washington, DC 20006  
Phone: (202) 393-5725  
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## RESEARCH IN BRIEF

Appropriate Blood Component Ratios in Nontraumatic Hemorrhage. A study in *Vox Sanguinis* stated that “[t]ransfusion of plasma, platelets, and red blood cells (RBCs) in relatively fixed high ratios (i.e., 1:1:1) has become a standard of care for patients suffering acute traumatic hemorrhage...The researchers noted that “evidence for optimal transfusion ratios outside of operative and acute trauma resuscitation settings is limited...This [was] an observational cohort study...[whose] [i]nclusion criteria were hospitalized [adult] patients experiencing hemorrhage requiring large-volume transfusion during 2011 [to] 2015...Clinical outcomes included all-cause hospital mortality and hospital-free days.” The authors explained that “[a] total of 709 patients were included: 498 (70.2 percent) with medical hemorrhage and 211 (29.8 percent) with post-surgical hemorrhage...Most bleeds originated in the gastrointestinal tract (36.7 percent), intra-abdominal (19.3 percent) and thoracic (12.4 percent) bleeding...There were significant differences in plasma ( $p = 0.02$ ) and platelet to RBC ( $p = 0.009$ ) ratios based upon the hospital location such that the proportion of patients transfused in the emergency department increased with higher plasma to RBC ratios and the proportion of patients transfused in the intensive care unit increased with higher platelet to RBC ratios.” The researchers reported that, [p]atients commonly received RBCs without plasma therapy (35.5 percent)...[T]he most common plasma to RBC ratio was 0.5–0.9 (44.6 percent)...In multivariable regression models, hospital mortality and free days were not associated with plasma to RBC ratios...Similarly, patients often received RBCs without platelets (54.2 percent)...[T]he most common platelet to RBC ratio was 1–2 (52.9 percent)...In multivariable analyses, a platelet to RBC ratio of 0.1–0.9 at 24 hours was associated with increased hospital mortality (odds ratio [OR] 95 percent confidence interval [CI] 2.2 [1.0, 4.8];  $p = 0.04$ ) and decreased hospital-free days (mean [95 percent CI] decrease 3.2 [0.4, 6.0] days;  $p = 0.02$ ).” The authors concluded that “transfusion ratios were generally consistent across patient sex and comorbidity burden but increased concordantly with hemostatic laboratory derangements...There were differences in transfusion strategies based upon the practice environments in which transfusion was initiated but not by anatomical sites of bleeding...Clinical outcome differences across transfusion strategies were generally limited.”

**Citation:** Matzek, L.J., Kurian, E.B., Frank, R.D., Weister, T.J., Gajic, O., Kor, D.J., *et al.* [Plasma, platelet and red blood cell transfusion ratios for life-threatening non-traumatic haemorrhage in medical and post-surgical patients: An observational study.](#) *Vox Sang.* 2021.

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

### 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.





**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.*

### Executive Compensation Survey Launches

America's Blood Centers (ABC) is conducting its annual Executive Compensation Survey, which has become a very important tool for blood center chief executive officers (CEO) and their boards in setting executive salaries/benefits, as well as meeting the IRS Form 990 requirements to demonstrate comparability of CEO compensation. We are requesting completed responses by September 3<sup>rd</sup> using the link in MCN 21-062. To receive more information or a paper copy of the survey, please contact ABC Director of Regulatory Affairs [Jill Evans](#). Individual compensation data will be kept strictly confidential as always. The aggregate report is only distributed to participating centers and their leader.

### Results Available from COVID-19 Vaccination Status Survey

ABC has distributed the results of the COVID-19 vaccination status survey. It includes preliminary report documentation on the current and future plans related to COVID-19 vaccines and the blood center workforce of the ABC membership covering the time period of July 20<sup>th</sup>-August 3<sup>rd</sup>. Members can find the data in MCN 21-061. Due to the rapidly changing situation, we will conduct a follow-up survey within the next few weeks. Please contact ABC Director of Quality Services [Toni Mattoch](#) to receive the data or a copy of the MCN. 💧



## GIVE BLOOD. GET BACK.

Abbott is committed to creating a safe and sustainable supply of blood and plasma, ensuring it's available to people whose lives depend on it.

Visit us at the ADRP 2021 Annual Conference  
and learn more at [www.bethe1donor.abbott](http://www.bethe1donor.abbott)

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## IN MEMORIAM



**Richard B. Counts, MD** passed away on August 6<sup>th</sup>. Dr. Counts was a prominent member of the blood banking and transfusion medicine community. He received his undergraduate and medical degrees from Washington University (St. Louis, Mo.) and performed his internship and residency at the University of Washington (where he would later become Professor *Emeritus* in Hematology). Dr. Counts spent two years in the clinical hematology branch at NIAMD and did a hematology fellowship at the University of Washington working on the biochemistry of Factor VIII. He then moved to the Puget Sound Blood Center (now Bloodworks Northwest) where he spent the rest of his professional career, first as director of the Coagulation Reference Laboratory and co-head of the Blood Center's comprehensive regional hemophilia program, before becoming President and Chief Executive Officer. During his leadership and tenure, the blood center expanded to provide blood services to most of western Washington state. He was active in national blood banking organizations serving

as the President of the Council of Community Blood Centers (now America's Blood Centers (ABC)) and volunteering to be a part of several national committees and advisory groups for the National Institutes of Health (NIH), the National Hemophilia Foundation, the American Society of Hematology (ASH), and others. Dr. Counts led seminal studies to optimize blood component therapy in massive transfusion. He promoted the use of cryoprecipitate in the treatment of hemophilia at a time when factor concentrates were responsible for a high rate of HIV transmission. He spearheaded the establishment of the Bloodworks Northwest research division, The Northwest Tissue Center, and was honored by the establishment of the Richard B. Counts Research Endowment Fund. Jim MacPherson, president and CEO of Global Healing and formerly the CEO of ABC shared the following memories of Dr. Counts. "Rich may have been the most consequential leader of ABC in its history. He became president [of ABC] and I [became] CEO [of the association] on the same day in 1986 when it looked like ABC members — many of the independent blood centers — were [growing] apart. 'Rich's message to me and the board?' Simple: 'focus on the issues that bring us together.' It worked. Within three years, ABC went from 25 to 40 percent of the blood supply, enfranchising many independents not previously allied with ABC. Within 10 years, ABC represented over 50 percent of the blood supply with Rich still an influential and practical voice of the future. More importantly, Rich was a purist when it came to patients and donors always first. Today, his legacy may be invisible, but in times of confusion in the blood center sector, he focused us first and foremost on our stakeholders." The memorial service will take place on August 18<sup>th</sup> at St. Bridget Church in Seattle, Wash., and the family welcomes all to attend.

(Source: Richard B. Counts MD Obituary, 8/10/21) ♦

### 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!

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

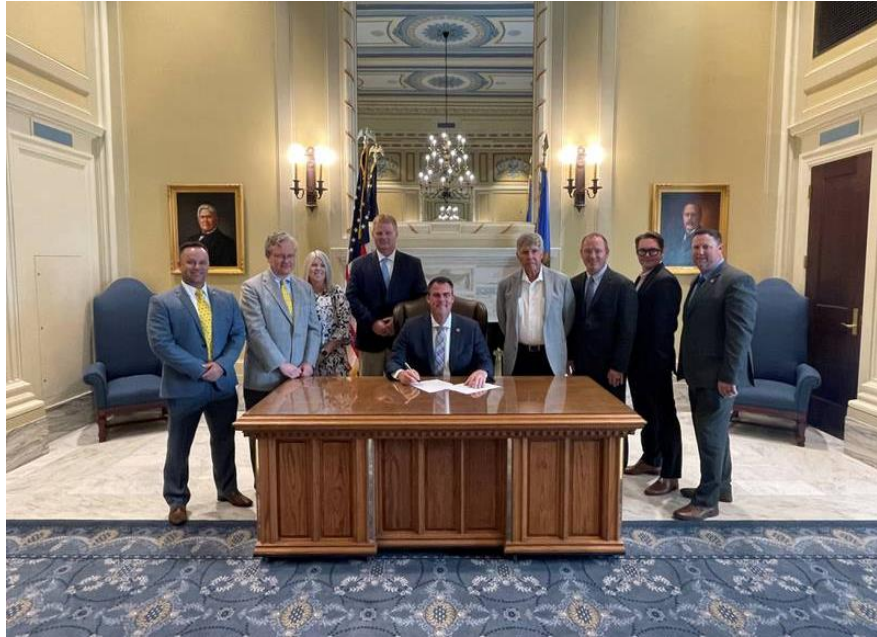
- **ABC QA Forum Call** – August 19<sup>th</sup> from 2 – 3 p.m. (EDT). More details coming soon.
- **ABC Human Resources Forum Call** – August 25<sup>th</sup> from 3 – 4 p.m. (EDT). More details coming soon.



## MEMBER NEWS

Oklahoma Governor Kevin Stitt recently signed a bill “to pass legislation to encourage blood donations through business tax policy,” according to a [report](#) from FOX 23 News. “The bill encourages businesses to host blood drives in exchange for tax relief. Businesses who host a blood drive by an Oklahoma nonprofit blood donation [entity] will receive a \$20 income tax credit for each verified blood donation made by their employees. The drive can’t [be] open to non-employees.”

**Oklahoma Blood Institute**, which worked with state legislators on the bill, President and



*Photo courtesy of FOX 23 News*

Chief Executive Officer (CEO) John Armitage, MD stated according to the news station, “Senate Bill 905 is a national model for how public-private partnership can improve our blood supply, improve patient care, and strengthen communities. We’re thankful to Senator Bullard, Representative Davis, and Governor Stitt for their support of blood donation and for making this legislation a reality. We are pleased that Wisconsin has already passed similar legislation, adopting the model created here in Oklahoma. Hopefully other states will follow.” The tax credit is capped at \$500,000 annually and takes effect on November 1<sup>st</sup>. It will be “effective for tax years 2022 through 2027,” reports FOX 23 News.

(Source: FOX 23 News, [Gov. Stitt signs legislation encouraging blood donations through business tax relief](#), 8/5/21)



**Vitalant** has been [awarded](#) the Chief Marker PRO Awards “top honor” in the health and wellness category for its “[COVID Rescue Team](#)” campaign. The distinction recognizes “excellence in brand activation and promotion marketing.” Vitalant worked with agency partners on the integrated marketing and communications [campaign](#) to encourage individuals that had been diagnosed with COVID-19 and since recovered to donate convalescent plasma. “Vitalant appreciates this acknowledgment by Chief Marketer for excellence in

pursuit of enhancing the health and wellness of COVID-19 patients during a global pandemic,” said Cliff Numark, chief of marketing and senior vice president of Donor Services at Vitalant, in the news release. “Our heartfelt thanks go out to all of the convalescent plasma donors who engaged and responded to help others — they are the heroes of the COVID Rescue Team.”

(Source: Vitalant [News Release](#), 8/12/21) ♦

## GLOBAL NEWS

The World Health Organization (WHO) [published](#) an interim statement on “booster” doses of COVID-19 vaccines. The organization’s Strategic Advisory Group of Experts (SAGE) on Immunization and its COVID-19 Vaccines Working Group is “reviewing emerging evidence on the need for and timing of an additional vaccine dose for COVID-19 vaccines” that have received the WHO’s emergency use listing (EUL). According to the announcement, the agency believes the decision should be “evidence-driven” and the following factors in determining the need for booster vaccine doses should also be considered:

- “waning immunity;
- vaccine effectiveness; and
- global vaccine supply and global and national equity.”

Additionally, the WHO stated that “the decision to recommend a booster dose is complex and requires, beyond clinical and epidemiological data, a consideration of national strategic and programmatic aspects, and importantly an assessment of the prioritization of globally limited vaccine supply. In this context, prioritization should be given to the prevention of severe disease. Data needs can be grouped into the following categories:

- [a]ssessing the need for booster doses;
- [a]ssessing the performance of booster doses;
- [o]ptimal timing of the booster dose;
- possibility for dose-sparing for booster doses, booster needs in previously infected individuals;
- specification and prioritization of high-risk populations;
- programmatic feasibility and sustainability, and
- promotion of global equity.”

The agency concludes that, “[t]o date, the evidence remains limited and inconclusive on any widespread need for booster doses following a primary vaccination series. WHO is carefully monitoring the situation and will continue to work closely with countries to obtain the data required for policy recommendations.” The statement came in the wake of [reports](#) that several European countries planned to begin distributing booster doses in the coming weeks.

(Source: WHO [Statement](#), 8/10/21) ◆

## COMPANY NEWS

**HealthAware** and **Branch Consulting + Analytics** have formed a strategic partnership. According to a joint news release, the companies will “focus on delivering solutions that drive significant cost reductions using scalable technologies” and “improving [donor] recruitment, new donor acquisition, and conversion-to-automated donation,” as a part of the partnership. “The blood industry doesn’t need more technology,” said HealthAware Chief Executive Officer and Founder Greg Gossett in the news release. “Our nation’s blood banks need innovation; new ways to recruit, convert, and acquire donors. Branch [Consulting +] Analytics and HealthAware collectively see the need for this; Branch’s donor profiling expertise, when combined with HealthAware’s behavior change technology, will create best-of-breed recruiting, conversion, and acquisition programs in the market.” Branch Consulting + Analytics Principal Dave Leitch added, “Both Branch and HealthAware provide unique services to the blood industry. Partnering our technologies and programs will mean a full suite of solutions for blood centers to increase whole blood and apheresis donor participation. And we’ve only just started to realize the power of our joined systems: we’ll continue

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## COMPANY NEWS (continued from page 7)

to quickly innovate and develop increasingly effective outreach and conversion programs to benefit the industry.”

(Source: HealthAware and Branch Consulting + Analytics News Release, 8/13/21)

**Cerus Corp.** recently [announced](#) the Centers for Medicare & Medicaid Services (CMS) has “granted permanent Healthcare Common Procedure Coding System (HCPCS) Level II codes for Pathogen Reduced Cryoprecipitated Fibrinogen Complex, or INTERCEPT Fibrinogen Complex (IFC), and Pathogen Reduced Plasma, Cryoprecipitate Reduced.” HCPCS codes, or “P” codes, P9026 and P9025 take effect October 1<sup>st</sup>. “By providing a means for hospitals to bill for Cerus’ recently-approved products in the hospital outpatient setting, CMS’ decision to establish these new codes enables provider and patient access to continued innovation in transfusion medicine,” said Jessica Hanover, PhD., Cerus’ vice president of Corporate Affairs, in the news release. “We are pleased that these codes will facilitate hospital utilization of our new pathogen reduced blood products, which address critical unmet needs for so many patients.” CMS also “granted a new technology add-on payment (NTAP) for IFC within the Medicare Hospital Inpatient Prospective Payment System (IPPS)” earlier this month.

(Cerus Corp. [News Release](#), 8/10/21)

**Valneva SE** issued a [news release](#) announcing “positive topline results” from the phase III trial of its investigational chikungunya vaccine candidate (VLA1553). According to the news release, “[t]he trial, [included] 4,115 adults, aged 18 years and above, across 44 sites in the U.S., met its primary endpoint inducing protective CHIKV neutralizing antibody titers in 98.5 percent of participants 28 days after receiving a single shot (264 of 268 subjects from the per-protocol subgroup tested for immunogenicity, 95 percent CI: 96.2-99.6). The seroprotection rate result of 98.5 percent exceeded the 70 percent threshold (for non-acceptance) agreed with the U.S. Food and Drug Administration (FDA)...VLA1553 was generally well tolerated among the 3,082 subjects evaluated for safety. An independent Data Safety Monitoring Board continuously monitored the study and identified no safety concerns. The safety profile is consistent with results from the Phase 1 clinical trial. The majority of solicited adverse events were mild or moderate and resolved within three days. 1.6 percent of study participants reported severe solicited adverse events, most commonly fever.” Valneva SE Chief Medical Officer Juan Carlos Jaramillo, M.D added, “[w]e are delighted with these Phase 3 results confirming the compelling profile of our vaccine candidate across all age groups. These first-ever Phase 3 trial results for a chikungunya vaccine mean that we are a step closer to addressing this major, growing, and unmet public health threat. I would like to thank everyone who participated in the trial and who continued to advance the trial during the pandemic. We will continue to work with regulators to bring VLA1553 to market as soon as possible.” The FDA previously awarded the investigational vaccine candidate with Breakthrough Therapy designation last month and the European Medicines Agency (EMA) gave VLA1553 the PRIME designation in October of 2020 and December 2018. The final trial results are planned to be released in the next six months.

(Source: Valneva SE [News Release](#), 8/5/21) 💧

## 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.)*

2021

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**CALENDAR** (continued from page 8)

Aug. 17-18. **U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) (Virtual)**. More information available [here](#).

Aug. 17-19. **2021 ADRP Conference, Kansas City, Mo.** Registration is [open](#).

Aug. 26. **HHS Tick-Borne Disease Working Group (TBDWG) (Virtual)**. More information available [here](#).

Sept. 2-3. **U.S. Food and Drug Administration (FDA) Cellular, Tissue, and Gene Therapies Advisory Committee (CTGTAC) September 2-3, 2021 (Virtual)**. More information available [here](#).

Sept. 15-17. **4<sup>th</sup> European Conference on Donor Health and Management, Hamburg, Germany**. Registration is [open](#).

Sept. 22. **11<sup>th</sup> 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 Cross 40<sup>th</sup> 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. 12-15. **American Association of Tissue Banks (AATB) Annual Meeting, Atlanta, Ga.** More information available [here](#). 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](mailto:newsletter@americasblood.org)

**POSITIONS**

**Manager of Transfusion Medicine (Dartmouth-Hitchcock; Lebanon, NH)**. The Manager of Transfusion Medicine provides management oversight of the Transfusion Medicine Services (TMS) including Blood Bank, Cell Therapy Center, Blood Donor Program, and the Transfusion Medicine Research Center within the Department of Pathology & Laboratory Medicine. They facilitate alignment of practices with regulatory requirements and assures compliance and provide management support for the section supervisors in daily operations of assigned areas and with Dartmouth-Hitchcock Health member hospitals. They coordinate long term planning activities from clinical and operational perspectives and integrates the institutional perspective into Dartmouth-Hitchcock Health operating systems. We are seeking an engaged, energetic leader and hands-on team player to partner with and work collaboratively with our Medical Directors and Supervisors to oversee Dartmouth-Hitchcock's Transfusion Medicine Service. The successful candidate will also use their experience as a strategic

leader to contribute to the development of a centralized transfusion service for the D-H Health System. Minimum Qualifications: Bachelor's degree required with minimum eight years laboratory experience including four years in a supervisory or lead position OR other advanced degree with relevant experience. Master's degree preferred. Familiarity with regulatory agencies affecting area of influence. What Dartmouth-Hitchcock has to offer you: Established patient base; Collegial environment and referrals; Practice in an Academic Medical Center; Competitive compensation and benefits packages; and Dedicated CME time and funds. To apply to this position or to learn more, please visit us online at: <https://careers.dartmouth-hitchcock.org/>. Dartmouth-Hitchcock is an equal opportunity employer.

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**POSITIONS** (continued from page 9)

**Blood Donor Relations Specialist (Dartmouth-Hitchcock; Lebanon, NH).** At the direction of the Blood Donor Program Supervisor, the Blood Donor Relations Specialist will achieve blood and blood component collection goals by applying marketing and recruitment strategies, tools, and techniques to expand the apheresis donor base; by improving efficiencies and show-rates of scheduling donors; by developing and building relationships with the donor base; and by coordinating and implementing incentives to improve donor retention and frequency. Minimum Qualifications: Bachelor's degree in marketing, sales, public relations or communications or the equivalent in education and experience. Minimum of two (2) years of relevant experience. Excellent written and verbal (including public speaking) communication skills. Demonstrated success in working with the public, including community leaders preferred. Be well organized, detailed oriented, innovative, and creative with the judgment to identify and resolve problems. Must be able to travel between D-H and donor sites. Maintains ABC/ADRP membership. What Dartmouth-Hitchcock has to offer you: Established patient base; Collegial environment and referrals; Practice in an Academic Medical Center; Competitive compensation and benefits packages; and Dedicated CME time and funds. To apply to this position or to learn more, please visit us online at: <https://careers.dartmouth-hitchcock.org/>. Dartmouth-Hitchcock is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, veteran status, gender identity or expression, or any other characteristic protected by law.

**Apheresis Technician (Dartmouth-Hitchcock; Lebanon, NH).** They recognize the important role that they play as a resource for our community – how the blood they collect will stay at D-H for the benefit of our patients. They say how fantastic it is to be ‘able to build great relationships with our donors - makes it enjoyable to the donors and brings them back’ for future donations. They add that it’s a ‘great atmosphere to work in,’ with tangible and achievable development opportunities, such as the ability to get certified after being in the department and role for one year. The Apheresis Technician collects blood samples from patients of all ages. They identify patients and procure samples. The Blood Donor Program at Dartmouth-Hitchcock is a vital and necessary part of ensuring that the blood inventory for our patients and community is available. They are committed to helping to create happy, healthy, and sustainable communities. More information about this amazing program can be found here: <https://www.dartmouth-hitchcock.org/blood-donor-program>. Minimum Qualifications: High school graduate or the equivalent required. Formal phlebotomy training required. Apheresis experience preferred. One

year phlebotomy experience preferred. One year of medical/technical experience desired. Excellent communication and interpersonal skills required. Proven work experience with the public. Strong computer ability desired. Applicant must be honest, dependable, able to multi-task, and be detail oriented. Required Licensure/Certification Skills: Certified Phlebotomist, ASCP preferred. BLS required within 30 days of employment. To apply to this position or to learn more, please visit us online at: <https://careers.dartmouth-hitchcock.org/>. EOE.

**Manager, Biologics & Logistics.** OneBlood, Florida's leading blood bank, is currently recruiting for an experienced Manager to support our Biologics Distribution & Logistics Department in Ft. Lauderdale, Florida. To be successful in this role, candidates will need a bachelor's degree and five (5) years management experience in a related field; prior laboratory and/or blood bank experience preferred. Strong leadership, collaboration and communication skills are vital to this role due to the extensive contact with client hospitals. OneBlood offers competitive benefits, Paid Time Off, a FREE medical coverage option, 403(b) Retirement Plan, and MORE! To apply visit our OneBlood careers website at [www.oneblood.org/careers](http://www.oneblood.org/careers).

**Clinical Lab Specialist (Brisbane, CA).** Vitalant is a nonprofit organization that collects blood from volunteer donors and provides blood, blood products and services across the United States. Under minimal supervision, this position is responsible for performing routine testing of biological specimens and reviewing test results and quality assessment data. This position is also responsible for providing skilled technical support in the laboratory. Bachelor's degree required. Must satisfy CLIA requirements for High Complexity Testing required. Certification as a Medical Technologist or Specialist in Blood Banking (SBB) by a recognized certifying agency required. Five years clinical laboratory testing experience required. One-year IRL experience preferred. Please click [here](#) to apply. EOE

**Sr. Director of Information Technology (Shreveport, Louisiana).** LifeShare Blood Center is seeking a Sr. Director of Information Technology to plan and direct the management, strategy, and execution of our IT infrastructure. The Director will provide oversight for management of the Company's computer software systems, servers and networks and the implementation and integration of enterprise systems, ensuring compliance with all FDA and AABB requirements for licensure and accreditation. Reporting to the Chief Administrative Officer, the Director will develop and implement business continuity protocols; oversee security of systems, networks, and enterprise information; analyze IT infrastructure and systems performance to assess operating costs, productivity levels and upgrade requirements; and develop and

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## POSITIONS (continued from page 10)

coach their team for achievement of established goals and KPI's. As a member of the leadership team, the Director will model LifeShare's mission and values, integrating them into daily decisions, behaviors, and actions. Come be a part of the LifeShare team, "connecting donors and the lives they impact!" LifeShare offers a competitive beginning salary and generous benefits package, including employer-paid medical, life and disability insurance; 401(k) with employer base and matching contributions; employee wellness program; and paid time off. Click [HERE](#) to apply.

**Executive Director of Oklahoma Blood Institute (Ada, Okla.).** The Oklahoma Blood Institute is seeking a "community spirited" professional to LEAD its Ada team in fulfilling the mission to recruit blood donors, drive sponsors, and volunteers and to store and deliver blood units for local hospitals. This public-facing, "visible" position not only requires an outgoing, bright, and energetic personality to foster relationships, but also demands detailed attention to planning, communication, regulations, finances, and personnel. Significant successes in project management and organizational expansion and entrepreneurship are desirable. Connectivity with regional leaders and access to key social networks would also be positives. The successful candidate will present and maintain a credible, positive image of the Oklahoma Blood Institute in the local community. He/She will act as a liaison between the Institute and the community, organizations, and residents. Applicants should be goal-driven self-starters who have strong interpersonal, organizational, and analytic skills. They should be able to motivate and inspire diverse constituencies including donors, sponsors, staff, and volunteers. Salary Range: Competitive salary, commission plan, and excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. How to apply: <http://obi.org/careers/>.

**Manager, Reference Laboratory.** OneBlood has an exciting and rewarding Management position for our Reference Lab in Jacksonville, Florida. Qualified candidates will possess a valid and current Florida Clinical Laboratory Supervisor license in Immunohematology or Blood Banking and a Specialist in Blood Banking (SBB) certification. A bachelor's degree in medical technology, healthcare, chemistry, biology, biotechnology or related field from an accredited college or university and five (5) or more years' experience in a related field or an equivalent combination of education, certification, training, and/or experience is required. Other Florida licenses may be required as needed. OneBlood offers competitive benefits, Paid Time Off, Student Loan Repayment Program, a FREE medical coverage option, 403(b) Retirement Plan, company-paid annual CEU training & CE Broker account and MORE! To apply visit our OneBlood careers website at [www.oneblood.org/careers](http://www.oneblood.org/careers). 💧