



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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

2021 #38

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ABC Submits Comments for November BPAC Meeting

America's Blood Centers (ABC) has provided comments to the U.S. Food and Drug Administration's (FDA) Blood Product Advisory Committee (BPAC) ahead of the November 4th meeting. In the comments, the committee received an update of the "ongoing work" of ABC member blood centers during the COVID-19 pandemic and the challenges facing them and the blood community in maintaining the nation's blood supply. The comments also urged the FDA to make temporary guidances brought on by the public health emergency permanent [and] to adopt protocols or generic licensing for convalescent plasma (CP) as a part of preparedness strategies for "the next novel disease."

In the comments, ABC further described the impact of the severe, sustained blood shortage in the U.S. due to the SARS-CoV-2 coronavirus Delta variant and increases in blood component utilization.

ABC also "strongly encouraged" the FDA to make permanent the temporary guidances implemented at the onset of the pandemic for the life of the declared public health emergency. "We strongly encourage FDA to ensure the timing avoids any 'gap' as it would place an undue burden on centers, if they were required to revert back to previous pre-pandemic requirements then reimplement." Additionally, the comments "urged" the agency to consider protocols for implementing other temporary measures "to augment the blood supply" in times of disaster.

ABC also explained the important role of independent community blood centers in the collection and distribution of CP and made recommendations for any future program, including:

- "[p]rioritization of early development of titer testing from multiple manufacturers;
- [e]arly establishment of consistent guidelines for donor qualifications;
- [p]hysician and hospital education programs and clear guidelines for clinical use;
- [r]esearch designs that will provide data as quickly as possible while still allowing for compassionate use; [and]
- [l]abeling requirements including ISBT component codes."

The full comments are available on the ABC public [website](#). 💧

(Source: ABC BPAC [Comments](#), 10/26/21)

RESEARCH IN BRIEF

Plasmavigilance for U.S. Source Plasma Donors. A study in *Transfusion* stated that “[d]onation of blood components by apheresis has been associated with low adverse event (AE) rates. However, published literature on AE related to source plasma (SP) collections is much smaller.” The authors explained that “the International Quality Plasma Program (IQPP) Standard for Recording Donor Adverse Events was designed to provide a common language to classify SP AEs and to allow for aggregating and benchmarking data... [It requires] recording of donor AEs that occur [from donor arrival] through 72 h post-donation... This report is a compilation of the AEs reported by three Plasma Protein Therapeutics Association (PPTA) member companies that represent 72 percent of SP donations in the [U.S.]” The study noted that “[d]onation data were collected between May 1st and August 31st, 2018 [from] 513 plasma centers in 41 states... A total of 12,330,000 donations were analyzed... There were 19,305 AEs resulting in an overall rate of 15.85 AE per 10,000 donations (0.16).” The researchers stated that “[the] two classification categories with the highest rates were the hypotensive event at 8.32/104 donations and the phlebotomy event at 5.91/104 donations... Females were 2.6 times more likely to experience an AE than males (25.76 vs. 9.85 per 104 donations). [First-time donors] had 11 times higher AE rates than repeat donors (136.66 vs. 12.37 per 104 donations)... Donors aged 20 and younger had higher AE rates compared with donors in all other age groups... Donors weighing 110–124 pounds had the highest total AE rates.” They explained that “[f]or SP, [there are] three total collection volumes — 690, 825, and 880 ml or nomograms, determined by the donor’s weight—110–149, 150–174, and ≥ 175 pounds, respectively... Within each gender and nomogram, logistic regression was used to compare the AE rate of the lowest weight with the highest weight. Except in the 880-ml nomogram, the differences in AE rates were statistically significant ($p < .001$).” The authors concluded that “SP donation in the U.S., using the current nomogram and donation frequency is a safe process.” They recommended that “[a] robust plasmavigilance program is essential to continue monitoring the safety of the process, evaluate reactions from donating plasma, and improve donor satisfaction.”

Citation: Schreiber, G.B., Becker, M., Fransen, M., Hershman, J., Lenart, J., Song, G., *et al.* [Plasmavigilance — Adverse events among U.S. Source plasma donors](#). *Transfusion*. 2021.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

Can SARS-CoV-2 Antibody Tests Reveal Whether the COVID-19 Vaccines Are Working? “No, says the FDA.” In a Medical News and Perspectives published in *JAMA* on October 21, 2021, the author discusses the “flawed science” in attempting to use the current SARS-CoV-2 antibody tests as “do-it-yourself immunity checks.” The article explains that early in the pandemic, there was hope that the tests, which were designed to determine whether individuals had been infected, might also indicate whether a person could re-enter society from a lockdown without putting themselves or others at risk. However, as the pandemic

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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 (continued from page 2)

evolved, it became clear that the concept of an “immunity passport” based on having antibodies was not feasible; the consumer tests’ accuracy was unproven and the “correlates of protection” against the virus were unknown meaning there was not enough information around which antibodies were protective, how high the levels had to be, and how long protection would last. The U.S. Food and Drug Administration (FDA) issued a [communication](#) to the public last spring discouraging the practice of using antibody testing as an immunity checkup. The agency reiterated this advice to *JAMA* in email communications in September 2021. The author cites a worrisome trend of concierge clinicians that have ignored these warnings and make false claims of being able to test for SARS-CoV-2 antibodies that let individuals know if “their immune system is still protecting them from COVID-19” after infection and/or vaccination. These claims are based on oversimplified concepts of immunology. Although the tests that received emergency use authorization (EUA) from the FDA are highly specific and sensitive, these apply only to the *detection* of antibodies and depending on the test used, may only detect natural immunity and not that produced by vaccines. Additionally, although some SARS-CoV-2 antibody tests may detect neutralizing antibodies to the SARS-CoV-2 spike protein which do correlate with protection, there is “no clear titer at which you can say a person is protected” explained the article attributing this statement to Nicole Doria-Rose, PhD, chief of the Humoral Immunology Core at the National Institutes of Health’s Vaccine Center. Another drawback is that the laboratory tests have not been standardized, varying in how results are reported, antibody class, and type (e.g., binding vs neutralizing antibodies) detected and units of measurement. The author cited Paul Offit, MD, director of the Vaccine Education Center at Children’s Hospital of Philadelphia as stating that antibodies alone do not give the full immunologic picture, as memory T and B cells are the antibody-producing component that are essential to providing lasting protection against disease, and these are not measured by the commercial antibody tests in current use. He further explained that “reinfection with the virus activates memory B cells to differentiate into antibody-secreting cells. Because this process can take 3 to 5 days, it doesn’t stop SARS-CoV-2 infections from occurring, but it does help tamp down severe COVID-19.” He points out that that is a vaccine success story: “[t]he goal of the vaccine is to protect you against serious illness.” Dr. Offit also feels that using boosters to keep antibody levels high may be impractical, comparing it to “rolling the stone up the hill only to have it come back down again.” He acknowledges that some infections will “breakthrough” despite having robust antibody protection, as it is still possible to have the virus attach to your nose and begin reproducing without causing you symptoms. The article concludes by describing how managing expectations for COVID-19 vaccinations is needed and stating that “getting vaccinated, frequently washing your hands, wearing a mask and avoiding high congregated in-door settings, particularly in areas that have high case rates” are key preventative measures.

Citation: Abbasi, J. The flawed science of antibody testing for SARS-CoV-2 immunity. *JAMA*. 2021. Doi:[10.1001/jama.2021.18919](https://doi.org/10.1001/jama.2021.18919) 



REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) published a [notice](#) in the *Federal Register* on October 27th titled “Exemption of Certain Categories of Biological Products From Certain Reporting Requirements Under the Federal Food, Drug, and Cosmetic Act.” In the notice, the agency is proposing an exemption for:

- “blood and blood components for transfusion; and
- cell and gene therapy products, where one lot treats a single patient.

The exemption would prevent a [new] reporting requirement under the Federal Food, Drug, and Cosmetic Act (FD&C Act) as amended by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)” from applying to the aforementioned components/products. The new requirement within the CARES Act is intended to “enhance FDA’s ability to identify, prevent, and mitigate possible drug shortages by, among other things, enhancing FDA’s visibility into drug supply chains.” It states that “each person who registers with FDA with regard to a drug is required to report annually to FDA on the amount of each listed drug that was manufactured, prepared, propagated, compounded, or processed by such person for commercial distribution; however, certain biological products or categories of biological products may be exempted by order from these reporting requirements if FDA determines that applying such reporting requirements is not necessary to protect the public health. FDA is proposing to exempt the two [aforementioned] categories of biological products from these reporting requirements because the Agency has determined that applying such requirements is not necessary to protect the public health.”

(Source: *Federal Register* [Notice](#), 10/27/21) ♦

BRIEFLY NOTED

The U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) will conduct a virtual meeting on Wednesday, December 1st tentatively from 11 am – 3 pm EST. During this meeting “the committee will discuss and vote on a recommendation pertaining to a proposed update to the 2020 Public Health Service (PHS) Guideline for Assessing Solid Organ Donors and Monitoring Transplant Recipients for Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus Infection.” The committee “will be posed [the question]: “[d]oes the available data support exempting solid organ transplant candidates who are ≤10 years of age at the time of transplant (and who have received postnatal infectious disease testing) from the recommendation for HIV, Hepatitis B virus, and Hepatitis C virus testing during the hospital admission for transplant but prior to anastomosis of the first organ?” A formal notice will be published in the *Federal Register* and additional details including an agenda will be posted on the HHS [website](#) prior to the meeting. ♦

Upcoming ABC Webinars – Don’t Miss Out!

- **ADRP International Showcase** – Nov. 9th. View program and register [here](#).
- **ABC SMT Journal Club Webinar** – Dec. 13th. More details coming soon.

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!



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.

2021 ABC Financial Ratio Survey Deadline Extended

ABC has extended the deadline for the 2021 Financial Ratio Survey to Tuesday, November 2nd. ABC members are encouraged to take part as the results provide members with a powerful tool for managing blood programs, benchmarking valuable operational data, and identifying best practices. Most of the financial information requested is public information that blood centers already report on IRS Form 990 or is included in annual audited financials. Only participating blood centers receive the final report. Please complete the survey. Members may contact [Jill Evans](#), director of Regulatory Affairs at ABC, with any questions or comments. More details are available to ABC members in MCN 21-084.

Register for the 60th ABC Annual Meeting

[Register](#) today 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. The preliminary program-at-a-glance is [available](#). Please contact [ABC Member Services](#) with questions.

2021 ADRP International Showcase on November 9th

ADRP will host the 2021 International Showcase virtually from 1-2:30 p.m. EST on November 9th. [Registration](#) is free and open to everyone. The event will feature:

- “Untapped Potential in Elementary Schools – the Future of Blood Donation” by Maryke Harris, Public Relations Practitioner at South Africa National Blood Service;
- “Creating An Outstanding Onboarding Experience to Increase Donor Retention in New Donors” by Isabelle Contu, CX Advisor at Héma-Québec;
- “How and Why Charities Should Provide Feedback to Their Donors” by Lars Eberhart, Head of Donor Management at Blood Center for Vienna, Lower Austria, and Burgenland;
- “Implementation of UK FAIR Recommendations in Scotland” by Dr. Lorna McClintock, Consultant Haematologist and Clinical Lead for Blood Donation at Scottish National Blood Transfusion Service;
- “Donor Recognition – How to Recognize Donors without Incentivizing” by Irene van Schalkwyk, Manager, Marketing Services at New Zealand Blood Service; and
- “A Creative Way to Engage Donors: Challenge Them” by Rufan Li, Chief Marketing Officer at Hoxworth Blood Center. 💧



PEOPLE



Shailaja Hegde, PhD has been [announced](#) as the 27th recipient of the Biomedical Excellence for Safer Transfusion (BEST) Collaborative Scott Murphy Memorial Award Lectureship. She currently serves as a research associate at Hoxworth Blood Center, University of Cincinnati College of Medicine and Cincinnati Children's Hospital Medical Center, in Cincinnati, Ohio. Dr. Hegde will deliver a lecture on "Inhibition of RHOA activity prevents platelet cold storage lesion in human platelets up to 14 days" during the 30th Anniversary Celebration Symposium of BEST, to be held as a virtual event on November 6th. A list of prior award recipients and their presentation titles can be found on the [BEST website](#).

(Source: BEST [News Release](#), 10/13/21) 💧

WORD IN WASHINGTON

The U.S. Department of Health and Human Services (HHS) [published](#) in the *Federal Register* a proposed withdrawal or repeal of a final rule entitled "Securing Updated and Necessary Statutory Evaluations Timely" (SUNSET final rule). The SUNSET rule was finalized on January 19th, 2021, the day before the inauguration of President Biden. The enforcement of the rule had been previously [postponed for judicial review](#). During this administrative delay, HHS reconsidered previously submitted comments and is now proposing to withdraw or repeal the SUNSET final rule in its entirety. If the SUNSET final rule took effect, unless HHS "assessed" and, if required, "reviewed" most of its regulations within a certain timeframe specified in the rule (for most existing regulations, within two years) and every 10 years thereafter, the regulations would expire.

(Source: *Federal Register* [Proposed Rule](#), 10/29/21) 💧

NEW on CollABOrate

COLLABORATE

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

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

- [Platelet Aggregates](#) (MEDICAL ISSUES)
- [Redacted SOP on Dividing a Single Platelet Dose in a Hospital Setting](#) (TECHNICAL DIRECTORS)

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

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.

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

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](#).

Dec. 1. **U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) (Virtual)**. More information available soon.

2022

Mar. 7-9. **ABC Annual Meeting, Washington, D.C.** [Registration](#) is open. More information available [here](#).

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

QRA Supervisor (Req#: R219667). Reporting to the Regulatory & Accreditation Compliance Director, the QRA Supervisor is responsible for carrying out day-to-day activities at the Stanford Blood Center Quality & Regulatory Affairs department by appropriate management of the QRA Specialist, ensure timely review of records and completion of QRA activities. Assume the responsibility SBC safety initiatives, disaster preparedness, and support continuity of operation across the organization. Responsibilities: Quality Assurance/Training/ GMP/GTP/GLP: Lead the department's quality activities, initiatives, and process improvement activities. Perform training on QRA core functions and activities, Good Manufacturing Practice/Good Tissue Practice/Good Laboratory Practice, and safety. Compliance: Ensure compliance to current regulations and accreditation requirements by federal, state, county, and accreditation agencies. Team Leadership: Manage the performance of direct reports. Set team objectives, priorities, and resources to align staff with Blood Center objectives. Responsible for interviewing, hiring, training, coaching, performance management, and performance reviews of direct reports. Safety: Lead the safety, emergency, and disaster management. Quality Management System: Provide oversight on the appropriate use of the

quality management tools in handling the various documents, records, and activities of the blood center. Qualifications: Bachelor's Degree Required. One plus year to two years in a regulated or GMP (Good Manufacturing Practice) required. Click [here](#) to apply.

Director, Donor Recruitment. LifeStream, a local non-profit organization providing blood services for more than 80 hospitals in Southern California, is searching for a Director, Donor Recruitment to function as a member of the Donor Recruitment Team. The Director of Donor Recruitment is responsible for developing and deploying cohesive recruitment strategies to increase annual collections through the acquisition of new blood donors, new donor groups, and increased frequency of current donors. Also responsible for aligning staffing resources at all Donor Centers and Mobile Blood Drives to ensure daily, monthly, and annual collection goals are efficiently achieved. This individual will monitor operational performance data to ensure effective and efficient use of staffing resources to achieve desired collection targets. This position works closely with multiple departments to ensure successful drives. The ideal candidate will possess

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a Bachelor's Degree (BA) in Business, Marketing, Public Relations, or related field. Or three to five years sales management experience, leading a successful sales/recruitment team. Strong management/sales experience required. Must have proven and significant growth record in territories and/or sales. Demonstrated experience in sales/territory management skills, strong leadership and team building skills, excellent verbal and written communication and public speaking skills required. Bilingual a plus. Apply online: www.LStream.org. E-mail: recruitment@LStream.org. EOE.

Clinical Laboratory Scientist - MT Certified. LifeSouth Community Blood Centers is currently seeking Level III Clinical Laboratory Scientists in Stone Mountain, GA. This position is responsible for performing and interpreting clinical laboratory tests that require the exercise of independent judgment. Must be MT certified; confirmatory testing experience preferred. Applicants should apply here: <https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2342?c=lifesouth>.

MT / MLS (Carter BloodCare – Fort Worth, Texas). Principal Accountability: The Medical Technologist 1 (MT 1) will report to the Manager or designee of Reference & Transfusion (R&T) Services at John Peter Smith (JPS) located in Fort Worth, TX. The incumbent will participate in all activities in the R&T Services to include but not limited to: Support Carter BloodCare's (CBC) vision, mission, and core values. Maintain compliance with the CBC's attendance policies and department schedules as outlined in the CBC Employee Handbook. Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies. Participation in competency, proficiency, and educational opportunities. Education: Bachelor's Degree required. Medical Technologist: MT(ASCP), BB(ASCP), MT(AMT) or equivalent certification required. Experience: Recent graduate from an accredited Clinical Laboratory Sciences (CLS) program within the last five years and currently board eligible. NOTE: Must successfully obtain, maintain board certification (i.e., MLS(ASCP) or equivalent) and provided board certification documentation to the CBC Human Resources department within 12 months of hire date. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 26791 or 26430.

MT / MLS (Carter BloodCare – Bedford, Texas). Principal Accountability: The Medical Technologist 1 (MT 1) will report to the Manager or designee of Reference & Transfusion (R&T) Services in Bedford, Texas. The incumbent will participate in all activities in the R&T Services to include but not limited to: (1) Support Carter BloodCare's (CBC) vision, mission, and core values. (2) Maintain compliance with the CBC's attendance policies

and department schedules as outlined in the CBC Employee Handbook. (3) Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies. (4) Participation in competency, proficiency, and educational opportunities. Education: Bachelor's Degree required. Medical Technologist: MT(ASCP), BB(ASCP), MT(AMT) or equivalent certification required. Experience: Recent graduate from an accredited Clinical Laboratory Sciences (CLS) program within the last five years and currently board eligible. NOTE: Must successfully obtain, maintain board certification (i.e., MLS(ASCP) or equivalent) and provide board certification documentation to the CBC Human Resources department within 12 months of hire date. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 29048 or 28777.

Clinical Apheresis RN (Carter BloodCare). Principal Accountability: The Clinical Apheresis Registered Nurse (CARN) collects leukocytes and performs therapeutic apheresis procedures for Carter BloodCare (CBC) clients in and around the Dallas/ Fort Worth area. The CARN follows CBC Standard Operating Procedures (SOP) assesses and monitors patient/donor while receiving an apheresis treatment; contacts patient physicians or a CBC Medical Director as situation warrants for medical consults for clarification of orders, transfusion reactions and/or emergency situations; and ensures that excellent customer service is provided to CBC customers at all times. Regular full-time attendance is required during office hours. Education: RN with active unencumbered licensure in the State of Texas. CPR Certification. Experience: Minimum one (1) year nursing experience in a hospital setting, oncology unit, or clinic. Intensive care unit, dialysis, ER, oncology, and/or pediatric experience preferred. Apheresis experience preferred. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 26045 or 25152.

Clinical Apheresis Manager (Carter BloodCare). Principal Accountability: The Manager of Clinical Apheresis Services is responsible for meeting Carter BloodCare and departmental objectives. The Manager is responsible for ensuring excellent customer service and managing issues. The Manager provides oversight for a team of nurses and apheresis collection technicians who perform therapeutic procedures on hospitalized patients for treatment of disease, or collection of cells from donor or patient peripheral blood for various cell therapy treatments or research projects. The Manager is responsible for managing daily operations, business activities, and quality patient care. The position is responsible for staffing field assignments, and performing procedures in the

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field to assist in training or as staffing indicates. Also, the Manager is responsible for maintaining statistics and quality indicators of procedures and records of preventative or responsive maintenance along with quality control of supplies and equipment. Regular full-time attendance is required during office hours. Education: Bachelor of Science in Nursing. RN active licensure in the State of Texas, preferably with Hemapheresis Practitioner (HP) or Qualification in Apheresis (QIA) credentialing. Experience: At least five years' apheresis experience of which three years should be in therapeutic/PBSC apheresis. Two years' management experience required. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 27905.

Assistant Manager of Contact Center (Carter Blood-Care). Principal Accountability: The Assistant Manager will be responsible to the Manager of Donor Communications, for managing motivating, and mentoring Donor Communications personnel toward achieving assigned production goals for Carter BloodCare. This individual will be responsible for the creation of call lists and preparation of performance reports by collecting, analyzing, and summarizing data and trends and meet with manager to present findings and solutions. All duties and responsibilities must be performed in compliance with Standard Operating Procedures and organizational policies. Regular full-time attendance is required during office hours. Position will require early morning, late evening, weekend, and Holiday hours. Education: High School Diploma or GED equivalent required. Four-year college degree preferred. Experience: Two or more years of direct supervisory experience preferred in a highly customer service-oriented environment. One to two years of database experience required. Two or more years of call center experience a plus. Equal Opportunity Employer: Disability/Veteran. Apply on our [website](http://www.carterbloodcare.org), click "Careers" & search Req # 29054.

Outside Sales Representative/Event Planner (Little Rock, Ark.). Outside sales representatives must develop new partnerships with targeted decision makers in community organizations, educational & religious institutions, and businesses to gain support in meeting the needs for volunteer blood donors. Responsibilities include organizing & promoting blood donation events; assessing, developing, and implementing strategic/tactical plans to achieve recruitment objective/goals. She/he is expected to develop a customer-focused culture that will result in successful community partnerships and donation awareness. Identify opportunities for growth within current group base and facilitate a plan to achieve growth percentage for total unit collection within territory. Book recurring blood drives for the following year. Develop and maintain relationships with key accounts. Give presentations to promote blood collection. Identify and provide feedback on issues regarding customer needs/requirements, customer issues/concerns and satisfaction, competitor activities/strategies, etc. Interact effectively and professionally with team members and all internal/external contacts. Qualifications: associate/bachelor's degree preferred, one to three years sales related experience, public speaking/presentation experience preferred, excellent communication skills, and valid driver's license with access to vehicle. Salary Range: Competitive salary, commission plan, and excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. How to apply: <http://arkbi.org/careers/>. 💧