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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #29 **August 20, 2021**

INSIDE:

ABC Addresses ACBTSA

The U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) held a two-day meeting this week to discuss the "recommendations to improve the supply chain and data infrastructure that supports the blood industry, especially during public health emergencies. In order to facilitate this discussion, key stakeholders from across the nation and around the world will present on hemovigilance, preparedness, inventory management systems, and other relevant issues." The committee decided to form working groups to continue to further revise, prioritize, and finalize actionable recommendations for the Secretary regarding the supply chain and data infrastructure for the nation's blood supply, agreeing to convene another meeting in the coming weeks to review and approve recommendations.

America's Blood Centers (ABC) submitted written comments to the committee and ABC Board President John B. Miller, MBA, addressed the committee during the meeting, describing the role the independent community-based blood centers have played in response efforts throughout the COVID-19 pandemic and the challenges that the pandemic has caused the blood community. "During the pandemic, blood centers have quickly pivoted to meet the challenges that have impacted every area of blood center operations. The disruption to our traditional blood collection methods, has resulted in the loss of thousands of mobile drives - and we are weathering significant workforce issues related to childcare and staffing shortages. In addition, we mobilized rapidly to collect convalescent plasma, one of the earliest available treatments for COVID-19. Both of these challenges required a significant shift in operations to implement entirely new recruitment and manufacturing processes. In addition to COVID-19's impact on collections, we have seen significant swings in the demand for blood components. An initial drop in utilization was seen when CMS recommended cancelation of elective surgeries, but a marked increase in demand for blood followed, as the country re-opened."

He expressed ABC's support "of a national data infrastructure to monitor both collections and utilization." Mr. Miller stated that, "While the blood community has developed methods of tracking national blood inventory levels that are useful in assessing broader trends, the data is not standardized in a way that accurately reflects the number of days of inventory on hand across the nation…Accurate and comprehensive data is necessary to predict demand for blood components, to assess the impact of regulatory changes, and to evaluate changing donor trends. The blood community's recent experience with the submission of auto-generated uniform data to a central repository for convalescent plasma demonstrates the value in coordinating inventory management to better serve patients…Confidentiality and security of

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ACBTSA Meeting (continued from page 1)

blood center information, financial support for blood center data reporting, and the establishment of a public-private partnership that streamlines efforts will be important considerations when evaluating options related to a national data infrastructure." He also addressed the supply chain stating that, "The leaning down of blood center operations in response to financial constraints has resulted in a single supplier for some items, and just-in-time inventory models that struggle to withstand the disruptions of the sustained public health emergency. Blood centers must be included in prioritized access to the national stockpile inventory for essential personnel protective equipment, disinfectants, and related medical and laboratory testing supplies."

He concluded his remarks by noting that, "as the committee looks broadly at various aspects of the blood supply, and the government's role, COVID-19 has illustrated several examples of the effectiveness of government partnerships with blood centers that are worthy of examination…We should continue to look at this model to support blood centers in bringing more innovation forward in the donor space as well as for the adoption of future technologies…We believe there is an even greater role blood centers can play in providing valuable surveillance capabilities for emerging infections and public health concerns. An untapped resource — healthy donor samples — available in our blood donor testing laboratories, could provide a wealth of information that would be beneficial to public health and could be expanded, for example, to better understand the spread of viral variants. Thank you again for this opportunity to share America's Blood Centers' experiences and the role of independent blood centers during the COVID-19 pandemic." ♦

Data Published from NIH Funded Study on CCP in Outpatient Settings

The National Institutes of Health issued a news release this week announcing the final results of the Clinical Trial of COVID-19 Convalescent Plasma in Outpatients (C3PO). The findings have been published in the *New England Journal of Medicine*. According to the researchers, the findings "demonstrate that COVID-19 convalescent plasma (CCP) did not prevent disease progression in a high-risk group of outpatients with COVID-19, when administered within the first week of their symptoms. The trial was stopped in February 2021 due to lack of efficacy based on a planned interim analysis." Clifton Callaway, MD, PhD, the contact principal investigator for the C3PO trial and professor of emergency medicine at the University of Pittsburgh, stated in the release, "[w]e were hoping that the use of COVID-19 convalescent plasma would achieve at least a 10 percent reduction in disease progression in this group, but instead the reduction we observed was less than two percent. That was surprising to us. As physicians, we wanted this to make a big difference in reducing severe illness and it did not." NHLBI's Simone Glynn, MD, MPH added in the release, "[w]e need the results of these other convalescent plasma studies to get a clearer, more conclusive picture of its value for future treatments of COVID-19." The release also states that "[a]dditional studies of [CCP] are ongoing or planned in different populations."

(Source: NIH News Release, 8/18/21) ♦

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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.

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BRIEFLY NOTED

An analysis from EPIC Health Research Network (EHRN) and the Kaiser Family Foundation (KFF) reports that "[h]ospital admissions remained below expected levels in early 2021, suggesting much of the care people put off during the early months of the COVID-19 pandemic may have been forgone altogether or delayed for longer." The data comes from admissions at "250 hospitals across 47 states…the analysis estimates hospital admissions during the first three months of 2021 were 89.4 percent of what would be expected in the absence of the pandemic. The pattern continued through the week of April 3, when admissions were 85.5 percent of expected levels. This analysis updates earlier analyses and is based on electronic medical record data from EHRN on nearly 10 million admissions since 2017. Hospital admissions and utilization of other health services dropped sharply in Spring 2020 in the early months of the COVID-19 pandemic, with a corresponding drop in spending. Admissions and utilization partially recovered in the second half of 2020." Additionally, the researchers reported that, "[h]ealth spending more broadly remains below pre-pandemic levels. June 2021 data from the Bureau of Economic Analysis shows total health services spending was 7.1 percent below expectations, with spending on hospitals 4.1 percent below expectations." A briefing of the analysis is available here.

(Source: EHRN and KFF Analysis, 8/17/21)

WORD IN WASHINGTON

The U.S. Department of Health and Human Services (HHS) issued a joint statement on August 18th from public health and medical experts regarding the Administration's plan for additional doses or "booster" shots of COVID-19 vaccines. According to the statement, a booster dose of the mRNA vaccines authorized for use in the U.S. will be "offered" beginning next month for fully vaccinated individuals that are eight months removed from their second dose. "The COVID-19 vaccines authorized in the United States continue to be remarkably effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating Delta variant. Recognizing that many vaccines are associated with a reduction in protection over time, and acknowledging that additional vaccine doses could be needed to provide long lasting protection, we have been analyzing the scientific data closely from the United States and around the world to understand how long this protection will last and how we might maximize this protection. The available data make very clear that protection against SARS-CoV-2 infection begins to decrease over time following the initial doses of vaccination, and in association with the dominance of the Delta variant, we are starting to see evidence of reduced protection against mild and moderate disease. Based on our latest assessment, the current protection against severe disease, hospitalization, and death could diminish in the months ahead, especially among those who are at higher risk or were vaccinated during the earlier phases of the vaccination rollout. For that reason, we conclude that a booster shot will be needed to maximize vaccine-induced protection and prolong its durability. We have developed a plan to begin offering these booster shots this fall subject to FDA conducting an independent evaluation and determination of the safety and effectiveness of a third dose of the Pfizer and Moderna mRNA vaccines and CDC's Advisory Committee on Immunization Practices (ACIP) issuing booster dose recommendations based on a thorough review of the evidence. We are prepared to offer booster shots for all Americans beginning the week of September 20 and starting eight months after an individual's second dose. At that time, the individuals who were fully vaccinated earliest in the vaccination rollout, including many health care providers, nursing home residents, and other seniors, will likely be eligible for a booster…We also anticipate booster shots will likely be needed for people who received the Johnson & Johnson (J&J) vaccine. Administration of the J&J vaccine did not begin in the U.S. until March 2021, and we expect more data on J&J in the next few weeks. With those data in hand, we will keep the public informed with a timely plan for J&J booster shots as well."

The statement was released on behalf of the following individuals:

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WORD IN WASHINGTON (continued from page 3)

- Rochelle Walensky, MD, MPH, director of the Centers for Disease Control and Prevention (CDC);
- Janet Woodcock, MD, acting commissioner of the U.S. Food and Drug Administration (FDA);
- Vivek Murthy, MD, U.S. Surgeon General;
- Francis Collins, MD, PhD, director of the National Institutes of Health (NIH);
- Anthony Fauci, MD, chief medical advisor to President Biden and director of the National Institute of Allergy and Infectious Diseases (NIAID);
- Rachel Levine, MD, assistant secretary for Health;
- David Kessler, MD, chief science officer for the COVID-19 Response; and
- Marcella Nunez-Smith, MD, MHS, chair of the COVID-19 Health Equity Task Force.

(Source: HHS Statement, 8/19/21)

The U.S. Food and Drug Administration (FDA) has authorized an additional dose of the mRNA COVID-19 vaccines, designated for emergency use in the U.S., for certain immunocompromised individuals. The agency stated in an August 12th news release that it had "amended the emergency use authorizations (EUAs) for both the Pfizer-BioNTech COVID-19 Vaccine and the Moderna COVID-19 Vaccine to allow for the use of an additional dose in certain immunocompromised individuals, specifically, solid organ transplant recipients or those who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise." Acting FDA Commissioner Janet Woodcock, MD added in the news release, "The country has entered yet another wave of the COVID-19 pandemic, and the FDA is especially cognizant that immunocompromised people are particularly at risk for severe disease. After a thorough review of the available data, the FDA determined that this small, vulnerable group may benefit from a third dose of the Pfizer-BioNTech or Moderna vaccines. Today's action allows doctors to boost immunity in certain immunocompromised individuals who need extra protection from COVID-19. As we've previously stated, other individuals who are fully vaccinated are adequately protected and do not need an additional dose of COVID-19 vaccine at this time. The FDA is actively engaged in a science-based, rigorous process with our federal partners to consider whether an additional dose may be needed in the future." The Centers for Disease Control and Prevention (CDC) issued a statement on behalf of the agency's director, Rochelle P. Walensky, MD, MPH on signing the Advisory Committee on Immunization Practices'(ACIP) Recommendation for an Additional Dose of an mRNA COVID-19 vaccine in moderately to severely immunocompromised people, "[t]his official CDC recommendation — which follows FDA's decision to amend the emergency use authorizations of the vaccines — is an important step in ensuring everyone, including those most vulnerable to COVID-19, can get as much protection as possible from COVID-19 vaccination. Emerging data suggest some people with moderately to severely compromised immune systems do not always build the same level of immunity compared to people who are not immunocompromised. In addition, in small studies, fully vaccinated immunocompromised people have accounted for a large proportion of hospitalized breakthrough cases (40-44 percent). Immunocompromised people who are infected with SARS CoV-2 are also more likely to transmit the virus icon to household contacts…At a time when the Delta variant is surging, an additional vaccine dose for some people with weakened immune systems could help prevent serious and possibly life-threatening COVID-19 cases within this population."

(Sources: FDA News Release, 8/12/21; CDC Statement, 8/13/21)

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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.

New Online Community for ABC Members Coming Soon

COLLABORATE
SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

America's Blood Centers (ABC) will soon unveil a new online community for ABC members to replace the ABC listservs. The new community, Coll*ABO*rate, will feature an improved user interface that is more intuitive and user-friendly to facilitate idea-sharing and discussions of the challenges facing blood bankers. It will also allow members to post questions, search post archives, and include a directory of users across the ABC membership, while allowing all individuals to customize their communication settings. The current listservs will go offline starting August 28th as we transition to the new community, which will launch on August 30th. We are migrating all current listserv users to the new community and subscribed you to the same discipline-based groups in the new platform (e.g., communications and donor management, human resources, collections, etc.) so you don't miss a beat. Prior to Aug. 30th, we will distribute information on how to access and use the platform. Coll*ABO*rate is open to any employee within an ABC member blood center, so we encourage you to share this information with your staff. We look forward to sharing this new member benefit. If you have any questions, please contact us.

Executive Compensation Survey Launches

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 3rd 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.

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 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.

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!

PEOPLE

Tuan Le, MD has been named vice president and chief medical officer (CMO) of LifeStream Blood Bank (San Bernardino, Calif.). He will officially join the orgainization in September. In his new role, Dr. Le will be a member of the executive team and the medical leader for all LifeStream programs. His primary responsibilities will include serving as LifeStream's transfusion medicine resource for all hospital partners, including participation on transfusion committees, and as LifeStream's medical expert for donor operations, medical surveillance, national marrow donor program, reference laboratory, therapeutic apheresis and quality assurance [departments]. Prior to joining to LifeStream, Dr. Le served as CMO for Oklahoma Blood Institute, vice president of Medical Affairs at Bonfils Blood Center (now Vitalant), medical director of Transfusion Services for Denver Health Medical Center, and Transfusion Medicine Physician at The Children's Hospital in Denver, Colo. He is a graduate of the University Colorado School of Medicine. Dr. Le completed his pathology residency at University Colorado School of Medicine and his blood bank/transfusion medicine fellowship at Hartford Hospital, Hartford, Conn. He is board certified in clinical pathology and blood banking/transfusion medicine and a member of AABB. Dr. Le has also held Assistant Clinical Professor appointments at The Children's Hospital, Denver Health Medical Center, and the University of Colorado.

(Source: LifeStream Announcement, 8/16/21)

MEMBER NEWS

Rock River Valley Blood Center has joined the National Blood Testing Cooperative (NBTC) becoming the 15th not-for-profit community-based blood center throughout the U.S. to be a member of the organization. NBTC formed in 2019 "to allow community-based blood centers to take control of their blood testing needs" and "[t]oday, NBTC provides high-quality testing services, at cost, to its owner-members by eliminating unnecessary profit mark-ups that large testing entities charge." Lisa Entrikin, chief executive officer (CEO) of Rock River Valley Blood Center added in a news release, "[a]s a small organization, joining NBTC is exciting because this means not only forging brilliant new partnerships within the industry, but the lower testing cost also means that we can strive further to accomplish our mission of providing high-quality blood products to those in need." Other members of NBTC include:

- **Cascade Regional Blood Services (Tacoma, Wash.)**;
- **Central Pennsylvania Blood Bank (Hummelstown, Penn.)**;
- **Community Blood Center of Ozarks (Springfield, Mo.)**;
- **ImpactLife (Davenport, Iowa);**
- **Kentucky Blood Center (Lexington, Ky.)**;
- **LifeServe Blood Center (Des Moines, Iowa)**;
- **LifeShare Blood Center (Shreveport, La.)**;
- **LifeSouth Community Blood Centers (Gainesville, Fla.)**;
- **Northern California Community Blood Bank (Eureka, Calif.)**;
- **Shepeard Blood Center (Augusta, Ga.)**;
- **Stanford Blood Center (Palo Alto, Calif.)**;
- **SunCoast Blood Centers (Sarasota, Fla.)**;
- **The Blood Center (New Orleans, La.)**; and
- **We Are Blood (Austin, Texas)**.

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MEMBER NEWS (continued from page 6)

"We are so excited to welcome Rock River Valley Blood Center into NBTC" said Wendy Trivisonno, president and CEO of the NBTC, in the news release. "Rock River Valley Blood Center shares our vision of having diverse alliances in order to help each other achieve the objective of providing the highest quality blood products. Working within the cooperative allows small blood centers, such as Rock River, to propel themselves into greater success, and we could not be happier to be working with such inspirational people." NBTC's testing facilities are in Atlanta, Ga. and the San Francisco, Calif. bay area.

(Source: NBTC News Release, 8/4/21)

Upcoming ABC Webinars – Don't Miss Out!

- **ABC Human Resources Forum Call** – August 25th from 3 – 4 p.m. (EDT). More details coming soon.

UPDATE to the IN MEMORIAM for Richard Counts, MD

The obituary for Richard Counts, MD has now been published. It notes that donations in memory of Dr. Counts may be made to the Dr. Richard Counts Endowment Fund at Bloodworks Northwest.

GLOBAL NEWS

The *BBC News* reported that the number of facilities collecting plasma throughout England are expected to increase in the coming months. Earlier this year, regulators in the United Kingdom (UK) lifted a ban on UK-sourced plasma in the wake of a recommendation from scientific experts at the independent Commission on Human Medicines (CHM) who deemed UK-sourced plasma as safe for the manufacturing of immunoglobulins following a "comprehensive review." The ban had been in place since 1998 amid concerns over variant Creutzfeldt Jakob Disease (vCJD) forcing the UK to rely upon other countries, particularly the U.S., to fulfill its plasma needs. The regulatory change should reduce the UK's dependence on other nations at a time when demand has been increasing worldwide. NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the UK, issued an appeal for plasma donors last month stating that a "lack of awareness" is "contributing to a shortfall in donors. There are currently only 8,627 active plasma donors in the new network. NHSBT needed 15,000 donors by July. NHSBT is appealing for 14,500 people to start donating plasma within the next three months. That will get donation back on track, as the new plasma donation network develops." In March 2021, the UK Department of Health and Social Care (DHSC) officials stated in a news release that, "[d]ue to a large rise in global demand for immunoglobulins, both plasma and these treatments have experienced ongoing pressures on supply in the UK and around the world in recent years. The impact of the COVID-19 pandemic has also meant a significant drop in plasma donations from the U.S., further increasing pressures on supply. The lifting of the ban will bolster the supply chain and improve the self-sufficiency of the UK in producing its own treatments. The government will also introduce a new condition to ensure UK plasma is used first for UK patients and not exported to meet contracts elsewhere."

(Source: *BBC News*, UK blood supplies to be used to make life-saving drug, 8/17/21)

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GLOBAL NEWS (continued from page 7)

Israel has begun giving third, "booster", doses of the Pfizer Inc./BioNTech SE vaccine to adults over the age of 40, teachers, and healthcare workers. According to *Reuters*, the country's Health Ministry experts recommended the booster dose "cit[ing] waning immunity as well as the Delta variant's high infectiousness. More than a million of Israel's 9.3 million population has since received a third shot… The Health Ministry's expert advisory panel said a third dose would only be administered to people whose second shot was at least five months ago. It also recommended administering a third dose to pregnant women."

(Source: *Reuters*, Israel extends COVID-19 vaccine boosters to people over 40, teachers, 8/19/21)

COMPANY NEWS

Pfizer Inc. and **BioNTech SE** submitted data to the U.S. Food and Drug Administration (FDA) "to support the evaluation of a third, or booster, dose, of [its] COVID-19 vaccine for future licensure." The phase I data is part of the companies' ongoing phase I/II/III clinical trials and is assessing the "safety, tolerability, and immunogenicity "of adult participants "from the phase I trial of the two-dose series." According to the results released on August 16th, "[p]articipants received a 30-µg booster dose of BNT162b2 eight to nine months after receiving the second dose. Results from this participant group show that the third dose elicited significantly higher neutralizing antibodies against the initial SARS-CoV-2 virus (wild type) compared to the levels observed after the two-dose primary series, as well as against the Beta variant and the highly infectious Delta variant." Pfizer Inc. Chairman and Chief Executive Officer Albert Bourla added in a joint news release, "[t]he data we've seen to date suggest a third dose of our vaccine elicits antibody levels that significantly exceed those seen after the two-dose primary schedule. We are pleased to submit these data to the FDA as we continue working together to address the evolving challenges of this pandemic." The companies will "seek licensure of the third dose via a supplemental Biologics License Application (BLA) in individuals 16 years of age and older, pending FDA approval of the primary BLA submitted in May 2021."

(Source: Pfizer Inc. and BioNTech SE Joint News Release, 8/16/21)

GigaGen Inc., a subsidiary of Grifols, has "dosed" the first patient in the phase I clinical trial of its hyperimmune polyclonal antibody therapy "to provide passive immunity to COVID-19 patients." The trial will evaluate the "safety and tolerability" of the investigational therapy in up to 18 hospitalized patients with confirmed COVID-19. "The initiation of GigaGen's first [p]hase I clinical trial marks a significant milestone for the company, as the first clinical evaluation of our recombinant polyclonal hyperimmunes," said David Johnson, PhD, co-founder and chief executive officer of GigaGen in a company news release. "Unlike monoclonal antibodies, GIGA-2050 binds to thousands of viral epitopes. As a result, GIGA-2050 has strong neutralizing activity against every variant we've ever tested in the lab, including the delta variant. The information obtained from the trial will not only contribute to the advancement of our COVID-19 program but will also provide initial clinical safety validation for this new class of therapeutics." The news release describes the therapy, GIGA-2050, as a "recombinant convalescent serum, in that it has the consistency, purity and potency of recombinant antibodies, while capturing and enhancing the diversity of anti-coronavirus antibodies observed in convalescent serum. Unlike current recombinant antibody therapies in development for COVID-19 that comprise one or a few antibodies against specific epitopes of the SARS CoV-2, GIGA-2050 comprises more than 12,000 antibodies with strong binding activity against natural SARS CoV-2 variants."

(Source: GigaGen Inc. News Release 8/11/21)

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

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. **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 Cross 40th 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.

2022

Mar. 7-10. **ABC Annual Meeting, Washington, D.C.** Additional details coming soon.

May 10-12. **2022 ADRP Conference, Phoenix Ariz.** Additional details coming soon.

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 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

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POSITIONS (continued from page 9)

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.

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.

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

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POSITIONS (continued from page 10)

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 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. ♦