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ABC Members to Become Sunbirds for Annual Meeting

Though blood center staff in the Northeast, Mid-Atlantic, and Midwest regions spent much of the week digging out of one of the greatest snow events in US history, in about a month they will be strolling along the warm beaches of sunny Florida during America's Blood Centers' (ABC) Annual Meeting.

ABC and Community Blood Centers of South Florida will welcome hundreds of attendees March 20-23 at the Westin Beach Resort in Fort Lauderdale. With a Feb. 26 deadline to RSVP, time is running out to register and make travel arrangements.

'Science Meets Operations' Program to be Unveiled – see page 9

This year's meeting offers a bountiful schedule, with highlights including the 13th Annual Awards of Excellence Reception and Banquet, a special interactive program called "Science Meets Operations," and a chock-full Science, Medicine and Technology (SMT) Forum agenda.

It all starts on Saturday, March 20, with a Group Services for ABC (GSABC) Board Meeting (by invitation), followed by a GSABC Member Meeting and GSABC Member Reception.

On Sunday, the ABC Board of Directors will meet, followed at noon by a Legislative Affairs Committee meeting and box lunch and a meeting and box lunch of the Peripheral Blood Stem Cell Committee. Barely stopping for breath, attendees

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OUR SPACE

By ABC CEO Jim MacPherson

The Blood Supply

In the weeks ahead I'll talk about the current plasma-for-further-manufacturing supply, but now I'll say a few words on the current US blood supply. Well behind us are the massive shortages in the early part of this century caused by precautionary mad cow and travel-related malaria deferrals. Hundreds of millions of dollars invested in donor recruitment, coupled with more effective use of high school donors boosted days-of-supply to decade-high levels just as the bad economy slowed the growth in elective surgeries. Higher inventories are good for contingencies, but hurt cash flow. On a national level today blood use is flat, although some areas see continued growth.

The voluntary system does show its elasticity when it builds up (over time) and contracts (usually much faster). Those centers hurting most are those that used exporting to subsidize an infrastructure and service offering to hospitals than local blood use might otherwise support.

Donation operations tend to follow a 90/10 rule, so decreased use allows centers to shed their most expensive collections. While it is hard to turn away a donor who shows up, most donors these days are specifically recruited to a fixed center or into mobile blood drives. It isn't hard to slow the spigot without turning it off. Indeed, no one talks these days about "burnout" of donors complaining about being called too frequently.

A good supply also increases competition with many hospital systems now looking at regional bids. The hospital bean counters often ignore pleas from their labs that blood is a local 24/7 activity. Like American businesses, many hospitals will take short-term gains over long-term consequences. Competition will also spawn consolidation so centers can offer more value-added services at lower costs. Ironically, with increasing competition hospitals will have fewer choices ahead.

Future supply factors include when the economy recovers, any changes in health insurance coverage, the continued spread of aggressive cancer therapies for aging Boomers, and whether hospitals will control blood use—the real way to save money while protecting patients.

[Jmacpherson@americasblood.org](mailto:jmacpherson@americasblood.org) 

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

America's Blood Centers

President: Thomas Schallert

Chief Executive Officer: Jim MacPherson

ABC Newsletter Editor: Robert Kapler

Managing Editor: Anne Carroll, PhD

Classified Advertising Manager: Deanna Du Lac

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Send subscription queries to:

ddulac@americasblood.org

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Tel: (202) 393-5725

Send news tips to: newsletter@americasblood.org.

PBSCs as Effective as Bone Marrow Stem Cells for Treating Leukemia, Except in Patients with Acute Form of Disease, Study Finds

Leukemia patients who have peripheral blood stem cell (PBSC) transplants survive just as long on average as those who undergo the more invasive procedure of having a bone marrow transplant, according to a new study by German researchers.

But patients with acute forms of blood cancer appear to do better if they have bone marrow as opposed to blood stem cell transplants, the authors say, suggesting that for some the benefit of the complex treatment is greater in the long run.

The study was published Feb. 1 in the *Lancet Oncology* medical journal.

Bone marrow transplants involve the collection of stem cells from the bone marrow – a complicated procedure in which the patient must have a general anesthetic and surgery. In PBSC transplantation, stem cells are collected from donors who have been given a drug that forces stem cells from the bone marrow to be expressed into the bloodstream. PBSC transplantation, then, avoids some of the complications of bone marrow collection.

Methodology. Between February 1995 and September 1999, researchers from the Charite Medicine University in Berlin, Germany, looked at survival rates in 329 patients from 42 transplant centers in 13 European countries, Israel, and Australia who had received PBSC or bone marrow transplants. All transplants were from HLA-identical sibling donors after randomization.

Researchers distributed questionnaires from 84 of the PBSC transplant patients and 92 of the bone marrow transplant patients who survived for more than three years (median was 9.3 years) after transplantation.

Results. The researchers found that rates of survival after 10 years were similar, at 49.1 percent for PBSC recipients and 56.5 percent for bone marrow transplant recipients.

But the research team found “notable differences in survival in patients with acute leukemia.” After 10 years, patients with acute lymphoblastic leukemia had a survival probability of 28.3 percent after bone marrow transplant compared with 13.0 percent after PBSC transplants. In patients with acute myeloid leukemia the probabilities were 62.3 percent for bone marrow and 47.1 percent for PBSC transplants. Leukemia-free survival was 40.2 percent with bone marrow transplants vs. 48.5 percent with PBSC transplants for patients with chronic myeloid leukemia.

More patients developed chronic graft vs. host disease after PBSC (73 percent) than after bone marrow stem cell transplants (56 percent). And more PBSC patients needed immunosuppressive treatment five years after transplantation than bone marrow patients, “but [these treatments] do not affect survival, general health status, or late events the authors note. Fourteen cases of secondary malignancies occurred (five after bone marrow and nine after PBSC).

“Different patient groups might still benefit from transplantation with bone marrow,” the researchers conclude. (Source: Reuters, 1/31/10)

Citation: Friedrichs B, *et al.* Long-term outcome and late effects in patients transplanted with mobilized blood or bone marrow: a randomized trial. *Lancet Oncol.* 2010 Jan. 29 [Epub ahead of print]♦

British Court Reviews Compensation for People with vCJD

In late January, the High Court of England and Wales heard from eight men and women who lost loved ones to variant Creutzfeldt-Jacob disease (vCJD) and now argue that the British government's scheme for compensating victims of the human form of mad cow disease is "irrational, perverse, and unfair."

Lawyers for the eight plaintiffs asked the High Court judge to consider "radical" reforms to the rules that govern how victims of the disease and their caretakers are compensated. The hearing began on Jan. 26; at its conclusion, the presiding judge said he would seek further information and withhold judgment for at least three weeks.

vCJD had a much greater impact in the UK than in the US. The first death from vCJD was recorded in the UK in 1995. In 2002, the government introduced a £67.5 million compensation scheme, which was meant as a no-fault lump sum and as an acknowledgment of the care needed by people with the disease.

However, within two years, the scheme was being criticized, even by its administrators, as being too complicated. A High Court judge who chaired the board of trustees that administers the scheme called it "far, far more problematic than anyone realized. It has spawned so many problems. . . ." It was costing millions of pounds in legal fees and resulting in long delays for payouts.

In March 2007, the trustees put forth a series of proposals that would have radically overhauled the scheme. However, after more than two years of consideration, Health Secretary Andy Burnham in June 2009 rejected those changes, adopted more modest ones, and limited the amendments to victims of vCJD who were diagnosed on or after March 31, 2010.

The plaintiffs in the current lawsuit accused Mr. Burnham of "unconscionable and unreasonable" delay in dealing with the issue. The lawyer for the plaintiffs said restricting the amendments to newly diagnosed victims was perverse. The Department of

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Finding that Prions Protect Nerves has Implications for Disease Treatments

An international team of neuroscientists has discovered that prions help maintain the myelin sheaths that protect the body's nerves. The finding was reported in the online *Nature Neuroscience* on Jan. 24, and it is significant because, until this point, scientists have not known how prions function normally.

When they become folded incorrectly, they cause illnesses such as Creutzfeldt-Jacob disease (CJD) and its variant (vCJD), which is the human form of bovine spongiform encephalopathy, also known as mad cow disease (see story, this page).

If, as the authors of this study suspect, prions play a role in protecting neurons in the brain as well as the body's nerve cells, that could have implications for the treatment of CJD, other spongiform encephalopathies, and perhaps multiple sclerosis.

The study was led by Adriano Aguzzi, MD, PhD, at the University Hospital of Zurich, in Switzerland. Dr. Aguzzi and his colleagues studied four strains of mice that lacked the gene for a certain prion. All of the mice developed nerve damage within six weeks of their birth. When the researchers reintroduced prion proteins into the nerves of the mice, the damage to the myelin sheaths did not occur.

Currently, treatment for CJD has targeted prions, which were believed to cause the disease; however, this study suggests that CJD is instead caused by a lack of prions. Simon Mead, a prion expert at University College London's Institute of Neurology, said the finding "opens a new door to studying some of the many common neuropathy disorders . . . where we don't know the cause." (Source: www.nature.com, 1/24/10)

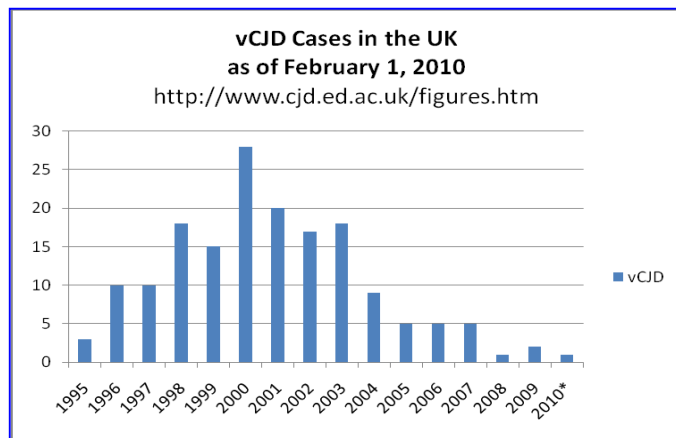
Citation: Aguzzi A, *et al.* Axonal prion protein is required for peripheral myelin maintenance. *Nature Neuroscience* 2010 Jan 24. [E-pub ahead of print]

vCJD Compensation (continued from page 4)

Health and the Secretary of State have defended Mr. Burnham's decisions as "entirely rational" and the current payouts as generous.

Is vCJD Still a Threat? The lawsuit comes as new research suggests that prions normally help protect nerves against classic Creutzfeldt-Jacob disease (CJD), in which they become incorrectly folded (see sidebar, page 4). However, new findings also reveal that vCJD may be resting dormant in thousands of unsuspecting people who may not develop symptoms for decades.

After it was discovered in the 1980s that humans could become infected with vCJD if they ate beef from infected cows, more than 4.4 million cattle in the UK were slaughtered. Between January 1995 and February 2009, 169 cases of vCJD were reported in the UK and 46 elsewhere.



New regulations were passed governing how animals were slaughtered and how meat was processed, and the incidence of disease has dropped dramatically (see figure). However, it was also discovered that the disease could be passed between people via blood transfusion.

As reported by Stramer, *et al*, transmission was initially documented by experiments performed in sheep. Lookback studies of donors who later developed vCJD identified four recipients of non-leukoreduced RBCs; three had the disease while one had prions in tissue, but no disease. In addition, vCJD prions were detected in the spleen of an elderly hemophiliac in the UK who died of other unrelated causes. Screening of tonsils and appendix samples suggests there could be 4,000 people in the UK who harbor the vCJD prion. There is no test that detects the prions that cause vCJD in donated blood.

Scientists remain divided about how many people might be infected with vCJD, and they are concerned that carriers who have no symptoms and who seem to be perfectly healthy could be transmitting the disease, if they donate blood. (Sources: BBC News, 1/28/10; Telegraph, UK, 1/26/10; Medical News Today, 2/4/10; Telegraph, UK, 2/8/10; www.cjd.ed.ac.uk/vcjdworld.htm)

Citation: Stramer SL, *et al*. Emerging infectious disease agents and their potential threat to transfusion safety. *Transfusion* 2009;49:1S-29S. ♦

Polish Police Recover 11 Tons of Plasma Stolen in Germany En Route from US

Police in Warsaw, Poland, said on Thursday that they had recovered 11 tons of human blood plasma that originated in the US and was destined for Austria.

A freezer truck was stolen in Germany while the driver made a rest stop. It was then taken across the border into Poland, where police recovered it Wednesday, according to police spokesman Artur Chorazy. Police footage showed salmon-colored blood plasma packed in boxes that originated in Harrisonburg, Va.

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Stolen Plasma (continued from page 5)

BioLife Plasma Services, headquartered in Harrisonburg is a collection facility owned by Baxter International Inc. BioLife spokeswoman Laura Jacobs said the company was working with local authorities to determine how the theft occurred. "Importantly, the plasma has been recovered and is currently in Baxter's Vienna facility," she said.

Police footage showed the frozen salmon-colored plasma, worth more than euro1 million (\$1.4 million), packed in boxes. Polish police have made no arrests so far, and believe thieves stole it in hopes of selling it elsewhere in Eastern Europe, Mr. Chorazy said. Police were not able to say what kind of market might exist in Eastern Europe for stolen plasma. (Source: The Associated Press, 2/11/10) ◆

BRIEFLY NOTED

The American Recovery and Reinvestment Act (ARRA) doled out \$10 billion to the National Institutes of Health and \$3 billion to the National Science Foundation last year, but the money comes with strings attached – many strings. In fact, keeping up with ARRA's administrative requirements is costing institutions thousands in increased overhead and may be compromising or delaying other initiatives and projects at the nation's leading research universities. "This is hugely beyond the regular reporting," Kerry Peluso, associate vice president for research administration at Emory University, told *The Scientist*. "Everyone is kind of struggling to pull together information that our systems were not designed to gather." Ms. Peluso said that keeping up with the increased reporting and compliance requirements meant hiring an extra manager and three new accountants. (Emory has attracted nearly 200 ARRA grants and more than \$55 million in ARRA funding.) Ms. Peluso calculated that for every \$1 million Emory got in ARRA funding, the university had to spend \$14,000-15,000 above the 26 percent overhead rate cap on federal grants. For a typical five-year R01 grant from the NIH, Ms. Peluso noted, her office has to report to the agency annually and at the end of the grant's life, telling NIH administrators how much of the grant money was spent. With ARRA funds, "We are required to report quarterly throughout the award." Catherine Gorodentsev, director of Harvard University's office of sponsored programs, cited a 30 percent increase in the reporting her office was required to do. There are now approximately 230 grant proposals queued up for processing by her office. Harvard has already landed more than 215 ARRA grants and Ms. Gorodentsev said she expects the school to net more than \$155 million in ARRA funding. Evan Kharasch, interim vice chancellor for research at Washington University in St. Louis, told *The Scientist* that his university has shuffled personnel and resources from its conflict of interest office, public and government affairs office, institutional review boards, and other areas to meet ARRA's administrative requirements. (Source: *The Scientist*, 2/2/10)

Canada's highest court will not rule on a lawsuit filed by a Calgary father who alleges that a Jehovah's Witness church manipulated his teenage daughter into refusing blood transfusions before she died. The Supreme Court of Canada late last month denied leave to appeal to Lawrence Hughes, who contended in his lawsuit that the Watchtower Society, its leaders, and its lawyers contributed to the death of his 17-year-old daughter, Bethany, in 2002. Mr. Hughes filed the wrongful death lawsuit in 2004. The Watchtower Society fought to have the suit dismissed, and two Alberta courts agreed that Mr. Hughes' claim should not go ahead. The ruling upholds the lower court decisions. Bethany Hughes from acute myeloid leukemia following a legal battle over whether she should receive blood transfusions, contrary to her Jehovah's Witness faith. Following the teachings of the Watchtower Society, Bethany refused the blood. The church contends that the Bible says it is wrong to receive blood from someone else. The province, however, made Bethany a ward of the state. She was given 80 transfusions against her will while at the Alberta

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BRIEFLY NOTED (continued from page 6)

Children's Hospital in May and June 2002. Despite the treatments, she died the following September. Mr. Hughes, who had sought transfusions earlier, was opposed in court by lawyers representing the girl and her mother. He was soon shunned by the church and eventually divorced from his wife. Reasons were not given by the Supreme Court for refusing to hear the case. Mr. Hughes now has the option of going back to the Court of Queen's Bench with the remaining parties named in the lawsuit. David Gnam, lawyer for the Watchtower Society, said the news came as a relief. "The allegations laid against us were very disturbing, that we contributed to Bethany's death," he said from his law office in Toronto. "She was close and dear to us." (Source: *The Herald*, Calgary, Canada, 2/6/10) ♦

LEGISLATIVE NEWS

Lawmakers and courts in Utah and Illinois are moving in opposite directions on medical malpractice laws. In Springfield, the Illinois Supreme Court on Feb. 4 overturned the state's medical malpractice law, which had capped the damages awarded to victims of medical malpractice. The court ruled that those limits were unconstitutional because they allowed lawmakers to interfere with a jury's right to determine damages. The limits had been established a few years ago, in part as an attempt to rein in rising healthcare costs and in part as an attempt to stop doctors from leaving the state. Supporters of the caps fear that their removal will lead to higher insurance premiums and another round of departures by physicians. In contrast, a new bill in Utah would lower the state's limit for awards in medical malpractice cases – and payments to attorneys. State Sen. Stuart Adams (R), who introduced the bill, said the current cap, which is at more than \$400,000 and climbs every year with inflation, "causes a lot of difficulty for extremely capable medical professionals." His bill would establish a \$250,000 limit on noneconomic damages and set specific percentages that attorneys could charge their clients. The limit on attorneys' fees is meant to reflect the intent of a jury's decision, Mr. Adams said: "The intent of the award is to take care of the injured party and not to take care of the attorney." Opponents of the bill argued that both caps might be unconstitutional. Mr. Adams's bill also would require an "affidavit of merit" to be provided before a patient could bring a lawsuit, a measure that is meant to limit who can be named as a defendant and allow more people to be cleared of wrongdoing earlier in the process. It also would create a 10-year statute of repose, which would prevent suits that reach back longer than a decade. (Sources: *The Daily Herald*, Provo, Utah, 2/7/10; LawyersandSettlements.com, 2/6/10) ♦

REGULATORY NEWS

The Food and Drug Administration (FDA) has issued a guidance titled "Guidance for the Use of Bayesian Statistics in Medical Device Clinical Trials." This guidance summarizes FDA's current thoughts on the appropriate use of Bayesian statistical methods in the design and analysis of medical device clinical trials. Bayesian statistical methods are used in a variety of medical device applications to FDA. This guidance includes a general description of Bayesian methods, discussions on design and analyses of Bayesian medical device clinical trials, the benefits and difficulties with the Bayesian approach, and comparisons with standard statistical methods. Additionally, some ideas on using Bayesian methods in post-market studies are presented. The draft version of this document was issued on May 23, 2006, for comment. A public meeting to discuss the document was held on July 27, 2006. FDA received several hundred comments on the guidance. Comments regarding the discussion of prior distributions, the meaning of "non-informative" priors, and how FDA might evaluate the choice of a prior led FDA to make some changes and

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REGULATORY NEWS (continued from page 7)

additions to the document. The importance of the concept of “exchangeability” was revealed in some of the comments and has recently become more apparent; thus the discussion of exchangeability has been greatly expanded. Submit electronic comments to www.regulations.gov. More information is available by contacting Greg Campbell (301) 796-5750. The guidance document is available at www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm. (Source: *Federal Register*, Docket No. FDA-2006-D-0410, 2/8/10)

Baxter has notified the Food and Drug Administration that it issued a voluntary recall of its Y-Type Blood Solution Sets last month after the company found that some blood filter devices contained fiber-like particulate matter, consistent with filter material, in the fluid path. Baxter, based in Round Lake, Ill., said it has received no complaints or reports of adverse events related to this issue and the recall was issued on Jan. 7 as a precautionary measure. The recall includes Y-type blood filters released from July through September of 2009. Customers are asked to contact the manufacturer to arrange for product return. The recall affects product code 2C8750, and the lot numbers listed, right. (Source: FDA, Center for Biologics Evaluation and Research Update, 2/5/10)

| Lot Numbers |
|-------------|
| URO9G21135 |
| URO9H03156 |
| URO9G21094 |
| URO9G31175 |
| URO9H03016 |
| URO9G31043 |

AABB has posted version 1.3 of its Donor History Questionnaire (DHQ) on its Web site, despite the fact that the Food and Drug Administration has not yet officially recognized the new version. The move reflects concerns about delays in publishing “documents that are of critical importance to blood establishments,” according to an e-mail sent by M. Allene Carr-Greer, MT(ASCP) SBB, director of Regulatory Affairs for AABB, to the blood bank members of AABB’s Donor History Task Force (DHTF), which created the new version of the DHQ. The task force prepared the document in May 2008 and submitted it to FDA. FDA will propose a draft guidance, collect comments, and issue a final guidance – but it has not done so yet, even on Version 1.2, which the DHTF prepared in February 2007. According to Ms. Carr-Greer, FDA liaisons have said that the documents have been assigned priority for 2010, but the timeline for their official release is not known. On its Web site, AABB explains that Version 1.3 of the DHQ represents enhanced safety measures, is consistent with FDA recommendations on platelet donors and donor eligibility related to HIV-1 group O countries, and contains updates submitted to FDA in Version 1.2. That version incorporates criteria from FDA’s draft guidance on variant Creutzfeldt-Jakob disease, which was released in August 2006. Licensed blood establishments that want to implement the new versions before they are officially recognized by FDA must submit a formal request to FDA for approval. The DHTF includes representatives from AABB, the American Red Cross, America’s Blood Centers, the Armed Services Blood Program, Canadian Blood Services, the Centers for Disease Control and Prevention, the Plasma Protein Therapeutics Association, liaisons from FDA, and a public ethicist. Information about all three versions of the DHQ and links to the fill documents are available at [http://www.aabb.org/Content/Donate Blood/Donor History Questionnaires/Blood Donor History Questionnaire/dhq.htm](http://www.aabb.org/Content/Donate%20Blood/Donor%20History%20Questionnaires/Blood%20Donor%20History%20Questionnaire/dhq.htm).

The Food and Drug Administration has issued a guidance for industry titled “Contents of a Complete Submission for the Evaluation of Proprietary Names.” This guidance provides recommendations for FDA assessments of the safety of proposed proprietary names for drugs, including biological products, and other factors that, in association with the name, can contribute to medication errors. In addition, FDA intends to use this information in the assessment of promotional aspects of proposed proprietary names. More information is available by contacting Carol Holquist (301) 796-236. The document is available at <http://www.regulations.gov>. (Source: *Federal Register*, FR Doc. 2010-2660, 2/8/10) ♦

‘Science Meets Operations’ Program Explores Donor Reactions, RBC Shelf Life

America’s Blood Centers Annual Meeting next month will offer real-world applications of strategies heretofore debated in mostly scientific and medical circles. The “Science Meets Operations” program, to be held on Monday, March 22 will provide blood center leaders with the tools they need to mitigate donor reactions, increase donor retention, estimate the impact of the potential shortening of the shelf life of red blood cells, explore new business (tissues and organs), and confront other challenges. CME continuing education credits are available for this program.

The first segment will be under the theme **Donor Reactions**.

- Benjamin D. Levine, MD, director, Institute for Exercise and Environmental Medicine, Dallas, will deliver a presentation titled “Donor Reactions – Pathophysiology of Syncope in the Context of Blood Donation.” All about fainting and potential mitigation strategies.
- Peter Tomasulo, MD, chief medical officer at Blood Systems in Scottsdale, Ariz., will give a talk titled “Predictors of Donor Reactions.” Blood Systems’ work on donor reactions and mitigation strategies.
- Anne Eder, MD, PhD, executive medical officer at the American Red Cross, will give the presentation “Donor Reactions – American Red Cross Approaches.” Red Cross work on donor reactions.
- Blaine Ditto, PhD, a professor from McGill University in Montreal, Canada, will discuss “Prevention and Reduction of Donor Reactions.” The psychology of donor fainting and some mitigation strategies.
- Frederick B. Axelrod, MD, president and CEO of LifeStream in San Bernardino, Calif., will present “A Program for Young Blood Donors that is Safe and Does Not Require an Algorithm for Deferral of At-Risk Individuals.” Donation safety for the young.

The talks will be followed by a panel discussion. Serving as moderator will be Rich Gammon, MD, medical director, Florida’s Blood Centers, based in Orlando.

A second segment, **Forward Depictions in Transfusion Medicine & Cellular Therapies**, will follow.

- Robert Mitchell, of Duke University, who (with Catherine Welby) co-authored “Tissue Economies, Blood, Organs and Cell Lines in Late Capitalism,” will give a talk titled “Tissue Economics.”

The moderator will be Jerry Gottschall, MD, vice president, Medical Services, BloodCenter of Wisconsin in Milwaukee. Jan Twait, CEO of Siouxland Community Blood Bank in Sioux City, Iowa, will provide welcoming remarks and introductions.

On Monday afternoon there will be a segment on **Contribution of Tissue and Organ Procurement Programs to Blood Centers and their Communities**.

- Norman Kalmin, MD, president, CEO, and medical director of South Texas Blood & Tissue Center in San Antonio, will present “Tissue Services as a Component of Regenerative Medicine.”
- Jacquelyn Fredrick, president and CEO of BloodCenter of Wisconsin in Milwaukee, will give a talk titled “Why Did We Get Involved With Organs?”

The next segment is titled **What about the Age of Red Blood Cells?**

- Steven Gregurek, MD, assistant professor, Transfusion Medicine, Indiana University School of Medicine, will give a talk titled “Overview of Age of Red Blood Cells Studies.” The talk will deal with RBC storage and clinical outcomes.

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Science Meets Operations (continued from page 9)

- Mark Walderhaug, PhD, associate director for Risk Assessment in FD's Center for Biologics Evaluation and Research, will present "Statistical Models – What Would Happen If We Shortened the Expiration of RBC from 42 Days to 35, 28 or 14 Days?"

Julie Cruz, MD, sssociate dedical director, Indiana Blood Center, will serve as moderator.

The last segment will delve into the **Future of Health Care.**

- Jason Hwang, MD, co-chair of The Innosight Institute in Sunnyvale, Calif., will present "The Innovator's Prescription: How Disruptive Innovation Can Fix Health Care."

Moderator will be Anne Chinoda, president and CEO, Florida's Blood Centers in Orlando. ♦

ABC Annual Meeting (continued from page 1)

will be regaled and educated by a slate of speakers when the SMT Forum gets underway at 1 p.m. The SMT Forum addresses issues important to blood centers and the transfusion medicine community .

Louis Katz, MD, executive vice president, Medical Affairs, Mississippi Valley Regional Blood Center, Davenport, Iowa, will present "Is XMRV the New AIDS?" Dr. Katz will review recent suggestions that XMRV, a little-known retrovirus, is associated with prostate cancer and chronic fatigue syndrome. He will also discuss possible implications for blood centers and whether transfusion transmission could lead to consequences as tragic as those of HIV.

Then, Celso Bianco, MD, executive vice president of ABC, will give a talk on the outcomes of a recent Food and Drug Administration workshop on emerging arboviruses that attempted to assess the risk of spread of dengue, Chikungunya and other mosquito borne viruses in the US.

Continuing in that vein, Laura Tonnetti, PhD, a scientist at the Jerome H. Holland Laboratories for the Biomedical Sciences, American Red Cross, will give a presentation titled "Babesia and Transfusion." Along with dengue, Babesia has recently been identified as an emerging pathogen of prime concern to blood professionals. Dr. Tonnetti will review studies of the prevalence of Babesia infection in Connecticut and potential use of screening assays to identify donors from endemic areas who could potentially transmit the parasite to blood recipients.

Finally, there will a Hot Topics segment to allow open discussion of a number of pressing issues by blood center medical directors, technical directors, and senior executive staff. These include an update on blood center risk-reduction strategies for Chagas disease; the latest data related to a federal policy that imposes a lifetime deferral from donating blood for males who have had sex with other males; an update on hepatitis B NAT testing; the latest changes in malaria deferrals; and an update on platelet additives.

Welcome remarks and introductions will be provided by Kevin Land, MD, chief medical and scientific officer at Bonfils Blood Center in Denver, Colo.

The "Science Meets Operations" program takes center stage on Monday (see story, pages 9-10). Also at noon on Monday will be meetings of the SMT Steering Committee and the Meetings Committee. On Tuesday, meeting events conclude with the ABC Members Meeting followed by a Foundation for America's Blood Centers Board Meeting (by invitation). ♦

HAITI EARTHQUAKE UPDATES

Shipments of Blood and Blood Products Continue to Haiti

More than a month after the devastating earthquake in Port-au-Prince, Haiti, the need for blood and blood products continues. Members of America's Blood Centers (ABC) have already contributed to three shipments, and the need is likely ongoing.

Wendy Trivisonno, director of Products and Operations at Blood Centers of America (BCA), said she usually receives orders on Thursdays. BCA is coordinating shipments with the American Red Cross and AABB. So far, the parameters for contributions have been:

- Units are donated to Haiti and shipped at the center's expense;
- Typical type distribution is 18 O+, four A+, one B+, and two O-;
- Units are shipped in one box that holds 25 units; and
- It is preferred that shipments are made from centers with 48-hour box validation.

Last week's shipment included 175 units from ABC members and 175 from the ARC. The honor roll for ABC members who have contributed shipments includes, in alphabetical order:

- Blood Assurance, Chattanooga, Tenn.;
- Blood Bank of the Redwoods, Santa Rosa, Calif.;
- The Blood Center of Iowa, Des Moines;
- The Blood Center, New Orleans;
- BloodCenter of Wisconsin, Milwaukee;
- Blood Systems Inc., Scottsdale, Ariz.;
- Community Blood Center, Kansas City, Mo.;
- Community Blood Center of the Ozarks, Springfield, Mo.;
- Florida Blood Services, Tampa/St. Petersburg;
- Florida's Blood Centers, Orlando;
- Indiana Blood Center, Indianapolis;
- Inland Northwest Blood Center, Spokane, Wash.;
- LifeSource (ITxM), Chicago;
- Memorial Blood Centers, Minneapolis;
- Miller-Keystone Blood Center, Bethlehem, Pa.;
- Mississippi Valley Regional Blood Center, Davenport, Iowa;
- Nebraska Community Blood Bank, Lincoln;
- Oklahoma Blood Institute, Oklahoma City;
- Rhode Island Blood Center, Providence;
- Rock River Valley Blood Center, Rockford, Ill.;
- San Diego Blood Bank; and
- Suncoast Communities Blood Bank, Sarasota, Fla.

Community Blood Centers of South Florida, in Fort Lauderdale, and Heartland Blood Centers, in Aurora, Ill., both have helped repackage shipments to get them ready for the trip to Haiti.

(continued on page 12)

HAITI EARTHQUAKE UPDATES (continued from page 11)

The Pan American Health Organization, the group that receives and distributes shipments of blood in Haiti, does not need blood or blood products from US blood centers next week. The Irish Blood Transfusion Service stepped up its contributions for the week, which gives US suppliers a slight reprieve. Contributions probably will be needed for the week after next; to check in, please contact Wendy Trivisonno at BCA, (401) 381-0600 or wtrivisonno@bca.coop. Look for updates in future issues of the *ABC Newsletter*. ♦

INFECTIOUS DISEASE UPDATES**CHIKUNGUNYA**

Researchers at the National Institutes of Health (NIH) have discovered a vaccine that has protected macaques and mice against Chikungunya, according to a study published online in *Nature Medicine* on Jan. 28. The study was led by Gary Nabel, MD, PhD, director of the Vaccine Research Center at the National Institute of Allergy and Infectious Diseases (NIAID), which is part of NIH. It was the first to use virus-like particles (VLPs) to develop a possible vaccine for Chikungunya. VLPs mimic actual virus particles, so they trigger antibodies for the real virus, but they cannot cause infections, so they are safe to use as vaccines. Dr. Nabel and his team immunized macaques, a kind of rhesus monkey, with Chikungunya VLPs, waited 15 weeks, and exposed the animals to Chikungunya virus. The vaccine protected the monkeys from the virus. When the researchers realized that antibodies were responsible for the monkey's immunity, they injected mice that had deficient immune systems with antibody-containing serum from the monkeys. The mice then proved to be immune to Chikungunya. Dr. Nabel and his colleagues wrote that a VLP vaccine "has the potential to have a considerable impact on the spread of this disease." They also suggested that the approach might work with other mosquito-borne viruses, and they said they would seek approval for clinical trials that would help evaluate the safety and efficacy of the vaccine in humans. The research team included investigators from Purdue University, the University of Texas Medical Branch at Galveston, and Bioqual Inc., in Rockville, Md., as well as the NIAID scientists. (Sources: NIH press release, 1/28/10; Reuters, 1/28/10)

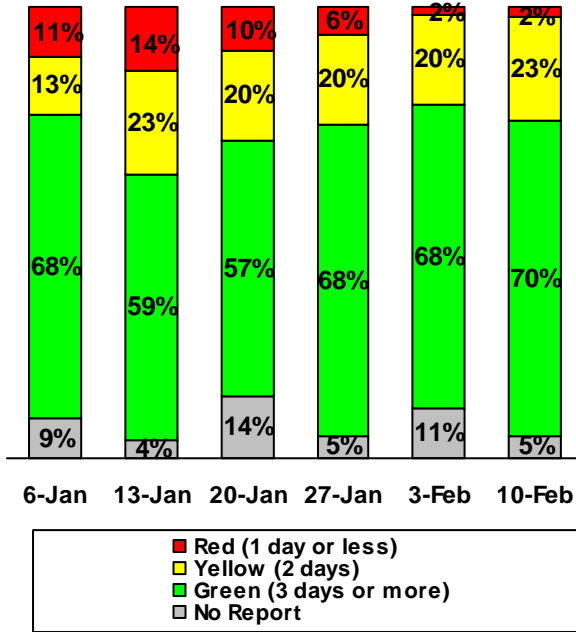
Citation: Akahata W, *et al.* A virus-like particle vaccine for epidemic Chikungunya virus protects nonhuman primates against infection. *Nature Medicine*. 2010 Jan 28 [E-pub ahead of print]

H1N1

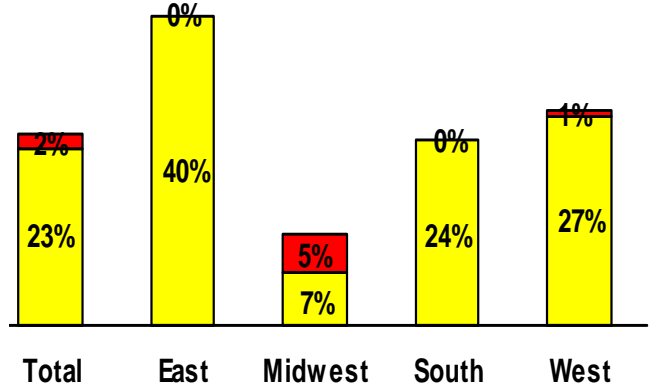
US health officials are encouraging Americans to continue getting the H1N1 vaccine although it may appear virus infection cases have decreased over the past few months. According to statistics by the Center for Disease Control, approximately 55 million people came in contact with the virus; about 250,000 needed hospitalization and more than 11,000 were reported contracting H1N1. The CDC also approximated that close to 25 percent of Americans have gotten vaccinated. Though many may feel that America has seen the worst of the H1N1 outbreak, there are a few months left in the flu season. The CDC warned that young people are more susceptible to the virus because of weak immune systems. The virus is especially apparent anywhere groups of children are in close proximity of each other. Parents were urged to take the necessary steps to prevent their children from contracting the virus. (Source: AHN, 2/8/10) ♦

STOPLIGHT: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Feb. 10, 2010



Daily Updates are available at:
www.AmericasBlood.org

MEMBER NEWS

Florida’s Blood Centers (FBC) has launched a Web site entirely written in Spanish. The initiative is part of FBC’s continuing effort to reach out to the growing Hispanic population living in Florida and to those potential donors who may not have had access to the benefits of blood donation before. The Web site www.donasangrehoy.org contains answers to the most frequently asked questions about blood donations, information about the most common myths surrounding the donation process, and video interviews with donors and patients whose lives have been saved and changed after their experiences with a blood donation or transfusion. Donors will also be able to access their donation history, set up appointments for future donations and check their cholesterol level results. “Our donors are the life blood of our organization, and we could not meet the need of our communities without them. That’s why we want to make sure that they are well informed about the donation process and what a better way of doing that, than in their native language,” said Anne Chinoda, president and CEO of FBC, headquartered in Orlando. FBC provides blood to more than 70 hospitals throughout the state. (Source: FBC press release, 2/8/10)

New York Blood Center (NYBC) is hosting the 32nd Annual Alexander S. Wiener lecture with a presentation by British hematologist Douglas Roland Higgs, FRS. Dr. Higgs will discuss his research on the regulation of globin genes during hematopoiesis on Tuesday, March 2, from 4-5 p.m. at NYBC’s Murray Sargent Auditorium, 310 East 67th St., New York, N.Y. Dr. Higgs is professor of Molecular Hematology at the University of Oxford and director of the MRC Molecular Hematology Unit at the Weatherall Institute of Molecular Medicine, Oxford, UK. Dr. Higgs completed his undergraduate studies at London

(MEMBER NEWS continued on page 14)

The Blood Alliance Reaches Milestone for 'Gift of Life' Blood Drive

The Blood Alliance (TBA) recently teamed up with the NFL's Jacksonville (Fla.) Jaguars for a "Gift of Life" blood drive held at Jacksonville Municipal Stadium. The event turned out to be the largest blood drive in the history of Jacksonville. TBA saw more than 700 donors and collected more than 650 units of blood, about 100 of which were from double red cell procedures.

The effort brought teams of staff together from The Blood Alliance's St. Augustine and Jacksonville operations, and the Savannah, Ga., and Beaufort, S.C. centers.



A donor enjoys Jaguars' mascot Jaxon Da Ville as a TV cameraman tries to capture the moment at Jacksonville Municipal Stadium.

The blood drive generated a full 13-hour day of media coverage that helped TBA spread its important blood donation messages to educate the public about the constant daily need for donors.

The Jacksonville Jaguars helped rally people to the stadium with player appearances that included: Daryl Smith, Justin Durant, Atiyyah Ellison, Nate Hughes, and Earnest Wilford. Former Jaguars player Richard Collier was also available for autographs, inspiring donors with his story – he was shot 14 times about two years ago and needed more than 13 units of blood to save his life. The Blood Alliance is looking forward to turning this into an annual event.



Jaguars football players sign autographs for TBA donors.

(Editor's Note: This article was written and submitted by Odette Struys, manager, Communications and Public Relations, The Blood Alliance.) ♦

MEMBER NEWS (continued from page 13)

University Kings College and received his Doctor of Science in medicine from Kings College Hospital Medical School where he completed specialized training in hematology. In 1977, Dr. Higgs began his fellowship at University of Oxford's Nuffield Department of Clinical Medicine studying the molecular genetics of thalassemia. His research showed that thalassemia is among the most prevalent of all human genetic disorders and that understanding the molecular basis of thalassemia helps to explain the pattern of inheritance of severe forms of the disease. As a direct result of this work, accurate genetic counseling and pre-natal testing has now been established in areas throughout the world where these diseases commonly occur. The event is open (at no charge) to medical and research professionals and the general public. A reception will follow the presentation. NYBC has been providing blood, transfusion products and services to patients in greater New York since 1964. NYBC is also home to the Lindsley F. Kimball Research Institute and the National Cord Blood Program at the Howard P. Milstein National Cord Blood Center, the world's largest public cord blood bank. (Source: NYBC press release, 2/8/10) ♦

COMPANY NEWS

Octapharma USA will accept applications until March 31 for the Octapharma 25th Anniversary Grants Program. The program supports clinical or pre-clinical research focused on human protein therapies in coagulation disorders, immunotherapy, intensive care and emergency medicine. Octapharma AG launched the grants program last year in celebration of the biopharmaceutical company's 25th anniversary. The grants program is only available to US-based researchers and is administered by Octapharma USA, the Swiss company's US subsidiary. "The grants program has been very well-received and we expect to be announcing our first recipient shortly," said Octapharma USA President Flemming Nielsen. All grant requests will be evaluated by the Octapharma Grants Committee in April and grant recipients will be announced shortly afterward. Headquartered in Lachen, Switzerland, Octapharma manufactures human protein therapies from both human plasma and human cell lines, including immune globulin intravenous products. Octapharma USA is located in Hoboken, N.J. Please visit www.octapharmagrants.com for a description of the grants program, including the application and review process, and to submit grant applications. (Source: Octapharma USA press release, 2/1/10) ♦

IN MEMORIAM

Mary Ellen Reitz, MD, medical director of the Community Blood Bank of Northwest Pennsylvania (CBB) and Saint Vincent Health Center's blood bank, died Jan. 27 of breast cancer. She was 57. Jacqueline Kocz, CEO of CBB, said Dr. Reitz "was an extremely busy and brilliant doctor." Richard Cogley, MD, Saint Vincent's chief medical officer, called her "highly professional and very organized." She graduated from Mt. Holyoke College in 1975 and the School of Medicine at the University of Buffalo in 1981. She completed a residency in pathology in 1985 and became a fellow of blood banking at New York Blood Center in 1986. She joined Pathology Associates of Erie the same year, and she was president of the practice at the time of her death. Dr. Reitz also was medical director of Associated Clinical Laboratories and Saint Vincent's School of Medical Technology, and she was a consulting pathologist for the Erie Veterans Affairs Medical Center and Shriners Hospital for Children in Erie, Penn. She received the Omni Medical Recognition Award in 1988 and became a fellow with the College of American Pathologists in 1991. She was an avid equestrian, historian, author, cook, artist, and gardener. She is survived by her husband, Duane Wilkey, and her two grown children, twins Andrew and Deirdre Wilkey. (Sources: *The Erie [Pa.] Times-News*, 1/28/10; GoErie.com, 1/29/10) ♦



Correction: Gender Error in WHO Story

A Feb. 5 ABC Newsletter story about blood screening recommendations issued by the World Health Organization (WHO), inaccurately reported the gender of Dr. Neelam Dhingra, coordinator of Blood Transfusion Safety for WHO's Department of Essential Health Technologies. Dr. Dhiingra is in fact a woman. The editors regret the error.

POSITIONS AVAILABLE:

Notices of positions available & wanted are published free of charge for a maximum of three weeks for ABC institutional members. There is a charge of \$110 per placement for ABC Newsletter subscribers & \$275 for non-subscribers. Notices ordinarily are limited to 150 words. To place an ad, contact Deanna Du Lac at the ABC office. Tel: 202-654-2917; Fax: 202- 393-5527; E-mail: ddulac@americasblood.org.

Laboratory Scientist &/or ASCP Licensed Medical Technologist. Join San Diego Blood Bank Reference Laboratory & make difference in lives of patients, staff & community. Work in one of finest cities in America, sunny San Diego with mountains, beaches & average temperature of 75 degrees year round! SDBB is not-for-profit community blood center that provides blood services for region. SDBB offers ideal location to start career, opportunity to take on leadership roles & ability to grow within organization. We are looking for qualified candidates: California licensed or eligible Laboratory Scientist &/or ASCP Licensed Medical Technologist. Specialty in Blood Banking pref'd. Blood Bank/Immunohematology exp. (minimum three to five years) & willing to relocate. Work independently, trouble shoot, problem solve & accept responsibility. We offer generous paid time off program, 100 percent employee paid health benefits; pension plan and 403(b). For more information contact: Marci Swearingen: (619) 400-8320. AA/EOE

Business Development Coordinator. MVRBC seeks dynamic, innovative professional to join our team in area of Business Development. Responsible for prospecting & securing contractual commitments, as well as impromptu sales, for our blood products & services. Coordinator will build credible & successful relationships with all existing customers & build relationships with potential customers, to ensure maximum impact for MVRBC & our clients. Qualified candidates must possess excellent communication skills, ability to work with diverse customer base, strong project management skills & be highly self motivated & organized. Must possess ability to develop & implement sales & marketing plans to achieve maximum goals & support our organizational needs & strategies. Must be able to successfully identify new markets & develop strong relationships. Prior, proven successful sales &/or marketing exp. req'd. Bachelor's degree in Marketing, Business or related field req'd. Prior statistical & data analysis pref'd. Business Development Coordinator will sustain national and possibly international focus. In order to meet evolving market needs, position has ability to work remotely & therefore has flexibility to not be based at MVRBC site. We offer competitive salary & excellent benefits including health/dental/vision insurance & 401(k) within 30 days of hire & tuition reimbursement. Pre-employment drug screen & background check req'd. Please submit resume to: Mississippi Valley Regional Blood Center. E-mail: hrmvrbc@mvrbc.com; Web site: www.bloodcenter.org. EOE

Director of Donor Relations. Make life-saving difference by joining dedicated staff of Michigan Blood. We have served Michigan communities for over fifty years & are seeking qualified individuals to serve in our new positions based in Grand Rapids area. You will lead achievement of statewide blood collection goals, by providing leadership for Donor Relations Department. You will be responsible for strategies, policies & practices req'd to attract blood donations to Michigan Blood. Individual will report to Vice President of Community Relations & provide vision & implement strategies regarding these areas. Qualifications include: post-secondary degree in marketing, sales, public relations or related field; minimum of eight years of progressively responsible exp. in management of related functions, preference given to marketing, sales & public relations exp. in blood bank setting. We offer competitive salary & exceptional benefit plan. If you have passion for health field, desire to be part of growing Michigan company & your strength is connecting with others or operations, please send resume, cover letter & salary history to: Michigan Blood Attn: **HR (ABC-143)**, 1036 Fuller NE, PO Box 1704, Grand Rapids, MI 49501-1704. Visit our Web site: www.miblood.org. EOE

Director of Hospital Services. Make life-saving difference by joining dedicated staff of Michigan Blood. We have served Michigan communities for over fifty years & are seeking qualified individuals to serve in our new position based in Grand Rapids area. You will guide & coordinate operations in areas of Hospital Services, including laboratory operations, component manufacturing, delivery, inventory & distribution. Individual will report to Vice President of Technical Operations & provide vision & implement strategies regarding these areas. Qualifications include: post-secondary degree in health science field; five to ten years of laboratory exp.; one to three years of transportation/fleet management, supply chain, &/or Lean Management/Six Sigma exp. pref'd. We offer competitive salary & exceptional benefit plan. If you have passion for health field, desire to be part of growing Michigan company & your strength is connecting with others or operations, please send re-

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POSITIONS (continued from page 16)

sume, cover letter & salary history to: Michigan Blood Attn: **HR (ABC-93)**, 1036 Fuller NE, PO Box 1704, Grand Rapids, MI 49501-1704. Visit our Web site: www.miblood.org. EOE

Medical Director, Associate. Progressive blood & tissue bank located in Dayton, Ohio seeks Full-Time Associate Medical Director to support growing organization. Our ideal candidate will be board eligible or certified physician & must be eligible for licensure in states of Ohio & Indiana. Position will provide medical support for blood and tissue center operations, medical consultation for area physicians & other health care professionals evaluate medical safety & suitability of donors & institutional processes. Salary commensurate with exp.; excellent benefit package including relocation benefits. If you are qualified candidate, please submit your CV to: Community Blood Center/Community Tissue Services®, Attn: **HR/JSW**, 349 S. Main St., Dayton, Ohio 45402. All inquiries are strictly confidential. Drug free workplace. EOE/AEE.

Manager of Product Inventory. Make life-saving difference by joining dedicated staff of Michigan Blood. We have served Michigan communities for over fifty years & are seeking qualified individuals to serve in our new positions based in Grand Rapids area. You will coordinate & optimize component distribution to hospital customers, including inventory analysis and tracking. This individual will report to Director of Hospital Services. Qualifications: post-secondary degree; three to five years of related exp.; Lean Management &/or Six Sigma exp. pref'd. We offer competitive salary & exceptional benefit plan. If you have passion for health field, desire to be part of growing Michigan company & your strength is connecting with others or operations, please send resume & cover letter to: Michigan Blood, Attn: **HR (ABC-95)**, 1036 Fuller NE, PO Box 1704, Grand Rapids, MI 49501-1704. We site: www.miblood.org. EOE.

Manager 2, Quality Laboratory in Hoover, AL. BioLife Plasma Services, subsidiary of Baxter Healthcare, is industry leader in operating high quality plasmapheresis centers throughout U.S. This position is responsible for developing & deploying quality systems at BioLife testing facilities. Manages regulatory inspections & interprets applicable quality & regulatory requirements while managing Laboratory Quality organization. Monitors testing techniques & accuracy of all records & documentation done in lab. Provide Laboratory long-term objectives, budget, general policies & management guidance. Bachelors Degree in Medical Technology or related field. ASQ certification helpful. Minimum of five years management exp. in Clinical Laboratory, Quality, Manufacturing or related field. Strong leadership skills & demonstrated success in overseeing large team. Knowledge in Statistical Analysis, QSR, cGMP, CFR, USP & GDP plus. As global leader dedicated to building best team in healthcare, we offer competitive compensation & full benefits. To apply, please visit our career website at: <http://www.baxter.com/careers> or send your resume to: melissa_grabiner@baxter.com. EOE M/F/D/V.

Market Research Analyst. Marketing Research Bureau, leading market research & publishing firm specializing in plasma industry seeks full-time analyst to conduct domestic & international market research. Position is based in New Haven, Connecticut. Successful candidate will have at least three years of exp. in biopharmaceutical market research, superior writing, telephone & presentation skills, intercultural awareness & foreign language abilities. Travel 20%. Full compensation package includes health & retirement benefits. Please E-mail your resume, writing sample & cover letter to: mrb_careers@earthlink.net. Web site: marketingresearchbureau.com.

Medical Director/VP of Medical Affairs. Denver-based Bonfils Blood Center seeks Chief Medical Officer who works directly with President / CEO & acts as Bonfils' Regulatory Head. Responsible for ensuring medical & research direction; supports high-quality blood & components, laboratory testing, donor collections & counseling; hospital relations; product management; National Marrow Donor Program & clinical research. Responsible for consultative & support services that relate to care & safety of donors & recipients. Individual will provide strategic direction to board & company. Oversees & provides direction to management responsible for Quality Assurance & Regulatory Affairs. Ensures alignment of goals & tactics in all divisions, with emphasis on continuity of company presence, image & performance, as they relate to donor base, community partners & community at large. Salary commensurate with exp. Full benefits & relocation expenses available. To apply, please visit Web site: www.bonfils.org, click on "employment." EOE/Drug free environment.

Reference Laboratory Medical Technologist. Mississippi Valley Regional Blood Center in Davenport, IA seeks Reference Laboratory Medical Technologist to perform & interpret serological procedures on specimens submitted for compatibility testing or problem resolution. Position will resolve typing problems, antibody problems, & cross-match problems & will communicate with hospitals as needed. Will also perform other routine donor testing. This is 2nd shift position working 2pm – 10:30 pm; Monday – Friday, including on call & weekend rotation. Must have MT (ASCP) with minimum three years recent blood bank exp. & SBB pref'd. Individual must have strong written & communication skills. We offer excellent benefits package, including health, dental, vision, 401(k) & tuition reimbursement. Pre-employment drug screen & background check req'd. Please send resume to: hrmvrbc@mvrbc.com; Fax: (563) 441-1903; Web site: www.bloodcenter.org. EOE

Medical Director. Community Blood Centers of South Florida, Inc. (CBCSF), serving southeast Florida metropolitan area from Key West to Palm Beaches seeks third medical professional. CBCSF draws 300,000 donations annually in support of 42 hospitals. Blood center is active participant with four bone marrow & solid organ

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POSITIONS (continued from page 17)

transplant programs, two sickle cell programs, NMDP, performs in excess of 1000 therapeutic apheresis procedures annually & operates accredited red cell reference, HLA & stem cell laboratories. Successful candidate will be active as well in physician education, BB fellowship program, MT training & community outreach. Applicants must be board certified or eligible in Blood Banking. Competitive salary & benefits. Submit resumes in confidence to: Gladys Garcia, Medical Director Search Project, 1700 North State Road 7, Lauderhill, FL 33313-5006; or by E-mail to: ggarcia@cbscf.org. EOE M/F/D/V DFWP

Medical Director. LifeSouth Community Blood Centers, Inc. seeks medical director with two or more years of exp. in BB/TM. Position based at corporate headquarters in Gainesville, FL reports to Medical Officer. Responsibilities of position include providing medical direction to several regional centers in Florida, Alabama & Georgia with annual whole blood & apheresis collection of over 225,000 donors. Also included will be shared medical oversight of donor testing laboratory, reference lab, cord cell bank & therapeutic apheresis procedures. Applicant should be board certified in clinical pathology, hematology or other suitable specialty with board certification or eligibility in BB/TM and have or be eligible for licensure in Florida, Georgia & Alabama. Please submit cover letter & resume to: 4039 Newberry Rd., Gainesville, FL 32607, Attn: Dr. Kathleen Sazama or kjsazama@lifesouth.org. Background check req'd. EOE/DFWP

American Red Cross Mid-American Blood Services Division: Medical Director- Peoria, Ill. Provide oversight for all medical aspects of regional blood center operations including reference laboratories, research, medical community relations & collections. Participate as part of management team & provide medical/technical expertise to our blood centers. Must be board eligible, or certified in clinical pathology, hematology & eligible or certified in Blood Banking/Transfusion Medicine. Minimum seven years exp. in blood banking/transfusion medicine, or related field, or completion of blood banking/transfusion medicine fellowship req'd. Excellent benefits package. Send resume/CV to: Lisa Newell, American Red Cross: newelle@usa.redcross.org. Phone calls to (612) 290-8952. Web site: www.redcrossblood.org. EOE

American Red Cross Blood Services: Assistant Medical Director - St Paul, Minn. Responsible for shared medical coverage of regional blood center, immunohematology laboratory & neutrophil-platelet serology laboratory. Successful applicant will be eligible for appointment to transfusion services at University of Minnesota Medical Center transfusion service, which includes therapeutic apheresis & peripheral blood stem cell programs & Veterans Administration Hospital. MD or DO degree with post-graduate training in blood bank-

ing/transfusion medicine req'd. Must be board eligible, or certified in clinical pathology, hematology & eligible or certified in Blood Banking/Transfusion Medicine. Minimum five years exp. in blood banking/transfusion medicine, or related field, or completion of blood banking/transfusion medicine fellowship req'd. Excellent benefits package. Send resume/CV to: Lisa Newell, American Red Cross: newelle@usa.redcross.org. Phone calls to (612) 290-8952. Web site: www.redcrossblood.org. EOE

American Red Cross Blood Services: Assistant Medical Director – Omaha Neb. Responsible for shared medical coverage of regional blood center with active therapeutic apheresis & peripheral blood stem program. Must be board eligible, or certified in clinical pathology, hematology & eligible or certified in Blood Banking/Transfusion Medicine. Minimum five years exp. in blood banking/transfusion medicine, or related field, or completion of blood banking/transfusion medicine fellowship req'd. Excellent benefits package. Send resume/CV to: Lisa Newell, American Red Cross: newelle@usa.redcross.org. Phone calls to (612) 290-8952. Web site: www.redcrossblood.org. EOE

Executive Director II. United Blood Services seeks exp. results-oriented individual to provide overall center management for Rio Grande Blood Center. UBS Rio Grande is one of Blood Systems, Inc.'s, largest blood centers. With our main location in El Paso, Texas, we provide services to communities in West Texas, Southern New Mexico & Rio Grande Valley area. This position requires strong, independent leader with well-developed skills in management, community outreach & in motivating people to excel in all they do. Bachelor's degree in related area req'd. Eight years progressively responsible management exp., to include three years supervisory exp. req'd. Previous blood center or health care industry exp. pref'd. We offer excellent benefits, competitive salary & relocation package. Send resume & salary history by **February 12, 2010** indicating **job #211-1101-2010-0002** to: United Blood Services Attention: Human Resources, 424 S. Mesa Hills Dr, El Paso, TX 79912 or visit our Web site at: www.unitedbloodservices.org to download our employment application. Pre-employment drug testing req'd. EOE M/F/D/V

Clinical Services Manager (#445). Inland Northwest Blood Center, located in beautiful Pacific Northwest, seeks full-time Clinical Services Manager to influence

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POSITIONS (continued from page 18)

quality of clinical practice by managing resources/staff involved in Therapeutics/Marrow Program donor management programs, including managing schedule for staff performing therapeutic procedures/marrow program activities, coordinating activities between other departments/clinical services & coordinating medical director decisions into clinical practice; Graduate from accredited school for Registered Nurses with current licensure in states serviced by INBC/ability to obtain; four years related exp., including program management/supervision, preferably in areas of medical/surgical, ICU, hemodialysis/hemapheresis or transplantation medicine; Nurse Practitioner/Physician Assistant pref'd; ability to lift up to 25 pounds occasionally. Complete position description available upon request (800) 423-0151 x 4247. Competitive compensation/benefits package; applicants must send/fax completed INBC Application. Attn: Human Resources, INBC, 210 W Cataldo Ave, Spokane, WA 99201; Fax: (509) 232-4530. Applications are available on our Web site at: www.inbc2.org. EEO/AA

Director of Donor Service (Collections). Central California Blood Center, located in Fresno, CA, seeks business minded mgmt-focused individual to direct all aspects of blood donor program with annual draw of 70,000 +. Includes managing efforts of Donor Services Dept. including registration, donor evaluation, phlebotomy, care & handling of blood units, post donation, mobiles, field & hemapheresis. In addition, ensure regulatory compliance with all nursing SOP's & training requirements for CCBC Donor Services (Collections) staff. Strong leadership skills including prior management exp. & proficiency in process improvement strategy with implementation of initiatives req'd, MBA plus. Great benefits including medical, dental, vision & life insurance along with pension plan & 401 (k), long term disability & EAP. Send resume with salary history to: Central California Blood Center; ATTN: Adrienne Vanderberg, 3445 W. Herndon Ave., Fresno, CA 93722; E-mail: avanderberg@donateblood.org. Fax: (559) 224-1310. EOE

Controller/ Director of Accounting. Puget Sound Blood Center seeks Controller/ Director of Accounting that would be responsible for financial operations of Blood Center including accounts payable, billing, payroll, cash management & external reporting functions. Principal responsibilities include responsibility for proper recording of all financial activity of Blood Center in accordance with generally accepted accounting principles, implementing proper internal controls & managing the Accounting staff. Bachelor's degree in finance or accounting req'd for this position & CPA or master's degree pref'd. Five or more year's exp. in controller or assistant controller role with organization that has multiple business lines, supervising & developing staff. Demonstrated proficiency with Microsoft Office applications: Word, Excel, PowerPoint & Out-

look, exp. with computerized accounting software. Exp. working in "lean" organization, Medicare cost reporting & healthcare/not for profit exp. pref'd. Interested Applicants should send their resume to: HumanResources@psbc.org or Fax: (866) 286-8495. For more information, please visit our Web site: www.psb.org.

Director Technical Operations. LifeSource Blood Center is not-for-profit organization & major provider of products that support Chicago's blood supply. LifeSource's committed professionals believe in core values of providing reliable & safe blood products to community. LifeSource is made up of quality minded individuals who demonstrate team work, open communication, continuous learning & excellent customer service. LifeSource has exciting opportunity for right individual to lead area of Technical Operations at their Glenview site. This department is responsible for manufacture, labeling & Quality Control testing of blood products. Director of Technical Operations should have ability to work in challenging & innovative environment where their leadership can make difference. Position is responsible for overall management of Manufacturing, Labeling & Quality Control departments inclusive of several direct reports. Candidate should demonstrate strong leadership & partnering skills, along with solid blood banking background. Director of Technical Operations will be responsible for assuring that all products manufactured are in compliance with FDA & AABB regulations. Past exp. in blood banking & regulated GMP environment must. Position requires minimum of five years exp. in laboratory management, preferably in blood center. Quality assurance in regulated environment is strongly recommended. BS in science req'd. ASCP certification in Blood Banking strongly pref'd. Candidate that is qualified & willing to acquire Specialist Blood Banking (SBB) will be considered. Competitive salary & benefit package. Relocation assistance may be provided. Please apply to this position at: www.lifesource.org or contact Nancy Sifuentes: (847) 803-7845.

Donor Services Operations Director, South Texas Blood & Tissue Center, San Antonio, Texas, seeks F/T professional to manage and coordinate all operations for the Donor Services department to include the collection of blood products (Apheresis, special collections, and automated collections) on mobile blood drives and at fixed site locations. Our not-for-profit center serves more than 100 hospitals & clinics in 43 counties in the South

(continued on page 20)

POSITIONS (continued from page 19)

Texas area. Qualifications required include Bachelor's Degree, blood banking experience, five years supervisory experience, MT (ASCP) or equivalent or RN

preferred. Offering competitive compensation, benefits, & relocation package. For information, please call SonJa Martinez, @ (800) 292-5534, ext. 1030. To apply, e-mail resume to hr_dept@bloodntissue.org or Fax to (210) 731-5581. EOE/AAP. ♠