



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2023 #19

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Have Revised Definitions for TACO and TRALI Impacted Hemovigilance Reporting?

Researchers in Australia recently [published](#) a paper in *Vox Sanguinis* that examined the impact of updated definitions for transfusion-associated circulatory overload (TACO) and transfusion-related acute lung injury (TRALI) “by conducting a retrospective review of cases of TACO and TRALI referred to Lifeblood, [the national blood provider for Australia.] The secondary aim was to collate a TRALI case series and describe other aspects of these cases such as associated products, antibody identification and donor outcomes to improve our understanding of TRALI.”

The authors explained that the Lifeblood adverse transfusions reactions (ATR) database was used to find reported TACO and TRALI cases from July 2015 to June 2019. They noted the “reaction date, patient age and gender, patient’s pre-existing medical conditions, type of product implicated, the time of onset and clinical nature of the reaction. Specific clinical features pertaining to TACO and TRALI diagnostic criteria were collated, including absence/presence of pre-existing acute respiratory distress syndrome (ARDS) or risk factors for ARDS, stability of ARDS if preexisting, nature and degree of respiratory distress, fluid status, response to diuretics, cardiovascular status, radiological changes, cardiac biomarkers and presence of left heart failure or elevated central venous pressure. Each case was assessed against both the former and revised TACO or TRALI definitions.”

A total of 99 potential cases were found in the database. Researcher excluded a combined 26 cases due to either “insufficient clinical details” or the adverse reaction being “deemed [as] not related to transfusion.” Of the 73 cases included in the retrospective review, “[t]here were 48 cases classified as TACO within the database. Only 26 cases strictly met the 2011 ISBT/IHN definition. Sixteen cases did not meet the criteria due to insufficient clinical details. Six cases did not technically meet the 2011 definition...In contrast, 46 of the 48 cases met the 2018 ISBT/IHN/AABB definition. The remaining two cases did not meet the criteria due to lack of documentation of the time of onset. There were 24 cases of TRALI under the 2004 CCC definition (15 cases of TRALI and nine cases of possible TRALI). Following the proposed 2019 redefinition, there would be a total of 25 cases (15 TRALI Type I cases and 10 TRALI Type II cases). There were three cases where the classification was different.”

The researchers explained that the “new TACO definition has already been accepted for use internationally and from late 2019, in Australia by Lifeblood. In contrast, the proposed TRALI re-definition has not yet been widely accepted due to the lack

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Impact of Revised TACO and TRALI Definitions on Hemovigilance Reporting (continued from page 1)

of validation studies. This study provided further evidence that the new TACO definition improves upon the 2011 definition in terms of usability and capturing of cases. This is the first study to provide validation data for the TRALI re-definition.”

The authors concluded that “this study described the impact of the new TACO and TRALI definitions. It provided further evidence that the 2018 definition for TACO is an improvement over the former definition. It also provides the first data to validate the proposed TRALI re-definition. Larger follow-up studies will help finalize this validation.”

Citation: Yuan, Y., Dennington, P., Daly, J. *et al.* [The impact of revised definitions for transfusion-associated circulatory overload and transfusion-related acute lung injury on haemovigilance reporting.](#) *Vox Sanguinis.* 2023. 💧

World Blood Donor Day 2023 Approaches

World Blood Donor Day will be celebrated on June 14th. The host nation is Algeria and the World Health Organization (WHO) recently [announced](#) that this year’s theme is “Blood, plasma: share life, donate often!” According to the WHO, the global objectives are to:

- “honor people who donate blood, thank them and encourage more people to become blood donors;
- encourage healthy people to donate blood regularly, as often as it is safe to do so, in order to improve the quality of life of patients who depend on transfusions and to contribute to the establishment of a safe blood supply in all countries of the world;
- emphasize the essential role of regular, voluntary, non-remunerated blood and plasma donations in ensuring universal access to safe blood products for all populations; [a]nd
- mobilize the support of national, regional, and global governments and development partners to invest in, strengthen and support national blood program[s].”

The agency is encouraging countries to participate by “disseminat[ing] stories of people, especially transfusion-dependent patients, whose lives have been saved through blood or plasma donations in various media, to encourage people to donate.” Additionally, countries are encouraged to host donor appreciation ceremonies to thank blood donors.

(Source: WHO [Announcement](#), 5/23/23) 💧

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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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RESEARCH IN BRIEF

Platelet Transfusion Prior to Central Venous Catheter Placement. A randomized, controlled trial on Prophylactic Platelet Transfusion Prior to Central Venous Catheter Placement in Patients with Thrombocytopenia (PACER) has been [published](#) in *The New England Journal of Medicine*. The study “evaluate[d] the hypothesis that omission of prophylactic platelet transfusion before central venous catheter (CVC) placement in patients with a platelet count of 10,000 to 50,000/uL would not increase risk of catheter-related bleeding.” The authors explained that “[t]his noninferiority trial was conducted at 10 hospitals in the Netherlands.” “Patients were randomly assigned in a 1:1 ratio to receive either one platelet concentrate or no platelet transfusion before CVC placement...The primary outcome was the occurrence of catheter-related bleeding of grade 2 to 4 within 24 hours after CVC placement.” The researchers stated that “[a] key secondary outcome was major (grade 3 or 4) bleeding...The noninferiority margin was determined as an absolute increase of 2.5 percentage points in the risk of grade 2 to 4 bleeding in the no-transfusion group.” A “total of 393 CVC placements involving 358 patients were included (197 in the transfusion group and 196 in the no-transfusion group).” The authors noted that a “Grade 2 to 4 catheter-related bleeding occurred in 9 of 188 patients (4.8 percent) in the transfusion group and in 22 of 185 patients (11.9 percent) in the no-transfusion group...Noninferiority of the no-transfusion strategy was not shown, with an absolute risk difference of 7.1 percentage points (90 percent confidence interval [CI], 1.3 to 17.8) and a relative risk of 2.45 (90 percent CI, 1.27 to 4.70)...The no-transfusion group received more red-blood cell transfusions for CVC-related bleeding (16 vs. 6) [and] more platelet transfusions in the 24 hours after CVC placement than the transfusion group.” The study found that the “[o]verall costs related to transfusion and bleeding were higher in the transfusion group mainly driven by the cost of \$682 per platelet transfusion...However, the transfusion costs in the 24 hours after CVC placement were higher in the no-transfusion group because of higher frequencies of platelet transfusions related to bleeding.” The authors concluded that “[i]n patients with severe thrombocytopenia, withholding prophylactic platelet transfusion before CVC placement in platelet counts of 10,000 to 50,000/uL did not meet the predefined margin for noninferiority and resulted in more CVC-related bleeding than prophylactic platelet transfusion.”

Citation: van Baarle, F.L.F., van de Weerd E.K., van der Velden, W.J.M.F., *et al.* [Platelet Transfusion before CVC Placement in Patients with Thrombocytopenia](#). *The New England Journal of Medicine*. 2023.

Contributed by Richard Gammon, MD, Medical Director at OneBlood 

STATE ADVOCACY BRIEFS

America’s Blood Centers (ABC) submitted a [letter](#) to the Texas state legislature in opposition of [Senate Bill 1584](#) and worked in consultation with member blood centers in Texas. The bill proposed that “a blood bank that facilitates autologous or direct blood donations shall comply with a physician’s order prescribing for an individual an autologous or direct blood donation. A blood bank may charge a fee in an amount reasonable and necessary to cover the administrative cost to the blood bank of facilitating an autologous or direct blood donation ordered by a physician. A hospital [shall allow] an individual on whom a medical procedure is to be performed to provide an autologous or direct blood donation ordered by a physician for the medical procedure if the hospital facilitates blood donations; and not less than 72 hours before the time the medical procedure is scheduled to be performed, the individual notifies the hospital of the individual’s intention to provide an autologous or direct blood donation for the medical procedure; and for a direct blood donation, provides the hospital a list of eligible blood donors.” ABC’s letter expressed strong opposition to the legislation “because it is medically unnecessary, would interfere with high-quality medical care, would disrupt community volunteer donations, and would increase healthcare costs in Texas.” The letter further explained that “[i]t is a common misconception that directed donations are inherently safer than community volunteer blood donations. Indeed, studies demonstrate that more widespread use of directed donations is not medically justified and may pose risks to the blood recipient...In the rare instance

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STATE ADVOCACY BRIEFS (continued from page 3)

that a medically warranted directed donation is needed, blood centers have existing processes to qualify such requests in concert with patients' physicians, including ensuring patients are informed of the potential safety and health risks that can occur from directed donations." The letter concluded that "[i]t is critical that public policy upholds clinically appropriate utilization of blood products that promote patient and donor safety as well as the overall availability of the nation's blood supply."

The bill moved quickly through a Senate committee to the Senate floor and through the House committee unopposed. It was placed on the House calendar for consideration, but the state legislature's session ended before the bill was considered, thus the stand-alone bill cannot be passed this legislative session. However, the bill language could still be added to another bill in the conference committee process, a procedure the Senate sponsor is working to achieve. June 18th is the deadline for the Governor to sign or veto bills from this legislative session.

(Source: ABC [Letter](#), 5/16/23)

A bill has been [introduced](#) in the Pennsylvania General Assembly titled "An act relating to the public school system, including certain provisions applicable as well to private and parochial schools; amending, revising, consolidating and changing the laws relating thereto," in terms and courses of study, providing for blood donation education." The legislation states that "the Department of Education shall, in cooperation with the Department of Health:

- [e]stablish a unit of instruction to educate students in grades eleven and twelve regarding blood donation, to emphasize the need for donated blood and to encourage blood donation and participation in blood donation programs for students; [and]
- [d]evelop and distribute appropriate educational materials and resources to educators and public and nonpublic schools."

(Source: [Pennsylvania S.B. 678](#), 5/15/23) ♦

INFECTIOUS DISEASES UPDATE

Human Immunodeficiency Virus (HIV)

The Centers for Disease Control and Prevention's (CDC) recently published [updated](#) data from HIV surveillance reports. Key findings in the reports include:

- "the estimated number of HIV infections in 2021 (32,100) fell 12 percent compared with 2017, driven by a considerable decrease (34 percent) among gay and bisexual men between the ages 13–24 years who are sexually active;
- approximately 82 percent of people with HIV diagnosed during 2021 were linked to care within one month of diagnosis; and
- the percentage of HIV diagnoses was highest among sexually active gay and bisexual men (67 percent)."

According to the agency, the "data suggest that progress in reaching our HIV prevention goals continued during the COVID-19 pandemic. However, an estimated 13 percent of people with HIV do not know their status, and we must continue our work to expand and improve HIV prevention, care, and treatment for groups who could most benefit...Overall declines in HIV incidence and increases in diagnosis and entry into care suggest that the expanded reach of HIV testing, PrEP, and treatment efforts have been effective."

(Source: CDC [Announcement](#), 5/23/23) ♦



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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.

Upcoming ADRP Webinar: “Celebrating the Donor — Donor Recognition That Matters”

[Register](#) today for the Tuesday, June 13th ADRP: The Association for Blood Donor Professionals [webinar](#) titled “Celebrating the Donor — Donor Recognition That Matters.” This webinar will take place at 1 p.m. EDT and feature blood center professionals sharing programs and best practices that recognize the efforts of blood donors. Participants will also be able to join the conversation by sharing their ideas and experiences. The webinar is free for ADRP members. Non-members may register for \$25 and \$50 for industry partners. Please contact [us](#) with questions.

(Source: ADRP [Announcement](#), 5/24/23)

Registration Is Open for the 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. [Registration](#) is open and hotel [reservations](#) can be made 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. A preliminary agenda is coming soon. 💧

PEOPLE

[Veerle d’Haenens](#) has been named general manager of Global Therapeutic Systems and Cell Therapy Technologies businesses at Terumo Blood and Cell Technologies. According to a company news release, her role is now expanding “to include growing the company’s cell therapy manufacturing solutions. [Ms.] d’Haenens will oversee the company’s investments and initiatives across these businesses, leveraging their unique synergies and strengths to help the company increase patient access to care. Her goal will be to shape the cell therapy ecosystem to better facilitate the journey of life-saving cells from patient and donor cell collections through cell processing and manufacturing, a holistic approach to help make innovative therapies accessible to more patients.” She currently “leads the company’s Therapeutic Systems business...Ms. d’Haenens brings more than 22 years of experience in healthcare, with a passion for making a meaningful contribution to society. She has led cross-functional teams in transforming business models and solutions to meet the changing needs of global customers and patients. She has successfully translated strategy into practical approaches to reach more patients with the company’s products, capturing real-time insights from its comprehensive portfolio.”



(Source: Terumo Blood and Cell Technologies [News Release](#), 5/16/23) 💧



WORD IN WASHINGTON

A bipartisan [bill](#) has been drafted and introduced in the House at the behest of the Health Resources and Services Administration (HRSA) as part of the Organ Procurement and Transplantation Network (OPTN) Modernization Initiative, that was previously [announced](#) in March. This initiative is part of the proposal to modernize the OPTN set forth in President Biden's budget. Specifically, the bill would allow HRSA to run competitive bidding to select contractors for different functions of the OPTN (e.g., logistics, information technology, etc.) meaning The United Network for Organ Sharing (UNOS) will no longer be the lone government contractor for the nation's organ transplant system. The current UNOS contract ends on September 30th, thus there is a push to get this bill signed into law by the expiration of the contract. The bill sponsors stated reason for introducing this legislation is that donated organs are currently being wasted while patients on the transplant list fail to receive the organs they need due to inefficiencies in the current system. The bill was voted out of the sub-committee unanimously and is expected to be heard by the whole committee in the coming weeks. A bipartisan companion [bill](#) has been introduced in the Senate. The HRSA OPTN modernization initiative is a multi-year effort with Phase One, OPTN Modernization Design & Strategy Development, set to begin this summer. The second phase, set to begin this fall, will be split into multiple parts to ensure no disruptions to service as a result of the modernization process.

(Sources: [H.R. 2544](#), 4/10/23; [S. 1668](#), 5/17/23)

The Cybersecurity and Infrastructure Security Agency (CISA), Federal Bureau of Investigation (FBI), National Security Agency (NSA), and Multi-State Information Sharing and Analysis Center (MS-ISAC) have [announced](#) the publication of a guide aimed to assist organizations in reducing the risk of ransomware attacks. The resource, named the "[#StopRansomware Guide](#)," updates the 2020 guide and features additional recommendations, resources, and tools developed by the Joint Ransomware Task Force (JRTF), "an interagency body established by Congress in 2022 to ensure unity of effort in combating the threat of ransomware attacks." According to the news release, "the first part of the guide provides comprehensive, relevant, and proven best practices that organizations should continuously implement to help reduce their risk...Part two provides a step-by-step list of actions along with available services and resources for detection and analysis, containment and eradication, and recovery and post-incident activity." The agencies are urging all organizations, governments, and businesses to use the guide "to ensure that appropriate protections and response plans are in place."

(Source: CISA, FBI, NSA, and MS-ISAC Joint [News Release](#), 5/23/23)

The National Heart, Lung, and Blood Institute (NHLBI) has [announced](#) a Facebook Live event titled "What Providers Should Know About Blood Donation." The event is scheduled to take place on June 1st at 1 p.m. EDT and will include "blood health experts [discussing] blood donation and patient transfusion. Featured speakers are:

- Julie Panepinto, MD, director of the Division of Blood Diseases and Resources at the NHLBI;
- Kamille West-Mitchell, MD, chief of the Department of Transfusion Medicine's Blood Services Section at the National Institutes of Health (NIH) Clinical Center; [and]
- Yvette Miller, MD, executive medical officer for the Donor and Client Support Center of the American Red Cross.

NHLBI is partnering with NIH and the Association for the Advancement of Blood & Biotherapies in hosting this event.

(Source: NHLBI [Announcement](#), 5/25/23) 💧





MEMBER NEWS

Kentucky Blood Center recently [celebrated](#) its 55th anniversary on May 21st. The blood center “was founded by the Fayette County Medical Society in 1968 to centralize the area’s blood-banking efforts” and “was originally housed in the basement of the Pancake House on South Limestone Street to provide a stable blood supply for six Lexington hospitals. [It] has expanded today to provide life-saving blood to more than 70 hospitals throughout the Commonwealth.” Kentucky Blood Center President and Chief Executive Officer Bill Reed added in the announcement, “As [our] operations have grown, so too has the need for blood. We need 400 donors daily to provide a healthy blood supply to our hospitals. In honor of 55 years of service, I want to challenge our community to step up and ensure that we can continue to do what we’ve done for nearly six decades: save Kentucky lives.”

(Source: Kentucky Blood Center [Announcement](#), 5/18/23) 💧

GLOBAL NEWS

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), and NHS England are [partnering](#) “to introduce a new genetic blood-matching test for thousands living with sickle-cell disease or thalassemia that could reduce painful side-effects of transfusion treatments.” A news release announcing the collaboration stated that the new program will “provide blood group genotyping — a detailed DNA analysis of each patient’s blood group — to more accurately match those in need of transfusions to donated blood...[It] will help ensure patients receive the best treatment for them, reducing the risk/impact of reactions to donor blood and the development of antibodies that attack the donor blood cells.” Additionally, “[a] similar program[m] for donors will eventually result in patients with sickle cell and thalassemia receiving better-matched blood, reducing the development of antibodies and leading to better care for patients...NHS England is providing funding of almost £1 million to NHSBT to provide blood group genotyping in its speciali[z]ed molecular diagnostics laboratory. Once a donor database is developed — this will match all patients with sickle cell and thalassemia needing a blood transfusion more accurately.”

(Source: NHS England [News Release](#), 5/23/23)

Isle of Man recently [shifted](#) to individual donor assessments for blood donation. An official announcement explained that “[a]ll donors who wish to give blood will go through the same screening process, regardless of their sexuality or gender, [beginning June 1st]. Previously sexually active gay and bisexual men were not permitted to give blood. A person’s eligibility to donate will now be based solely on an assessment of their individual experiences as part of their pre-donation safety check...The Department of Health and Social Care and Manx Care have updated the screening criteria around who can give blood with regard to the latest evidence relating to blood donation and sexual behav[e]r presented by the For the Assessment of Individuali[z]ed Risk (FAIR steering group), making the process more inclusive for all members of our society who may wish to donate.”

(Source: Isle of Man [Announcement](#), 5/18/23)

The World Health Organization (WHO) Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC) [recommended](#) on May 18th that “new formulations of COVID-19 vaccines should aim to induce antibody responses that neutralize XBB descendent lineages.” The agency added in a statement that “[w]hile currently approved COVID-19 vaccines, including those based on the index virus, continue to provide protection against severe disease, the TAG-CO-VAC advises moving away from the inclusion of the index virus in future formulations of COVID-19 vaccines. This is based on the following

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GLOBAL NEWS (continued from page 7)

reasons: the index virus and antigenically closely related variants no longer circulate in humans; the index virus antigen elicits undetectable or very low levels of neutralizing antibodies against currently circulating SARS-CoV-2 variants, including XBB descendent lineages; inclusion of the index virus in bi- or multivalent vaccines reduces the concentration of the new target antigen(s) as compared to monovalent vaccines, which may decrease the magnitude of the humoral immune response; and immune imprinting due to repeated exposure to the index virus may reduce immune responses to new target antigen(s).”

(Source: WHO [Statement](#), 5/18/23) ◆

COMPANY NEWS

Bristol Myers Squibb [reported](#) data from an interim analysis of an ongoing randomized trial of its investigational monoclonal antibody therapy to treat anemia “in adults patients with very low-, low- or intermediate-risk myelodysplastic syndromes (MDS) who require red blood cell (RBC) transfusions and are erythropoiesis-stimulating agent (ESA)-naïve.” According to a company news release, “147 evaluable patients received the [monoclonal antibody therapy] and 154 evaluable patients received epoetin alfa, with median treatment durations of 41.6 and 27 weeks, respectively. Results showed 58.5 percent (n=86) of patients receiving the [monoclonal antibody therapy] vs. 31.2 percent (n=48) of patients receiving epoetin alfa achieved the primary endpoint of red blood cell transfusion independence (RBC-TI) of at least 12 weeks with concurrent mean hemoglobin (Hb) increase of at least 1.5 g/dL within the first 24 weeks (p<0.0001). An erythroid response increase of at least eight weeks was achieved by 74.1 percent (n=109) of [the monoclonal antibody therapy] patients vs. 51.3 percent (n=79) of epoetin alfa patients (p<0.0001). Patients treated with [the investigational therapy] achieved more durable responses vs. epoetin alfa, with a median duration of response of RBC-TI ≥12 weeks (Week one to end of treatment) of 126.6 vs. 77 weeks. Within the first 24 weeks of treatment, RBC-TI of at least 24 weeks was achieved by 47.6 percent (n=70) of [the monoclonal antibody therapy] patients vs. 29.2 percent (n=45) of epoetin alfa patients (P=0.0006). Benefit with [the antibody therapy] was also observed in clinically relevant subgroups, and results showed a consistent safety profile and no new safety signals.” Additional results from the trial will be presented at the American Society of Clinical Oncology in June.

(Source: Bristol Myers Squibb [News Release](#), 5/25/23)

Hemanext recently [announced](#) that two clinical trials are underway in Italy and Norway using hypoxic red blood cells (RBCs) “processed and stored” using the company’s Hemanext One® system, “limits the O₂ and CO₂ levels in the storage environment.” A company news release indicated that the Italian trial “assess the safety and efficacy of transfusing hypoxic RBCs in beta thalassemia patients undergoing chronic transfusions. Efficacy in this case is defined as a reduction in the volume of RBCs transfused. Additional endpoints such as mean change in hemoglobin and hematocrit, quality of life (QoL), serum ferritin (during first 12 months), and the impact of hypoxic RBCs on iron overload will all be evaluated and compared to this cohort’s results for the same parameters with conventionally stored RBCs.” The Norwegian trial is “designed to assess the initial safety effects of transfusing hypoxic RBCs in patients with acute burns and hematological malignancies.”

(Source: Hemanext [News Release](#), 5/25/23)

Terumo Blood and Cell Technologies (Terumo BCT) [released](#) a training program to assist cell and gene therapy manufacturers with “improv[ing] their cell collection processes and accelerat[ing] the commercialization of therapeutics.” According to a Terumo BCT news release, the program specifically “trains participants in apheresis.” Additional information on the program is available on the Terumo BCT website.

(Source: Terumo BCT [News Release](#), 5/25/23) ◆



Upcoming ABC Webinars & Virtual Events – Don't Miss Out!

- ADRP: The Association for Blood Donor Professionals Webinar: Celebrating the Donor — Donor Recognition That Matters – June 13. [Registration](#) is open. More information available [here](#).
- ADRP: The Association for Blood Donation Professionals Master Class: Change Is Good – The Journey of Donor Eligibility – Sept. 20-21. [Registration](#) is open. More information available [here](#).



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

June 5-9. **U.S. Food and Drug Administration's (FDA) Regulatory Education for Industry (REdI) Annual Conference 2023 (Virtual)**. [Registration](#) is open. More information available [here](#).

June 13-14. **FDA Science Forum (Virtual)**. Registration is [open](#). More information available [here](#).

June 17-21. **International Society of Blood Transfusion (ISBT) Regional Congress, Gothenburg, Sweden**. More information available [here](#).

July 6-7. **U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) (Virtual)**. More information available [here](#).

July 31. **Blood Centers of America (BCA) Medical Directors Meeting, St. Louis, Mo.** The meeting will be held from 9-5 pm at the Loews. Please contact [Stacy Conway](#) for more information.

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

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

Sept. 20-21. **ADRP: The Association for Blood Donation Professionals Master Class: Change Is Good – The Journey of Donor Eligibility (Virtual)**. [Registration](#) is open. More information available [here](#).

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](#).

Nov. 18-21. **ISBT Regional Congress, Cape Town, South Africa**. More information available [here](#).

2024

Mar. 4-6. **ABC Annual Meeting, Arlington, Va.** More information available [here](#).

May 15-17. **2024 ADRP Annual Conference, St. Louis, Mo.** 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

Director of Regulatory Affairs and Compliance – Biologics Processing and Manufacturing. The Blood Connection is seeking a Director of Regulatory Affairs – Biologics Process and Manufacturing – to provide regulatory guidance with a focus on completing licensure for blood products and processes. This position will serve as the primary contact with the FDA (CBER) regarding licensure of blood products. Additional responsibilities will include the creation and review of validation protocols and ensuring ongoing compliance for the organization. We offer an exceptional benefits package including a generous 401k match, 30 days PTO, company bonus, tuition reimbursement, cell phone stipend, and yearly increases. How to apply: [Director of Regulatory Affairs and Compliance – Biologics Processing and Manufacturing](#).

Divisional Manager of Donor Services. The Blood Connection is seeking a Divisional Manager of Donor Services for each of the following territories in Raleigh, NC, Rock Hill, SC, and North Charleston, SC. This position will oversee donor collection operations within the aforementioned divisional territory. This position provides leadership and discipline to direct reports, interviews and hires new staff, and ensures staff is appropriately trained. Additional responsibilities will include the conduction of audits to ensure departmental and organizational procedures, processes, and policies are followed. This role requires frequent travel to various fixed site centers and mobile collection drives. We offer an exceptional benefits package including a generous 401k match, 30 days PTO, company bonus, tuition reimbursement, cell phone stipend, and yearly increases. How to apply: [Divisional Manager of Donor Services](#).

Regional Director. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The Regional Director for Dunwoody, GA is responsible for overseeing daily operations of the region, is organized and decisive, and can motivate the team to reach daily and long-range collection goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position and to apply. <https://www.lifesouth.org/work-at-lifesouth/>

Immunohematology Reference Lab Technologist. LifeSouth Community Blood Centers is seeking individuals who want the opportunity to learn and continue to improve their skills. The Technologists working at our

Immunohematology Reference Laboratory (IRL) in Atlanta, GA resolve complex immunohematology and compatibility problems to provide the safest donor blood for the patients in our community. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position and to apply. <https://www.lifesouth.org/work-at-lifesouth/>

Supervisor, Immunohematology Reference Laboratory. Outstanding opportunity for qualified individual! This position reports to the Laboratory Services Manager and Director of Laboratory Services. This position also works closely with the New York Blood Center Enterprise IRL laboratories. Responsible for the supervision of Immunohematology Reference Laboratory (IRL) staff, daily workload, and compliance with applicable standards of the AABB, RI State, NY State and CLIA regulations. This position requires advanced technical knowledge of immunohematology techniques and knowledge of proper handling of biological materials and hazardous chemicals. Requires: BS in Medical Technology. Certified Specialist in Blood Banking (SBB.) At least six years' experience at the bench level or higher post baccalaureate degree and national certification. Exceptional compensation and benefit package. For more information and online application, please go to: www.ribc.org/careers.

Lead Technologist-Reference Lab. This position reports to the Manager of Laboratory Operations. Responsible for the review of daily workload, staff training and competency and compliance with applicable standards of the AABB, CLIA and NYSDOH. This position requires advanced technical knowledge of immunohematology techniques and knowledge of proper handling of biological materials and hazardous chemicals. Candidates must have a BS in Medical Tech or Clinical Lab Science, plus six years' experience at the bench level. Exceptional compensation and benefit package. For more information and online application, please go to: www.ribc.org/careers.

Manager of Donor Resources. The Blood Connection is seeking a Manager of Donor Resources in Raleigh, NC to provide oversight to our recruitment team within the division. This position directs Account Managers to strategically manage our existing portfolio of blood donor groups and new business to reach collection targets. The Manager of Donor Resources monitors progress to

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goal proactively and effectively coaches and manages the team to success. The ideal candidate will have a strong background in territory management and team building. Candidates must possess excellent interpersonal, analytical, and strategic planning abilities. We offer an exceptional benefits package including a generous 401k match, 30 days PTO, company bonuses, tuition reimbursement, cell phone stipend, and yearly increases. Join one of the fastest growing blood centers in the country and help make an impact in your community today! How to apply: [Manager of Donor Resources Application](#)

Regional Manager. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The Regional Manager for McDonough, GA is responsible for overseeing daily operations of the region, is organized and decisive, and can motivate the team to reach daily and long-range collection goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position and to apply. <https://www.lifesouth.org/work-at-lifesouth/>

Purchasing Manager. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The Purchasing Manager at our headquarters location in Gainesville, FL is responsible for vendor selection, negotiation, establishment and maintenance of all purchased materials, supplies, equipment, and services used by the company. The Purchasing Manager oversees daily operations of the Purchasing team, is organized and decisive, and can motivate the team to reach daily and long-range goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position and to apply. <https://www.lifesouth.org/work-at-lifesouth/>

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.](#) 💧