



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

Please Note: The ABC Newsletter will not be published on Oct. 1st. We will resume regular publication on Oct. 8th. Thank you for your continued interest.

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2021 #34

September 24, 2021

Blood Community Submits Joint Comments to CMS Regarding Proposed OPPS Rule

America’s Blood Centers, AABB, and the American Red Cross [submitted](#) joint comments to the Centers for Medicaid and Medicare Services (CMS) regarding the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems proposed rule for calendar year 2022. In the comments, the organizations state, “[o]ur comments focus on the Healthcare Common Procedure Coding System (HCPCS) codes P9099 (Blood component or product not otherwise classified) and P9100 (Pathogen(s) test for platelets). [W]e are still concerned that CMS set a payment rate for P9099 at the rate of the lowest cost blood product (P9043 (Infusion, plasma protein fraction (human), 5 percent, 50 ml). This de minimis payment rate could have the unintended effect of discouraging the adoption and implementation of new items and services, which would be contrary to the intent of establishing a miscellaneous code. At the August 23rd CMS Advisory Panel on Hospital Outpatient Payment (HOP Panel) meeting, the HOP Panel recommended that CMS authorize the Medicare administrative contractors to compensate hospitals on the basis of reasonable cost for new blood products billed with HCPCS code P9099. We urge CMS to adopt the recommendation of the HOP Panel and assign HCPCS code P9099 the ‘F’ status indicator.

The blood community also “encouraged[d] CMS to ensure that regardless of the status indicator assigned to P9099, the code continues to be identified and processed as a blood product HCPCS P-code in all of its systems...Additionally, we encourage CMS to reassign HCPCS code P9100 from APC 5732 to APC 5733 in 2022. HCPCS code P9100 is used to report large volume delayed sampling (LVDS) of leukocyte-reduced apheresis platelets and leukocyte-reduced whole blood platelets. CMS proposes to utilize 2019 claims data to determine the APC assignments for 2022...We are concerned that using 2019 claims data to determine the APC assignment for HCPCS code P9100 in 2022 would result in a payment rate that does not adequately reflect the additional cost of LVDS testing.

The letter concludes with the organizations urging CMS to “to work with manufacturers and the blood community to educate providers on how to bill for blood components, including new blood products that are billed using P9099, and to expeditiously establish new billing codes and provide separate payments for these blood products and services in the hospital outpatient setting.”

(Source: Blood Community [Comments](#) to CMS, 9/17/21)◆



FDA Responds to Congressional Letter Supporting ADVANCE Study

The U.S. Food and Drug Administration (FDA) has [responded](#) to a June 10th [letter](#) from Reps. Carolyn B. Maloney (D-N.Y.), Val B. Demings (D-Fla.), Mike Quigley (D-Ill.), Adam B. Schiff (D-Calif.), Barbara Lee (D-Calif.), and Ritchie Torres (D-N.Y.) that expressed their support of the Assessing Donor Variability and New Concepts in Eligibility (ADVANCE) Study. According to a news release from Rep. Quigley, the FDA stated that the agency supports the ADVANCE Study and is “[working] to [assess] the feasibility and safety of alternative donor eligibility policies...[T]he Agency remains committed to considering alternatives to the time-based deferrals currently in place for MSM, that are based on scientific data and that will maintain a high level of blood safety.” The Congressional members issued a joint statement stating, “We are glad to see that the FDA has committed to supporting the ADVANCE Study and remains open to updating their outdated, stigmatizing rules regarding blood donations. Expanding the pool of American blood donors will help us to save lives when tragedy strikes. This is an important step towards fairness and equality for all. We will continue to watch carefully and follow the best possible science in our work to create justice in our blood donor system and ensure the health and safety of every American.”

(Source: Rep. Mike Quigley [News Release](#), 9/20/21) ♦

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!

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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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RESEARCH IN BRIEF

A Longitudinal Examination of Donor Confidence and Attitude as Mediators of First-Time Donors' Fears and Attrition. Authors of a paper in *Transfusion* “hypothesized that higher baseline fear and anxiety would predict a decreased likelihood of a subsequent donation attempt, and that this relationship would be mediated by the effect of higher fear and anxiety on lower donation self-efficacy and less positive donation attitudes.” The study consisted of 1,479 first-time whole blood donors, “the mean age [was] 19.3 years [and included participants that] self-identified as female (67.9 percent), male (31.4 percent), or transgender (0.7 percent)...Donors who provided informed consent were [linked] to the online time assessment materials...All donation attempts in the 421 days following each participant’s initial donation (to allow for a one-year follow-up after an 8-week waiting period for whole blood donation) were retrieved for the participants who had completed the [online] assessments.” The authors explained that “[path analysis was used to examine donor self-efficacy and attitude as potential indirect mediators of the relationship between baseline donor anxiety and subsequent donation intention...[This model] indicates that the relationship between higher anxiety and reduced donation intention is completely mediated by lower self-efficacy and donation attitude ratings.” They found that the “addition of [a] donation attempt over the next 14 months as the dependent variable revealed 1) a positive relationship between intention and behavior, 2) a direct negative relationship between anxiety and donation attempt, and 3) an indirect negative relationship between anxiety and donation behavior via lower intention ratings.” The study showed that a “longitudinal assessment of first-time donors indicates that fear and anxiety exist as negative influences on donation intention and behavior, and that these effects are mediated by lower donor confidence and more negative donation attitudes.” The authors concluded that “[g]iven the importance of retaining new blood donors, it is suggested that all new donors be assessed for fear and anxiety and appropriate strategies be provided to address their concerns, bolster their confidence and attitudes, and ultimately promote their long-term retention.”

Citation: France, C.R., France, J.L., Himawan, L.K., Duffy, L., Kessler, D.A., Rebosa, M., *et al.* [Fear is associated with attrition of first-time whole blood donors: A longitudinal examination of donor confidence and attitude as potential mediators.](#) *Transfusion.* 2021

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

WORD IN WASHINGTON

The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) [recommended](#) a third, or “booster”, dose of the Pfizer-BioNTech SE COVID-19 vaccine for “certain populations” and individuals in “high risk occupational and institutional settings.” The updated interim guidance from CDC recommends a booster shot for:

- “people 65 years and older and residents in long-term care settings should receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series;
- people aged 50–64 years with underlying medical conditions should receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series;
- people aged 18–49 years with underlying medical conditions may receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks; and
- people aged 18–64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.”

The ACIP recommendation came in the wake of the U.S. Food and Drug Administration [authorizing](#) a booster dose of the Pfizer-BioNTech SE vaccine for certain populations on September 22nd.

(Source: CDC [News Release](#), 9/24/21; FDA [News Release](#), 9/22/21) 💧



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.

Share the Innovative Work of Your Blood Center During the ABC Annual Meeting

America's Blood Centers (ABC) is seeking members who would like to highlight and share the innovative work being done at their blood center during short-form sessions at the 60th ABC Annual Meeting. These presentations will last approximately 20 minutes and can range from new blood center product offerings to your advocacy efforts with local government agencies and officials, or engagement efforts with donors or your own employees. Please [submit](#) your ideas by October 8th for consideration. Please contact ABC Senior Director of Strategic Marketing and Communications [Jeanette Brown, MBA](#) for more information or any questions.

Recording Available for ABC Webinar: UK's Transition to an Individual Donor Risk Assessment

A recording is now available to ABC member blood centers from the September 21st webinar on the "United Kingdom's (UK) Transition to an Individual Donor Risk Assessment." This webinar recording can be accessed via the ABC Member Portal in the [2021 Webinar Archive](#). It featured:

- Dr. Su Brailsford, a consultant in Epidemiology and Health Protection and interim associate medical director for Microbiology/IPC/Legal at NHS Blood and Transplant (NHSBT). Dr. Brailsford leads the joint NHSBT/Public Health England Epidemiology Unit and has been involved in the previous assessments of men who have sex with other men (MSM) and blood donation in 2010 and 2016; and
- Katy Davison, an epidemiologist at Public Health England working with Dr. Brailsford's joint team. She was also involved in the previous assessments of MSM and blood donation and is deputy chair of the FAIR ([For the Assessment of Individualized Risk](#)) steering group.

They shared valuable insights on the move to a more inclusive donor eligibility process and its potential impact on the donor base. In June 2021, the UK implemented new eligibility requirements based on a more individualized assessment rather than on a risk assigned to a group or population. Under the new donor eligibility process, any individual who wishes to give blood, regardless of gender, will be asked about recent sexual activity. Please contact [ABC Member Services](#) if you encounter trouble accessing the recording.

Save The Date for the 60th ABC Annual Meeting

Mark your calendars for the [60th ABC Annual Meeting](#) and 25th Annual *Awards of Excellence*. These events will take place March 7th-9th at the Ritz-Carlton (Pentagon City) in Arlington, Va. Please secure your hotel [reservation](#) today. This year's meeting will be in-person while Advocacy Day will be held virtually the following week given continued visitor restrictions on Capitol Hill. This will allow each blood center to bring together multiple colleagues to connect with their members of Congress and their staff. More information will be provided to ABC members as it becomes available. The ABC Annual Meeting brings together blood center executives and national leaders to discuss advocacy and regulatory updates, the latest in science, medicine, and technical affairs, and hot topics facing the blood community. In addition, ABC is excited to share that the final day of this year's meeting will feature two in-depth training workshops focused on building tangible advocacy skills that can immediately benefit your center. Topics will be released when registration opens. Please contact [ABC Member Services](#) with questions. 💧



IN MEMORIAM

Ennio C. Rossi, MD passed [away](#) on September 3rd at the age of 90. Dr. Rossi was a Professor Emeritus of Medicine (hematology and oncology) at the Northwestern University Feinberg School of Medicine. He earned both his bachelor's and medical degree from the University of Wisconsin and served in the U.S. Army as a captain before retiring from the Army reserves as a Major in 1963. Dr. Rossi had more than 100 hematology articles published, specifically on the function of platelets, hemostasis, and other blood disorders. He was part of the first group of individuals to receive a Transfusion Medicine Academic Award (TMAA) from National, Heart, Lung and Blood Institute (NHLBI). He also recruited fellow doctors Toby Simon and Gerald Moss to join him as co-editors on the *Principles of Transfusion Medicine*, which later became *Rossi's Principle of Transfusion Medicine*, and now has five editions with a sixth being prepared. He played a pivotal role in establishing transfusion medicine as an academic area that evolved from what had been termed "blood banking" in the past and making it more a true medical specialty. He is survived by his wife of 64 years, Anna "Nuna," his daughter Roberta (Jonathan) Rossi Baum of Brooklyn, N.Y. and their daughters AnnaSerena and Louisa Baum, his son Marco (Alison) Rossi, and their daughter Carina Rossi of Atlanta, Ga. Memorial contributions can be made to the [Joe Rossi Jr. Endowment](#) in his honor, which was established in the name of Dr. Rossi's younger brother who passed away in 2019. It supports "art instructional providers who have direct interactions with individuals with intellectual and developmental disabilities and promotes positive interpersonal relationships and community building through expressive arts and specific art-related programs."



(Source: Ennio Rossi, MD [Obituary](#), 9/3/21) ♦

NEW on CollABORate

COLLABORATE

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC [CollABORate](#) Online Member Community include:

- [New AABB Quality Systems Framework](#) (QUALITY BYTES)
- [X-ray Irradiator](#) (TECHNICAL DIRECTORS)

ABC members are encouraged to [login](#) and join the conversations today!

Upcoming ABC Webinars – Don't Miss Out!

- **ABC SMT Journal Club Webinar** – Dec. 13th. More details coming soon.



INFECTIOUS DISEASES UPDATE

vCJD

The European Centre for Disease Control and Prevention [published](#) the risk [assessment](#) for the United Kingdom (UK) of variant Creutzfeldt-Jakob disease (vCJD) transmission via blood and plasma-derived medical products manufactured from donations collected in the UK. An executive summary states “[e]vidence from retrospective cohort studies using peripheral lymphoid tissue suggests that the underlying prevalence of people that may be in the vCJD carrier state is in the order of 0.05 percent, although there remains much uncertainty around this estimate...The vCJD infection risk from the donations and final products is decreased by the safety measures implemented to reduce the risk of donation by exposed donors and during whole blood processing or plasma fractionation. However, the absence of a reliable diagnostic blood test makes it difficult to assess the residual risk for transmission of vCJD infection through blood components and plasma-derived medicinal products (PDMPs) obtained from UK-sourced blood and plasma donations with any degree of confidence...In order to determine whether the use of immunoglobulins and other PDMPs produced from UK plasma would pose an increased threat, EU/EEA countries may consider assessing their endogenous risks, evaluating product-specific data packages (including the prion-reduction capacities of applied fractionation procedures), and balancing the assessed threat with the supply need for PDMPs and source plasma in their country. Until such data are available, EU/EEA countries may consider, as a precautionary measure, preventing the use of immunoglobulins and other PDMPs derived from UK plasma, as well as the fractionation of UK plasma in EU/EEA facilities.” Earlier this year, regulators in the 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 vCJD forcing the UK to rely upon other countries, particularly the U.S., to fulfill its plasma needs.

(Source: European Centre for Disease Control and Prevention [Risk Assessment](#), 8/3/21) ◆

MEMBER NEWS

Bloodworks Northwest (Seattle, Wash.) has joined the Alliance for Community Transfusion Services (ACTS), “strategic and operational alliance of independent blood centers committed to improving efficiency, operations, and opportunities to best serve donors and patients.” Bloodworks becomes the organization’s 14th member. “[We are] pleased to be part of such a collaborative network of independent blood centers that are responsible for ensuring a safe and reliable blood supply across many areas of the nation,” said Curt Bailey, MBA, president and chief executive officer (CEO) of Bloodworks Northwest, in a news release. “[Bloodworks Northwest] is excited by the prospect of working together toward ongoing improvements in service to our communities.” ACTS CEO Nelson Hellwig added, “[w]e’re honored to have Bloodworks Northwest join our Alliance. Adding such a highly regarded blood center with its outstanding leadership and robust services will make our group stronger and more successful in the lifesaving work we do. Additionally, having a powerful presence in the Pacific Northwest significantly elevates our capacity to share resources and best practices.”

(Source: ACTS News Release, 9/24/21)

Miller-Keystone Blood Center has joined the National Blood Testing Cooperative (NBTC) becoming the 16th 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.” Peter Castagna, president and chief

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MEMBER NEWS (continued from page 6)

executive officer (CEO) of Miller-Keystone Blood Center added in a news release, “[w]e are excited to be transitioning our donor testing to NBTC this fall. As a subsidiary of Hospital Central Services, we are very familiar with the structure and benefits of a cooperative that is owned and operated by the member organizations. The NBTC owners and members are a prestigious group of blood centers with some of the most outstanding leaders in our industry.” 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.);**
- **Rock River Valley blood Center (Rockford, Ill.)**
- **Shepard 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).**

(Source: NBTC News Release, 9/15/21)

Miller-Keystone Blood Center turned 50 this month. A formal celebration of the milestone is scheduled to take place on April 7th according to their [website](#). On September 9th, 1971, the then Samuel W. Miller Memorial Blood Center held a dedication ceremony in Bethlehem, Penn. collecting its first unit of blood on September 10th of that year.

(Source: Miller-Keystone Blood Center [Announcement](#), 9/14/21)

LIFELINE Blood Services (Jackson, Tenn.) recently received a visit from Tennessee State Representative Chris Todd and State Senator Ed Jackson to discuss the importance of blood donations. The two state legislators enjoyed the opportunity to learn more about blood banking and the government’s role in the industry. They also shared their own experiences with blood donation. Rep. Todd remembered watching his father donate during his youth. “Dad worked at Midland Brake in Paris, Tenn. He would often come home with a bandage on his arm from donating. He never made a big deal out of it, but he set an example that stayed with me.” His father’s donations made such an impact that when Rep. Todd was attending college at Union University, he became a donor himself — which has led to 199 donations for him. “I started as a whole blood donor but moved to plasma after LIFELINE staff educated me on how that process was a better use of my blood type,” said Rep. Todd. Sen. Jackson discussed his father’s commitment to being a regular blood donor, which has inspired him to give blood on several occasions. A few years ago, however, he found himself on the receiving end of blood donation. “My energy was low,” said Sen. Jackson. “I just didn’t feel like myself. My doctor discovered my hemoglobin level was dangerously low. Further testing revealed I had a hiatal hernia, and I received four units of blood. I already had such a deep appreciation for blood donors, but now, I can truly say that blood donors saved my life.”



(Left to Right) Sen Ed Jackson and Rep. Chris Todd.



Contributed by Caitlin Roach, Marketing Manager at LIFELINE Blood Services ♦

GLOBAL NEWS

The World Health Organization (WHO) [reported](#) during its weekly update that the delta variant of SARS-CoV-2 is “by far” the most dominant globally. “Less than 1 percent of the sequences that are available right now are alpha, beta and gamma,” said Maria Van Kerkhove, technical lead on COVID-19 at the WHO, according to *The Washington Post*. “Of those four variants of concern, delta is, by far, the most transmissible. If delta is identified or starts to circulate in a country where there is beta...[delta] has quickly replaced the variant there.” The publication also reported that “the mu variant is also being replaced in countries where delta [variant] is present...[currently] delta variant has appeared in 185 countries.”

(Source: *The Washington Post*, [Delta is ‘by far’ world’s most dominant coronavirus variant](#), WHO says, 9/22/21)

The Scottish National Blood Transfusion Service (SNBTS) and Biolog-id have [announced](#) a partnership to implement the company’s radio-frequency identification (RFID) technology into the daily operations of the transfusion service. “We were looking for a long time for a technology that would improve service provision within the national blood service and blood banks, whatever the distances,” said Sarah McCubbin, operational lead at SNBTS, according to a joint news release. “By implementing the biolog-id solution not only saves time for the medical staff, but it also ensures full optimization of the blood components’ lifecycle”.

(Source: SNBTS and Biolog-id Joint [News Release](#), 9/22/21) ♦

COMPANY NEWS

bluebird bio, Inc. [announced](#) this week that it has completed the rolling submission of its Biologics License Application (BLA) to the U.S. Food and Drug Administration (FDA) for the company’s investigational gene therapy to treat transfusion-dependent beta thalassemia (TDT) in individuals who require red blood cell transfusions regularly. According to a company news release, “the BLA submission is based on data from patients treated in bluebird bio studies, including the Phase 3 HGB-207 (Northstar-2) and HGB-212 (Northstar-3) studies, and the Phase I/II HGB-204 (Northstar) and HGB-205 studies...As of March 9, 2021, the results include a total of 63 pediatric, adolescent and adult patients who have been treated with beti-cel across β^0/β^0 and non- β^0/β^0 genotypes. The data include two patients with up to seven years of follow-up, eight with at least six years of follow-up and 19 with at least five years of follow-up.” Andrew Obenshain, president of Severe Genetic Diseases at bluebird bio added in the news release, “[w]ith this submission, we are one step closer to bringing a potentially transformative gene therapy to people living with TDT and their families...We look forward to working with the FDA on its review of this BLA as we realize the promise that one-time gene therapies hold for patients.”

(Source: bluebird bio, Inc. [News Release](#), 9/21/21)

Hemanext is being [honored](#) by AABB with a Research Innovation in Scientific Excellence (RISE) award for a paper co-authored by the organization’s chief scientific officer, Andrew Dunham, PhD and principal scientist, Tatsuro Yoshida, PhD. According to a news release from Hemanext, “[t]he paper explores the effects of certain storage methods – in particular, limiting oxygen to create hypoxic conditions – on the quality of red blood cells (RBCs). The scientists conclude that hypoxic storage improves the metabolic quality of stored RBCs, which may translate into improved clinical outcomes for transfusion patients.” The RISE award “recognizes the best original research article published in *Transfusion*. “Our research clearly demonstrated that processing and storing blood in a hypoxic state better maintains the integrity of red blood cells and this may enhance their efficacy,” said Dr. Dunham. “We look forward to continuing our research in this area, given the fundamental importance of blood processing and storage for global healthcare. We



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COMPANY NEWS (continued from page 8)

are grateful to be recognized for this paper, which supports the important work Hemanext is doing as we strive to develop technologies that may improve clinical outcomes for transfusion recipients.”

(Source: Hemanext [News Release](#), 9/21/21) ♦

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

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](#).

Nov. 4. **U.S. Food and Drug Administration (FDA) Blood Products Advisory Committee Meeting (Virtual)**. More information available [here](#).

Dec. 6-8. **American Association of Tissue Banks (AATB) Annual Meeting (Virtual)**. Registration is [open](#).

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

Chief Medical Officer (Oklahoma City, Okla.). The Oklahoma Blood Institute, a large, successful blood center servicing Oklahoma, Arkansas, Texas and beyond, seeks qualified candidates for the position of **Chief Medical Officer (CMO)**. Successful applicants should be **board certified/board eligible physicians** with significant experience in **hematology, transfusion medicine, cellular therapy, laboratory medicine** or a related field. This position is ideal for a visionary, collaborative leader who thrives in a fast-paced, results-oriented environment and who wants to innovate within a rewarding, entrepreneurial business framework. The CMO leads other physicians and a large clinical staff. He or she guides multiple departments, including a **donor screening lab,**

immunohematology labs (providing hospital transfusion services), therapeutic apheresis, cellular therapies, cord blood bank, and bio-research. Some additional arenas for impact are software development, community health projects, and worldwide transfusion progress. If you are a doctor looking both to deliver excellence patient and donor care via multifaceted transfusion medicine organization and to reimagine the mission of blood banking in meeting community needs for connectivity, compassion, altruism, and healing, please visit www.obi.org. Salary Range: Competitive salary with excellent benefits package including health,

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POSITIONS (continued from page 9)

dental, vision, and life insurance, 401(k), paid time off, and holiday pay. **How to apply:** <http://obi.org/careers>.

Chief Clinical Officer. The Central California Blood Center seeks ideal candidates for new position of Chief Clinical Officer (CCO). Looking for an exceptional blood banking/transfusion medicine leader who can successfully navigate the ever-changing health care provider and blood industry landscapes to provide ever increasing value to our clients. The CCO will provide clinical, scientific, and technical expertise, supporting our senior management team, for our innovative and independent community blood center. The CCO will report to the President and CEO and oversee blood donor services, blood component manufacturing, donor testing lab, R&D programs, IRL, donor services, and IT departments. The CCO will shape and guide our team of high-achieving department directors to consistently exceed standards and goals for cGMP, productivity, and customer service. The CCO will continue our trend of bringing innovation to our successful independent community blood center. The ideal candidate will enhance our stature in blood banking, cellular therapies, and other mission compatible partnerships with biotech. We envision the successful candidate will have opportunities to advance towards future CMO and/or CEO roles in the mid-decade. MS, SBB, PhD or MD preferred. Strong and progressive blood industry leadership experience required. Please send inquiries to lchristiansen@donateblood.org.

Immunohematology Technician. Join our team! LifeServe Blood Center currently has one full-time opening for a Medical Technician at our Omaha, NE location. This laboratory reference position serves hospital patients across Iowa, Nebraska, and South Dakota. Testing includes basic blood banking and complex antibody identification. Primary Responsibilities for this position include: Accepts, verifies, processes, and tests incoming samples; Performs various testing procedures, including immunohematology, on donor and patient blood products; Performs quality control, equipment maintenance and calibration; Utilizes computer system to obtain necessary data and to record test results; and Participates in the ongoing monitoring for each testing process to identify errors or potential problems. Education and/or Experience: MT/MLS or MLT from American Society for Clinical Pathology or equivalent; Bachelor's degree in medical technology or chemical, physical, or biological science or related scientific field from an accredited college or university or an equivalent combination of education, certification, training and or experience; and Meet current CLIA or ABB requirements for testing personnel. Interested applicants should visit our [website](#). LifeServe Blood Center is fully committed to equal employment opportunity. All applicants will receive consideration for employment without regard to race,

color, religion, sex, national origin, age, sexual orientation, gender identification, genetic information, marital status, pregnancy, disability, veteran status, or any other legally protected status.

Cord Blood Operations Manager. LifeSouth Community Blood Centers is currently seeking an individual to join our team as a Cord Blood Operations Manager in Gainesville, FL. This position oversees all Cord Blood processing operations, including assessment, record review, processing, long-term storage, and shipment/distribution of cord blood and cellular manufacturing operations. Applicants should apply here: <https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2203?c=lifesouth>.

Donor Testing Laboratory Director. The National Blood Testing Cooperative (NBTC) and LifeSouth Community Blood Centers is currently seeking a skilled individual for the Donor Testing Laboratory Director position in our Donor Testing Laboratory in Stone Mountain, GA. This position is responsible for the strategic planning, development, organization, coordination, management, and daily oversight of all activities associated with a blood testing laboratory. This position will also ensure the laboratory performs in accordance with all regulatory requirements and will possess the oversight and responsibility of all standard operating procedures (SOPs) within the lab. Applicants should apply here: <https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2241?c=lifesouth>.

Donor Testing Manager. LifeSouth Community Blood Centers is currently seeking a skilled individual for the Donor Testing Manager position in our Donor Testing Laboratory in Stone Mountain, GA. This position is responsible for providing management and oversight of assigned laboratory departments and staff. Applicants should apply here: <https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2240?c=lifesouth>. ♦