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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #14 **April 19, 2024**

INSIDE:

CMS Releases Proposed Rule for Hospital IPPS

The Centers for Medicare & Medicaid Services (CMS) has released the fiscal year (FY) 2025 proposed rule for Hospital Inpatient Prospective Payment Systems (IPPS). The proposed rule includes a 3 percent rate increase which is reduced by a 0.4 percent productivity adjustment resulting in a proposed payment increase of 2.6 percent over FY 2024. Blood and blood components are excluded from the list of essential medicines, "due to differences in their supply chains." The essential medicines list would provide some hospitals with funding to cover the IPPS portion of creating a six-month supply stockpile of these medications. America's Blood Centers (ABC) has previously advocated for the inclusion of blood and blood products as blood reimbursement reform is a key part of the ABC Advocacy Agenda and remains a priority for the blood community.

The rule also proposes that during a public health emergency (PHE), the HHS Secretary can require hospitals to report on their level of blood components without requiring notice and comment rulemaking. CMS pays hospitals for inpatient stays using the IPPS, which sets base payment rates for a patient's stay based on the patient's diagnosis and severity of illness. A hospital is not paid for the cost of providing care to a specific patient, but instead is given a single payment based on the patient's diagnostic related group (DRG) with certain add-ons and adjustments.

Additionally, hospitals are not reimbursed separately for blood products. Each year, CMS must reassess the payment rate to reflect hospital reporting of the price of goods and services used to treat all Medicare patients (known as the market basket).

The published version of the proposed rule will be available in the *Federal Register* on May 2nd. CMS is accepting comments on the proposed rule until June 10th. A summary of the rule changes for FY 2025 is available on the CMS website.

Member blood centers are encouraged to provide any feedback, comments, or questions to ABC Vice President of Government Affairs Diane Calmus, JD. ABC will continue to provide updates on its advocacy efforts as they become available.

(Source: CMS IPPS Proposed Rule, 4/10/24)

WORD IN WASHINGTON

On April 3rd the U.S. Department of Health and Human Services (HHS) issued a Health Sector Cybersecurity Coordination Center (HC3) Alert that warned of "social engineering attacks targeting information technology (IT) help desks in the health sector." The alert explained that, "HC3 has recently observed threat actors employing advanced social engineering tactics to target IT help desks in the health sector and gain initial access to target organizations. In general, threat actors continue to evolve their tactics, techniques, and procedures (TTPs) to achieve their goals. HC3 recommends various mitigations outlined in this alert, which involve user awareness training, as well as policies and procedures for increased security for identity verification with help desk requests." HC3 was developed by HHS to, "aid in the protection of vital, controlled, healthcare-related information, and to ensure that cybersecurity information sharing is coordinated across the health and public health sector."

(Source: HHS HC3 Alert, 4/3/24)

The U.S. Food and Drug Administration's (FDA) Center for Devices and Radiological Health (CDRH) has released two companion reports, "that detail the [agency's] commitment to further advance [core] pillars of safety and innovation. The CDRH 2024 Safety Report is an update to [the] 2018 Medical Device Safety Action Plan and features steps [taken] in recent years to assure the safety of medical devices keeps pace with the evolving technology. The CDRH 2024 Innovation Report highlights [the agency's] work to advance innovation and the progress [it has] made to make the U.S. market more attractive to top device developers…CDRH remains committed to furthering [its] mission to protect and promote the public health and ensure [the agency] is well-positioned to meet the needs of all people and changes in the medical device ecosystem."

(Source: CDRH Announcement, 4/17/24)

The Administration has published the "U.S. Global Health Security Strategy (GHSS)." This document's strategy statement explains that, "the U.S. together with its international partners, will enhance the prevention, detection, preparation for and response to infectious disease threats, whether naturally occurring, accidental, or deliberate in origin, across sectors at home and abroad in order for our collective efforts to be more efficient, effective, sustainable, and equitable." The GHSS is designed to, "[build] on progress achieved since 2019 and incorporating lessons from the COVID-19 pandemic, the GHSS lays out a path to deliver on the goals in the '2022 National Biodefense Strategy and Implementation Plan' and the bipartisan 'Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022,' which was enacted as part of the 'James M. Inhofe National Defense Authorization Act for Fiscal Year 2023.'" Goals of the GHSS are:

- "[s]trengthen global health security capacities through bilateral partnerships;
- [c]atalyze political commitment, financing, and leadership to achieve health security; [and]
- [i]ncrease linkages between health security and complementary programs to maximize impact."

The first goal specifically references:

- "*Zoonotic Disease* – Countries implement multi-sectoral mechanisms and policies to prevent, mitigate the risks, and minimize the transmission of zoonotic diseases including implementation of sanitary animal production practices across all major animal value chains in accordance with international standards (e.g., OIE Terrestrial and Aquatic Codes, Codex Alimentarius); multisectoral surveillance systems for priority emerging and endemic priority zoonotic diseases; and operational mechanisms for coordinated multisectoral response to outbreaks of endemic, emerging or re-emerging zoonotic diseases.

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WORD IN WASHNGTON (continued from page 2)

- *Biosafety and Biosecurity* – Countries promote and implement international norms related to biosafety and biosecurity. Countries understand and mitigate potential risks associated with emerging biological technologies, such as synthetic biology, so that these can be safely harnessed. Countries implement a whole-of-government multisectoral national biosafety and biosecurity system with high consequence biological agents identified, secured, and monitored in a minimal number of facilities according to best practices.
- *National Laboratory System* – Countries establish and maintain a safe and secure national multisectoral laboratory system that is capable of safely and accurately detecting and efficiently reporting pathogens, and strains or variants, causing epidemic diseases from known and novel pathogens. Capacity to deploy and utilize accurate, reliable, safe, secure, and affordable appropriate diagnostics tests; and to sequence pathogens and readily share information, which is crucial for the public health response and accelerated development of vaccines, therapeutics, and diagnostics.
- *Surveillance* – Countries establish and maintain functional national surveillance systems with rapid data and information sharing across public health levels; among surveillance systems, laboratory networks, and clinical care facilities. Surveillance is conducted across human, animal, and environmental health sectors, as well as regionally and globally.
- *Health Emergency Management* – Countries develop and maintain operational readiness including: all hazards risk profiles and readiness plans; networks of emergency operations centers; incident management structures; systems to activate and coordinate health personnel teams during an emergency; logistics and supply chain management systems; and regulatory bodies able to review, authorize, and enable the emergency use of human and veterinary drugs, biological products, and medical equipment."

(Source: White House Announcement, 4/16/24)

The FDA's Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) will hold a virtual town hall on June 4th at 11 a.m. EDT to address questions from stakeholders regarding, "the chemistry, manufacturing, and controls (CMC) information submitted with biologics license applications (BLAs) for gene therapy products." According to the agency announcement, the meeting will include, "[e]xperts from OTP's Office of Gene Therapy CMC will be on hand to answer questions. The FDA requires sponsors to provide CMC information as part of investigational new drug, biologics license, and new drug applications." Specifically, the agency's stated focus for this event, "is to answer questions related to CMC data and information needed to support pre-BLA meetings or original BLA submissions, including the commercial manufacturing process, product comparability (if applicable), stability data, and more." Registration is open.

(Source: FDA Announcement, 4/18/24)

The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.
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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BRIEFLY NOTED

A report in *Science* explains that a research initiative (CANGARU) is attempting to develop standards for the use of text generating artificial intelligence (AI) in research papers published in peer-reviewed journals. According to the article, "4,000 researchers from a variety of disciplines and countries will weigh in on guidelines that could be adopted widely across academic publishing, which has been grappling with chatbots and other AI issues for the past year and a half. The group behind the effort wants to replace the piecemeal landscape of current guidelines with a single set of standards that represents a consensus of the research community. [The] initiative is a partnership between researchers and publishers including Elsevier, Springer Nature, Wiley; representatives from journals *eLife*, *Cell*, and *The BMJ*; as well as industry body the Committee on Publication Ethics. The group hopes to release a final set of guidelines by August, which will be updated every year because of the 'fast evolving nature of this technology, '[said] Giovanni Cacciamani, a urologist at the University of Southern California who leads CANGARU," according to *Science*. Additionally, the guidelines will include, "a list of ways authors should not use the large language models (LLMs) that power chatbots and how they should disclose other uses. Since generative AI tools such as ChatGPT became public in late 2022, publishers and researchers have debated these issues. Some say the tools can help draft manuscripts if used responsibly — by authors who do not have English as their first language, for example. Others fear scientific fraudsters will use them to publish convincing but fake work quickly. LLMs' propensity to make things up, combined with their relative fluency in writing and an overburdened peer-review system, 'poses a grave threat to scientific research and publishing,' stated Tanya De Villiers-Botha, a philosopher at Stellenbosch University," according to *Science*. Journals such as *Science* and *Nature* have published, "rules about how scientists can use generative AI tools in their work. Those policies often state that AI tools cannot be authors because they cannot be accountable for the work. They also require authors to declare where the tools have been used."

(Source: *Science*, "Should researchers use AI to write papers? Group aims for community-driven standards, 4/16/24)

The Centers for Disease Control and Prevention's (CDC) Office of Blood, Organ, and Other Tissue Safety is reminding blood centers to complete the 2023 National Blood Collection and Utilization Survey (NBCUS). Responses are due by Friday, April 26th. According to the agency, "[s]ince 1997, the NBCUS has been the primary method of gathering information on blood collection and use in the U.S. The survey results will give federal agencies and other organizations a better understanding of blood supply and demand, providing an accurate basis for identifying and planning regulations and strategies. To estimate blood collection and utilization, CDC has requested [participation from] all U.S. blood collection centers and acute care hospitals performing at least 100 inpatient surgical procedures per year. The NBCUS includes questions on:

- general facility information;
- blood collections, processing, and testing;
- blood and blood component transfusions;
- modification of components; [and]
- [p]rices paid by hospitals for blood components.

Results from the 2023 NBCUS will help the federal government continue to monitor trends in blood availability, which is critical to ensure an adequate supply of safe blood in the U.S." Data is confidential and only reported in aggregate as part of the NBCUS Report. America's Blood Centers and ADRP, the Association for Blood Donor Professionals, rely on the NBCUS Survey Report to assist in the development of the "U.S. Blood Donation Statistics and Public Messaging Guide."

(Source: CDC Email Announcement, 3/21/24)

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INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staffs only, unless otherwise specified.

ABC Economic Outlook Survey Deadline Extended

The deadline has been extended to participate in the America's Blood Centers (ABC) Economic Outlook Survey. The survey will remain open until Friday, April 26th. This new resource consolidates what were formerly known as the ABC Financial Ratio and Median Service Fee surveys while offering a comprehensive look at blood center finances, including 19 of the most frequently used ratios for benchmarking the financial health of an organization as well as median service fees for 30 different blood products and blood center procedures.

The aggregate data of this survey is important to both members and ABC as we advocate for fair and accurate reimbursement policies. Survey results are anonymized and aggregated. The ability to download final trend reports and create customized reports based on selected filters will be available to participants via ABC's benchmarking portal in early May and are complimentary to all survey participants. Non-participants may purchase the report here. Please contact us with questions.

Schedule Available 2024 ADRP Annual Conference

The schedule is available for the 2024 ADRP Annual Conference. Register today! Join more than 400 blood center professionals in St. Louis, Mo. May 14th-16th at The St. Louis Union Station Hotel. This year's conference will feature keynotes Jason Kotecki, an expert at helping people "Escape Adulthood" in order to beat burnout and become more innovative and creative by breaking rules that do not exist, and Candy Whirley, a recognized motivational speaker, leadership, and team building expert. The 2024 ADRP Annual Conference is your opportunity to gain insights into industry trends, exchange ideas, and share information with your peers, while taking advantage of networking opportunities. Attendees will be able to participate in pre-conference workshops, educational sessions, roundtables, and have access to an expansive exhibit hall. Learn more about available exhibitor and sponsorship opportunities. Remember to book your hotel room by April 23rd for the discounted rate. Please contact us with questions.

NEW on Coll*ABO*rate

COLLABORATE

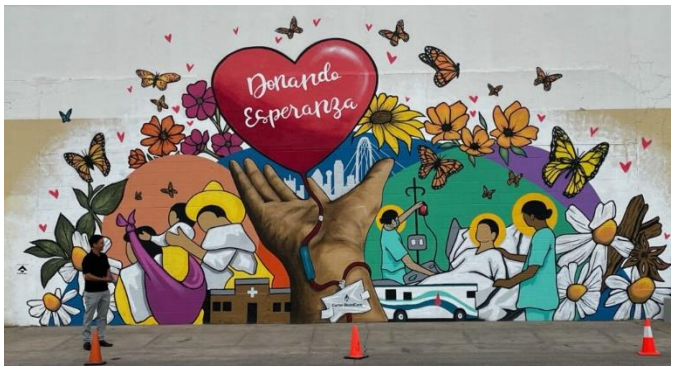
SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC Coll*ABO*rate Online Member Community include:

- Phlebotomy for Prisoner (MEDICAL ISSUES)
- Donors with Known Coagulopathy (MEDICAL ISSUES)
- Outdated AB Units (ALL MEMBER FORUM)
- Vein Finders (COLLECTIONS & DONOR SERVICES)
- Thermogenesis MP1100 Cascade Parts (TECHNICAL DIRECTORS)
- Low-volume RBCs (QUALITY BYTES)

ABC members are encouraged to login and join the conversations today!

MEMBER NEWS



Carter BloodCare has partnered with Dallas Latino Art Project to raise awareness of the importance of blood donation through the unveiling of a mural in the Oak Cliff neighborhood of Dallas, Texas as a part of National Minority Health Month. According to a blood center announcement, the mural, created by local artist Jesus Alba, is titled, "Donando Esperanza (Donate Hope) [and aims to] illustrat[e] the importance of blood donations in the Hispanic and Latino communities…Officials from Carter BloodCare, including president and chief executive officer Merlyn Sayers MBBCh, PhD and chief administrative officer Veronica Moore, MBA, shared remarks on the importance of community involvement to help local patients, noting, '[t]he community is stronger when we unite to support one another. Whether it's visually telling stories to motivate and inspire, or donating resources to help others, this project illustrates that we are better and stronger when we all unite as neighbors helping neighbors.'"

(Source: Carter BloodCare Announcement, 4/9/24)

Héma-Québec has announced a new partnership with CIUSSS de l'Estrie–CHUS, CIUSSS de la Mauricie-et-du-Centre-du-Québec and CHU de Québec–Université Laval. Through the partnership, "the institutions [will be provided] with a local point person specially dedicated to human tissue donation. The goal of the partnership is to optimize the process of identifying and referring human tissue donors, which will shorten death-to-donation times, increase potential donor referrals to Héma–Québec and improve tissue donation supply and quality." Etienne Fissette, director of Human Tissue Operations at Héma-Québec, added in the news release, "[a]s the organization responsible for collecting, preparing and distributing donations of human tissue for transplant in the province of Québec, Héma-Québec would like to help hospitals identify opportunities for human tissue donation to address key donation needs." According to the news release, "[t]he point person assigned to each institution will play a key role, first in monitoring deaths to assess the eligibility of potential donors, and then helping the institution refer donors to Héma–Québec. The point person can then speak with the families of the deceased and, when appropriate, coordinate the process and collect the donation on site…There are over 78,000 deaths in Québec each year. An estimated 40 percent–50 percent of these people could have been potential human tissue donors. Just 5,780 potential tissue donors were referred to Héma-Québec in 2023–2024, resulting in 989 actual donors. That means fewer than one potential donor in five was referred to Héma–Québec."

(Source: Héma–Québec News Release, 4/16/24)

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

- **ADRP Master Class** – Sept.18th-19th. More information is coming soon.

GLOBAL NEWS

The World Health Organization (WHO) has announced the publication of a report with, "updated terminology for pathogens that transmit through the air." The document, titled "Global Technical Consultation Report on Proposed Terminology for Pathogens that Transmit through the Air," includes multiple respiratory infection-inducing pathogen[s] such as COVID-19, influenza, measles, Middle East respiratory syndrome (MERS), and severe acute respiratory syndrome (SARS). According to the WHO, "extensive consultation resulted in the introduction of the following common descriptors to characterize the transmission of pathogens through the air (under typical circumstances):

- "[i]ndividuals infected with a respiratory pathogen can generate and expel infectious particles containing the pathogen, through their mouth or nose by breathing, talking, singing, spitting, coughing, or sneezing. These particles should be described with the term 'infectious respiratory particles' (IRPs); [and]
- IRPs exist on a continuous spectrum of sizes, and no single cutoff points should be applied to distinguish smaller from larger particles. This facilitates moving away from the dichotomy of previously used terms: 'aerosols' (generally smaller particles) and 'droplets' (generally larger particles).

Additionally, the document explains that, "'through the air' can be used in a general way to characterize an infectious disease where the main mode of transmission involves the pathogen travelling through the air or being suspended in the air. Under the umbrella of 'through the air transmission,' two descriptors can be used:

- [a]irborne transmission or inhalation, for cases when IRPs are expelled into the air and inhaled by another person. Airborne transmission or inhalation can occur at a short or long distance from the infectious person and distance depends on various factors (airflow, humidity, temperature, ventilation etc.). IRPs can theoretically enter the body at any point along the human respiratory tract, but preferred sites of entry may be pathogen-specific; [and]
- [d]irect deposition, for cases when IRPs are expelled into the air from an infectious person, and are then directly deposited on the exposed mouth, nose, or eyes of another person nearby, then entering the human respiratory system and potentially causing infection."

The consultation is the first step in global scientific discussion led by the agency. Future steps will be, "further technical and multidisciplinary research and exploration of the wider implementation implications of the updated descriptors."

(WHO News Release, 4/18/24)

NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom (UK), has launched a pilot program for kidney transplant patients to receive, "blood transfusions matched not just for red blood cells but also for the donor's tissue type, to help reduce the formation of immune system antibodies and transplant rejection." A NHSBT news release stated that the program begins this month and, "[i]f the pilot progra[m] proves successful and a national matching progra[m] is then rolled out, it could significantly reduce the time spent on the waiting list for a transplant and help prevent premature transplant failure. NHSBT data analysis shows current transplant graft survival and patient survival are significantly higher for patients who do not receive transfusions. Human leucocyte tissue antigen (HLA) typing, also called tissue typing, is not normally needed for most blood transfusions. The creation of HLA antibodies against unmatched transfused white blood cells usually has no consequence. However, in transplant patients, these HLA antibodies may harm the transplanted kidney because they consider it to be 'foreign'."

(Source: NHSBT News Release, 4/11/24)

COMPANY NEWS

The American Society of Hematology (ASH) Research Collaborative and the **Reagan-Udall Foundation for the U.S. Food and Drug Administration (FDA)** announced the development of the Real-World Evidence Consortium for Sickle Cell Disease. According to a news release, the Consortium aims to, "develop consensus recommendations on clinical outcomes important to treating people with sickle cell disease and apply those standards to real-world data sets. The goal [is] to improve the lives of individuals living with sickle cell disease through real-world evidence generation and cutting-edge research." Specifically, the Consortium intends to, "establish consensus on the use of electronic health record (EHR) data to better understand the natural history and outcomes of people with sickle cell disease through a collaboration among sickle cell disease researchers, clinicians, patients, industry representatives, federal regulators, and informaticians. There are over 300,000 codes that define different conditions and symptoms in EHRs. Unlike a clinical trial that observes patients and collects a limited set of standardized data accordingly, the codes used to define a condition in the real world may be more difficult to identify, standardize and interpret. By defining which codes indicate clinical characteristics of sickle cell disease, researchers will be able to more quickly and accurately use EHR data to accelerate sickle cell disease research."

(Source: ASH Research Collaborative and Regan-Udall Foundation for FDA News Release, 4/17/24)

The National Cord Blood Network (NCBN) has launched. According to a news release, the organization has formed, "to increase accessibility to life-saving cord blood transplantation for patients with hematologic malignancies in U.S. Transplant Centers as well as optimize cord blood transplant practices." The news release stated that the NCBN will be, "led by internationally recognized adult and pediatric transplant specialists Juliet Barker, MBBS, director of the Weill Cornell Bone Marrow Transplant and Cellular Therapy Program at New York-Presbyterian and Weill Cornell Medicine, and Andromachi Scaradavou, MD of Memorial Sloan Kettering Cancer Center…Marcie Finney, MBA of Cleveland Cord Blood Center, an experienced leader in healthcare administration, will serve as the administrative director of the National Cord Blood Network." The organization, through multi-center collaborations, also aims to, "increase the utilization of existing high-quality cord blood inventories all with the ultimate goal of establishing cord blood transplantation as a curative therapy for hematologic malignancies in [t]ransplant [c]enters across the nation [while] maximiz[ing] the advancements in the field of alternative donor transplantation."

(Source: NCBN News Release, 2/12/24) ♦

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.)*

2024

May 3-4. **California Blood Bank Society (CBBS) Annual Meeting.** More information is coming soon.

May 14-16. **2024 ADRP Annual Conference. St. Louis, Mo.** Registration is open. More information available here.

May 15-16. **International Plasma and Fractionation Association/Paul-Ehrlich Institut[e] 30th International Workshop on Surveillance and Screening of Blood-borne Pathogens. Aarhus, Denmark.** Registration is open. More information available here.

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CALENDAR (continued from page 8)

June 4. **U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Town Hall: Chemistry, Manufacturing, and Controls (CMC) Readiness for Gene Therapy Biologics License Applications (BLAs) (Virtual).** More information available here.

June 5-9. **FDA Regulatory Education for Industry (Redl) Annual Conference 2024: Innovation in Medical Product Development (Hybrid).** More information available here.

June 7-8. **2024 South Central Association of Blood Banks (SCABB) Annual Meeting and Exhibit Show. Orlando, Fla.** More information is coming soon.

June 23-27. **38th International Society of Blood Transfusion (ISBT) Congress. Barcelona, Spain.** Registration is open. More information available here.

Sept. 3-6. **American Society for Clinical Pathology (ASCP) Annual Metting. Chicago, Ill.** Registration is open. More information is available here.

Sept. 18-19. **2024 ADRP Master Class.** More information is coming soon.

Sept. 30-Oct. 3. **American Association of Tissue Banks (AATB) Annual Meeting. Denver, Colo.** More information is coming soon.

Oct. 19-22. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Houston, Texas.** More information is coming soon.

Nov. 6-7. **ABC Women's Executive Leadership Community (WELC) Workshop. San Antonio, Texas.** More information is coming soon.

2025

May 20-21. **International Plasma Protein Congress. Warsaw, Poland.** More information is coming soon.

Oct. 12-15. **AATB Annual Meeting. Atlanta, Ga.** More information is coming soon.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** More information is 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 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

Mobile Site Supervisor – Donor Centers (Carter BloodCare). The Site Supervisor position provides a vital link in the procurement of a safe quality blood product. Essential functions are to assist in smooth and efficient donor flow, determine donor acceptability, perform sterile venipuncture for the collection of blood, provide excellent customer service, and ensure compliance with regulations and standard operating procedures throughout the donation process. This position oversees and assigns duties to staff and may be involved in the following processes: discipline, performance reviews, hiring and terminations. This includes effectively and discreetly solving personnel and donor issues, addressing procedural or behavioral problems, and making verbal or written reports to management. Additionally, this role requires completing annual leadership training and assisting with on-the-job development of employees. Education: High school diploma or equivalent. Some college a plus. Experience: Minimum 2 years general work experience. Customer service experience required. Minimum 6 months to 1-year supervisory experience. Previous Phlebotomy 2, blood banking experience, or

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POSITIONS (continued from page 9)

medical field experience. Background in a highly regulated industry. Fluency in English/Spanish skills and CDL driver a plus. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job # Mobile Site Supervisor Donor Center.

Phlebotomist 2 – Donor Centers (Carter BloodCare). The Phlebotomist 2 assists in smooth and efficient donor flow, determine donor acceptability, performs sterile venipuncture for the collection of blood, provides excellent customer service and ensures compliance with regulations and standard operating procedures throughout the donation process. In the absence of a supervisor, you will oversee and assign responsibilities to staff. This includes effectively and discreetly solving personnel and donor problems, addressing procedural or behavioral problems, and making verbal or written reports to management. Additionally, the Phlebotomist 2 will be required to attend and complete annual development training resources and assist with on-the-job development of staff. Education: High school diploma or equivalent. Some college a plus. Experience: 1-year general work experience, preferably working with the public, or education that includes comparable experience such as an internship or externship. Customer service experience required, intern and/or externship experience will satisfy this requirement. Previous Phlebotomy 1, blood banking experience or medical field experience. Background in a highly regulated industry. Fluency in English/Spanish skills and CDL driver a plus. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job # Phlebotomist 2.

Immunohematology Reference Lab (IRL) Medical Technologist. LifeSouth Community Blood Centers is looking for an experienced Laboratory Medical Technologist, with a passion for making a difference, to join our Immunohematology Reference Laboratory team in Birmingham, AL. The position is responsible for following established policies and procedures, identifying problems that may adversely affect test performance or reporting of test results, and either correct the problems or immediately notify a supervisor, manager, or director. The IRL Medical Technologist will resolve complex immunohematology and compatibility problems to provide the safest donor blood for the patients in our community. We focus on providing the best possible customer service. 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 apply here!

Immunohematology Reference Laboratory (IRL) Manager. LifeSouth Community Blood Centers is looking for a leader with a passion for making a difference to join our Immunohematology Reference Laboratory team in Atlanta, GA. This position is responsible for providing mentorship and leadership to laboratory staff. The IRL Manager is expected to provide onsite day-to-day supervision of testing personnel and reporting of test results under the direction of the Laboratory Director. This position is also responsible for performing laboratory procedures and reporting of test results, ensuring compliance with company policies and procedures, ensuring compliance with regulatory requirements from agencies such as CLIA, FDA, AABB, and HIPAA. 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 apply here!

Supervisor, Immunohematology Reference Lab (San Diego Blood Bank). The San Diego Blood Bank is currently seeking a motivated, knowledgeable professional to lead the Immunohematology Reference Lab. This person will oversee the daily operation of the department as well as support the greater Lab Management Team following safety, cGMP, and Quality Plan. Additionally, the ideal candidate will supervise the flow of samples, blood, and blood components through the department from satellite centers, mobile collection vehicles, hospitals, blood banks, and laboratories. **Qualifications** include a minimum of 2 years in blood bank related fields to include leadership experience and IRL experience. **Certification/Licensure** required include MLS(ASCP)CM/MT(ASCP) or equivalent experience and a California Clinical Laboratory Scientist License (CLS). Certification as a Specialist in Blood Bank (SBB) or equivalent is preferred. For a full description of this job posting and to apply, visit: Careers | San Diego Blood Bank (recruitingbypaycor.com).

Immunohematology Reference Laboratory CLS (San Diego Blood Bank). Under the direction of the department leadership, the Medical Laboratory Scientist I will assist the Immunohematology Reference Laboratory in daily operations according to cGMP compliant policies and Standard Operating Procedures implemented by the San Diego Blood Bank (SDBB). The ideal candidate will successfully complete/pass an initial training program resulting in the ability to provide guidance and expertise for the laboratory to meet the needs of SDBB customers, in accordance with accepted standards and regulations. **Requirements:** Bachelor's degree, MLS/MT (ASCP)CM or equivalent experience, Clinical Laboratory Scientist (CLS). Certification as a Specialist in Blood Banking (SBB) preferred. For a full description of this job posting and to apply, visit: Careers | San Diego Blood Bank (recruitingbypaycor.com).

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POSITIONS (continued from page 10)

Sr. Policy & Documentation Specialist (San Diego Blood Bank). The Senior Policy and Documentation Specialist proactivity guides and oversees policy management and technical documentation needs of San Diego Blood Bank. Creation, implementation, and maintenance of a document management system that can manage both internal and external controlled documents. This role provides relevant training on document control procedures and good documentation practices, assists Quality Assurance and Compliance Department in creating quality plans and procedures. The Sr. Policy & Documentation Specialist assists in the initiation, investigation and closure of product and process deviations/non-conformances. This position will author and revise policies, procedures, and manage document processes and systems to ensure control and availability of documentation to personnel. This role requires a bachelor's degree in a related field from an accredited college or university, or equivalent combination of education, training, and experience. Click here to view the job description and apply.

Manager of Donor Resources. The Blood Connection is seeking a Manager of Donor Resources for our operations based out of Augusta, GA. This position will be responsible for monitoring progress to goal proactively, and effectively coaching and managing their team to success. The ideal candidate for this position possesses strong leadership and organizational skills with a proven ability to meet organizational goals. We offer a generous benefits package including a substantial 401k, 30 days PTO, potential company bonuses, cell phone stipend, and tuition reimbursement. Join our team and help create a positive change in your community! *Prospective candidates may be eligible for relocation assistance*. How to apply: Manager of Donor Resources – Augusta, GA.

Manager of Donor Services. The Blood Connection is seeking a Manager of Donor Services for our operations based out of Raleigh, NC and Rock Hill, SC. These positions will oversee donor collection operations within their assigned divisional territory. These positions provide leadership and discipline to direct reports, interviews, and hire staff, and ensure staff are appropriately trained. We offer a generous benefits package including a substantial 401k, 30 days PTO, potential company bonuses, cell phone stipend, and tuition reimbursement. Join our team and help create a positive change in your community! *Prospective candidates may be eligible for relocation assistance*. How to apply: Manager of Donor Services – Raleigh, NC. Manager of Donor Services – Rock Hill, SC.