



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2023 #15

April 21, 2023

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Preprint ADVANCE Study Data Available

[Preprint data](#) (non-peer reviewed) from the Assessing Donor Variability and New Concepts in Eligibility (ADVANCE) [study](#) is accessible. The ADVANCE study, which closed enrollment in 2022, focused on evaluating alternatives to the current blood donor deferral policy for sexually active gay and bisexual men.

The authors of the preprint paper explained that the ADVANCE study was a “cross-sectional behavioral and biomarker assessment of sexually active [gay and bisexual men] conducted in eight U.S. metropolitan areas [from] December 2020 to November 2022.” The study originally included individuals between the ages of 18 and 30 before expanding in 2021 to individuals aged 18 to 39 “to help increase enrollment.”

The study included 1,561 individuals “who complete[d] the HIV risk questionnaire and blood draw [and were] notified of their test results.” Of those enrolled participants, “four (0.25 percent) tested HIV-positive. The four had detectable HIV RNA and antibodies and were classified as not having recently acquired HIV infection by limiting antigen avidity [enzyme immunoassay] testing.” The authors also reported in the paper that “we compared self-reported pre-exposure prophylaxis (PrEP) users to non-users. Among HIV-negative participants, 803 (51.7 percent) reported they did not use PrEP in the last month and 789/1,552 (50.8 percent) reported no PrEP use in the last three months... We estimated the proportion of the study population who would meet the proposed donor selection criteria in the [U.S. Food and Drug Administration] (FDA) draft guidance for individual [donor] assessment questions. Each hierarchical analysis was restricted to HIV-negative participants. Among those who were not taking PrEP, 522 of 789 respondents (66.2 percent) reported fewer than two sex partners or not having anal sex with any partner in the past three months. A similar analysis of new sex partners in the last three months showed that among HIV-negative, non-PrEP users, 352 of 510 (69.0 percent) did not have a new partner or did not have anal sex with a new partner in the past three months.”

The paper concluded that the data from the ADVANCE study “demonstrate[s] that, among sexually active [gay and bisexual men], there are subgroups who test HIV-negative, have had no new sexual partners and only one sexual partner within the last three months and are likely at lower risk of HIV infection than those with new or multiple sexual partners. These results support the change from excluding all sexually active [gay and bisexual men] from blood donation as a single group to an individual [donor] assessment that defers those who may have higher HIV risk.”

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ADVANCE Study Data Available (continued from page 1)

The FDA funded the ADVANCE study, which included America’s Blood Centers (ABC) members OneBlood and Vitalant, with assistance from Stanford Blood Center, and also included the American Red Cross. The agency has previously explained that data from the ADVANCE study played a pivotal role in the development of the draft guidance [published](#) earlier this year titled “Recommendations for Evaluating Donor Eligibility Using Individual Risk-Based Questions to Reduce the Risk of Human Immunodeficiency Virus (HIV) Transmission by Blood and Blood Products,” which proposed a shift to individual donor assessments, eliminating time-based deferrals for sexually active gay and bisexual men and women who have sex with sexually active gay and bisexual men.

Citation: Custer, B., Whitaker, B., Pollack, L., *et al.* “[HIV Risk Behavior Profiles Among Men Who Have Sex with Men Interested in Donating Blood: The Assessing Donor Variability and New Concepts in Eligibility \(ADVANCE\) Study.](#)” 2023. ♦

Data from the 2021 NBCUS Published

Findings from the 2021 National Blood Collection and Utilization Survey (NBCUS) have been [published](#) in *Transfusion*. The 2021 survey report includes “estimates” regarding the total number of blood components collected, distributed, and transfused in the U.S. According to the authors, response rates were “(49/53) 92.5 percent for community-based blood centers, (62/83) 74.7 percent for hospital-based blood centers, and (2,102/2,754) 76.3 percent for transfusing hospitals.”

Data from the report showed that, “11,784,000 whole blood and apheresis red blood cell (RBC) units (95 percent confidence interval [CI], 11,392,000–12,177,000 units) were collected in the U.S., a 1.7 percent increase from 2019, when 11,590,000 units of whole blood and apheresis RBCs were collected. Additionally, the authors explained that “[t]he total number of whole blood units collected for allogeneic, nondirected transfusions during 2021 was 9,842,000 units (95 percent CI, 9,491,000–10,193,000 units), a 0.7 percent increase from 2019)...During the same time period, the number of apheresis RBC units collected increased by 7.3 percent, from 1,800,000 units in 2019 to 1,931,000 units (95 percent CI, 1,771,000–2,090,000 units) in 2021.”

Transfusion data from the NBCUS report showed that during 2021, “10,764,000 units of whole blood-derived and apheresis RBCs were transfused in the U.S. (95 percent CI, 10,357,000–11,171,000 units), a 0.8 percent decrease from 2019, when 10,852,000 units were transfused...Of the 10,764,000 units transfused [during 2021], 99.9 percent were allogeneic, nondirected transfusions; 10,000 units (95 percent CI, 2000–18,000 units) were for directed transfusions, representing an increase of 11.1 percent from 2019.”

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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 recognizes 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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2021 NBCUS Survey Report Data Published (continued from page 2)

Additionally, data from the 2021 NBCUS report revealed that “121,000 whole blood-derived and apheresis RBC units (95 percent CI, 108,000–133,000 units) were rejected based on abnormal disease marker results after collection, a 17.5 percent increase from 2019 (when 103,000 units were rejected based on testing)... There were 305,000 whole blood-derived and apheresis RBC units (95 percent CI, 254,000–356,000 units) outdated during 2021, a 12.6 percent decrease from 2019, when 349,000 units were outdated.”

The total number on platelet units “distributed” in the U.S. during 2021 was 2,528,000 which represented a 0.8 percent “increase” from 2019. Of those, 2,422,000 “were apheresis platelets, an increase of 2.7 percent” compared to 2019, with 2,175,000 being transfused, a 3.0 percent decrease from 2019... In total, 3,114,000 plasma units (including fresh-frozen plasma, plasma frozen within 24 hours of collection, cryoprecipitate-reduced plasma, and liquid plasma; 95 percent CI, 2,929,000–3,298,000 units) were distributed in the U.S. in 2021,” which demonstrated a 16.2 percent increase from 2019. “There were 2,215,000 units (95 percent CI, 2,084,000–2,347,000 units) of plasma transfused in the U.S. in 2021, an increase of 1.4 percent from 2019 when 2,185,000 plasma units were transfused. Approximately 2,449,000 units (95 percent CI, 2,234,000–2,664,000 units) of cryoprecipitated AHF were distributed in the U.S. in 2021, an increase of 6.3 percent from 2019 when 2,304,000 units were distributed.”

The authors concluded that the “2021 NBCUS shows a continued stabilization in transfusions in the U.S. and marks the first time since 2008 that blood collections in the U.S. have not decreased year-to-year, suggesting a plateau has been reached for both blood collection and use... The stabilization of blood collection and use seen in 2021 suggests the blood supply is currently meeting demand. Furthermore, it appears the recent declining trends may have been driven mostly by a decline in demand. However, the demand for blood depends on a clinical need. Although patient blood management programs and restrictive use of transfusions in surgical settings have likely contributed historically to a decline in blood use, there is a lower limit to this trend.”

Citation: Free, R., Sapiano, M., Chavez Ortiz, J., *et al.* “[Continued stabilization of blood collections and transfusions in the United States: Findings from the 2021 National Blood Collection and Utilization Survey.](#)” *Transfusion*. 2023. 💧

ABC Supports Laboratory Workforce Coalition Letter

America’s Blood Centers (ABC) recently supported a laboratory workforce [letter](#) sent to members of Congress and led by the American Society for Clinical Pathology (ASCP). The letter “urge[d] Congress to include medical and public health laboratory professionals in all federal workforce programs and to consider how addressing visa issues could help the laboratory and pathology workforce.” Specifically, it described the workforce challenges faced by the pathology and laboratory medicine workforce prior to the COVID-19 pandemic and how the pandemic “worsened these problems.” The letter also explained that “most medical and public health laboratories suffer from significant personnel shortages, and many are operating at or near crisis-mode. Staffing shortages now have the potential to undermine the ability of these laboratories to provide timely test results, which is imperative to both the public health and patient access to quality care.” It highlights how federal programs designed to help the healthcare workforce tend to be limited to “a subset of health professionals, such as physicians, nurses, and dentists. Laboratory professionals, and in particular entry-level laboratory professionals, are unable to benefit from these programs.” The letter was sent to Sens. Bernie Sanders (D-Vt.), chair of the Senate Committee on Health Education, Labor, and Pensions (HELP), Bill Cassidy, Ranking Member of the Senate HELP Committee (R-La.), and Reps. Richard Hudson (R-N.C.) and Anna Eshoo (D-Calif.) of the House Committee on Energy and Commerce.

(Source: Coalition [Letter](#), 4/20/23) 💧



WORD IN WASHINGTON

The House recently [introduced](#) the “Verifying Accurate Leading-edge IVCT Development Act of 2023” (VALID ACT). The legislation seeks to change the way lab developed tests are regulated. This year’s House bill is the same as legislation introduced in the Senate last year in which America’s Blood Centers (ABC) advocated for blood, blood components, or human cells or tissues, laboratory equipment and personal protective equipment to be excluded from the definition of IVCT. ABC will continue to work with members of Congress to address concerns in the VALID Act regarding its implications for blood centers. Please direct any questions to ABC Senior Director of Federal Government Affairs [Diane Calmus, JD](#).

The U.S. Food and Drug Administration (FDA) has [issued](#) a final order exempting blood and blood components for transfusion, and cell and gene therapy products, where one lot treats a single patient, from certain reporting requirements under the Federal Food, Drug, and Cosmetic Act (FD&C Act) as amended by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Specifically, each person who registers with the FDA with regard to a drug must provide an annual report to FDA on the amount of each drug that was manufactured, prepared, propagated, compounded, or processed for commercial distribution. FDA is providing this exemption since the agency has determined the reporting requirements are not necessary to protect the public health for these categories of biological products. For both blood and blood components for transfusion, and cell and gene therapy products, where one lot treats a single patient, FDA stated that, “[i]n light of FDA’s existing visibility into the supply chain for this category of products, requiring registrants to report annually under section 510(j)(3)(A) of the FD&C Act on the amount of such products manufactured, prepared, propagated, compounded, or processed for commercial distribution is not needed to enhance the Agency’s ability to identify, prevent, and mitigate possible shortages. As such, FDA has determined that applying the reporting requirements under section 510(j)(3)(A) of the FD&C Act to this category of biological products is not necessary to protect the public health.” The final order goes into effect on May 15, 2023. These categories of biological products are already exempt and will continue to be exempt from these reporting requirements.

(Source: FDA [Notice](#) 4/13/23)

Contributed by Justine Coffey, JD, LLM, Director of Regulatory Affairs and Public Policy at ABC

The FDA has [approved](#) a “substantially modified allogeneic (donor) cord blood-based cell therapy to quicken the recovery of neutrophils (a subset of white blood cells) in the body and reduce the risk of infection.” According to an agency news release, the cell therapy is “intended for use in adults and pediatric patients 12 years and older with blood cancers planned for umbilical cord blood transplantation following a myeloablative conditioning regimen (treatment such as radiation or chemotherapy)...[The cell therapy is] administered as a single intravenous dose, is composed of human allogeneic stem cells from umbilical cord blood that are processed and cultured with nicotinamide (a form of vitamin B3).”

(Source: FDA [News Release](#), 4/17/23)

A [report](#) in *Science* states that President Biden “has picked” [Monica Bertagnolli, MD](#) to be the next director of the National Institutes of Health. Dr. Bertagnolli currently serves as the director of the National Cancer Institute. She “previously served as the Richard E. Wilson Professor of Surgery in the field of surgical oncology at Harvard Medical School, a surgeon at Brigham and Women’s Hospital, and a member of the Gastrointestinal Cancer Treatment and Sarcoma Centers at Dana-Farber Cancer Institute. Throughout her career, Dr. Bertagnolli has been at the forefront of the field of clinical oncology, in particular, advancing current understanding of the gene mutation that promotes gastrointestinal cancer development and the role of inflammation as a driver of cancer growth. She also is a past president and

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WORD IN WASHINGTON (continued from page 4)

chair of the board of directors of the American Society of Clinical Oncology and has served on the board of directors of the American Cancer Society and the Prevent Cancer Foundation. In 2021, she was elected to the National Academy of Medicine, having previously served on the National Academies National Cancer Policy Forum. She graduated from Princeton University with a Bachelor of Science in Engineering degree and attended medical school at the University of Utah. She trained in surgery at Brigham and Women's Hospital and was a research fellow in tumor immunology at the Dana-Farber Cancer Institute."

(Source: *Science*, [Recently named cancer institute director may become head of NIH](#), 4/19/23) 💧

RESEARCH IN BRIEF

Mortality and outcomes by blood group in trauma patients. A [study](#) published in *Vox Sanguinis* was based on the premise that "[t]o date, despite numerous individual studies investigating blood groups and trauma patient outcomes, none has reviewed or pooled associations among blood groups and outcomes." With this study, the authors "present[ed] a systematic review of the existing literature on this topic and perform[ed] a meta-analysis of studies evaluating mortality related to blood group in trauma patients." The meta-analysis took place "to evaluate for a difference in mortality rate between trauma patients with group O blood compared to non-O blood." The authors explained that 13 studies "met the inclusion criteria for review." They found a "significant relationship [between] blood group and mortality in 3/10 (30 percent) studies, mortality from hemorrhage in 2/3 (66.7 percent) studies, transfusion requirement in 2/9 (22.2 percent) studies, ventilator days in 2/6 (33.3 percent) studies, and acute respiratory distress syndrome (ARDS) in 1/3 (33.3 percent) studies...A meta-analysis was performed on seven studies evaluating mortality out of 10 studies...The analyzed studies included primarily polytrauma patients." The authors reported that "[a] total of 11,835 patients were represented in the meta-analysis...The weighted combined mortality rate was 9.4 percent for group A patient[s], 10.2 percent for group B, 7.4 percent for group AB, 11.0 percent for group O, and 9.6 percent for all non-O groups combined...Mortality rate for any single blood group ranged from 2.8 to 28.2 percent...On meta-analysis, there was no significant difference found in mortality between group O and non-O patients (relative risk [RR] = 1.21, 95 percent confidence interval [CI] = 0.89–1.64, $p = 0.23$)...Significant heterogeneity was found in the designs and outcomes of the studies ($I^2 = 86$ percent, $p < 0.00001$)." The authors concluded that "[i]n this systematic review and meta-analysis, [the study found] no consistent difference in trauma patient outcomes based on blood group...Due to high variability between studies in methods and results, further research is needed to determine if blood group contributes to trauma patient outcomes under specific clinical conditions and in particular patient populations."

Citation: Lubkin, D.T., Van Gent, J.-M., Cotton, B.A., Brill, J.B. "[Mortality and outcomes by blood group in trauma patients: A systematic review and meta-analysis](#)." *Vox Sang.* 2023.

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





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 staffs only, unless otherwise specified.

Participate in ABC's Blood Advocacy Week

ABC is hosting the inaugural [Blood Advocacy Week](#) April 24th-28th. This initiative reinforces ABC's commitment to advocacy and advancing policies that assist community blood centers. These virtual events aim to bring together members of the blood community, legislators, agency decision makers, advocates, providers, patients, and more to learn about and advance ABC's advocacy efforts on behalf of member blood centers. It includes the following:

- Monday, April 24th will be dedicated to discussing the current [status](#) of the nation's blood supply and trends impacting the collection and utilization of blood. Registration for the day's virtual event is [now open](#).
- Tuesday, April 25th will be dedicated to promoting the awareness of FDA donor [eligibility](#) changes impacting veterans and gay and bisexual men. Registration for the day's virtual event is [now open](#).
- Wednesday, April 26th will be ABC's virtual "Day on Capitol Hill." [Registration](#) is now open.
- Thursday, April 27th will be dedicated to examining changes that will expand early and increased access to blood, including in [pre-hospital](#) and [hospice](#) settings. Registration for the day's virtual event is [now open](#).
- Friday, April 28th will be dedicated to highlighting why increased [diversity](#) – racial, ethnic, and age – is important to patient care. Registration for the day's virtual event is [now open](#).

ABC thanks Fresenius Kabi for being a Blood Advocacy Week sponsor. If you or your organization is interested in becoming an official [advocacy partner](#) or [sponsor](#), please contact [Jeff Gohringer](#), director of Strategic Communications and National Partnerships at ABC.

Save the Date: ABC Summer Summit & MD Workshop

Mark your calendars for America's Blood Centers (ABC) [Summer Summit and Medical Directors Workshop](#) in St. Louis, Mo. The meeting will take place August 1st-3rd. Hotel [reservations](#) can be made now through the ABC block at Live! by Loews (St. Louis). Attendees will hear updates on blood center operational, scientific, and medical issues, case studies, engaging discussions, and have networking opportunities to connect with peers and colleagues. Additional details, including registration information and a preliminary agenda, are coming soon.

Participate in Day on Capitol Hill

ABC encourages all member blood centers to register for the [2023 Day on Capitol Hill \(Virtual\)](#) on April 26th. This virtual day provides an opportunity for member blood centers to connect with members of Congress and their staffs to discuss the ongoing work at the blood center and the work done collectively by ABC and community blood centers to advance the [ABC Advocacy Agenda](#). This event is a chance for

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individuals to let their voice be heard. ABC will arrange virtual meetings for member blood centers with their members of Congress and provide additional resources to help inform them and their staff about the latest policies impacting the blood community. Take advantage of this opportunity to easily meet with your local Congressional leaders and build relationships.

Each person from the blood center who would like to participate in the Day on Capitol Hill must register individually. ABC will arrange for group meetings but will need information for each person in attendance. Please direct any questions to ABC Senior Director of Federal Government Affairs [Diane Calmus, JD](#).

(Source: [MCN 23-020](#), 2/24/23) 💧

PEOPLE

Susan L Stramer, PhD will retire at the end of June as the vice president of Scientific Affairs at the American Red Cross. Dr. Stramer has held this role since 2014 and will remain involved in an advisory capacity following her retirement. She previously served as the executive scientific officer at the American Red Cross from 2004-2014. During her distinguished career, Dr. Stramer has been known for her expertise in emerging pathogens. She has served on the ISBT Working Party for Transfusion-Transmitted Infectious Diseases and been the industry representative for the U.S. Food and Drug Administration's Blood Products Advisory Committee. Dr. Stramer has also served as president of the Association for the Advancement of Blood & Biotherapies (AABB) and chair of the AABB Transfusion-Transmitted Diseases Committee. She received her doctorate in Bacteriology at the University of Wisconsin and was a postdoctoral research fellow at the Centers for Disease Control and Prevention. Dr. Stramer has received several honors during her career including the National Institutes of Health's Richard J. Davey Award and Lectureship. She has also authored or co-authored more than 250 peer-reviewed articles and abstracts. 💧

MEMBER NEWS

The Blood Connection (TBC) recently unveiled its newest bloodmobile. As part of the unveiling, TBC announced that the bloodmobile would be named "Melanie" in recognition of Melanie Porter who retired this year as director of Manufacturing Systems and Hospital Services. Ms. Porter's career spanned more than 40 years as she initially began her tenure at the organization by drawing blood or processing donations in the lab. "With this bloodmobile, Melanie will continue to serve with TBC for [hopefully] another forty years," said TBC President and Chief Executive Officer Delisa English in a blood center announcement.

Ms. Porter added in the announcement, "I enjoyed my 40-plus years that I worked here and everyone I worked with, and I miss my TBC family. I hope that my bus will serve as long as I did." According to TBC, "Bus Melanie will be put into service in the Upstate, joining TBC's fleet of more than 50 bloodmobiles that travel the Carolinas and Georgia making blood donation accessible for community members. A plaque was installed inside the bus to share with donors the origin of the name and to honor Ms. Porter's years of service."



(Source: The Blood Connection Announcement, 4/17/23) 💧



Upcoming ABC Webinars – Don't Miss Out!

- **ABC Blood Advocacy Week 2023** – April 24-28. [Registration](#) for events each day of the week as well as [ABC's Day on Capitol Hill](#) (members-only) is open and the initial list of partners is now [available](#). More information available [here](#).
- **Héma-Québec's Perspective – Implementation Experience with Individual Donor Assessment** – May 17 from 3-4 PM EDT. More information coming soon.



Correction

The April 7th *ABC Newsletter* misidentified the chair of the ABC SMT Journal Club as Nancy Benitez. The correct chair is Richard Gammon, MD (OneBlood). We apologize for any confusion and thank you for your continued interest.

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published weekly) are welcome. Send information to newsletter@americasblood.org. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)

2023

April 24-28. **ABC Blood Advocacy Week (Virtual)**. More information available [here](#).

April 25. **U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Town Hall: Gene Therapy Chemistry, Manufacturing, and Controls – April 2023 (Virtual)**. [Registration](#) is open. More information available [here](#).

April 26. **ABC Day on Capitol Hill (Virtual)**. [Registration](#) is open. More information available [here](#).

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CALENDAR (continued from page 8)

April 26. **FDA Blood Products Advisory Committee (BPAC) Meeting (Virtual)**. More information available [here](#).

April 27. **FDA's CBER Office of Tissues and Advanced Therapies (OTAT) Public Listening Meeting: Methods and Approaches for Capturing Post-Approval Safety and Efficacy Data on Cell and Gene Therapy Products (Virtual)**. [Registration](#) is open. More information available [here](#).

May 4. **The National Biodefense Science Board, managed and operated by the Administration for Strategic Preparedness and Response, Public Meeting (Virtual)**. [Registration](#) is open. More information available [here](#).

May 9-11. **2023 ADRP Conference, Charlotte, N.C.** [Registration](#) is open. Additional information is available [here](#).

May 10-11. **29th IPFA/ Paul-Ehrlich-Institut[e] (PEI) International Workshop on Surveillance and Screening of Blood-borne Pathogens, Bologna, Italy**. More information available [here](#).

May 17. **Héma-Québec's Perspective – Implementation Experience with Individual Donor Assessment**. More information coming soon.

Aug. 1-3. **ABC Medical Directors Workshop and Summer Summit, St. Louis, Mo.** More information available [here](#).

Sept. 17-20. **American Association of Tissue Banks Annual Meeting, National Harbor, Md.** More information available [here](#).

Sept. 20-21. **2023 ADRP Master Class (Virtual)**. More information coming soon.

Oct. 9-11. **Advanced Medical Technology Association (AdvaMed) The MedTech Conference, Anaheim, Calif.** More information available [here](#).

Oct. 14-17. **AABB Annual Meeting, Nashville, Tenn.** More information available [here](#)

Oct. 18-20. **American Society for Clinical Pathology (ASCP), Long Beach, Calif.** More information available [here](#). 💧

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC 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

Instructor – Collections Training (Carter BloodCare). Principal Accountability: The Instructor position is responsible for the training and continuing education of the Collection Services staff in all procedures involved in the blood collection process. This includes but is not limited to medical history, donor lookup, phlebotomy, quality control, and CPR. This position is responsible for ensuring that trainees receive adequate clinical experience, safely performing all required skills and successfully completing competency testing. This position plans for and guides the learning process to help students achieve required objectives. The Instructor should be able to communicate information in a clear manner both verbally and in writing, should be able to use a computer to make schedules, input data and run reports. The Instructor must have adequate transportation to travel throughout our coverage area when needed. This

position is required to maintain regular full-time attendance during office hours and may be required to work overtime. Education: High school diploma or equivalent. Some college a plus. Experience: Six months supervisory experience required; Minimum of one year of blood banking preferred; Six months apheresis experience preferred; and Some experience teaching adults preferred. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job # 38784.

Community and Diversity Outreach Specialist – Community Relations (Carter BloodCare). Principal Accountability: The primary responsibility of the Community and Diversity Outreach Specialist is to develop a

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POSITIONS (continued from page 9)

program and outreach initiatives focused on Carter BloodCare's Hispanic and/or Black blood donor heritage and historically underrepresented communities. This individual will perform a wide range of duties to coordinate, such as helping create the strategic plan and organizing day-to-day operations. The incumbent demonstrates an understanding of and commitment to quality healthcare, donor diversity, and excellent customer service, acting as a key public facing liaison working closely with donor recruitment, medical services, marketing, and public relations. Individual must be regularly available to work at least 8 hours per day, 40 hours per week. Regular full-time attendance is required during office hours. Education: bachelor's degree in marketing, Business, Communications, Minority Studies or other related field from an accredited four-year college or university, preferred. Experience of two years with non-profit fundraising, public administration, or outreach activities. Experience: Minimum two years' experience; Blood Banking experience preferred; and Bilingual in Spanish language is required for Hispanic Outreach. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job # 39087.

Director of Donor Resources. The Northern California Community Blood Bank (NCCBB) seeks an exuberant and outgoing team player with extraordinary people skills to join us as Director of Donor Resources. Located in the heart of the magnificent coastal redwoods of Northern California, NCCBB offers the opportunity to be part of an organization with a vibrant community relationship and a mission that can be personally gratifying and meaningful. The Director of Donor Resources is responsible for the development and direction of programs related to recruitment and retention of blood donors in Humboldt and Del Norte Counties. The Director oversees all recruitment efforts, ensuring that they reach collection targets and are in accordance with regulatory standards. Recruitment efforts include mobile and in-house blood drives, community outreach and education, marketing, and publicity. The Director oversees programs for telephone, text, and email donor recruitment. For details and to apply, visit www.nccbb.net/employment.html.

Enterprise Medical Director. This position is part of an enterprise-wide Chief Medical Office. This role is responsible for providing medical directorship, administrative, technical, and clinical operations of the assigned hospitals, systems, program, and services as well as support medical directorship of New York Blood Center (NYBC) or the greater NYBC enterprise. This position supports management in making information medical decisions, develops and reviews medical oversight and responsibility for the technical and medical policies, processes, and procedures of specific operations. New York Blood Center Enterprises (NYBCe) is one of the largest community-based, non-profit blood collection and distribution organizations in the United States. We proudly serve as a vital community lifeline dedicated to serving patients and advancing global public health. Our four-part mission is to provide high quality blood products, therapeutic apheresis, cord, and stem cell services, conduct innovative research, develop new products and technologies, and train the next generation of industry leaders. We serve more than 600 hospitals through our six east coast and mid-west divisions and work with dozens of research organizations, academic institutions, and biopharmaceutical companies through our five research enterprises. Click here to view the full job description and apply: [Enterprise Medical Director in New York, New York.](#) 💧