



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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New REDS-II Study to Take Aim at Donor Health History Errors

While it has long been known that the blood donor health history process is prone to errors, the reasons for those errors remain largely unknown. But a new federally funded study to be completed this year will try to find some answers.

The study, conducted by members of Retrovirus Epidemiology Donor Study-II (REDS-II), the nation's premier blood donor epidemiology research group, is being touted as the first of its kind "to address the issue of post-donation information (PDI) errors in any systemic fashion."

"Donors often fail to report a risk that would have resulted in deferral," said a request-for-comments notice posted in the *Federal Register* this week by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. "This deferral risk may be disclosed at a subsequent donation and is classified as PDI [but] many examples of PDI are not disclosed nor discovered until several intervening donation events have occurred. The reasons why donors fail to disclose a deferrable history at the time of one donation but subsequently disclose this information at a later time are unidentified."

To gain insight into a donor's understanding of the screening process, their feelings about the process, and their feelings about blood donation in general, researchers will contact some 408 donors, hoping to end up with a target study group of about 102 donors involved in PDI errors.

Susan Wilkinson, EdD, associate director of Hoxworth Blood Center at the University of Cincinnati, Ohio, is leading the study. She has already done research on travel-based donor deferrals and other PDI-related issues. Cognitive testing of an interview guide will be conducted by Hoxworth and Westat, the Rockville, Md., company that serves as the REDS-II medical coordinating center.

Other REDS-II members are Blood Centers of the Pacific/Blood Systems Research Institute; University of California, San Francisco; Blood Center of Southeastern Wisconsin; Emory University/American Red Cross (ARC) Blood Services, Southern Region; the Institute for Transfusion Medicine/LifeSource; and ARC Blood Services, New England Region.

Though donor interviews will be individually conducted, researchers will form groups of similar PDI and deferred donors for analysis purposes. The five groups of interest include PDI occurrences or deferrals that are due to:

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OUR SPACE

By ABC CEO Jim MacPherson

The Plasma Supply, Part 2: Rest of the World

Last week I briefly described the US situation for plasma made into life-saving pharmaceuticals. Outside the US, the picture is confusing and patient lives remain at risk.

Countries with developing economies have limited access to plasma derivatives (except donated products or what they may make from their own plasma using decades-old technology). Anti-hemophiliac factor remains so scarce and expensive that patients are treated only when they bleed, if then, something not seen in the US in nearly 40 years.

Emerging and developing economies are unhappily subject to the plasma market and price whims of the advanced economies, and sometimes great fraud, as occurred in Brazil several years ago. Indeed, in the 1990s Interpol investigated the safety of plasma “pastes” (intermediary stage product) on the black market, and earlier this month 11 tons of stolen plasma was recovered on its way to some Eastern European destination (see *ABC Newsletter*, 2/12/10).

Outside the US, there is the ongoing controversy of paid vs. volunteer donor plasma. As noted last week, the global commercial sector has done a great job taking paid plasma and turning it into safe therapeutics. Nevertheless, in some countries there is a steady drumbeat for a preference to use volunteer plasma. Is this protectionism or a legitimate safety concern. Also, each year tons of excess plasma paste (so-called cryo-paste, which contains anti-hemophilic and other clotting factors) are destroyed because no one has figured out how to transfer these intermediaries to developing economies without assuming potential liabilities. So patients go untreated for lack of a legal solution.

Every year more patients benefit from plasma therapies, but existing controversies are a distraction to solutions for wider patient access. Rumor has it that some progress is being made to bridge the paid/volunteer divide. If true, can we then better focus on patient needs?

A handwritten signature in black ink, appearing to be 'J. MacPherson'.

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.

Special Bone Marrow Transplant Gives Encouraging Results for Sickle Cell

Sickle cell disease strikes thousands of African Americans every year, clogging their blood vessels with sickle-shaped cells and causing strokes, blindness, and excruciating pain along with damage to the heart, liver, lungs, and kidneys. But University of Louisville (U of L) and Duke University researchers are testing a bone marrow transplant treatment for sickle cell that may give renewed hope to patients.

Six patients are participating in a study that aims to make bone-marrow transplants safe enough to be used beyond the small number of patients with perfectly matched donors. Such transplants offer a potential cure for sickle cell disease but are considered too dangerous in most cases because they can lead to complications such as graft-versus-host disease.

Suzanne Ildstad, MD, research leader and director of U of L's Institute for Cellular Therapeutics, is attempting to overcome such complications by inducing a patient's tolerance to the donor cells. She said study results are promising – with two of six patients considered to be cured and a third doing well. The challenge is bringing the same kind of transplants to many of the nation's 70,000 sickle cell patients.

Central to Dr. Ildstad's work is her discovery in 1994 of a "facilitating cell" in bone marrow, which helps stem cells in a donor's marrow to "take" in a recipient, lessening the chance that the patient's immune system will reject the donor cells.

Safe bone-marrow transplants may also offer new treatments for conditions such as Type I diabetes and multiple sclerosis, she said, and a better approach to organ transplants that doesn't require a lifetime of anti-rejection drugs.

Her research has sparked excitement among scientists across the nation and has attracted funding of up to \$7 million a year from the National Institutes of Health, Department of Defense, and the National Foundation to Support Cell Transplant Research.

But not everyone is certain that Dr. Ildstad has found a cure for sickle cell disease. Dr. John DiPersio, chief of oncology at Washington University in St. Louis, said it's unusual that her results haven't been replicated by many other teams, and that there hasn't been more follow-up on facilitating cells.

Dr. Ildstad countered that other researchers have studied these cells, and Joanne Kurtzberg, MD, a Duke collaborator on the project, said skepticism accompanies "every new innovation in the field."

Amos Igwe, 13, believes the procedure has given him a future. Before getting a bone-marrow transplant from his sister in 2006 as part of the experiment, Amos was often so sick that he had trouble breathing and could barely leave the living room couch. Today he plays quarterback on a football team at St. Albert the Great, where he's an eighth-grader, is preparing to go to Trinity High School next year, and hopes to one day become a dentist or heart surgeon.

"We are grateful to God," said his father, Tony Igwe of eastern Louisville. "It's really a miracle."

To Amos, Ildstad is a champion. "I used to have trouble breathing. Now I'm gaining some muscle. I can play basketball with my friends. I can jump high," said the teen, who stands 5 feet 4. "She made all this happen. I feel like I'm cured."

"Amos was one of our first two successes," said Dr. Ildstad. "He's making normal red cells. He grew more than a foot in the past year. ... He's living a normal life."

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Sickle Cell Treatment (continued from page 3)

Mixed Chimerism. In Dr. Ildstad's office are images of the chimera, a mythical creature with a lion's head, a goat's body and a serpent's tail. It symbolizes the premise of her work – “mixed chimerism,” in which two bone marrow systems exist and function in one person.

While Dr. Ildstad was a staff fellow at NIH, she helped establish a model for a blood stem-cell chimerism, in which two genetically different stem cell populations co-exist. One of her most controversial efforts occurred in 1995, while she was at the University of Pittsburgh. She won federal approval to give a 38-year-old AIDS patient a transfusion of baboon bone marrow with added facilitating cells. While the marrow didn't take, the patient's health improved. But the procedure was heavily criticized, with some scientists worrying it could introduce baboon viruses into humans.

Dr. Ildstad also applied the idea of chimerism to sickle cell disease. In the US, the inherited condition is most common among those of African descent and is marked by defective hemoglobin, the oxygen-carrying protein in red blood cells. Patients' red cells carry less oxygen than normal, and many are shaped like crescents, or sickles, instead of doughnuts. The misshapen cells don't move easily through tiny blood vessels, causing clogs and the resulting pain and organ damage.

Dr. Ildstad reasoned that a safe bone-marrow transplant could halt this destructive cycle by helping patients make normal red blood cells. And chimerism, achieved with the help of facilitating cells, could make a transplant safer, even for donor-recipient pairs who aren't perfect matches.

She came to U of L in 1998 under Bucks for Brains, a state program designed to bring top researchers to Kentucky universities, and she tested her procedure on her first sickle cell patient in November 2005. The first two patients, including Amos, were treated at Kosair Children's Hospital.

Treatment of patients moved to Duke in North Carolina about three years ago, Dr. Ildstad said, after the NIH encouraged her team to branch out beyond Kentucky. But while Duke is a larger research institution with more clinicians available to do the work, Ildstad said she hopes to resume enrolling patients for treatment in Louisville as well in about a month. (Source: *Courier-Journal*, Louisville, Ky., 2/21/10) ♦

Lawsuit Over Florida West Nile Virus Case Back in Court

LifeSouth Community Blood Centers, based in Gainesville, Fla., went back to court again this week to defend itself against a lawsuit brought by the parents of a boy who died in July 2004 of a West Nile virus (WNV) infection contracted from a blood transfusion. A decision from Circuit Court Judge Robert Roundtree is expected within a couple of weeks.

In the original trial in 2006, the jury awarded the boy's parents, Ross and Kaynan Fitchner, more than \$8 million in damages, to be paid by LifeSouth. However, in 2007, Florida's 1st District Court of Appeals overturned that ruling, and in 2009, the Florida Supreme Court upheld the appeals court decision.

In 2002, Chase Fitchner, who was 7 years old when he died, was treated for Fanconi's anemia at Shands Hospital at the University of Florida in Gainesville, where LifeSouth is headquartered. Chase received a stem cell transplant and numerous blood transfusions. One of the blood products was infected with WNV, and Chase later died of the disease.

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West Nile Virus Case (continued from page 4)

The Original Lawsuit and Earlier Appeals. The transfusions took place before WNV testing was available and before blood donors were asked specific questions about WNV. However, the original case accused LifeSouth of negligence in screening the donor, a US citizen of Hispanic origin who had asked for a translator. None was available, but LifeSouth allowed him to donate blood anyway. Attorneys for the Fitchners argued that he should have been disqualified from donating, and the jury agreed. The \$8 million award went well beyond LifeSouth's insurance coverage.

LifeSouth immediately appealed the verdict. CEO Nancy Eckert asserted at the time that there was a good deal of evidence that the man should have been accepted as a blood donor – including the fact that 19 LifeSouth employees had interacted with him between 1998 and 2002 and felt that he understood English. Furthermore, LifeSouth felt that it had been unable to fully present its case, in part because the judge ruled out all testimony about what was and was not known about WNV in 2002.

When LifeSouth appealed the decision, however, the appellate court in October 2007 reversed the verdict based not on information about WNV, but on the judgment that the claim was covered by a 2003 amendment to Florida healthcare liability reform legislation. That amendment defined blood centers as healthcare providers, which means that the Fitchners (who filed the original case under general negligence laws) should have filed a medical malpractice lawsuit and followed procedural requirements for such cases. The state's medical malpractice statutes also set limits on damages and attorney fees.

The Fitchners appealed that decision in late 2008. America's Blood Centers (ABC), the American Red Cross, and AABB submitted a "friend-of-the-court" argument that sided with LifeSouth. In January 2009, the Florida Supreme Court, after a split decision, issued an order that let stand the ruling by the appellate court. In doing so, it affirmed that blood banks in Florida should be covered by the state's medical malpractice statutes. The order also said, "No motion for rehearing will be entertained by the Court."

ABC CEO Jim MacPherson emphasized the implications of the ruling, calling it "an important milestone in our organization's efforts to have blood centers recognized as healthcare providers covered by any standing or future liability laws protecting hospitals and doctors."

The Current Appeal. On Monday, the Fitchners and their legal counsel appeared before Judge Roundtree. According to *The Gainesville Sun*, the attorneys presented arguments that center on issues of constitutional access to court. The question of whether the Fitchners' attorneys were or were not required to file pre-suit notice is crucial to the outcome of the case.

The Fitchners are hoping that Judge Roundtree will send the case back to the appeals court or perhaps to retrial. LifeSouth maintains that the case should be over, given that it has already gone through the appellate courts. Judge Roundtree has not yet presented a decision, and the Fitchners' attorney, Dean LeBoeuf, told a *Sun* reporter that his best guess was that it would be a couple of weeks before the judge did so. (Sources: *The Gainesville Sun*, 2/22/10; *ABC Newsletter*, 6/23/06, 3/28/08, 12/5/08, 1/9/09) ◆

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to *ABC Newsletter* Editor Robert Kapler at rkapler@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter cycle.

Lower Platelet Dose as Effective as Higher Dose, Study Finds

A lower dose of platelets than is commonly used can be as safe and effective as the higher dose, a new study suggests.

A team of researchers from the Puget Sound Blood Center and more than a score of university medical centers and hospitals across the nation randomly assigned prophylactic platelet transfusions to patients undergoing hematopoietic stem-cell transplantation or chemotherapy for hematologic cancers or solid tumors.

The study included 1,272 people who had at least one platelet transfusion. They were divided into three groups, depending on the number of platelets in each transfusion: a low dose, a medium dose, or a high dose per square meter of body-surface area. The high-dose group got the usual amount, roughly 10 trillion cells, and the low-dose group got half that number. Clinical signs of bleeding were assessed daily. The primary end point was bleeding of grade 2 or higher.

The researchers observed no significant difference in the amount of bleeding among the three groups, the report said. The primary end point was observed in 71 percent, 69 percent, and 70 percent of the patients in the low, medium, and the high-dose groups, respectively. The authors did not consider the differences significant. The incidences of higher grades of bleeding, and other adverse events, were similar among the three groups.

“You can safely transfuse patients with about one-third the dosage of platelets we normally use,” said Victor M. Aquino, MD, a member of the research team whose findings are reported in the Feb. 18 issue of the *New England Journal of Medicine*.

Frequent platelet transfusions – once or even twice a day – are needed for patients who receive chemotherapy or bone marrow transplants, and platelets are often in short supply. Chemotherapy damages the bone marrow and suppresses the production of platelets in the body.

Dr. Aquino, an associate professor in the pediatric hematology-oncology division at the University of Texas Southwest Medical Center, acknowledge that more frequent transfusions were required for the low-dose group, “but you use fewer platelets in the long run,” he said.

Another major finding was that it's safe to allow the blood platelet count to go lower than what is now regarded as the danger point, said study author Sherrill J. Slichter, MD, a hematologist and professor of medicine at the University of Washington and director of Platelet Transfusion Research at the Puget Sound Blood Center. “In the dose range we used, there was absolutely no effect of dose on the risk of bleeding,” Dr. Slichter said. “Smaller doses are as hemostatically effective as larger doses.”

Platelet transfusions are commonly given when blood levels drop below 10,000 cells per cubic millimeter of body-surface area. The study found no danger when platelet counts went as low as 5,000 per cubic millimeter. “As long as you have a morning platelet count of at least 5,000 or greater, the risk of bleeding is essentially the same,” Dr. Slichter said.

The findings will probably change clinical practice, said Drs. Slichter and Aquino. “In our patients, we now transfuse at the lower number,” Dr. Aquino noted. Reducing platelet usage would have a number of benefits, Dr. Slichter said. “It’s an expensive product, and if you can use fewer, that is a cost savings for patients, insurers, hospitals, and blood centers,” she said. Also, unlike red blood cells, with a shelf life of

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Low-Dose Platelets Study (continued from page 6)

up to 42 days, platelets have a shelf life of five days. Because of their short shelf life, platelet supplies often drop during weekends and because of storms or even holidays. (Source: *US News and World Report*, 2/17/10)

Citation: Slichter SJ *et al.* Dose of Prophylactic Platelet Transfusions and Prevention of Hemorrhage N Engl J Med. 2010 Feb 18;362(7):600-613. ♦

Study Finds Inflammatory Role for Platelets in Rheumatoid Arthritis

Researchers intrigued by the growing recognition of platelets' role in inflammation have discovered platelet microparticles (MPs) in fluid between the joints, where they amplify the inflammation that characterizes rheumatoid arthritis (RA).

The research team was led by Eric Boilard, PhD, a research fellow at Harvard Medical School and its teaching affiliate, Brigham & Women's Hospital (BWH). The team's findings, which were published in the Jan. 29 issue of *Science*, may lead to new non-immunosuppressive treatments for arthritis, as well as other inflammatory disorders in which platelets may be involved.

It is well known that platelets play an important role in hemostasis and wound repair, and appreciation of their role in inflammatory conditions like atherosclerosis, a chronic disease of the blood vessels, is growing. Before this study, though, their role in rheumatoid arthritis, the most common inflammatory condition, had been unknown.

Methodology and Findings. Dr. Boilard and his colleagues began by testing RA patients' synovial fluids – which collect in joints in wrists, elbows, hips, fingers, shoulders, and neck. They found platelet MPs there, but not in the synovial fluids of patients with osteoarthritis.

The researchers then moved to studies of mice. When they treated mice with a platelet-depleting antibody regimen, they found that the platelet-depleted mice exhibited a marked reduction in arthritis. The researchers then discovered that platelet activation and the release of MPs happens when glycoprotein VI (GPVI), a collagen receptor, is stimulated by collagen. Mice and human subjects who lacked GPVI did not develop RA.

The researchers next found that MPs increase inflammation in the joints by eliciting certain substances – cytokines – from fibroblast-like synoviocytes (FLS), which are key cells in RA. In mice deficient in the receptors for those cytokines, their FLS were unaffected by the platelet MPs. In regular mice, blocking the receptors with neutralizing antibodies kept the FLS from being activated by the MPs. The researchers found the same results in humans.

In a statement from BWH, Dr. Boilard and his colleagues point out that platelet activation most likely extends beyond the mechanisms they identified; thus, they plan extensive further research. Already, though, the discovery of the roles of GPVI in the release of MPs and of cytokines in responses to MPs suggest possible new therapies for patients with RA, as well as other inflammatory conditions in which platelets may play roles.

In an accompanying editorial, Guy A. Zimmerman, MD, and Andrew S. Weyrich, PhD, underline the significance of the team's discovery, and the work was picked as an Editors' Choice in *Science Signal*

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Platelets and Arthritis (continued from page 7)

ing. Furthermore, Dr. Boilard was honored for this work in November by MedImmune, a biologics company that sponsors a competition for abstracts in respiratory, immunology, and autoimmunity research. Dr. Boilard's abstract won first prize. Anthony J. Coyle, PhD, MedImmune's vice president for Research and Development as well as head of its respiratory, inflammation, and autoimmunity research, said the research submitted by Dr. Boilard and other students and postdoctoral fellows "could pave the way for further understanding of the mechanism of these diseases, and could potentially help in the development of new therapies." (Sources: Brigham & Women's Hospital release, 1/28/10; MedImmune release, 11/17/09)

Citations: Boilard E, *et al.* Platelets amplify inflammation in arthritis via collagen-dependent microparticle production. *Science*. 2010 Jan 29;327(5965):580-3. Zimmerman GA, and AS Weyrich. Immunology: Arsonists in rheumatoid arthritis. *Science*. 2010 Jan 29;327(5965):528-9. Mueller K. Inflammation: Platelet microparticles drive inflammatory arthritis. *Science Signal*. 2010 Feb 2;3(107):ec38. 💧

AABB Assessors Required to Fill Out HIPAA Compliance Agreements

AABB assessors began receiving notices this week informing them that they must fill out addendums to their assessor agreements with the accreditation organization that promise they will comply with federal patient privacy rules.

AABB sent out the notices to ensure that assessors comply with certain regulatory requirements of the Health Information Technology for Economic and Clinical Health (HITECH) Act, which is part of the American Recovery and Reinvestment Act of 2009 (ARRA). The new rules substantially change certain requirements of the Health Insurance Portability and Accountability Act (HIPAA). The compliance date was Feb. 17.

The new rules affect AABB and its "more than 1,500 accredited institutional members that are covered entities," AABB said in an announcement last week.

HITECH, the section of ARRA that takes steps and funnels resources to implement a national health IT infrastructure by 2014, expands HIPAA data privacy and security requirements to include "business associates" of covered entities such as hospitals, pharmacies and other healthcare providers, that are subject to HIPAA. According to an attorney at Goodwin Proctor, a New York City-based law firm that does work in the healthcare arena, before HITECH, business associates that failed to properly protect patient information were liable to the covered entities via their service contracts, but they did not face governmental penalties.

Traditionally, business associates include accounting firms, billing agencies, law firms, and accrediting organizations such as AABB. These, too, have business associate agreements, and AABB's action will help ensure that its business associates are in compliance with HIPAA privacy rules under HITECH.

For AABB assessments beginning with the third quarter of 2010, new HIPAA language will be added to the assessor assignment letter that assessors receive when assigned to an AABB assessment. However, for assessors assigned to assessments between Feb. 22 and June 30, interim measures have been put in place to ensure compliance with the new regulations.

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HIPAA and AABB Assessors (continued from page 8)

Under the addendum to the assessor agreement, “Information regarding patients obtained as a result of performing AABB accreditation assessments shall be treated in accordance with HIPAA as amended by Subtitle D of the HITECH Act (Title XIII of ARRA), and all implementing regulations.”

Less clear is whether HIPAA privacy provisions in HITECH affect any America’s Blood Centers members. Generally, blood donation is exempted from HIPAA; however, blood centers performing patient-related services may be covered entities. Such services could include therapeutic apheresis, reference laboratory services, and/or centers doing crossmatching for hospital clients.

The announcement did not specifically list the covered entities that have business associate agreements with AABB. But Diane Killion, an AABB privacy and security officer, said this week transfusion centers and a number of blood centers have business associate agreements with AABB. To be on the safe side, she said, blood center staff should review the HIPAA language laid out in HITECH with their attorneys.

As for assessors, information regarding donors and facilities obtained as a result of performing AABB accreditation assessments shall meet the following confidentiality requirements:

1. All donor, patient, and facility information must remain confidential. Donor and patient identifying information received or collected during the assessment process shall be completely obliterated with no hard or electronic copy kept of the inadvertently disclosed information. In the event that a specific donor or patient sample must be referenced or reviewed, all identifying characteristics of that donor or patient shall be completely redacted.

2. The assessor may use or disclose Protected Health Information (“PHI”) only to perform assessment functions.

3. The assessor shall disclose only the minimum amount of facility information or Protected Health Information necessary to complete an assessment.

4. The assessor shall use appropriate safeguards to prevent the use or disclosure of facility information or Protected Health Information including any such electronically stored information.

5. The assessor shall immediately report to AABB by telephone ((301) 215-6492) and in writing (accreditation@aabb.org) any disclosure of protected health information occurring outside of the assessment process of which the assessor becomes aware. The assessor shall take all steps possible to minimize any harmful effect of the unintentional or accidental disclosure.

For questions concerning the new requirements, members should contact [AABB’s accreditation department](#). (Sources: *AABB Weekly*, 2/19/10; AABB notice to assessors, 2/23/10, *IT Business Edge*, 4/3/09) ♦

GSABC

GSABC Teams with BCA on New Venture

Editor’s Note: Group Services for America’s Blood Centers (GSABC) issued the following announcement on Thursday:

GSABC has joined forces with Blood Centers of America to create Blood Group Alliance Inc. (BGA), a cooperative that will offer specific services and programs to community blood centers, eliminate overlap and serve the best interests of members. By establishing this new organization, GSABC and BCA have committed to cooperate for the benefit of members in order to realize cost efficiencies and gain greater leverage in negotiations through a jointly managed enterprise.

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GSABC (continued from page 9)

Initially, BGA will collaborate in the following key areas:

- ◆ Recovered Plasma
- ◆ Hospital GPO relationship
- ◆ Kitting and other Supply Chain projects
- ◆ Vendor Qualification
- ◆ Cell Therapy projects

Membership is open to all community blood centers, with BGA operating on a patronage basis. Charlie Mosher is serving as its chair with Jerome Haarmann serving as president.

Member enrollment is now open. The organizations represented by all GSABC and BCA Board members have committed to join BGA. The inaugural meeting of BGA will take place at the March 20 GSABC membership meeting.

Please contact Jerome Haarmann, jhaarmann@gsabc.com, or Charlie Mosher, cmosher@bcacoop, with any questions. ◆



ABC Partners with Remington College for Blood Drives in 2010

'3 Lives' Blood Drives to Focus on the Need for Minority Donors

America's Blood Centers (ABC) is partnering with Remington College for a series of blood drives to be held at Remington College campuses across the country throughout the year. The Remington College effort is called "3 Lives" because three lives may be saved for every unit of blood donated.

The blood drives will focus on the need for minority donors – especially African Americans. According to ABC, the need for African-American blood donors is very high.

"African-American donors provide blood with unique antigens, which can mean life-saving treatments for people battling sickle cell, leukemia, and other diseases," said Tom Schallert, ABC president. "The best blood match for a chronically ill patient requiring multiple blood transfusions throughout his or her lifetime will likely come from a donor of the same ethnic background."

"Our goal is to collect hundreds of pints of blood that will help out hospitals and blood centers in the communities where we have campuses," said Jack Forrest, Remington's president and CEO.

Each Remington College campus will hold three blood drives in 2010. The first ones will happen in early-April as part of National Minority Health Month. Remington College and ABC members will partner for blood drives on the following campuses:

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- ◆ Remington College-Houston, North Houston, and Houston Southeast campuses in Texas
- ◆ Remington College-Cleveland and Cleveland West campuses in Ohio
- ◆ Remington College-Dallas and Ft. Worth campuses in Texas
- ◆ Remington College-Baton Rouge, Shreveport, and Lafayette campuses in Louisiana
- ◆ Remington College-Mobile campus in Alabama
- ◆ Remington College-Memphis campus in Tennessee
- ◆ Remington College-Tampa campus and Remington College of Nursing (Orlando) in Florida
- ◆ Remington College-Colorado Springs campus in Colorado
- ◆ Remington College-Honolulu campus in Hawaii

ABC members will be responsible for blood collection. For detailed information on the blood drives, please visit www.3Lives.com.

The Remington College 3 Lives blood drives are part of “Remington College Reaches Out,” a series of community initiatives and charitable efforts to mark the college’s 25th anniversary in 2010. For more information, call Remington College at 1-800-448-6405.

Ask ABC

Editor’s Note: The ABC Newsletter periodically answers questions posed by members of America’s Blood Centers (ABC) in a recent survey.

Q: What is the makeup of ABC? What is its mission?

A: ABC’s mission is “to help member blood centers serve their communities.” ABC is an international network of 76 non-profit, community blood centers that assists its members in providing excellence in transfusion and related health services. ABC fulfills its mission by:

- ◆ Serving as a policy forum;
- ◆ Providing public and professional education;
- ◆ Helping to shape national and international blood policy; and
- ◆ Acting as a liaison to and representative before the national media, legislators, regulators and key corporate partners.

Founded in 1962, ABC is North America’s network of non-profit community blood centers. Recognized by the US Congress for its trusted work in patient care, wartime support of the US military, and disaster preparedness and response, the federation operates more than 600 donor centers that provide half of the US volunteer donor blood supply and all of Quebec, Canada’s blood supply. Each year, our members help save the lives of nearly 3 million patients at more than 3,500 hospitals and healthcare facilities across North America, while providing the highest level of blood safety through licensure by the Food and Drug Administration and Health Canada. ABC is not affiliated with the American Red Cross.

In addition, ABC’s wholly owned subsidiaries, Group Services for America’s Blood Centers (GSABC) and The Foundation for America’s Blood Centers (FABC) provide added value to member blood centers by securing contracts at negotiated low prices for blood center supplies and services (GSABC) and awarding grants to fund programs in the areas of donor awareness and education and operations research (FABC).

(INSIDE ABC continued on page 12)

INSIDE ABC (continued from page 11)

Main benefits of the ABC network for individuals:

- ◆ Professional development and networking;
- ◆ Education; and
- ◆ Access to resources and information.

Main benefits of the ABC network for member blood centers:

- ◆ Advocacy;
- ◆ Representation; and
- ◆ Bulk purchasing.

More information is available on the Members' Web site at <http://members.americasblood.org>. ◆

BRIEFLY NOTED

The Food and Drug Administration's 34-year-old 510(k) premarket approval process for medical devices needs to be revamped to better serve the needs of patients, physicians, and manufacturers, stakeholders testified during a public FDA meeting last week. Several participants pointed to the FDA's use of "substantial equivalence" to approve new-product market entry as one area of concern. A product is deemed substantially equivalent if it has the same intended use and technological characteristics as a device already on the market, or if it has a different technology but the manufacturer proves that the different technology doesn't raise any new safety concerns. "Our program of substantial equivalence that we've had for the past 30-something years may or may not be the program we need to face the challenges of tomorrow," said Donna-Bea Tillman, director of the FDA's Office of Device Evaluation, during her testimony. In Mun, PhD, vice president of Research and Technology for North Florida Division of Hospital Corp. of America, said he was concerned that under the substantial equivalence review process, manufacturers bring products to market that don't properly interface or network with existing products used in a patient's treatment. Such incidents can be unnecessarily costly to hospitals, Dr. Mun said. "We do feel abused in these cases, so we would like to ask FDA to please ... stop this type of waste of time." An FDA work group is expected to submit a report on the 510(k) review process to Jeff Shuren, director of the FDA's Center for Device and Radiological Health, by the end of May and the Institute of Medicine is expected to release its independent report on the review process in March 2011. (Source: Modernhealthcare.com, 2/18/10)

Canadian Blood Services (CBS) is launching a pilot program – called the Multi-skilled Workforce Initiative – that will allow "donor care associates," trained staff who are not registered nurses (RNs), to screen blood donors. CBS said on its Web site that the program is meant to address the nursing shortage in Canada while still ensuring the safety of blood and blood products. It also pointed out that large blood operators in the US and the UK have used non-nurses to screen donors for years. At least two RNs will be present in each clinic, and donor care associates will be trained about when they should involve RNs in the screening process. During the pilot program, all donations that involve a donor care associate will be audited, and the collected blood and blood products will not be released to hospitals until the results of the audit are available. The move comes in response to estimates from the Canadian Nurses Association (CNA) that the shortage of full-time nurses could climb to 60,000 by 2022, unless significant action is taken. In 2009, CNA published a report suggesting steps that could reduce the impact of the nursing shortage, such as allowing others to perform tasks that do not require nursing skills. The initiative has been endorsed by patient groups including the Canadian Hemophilia Society, the Canadian Lymphoma and Leukemia Society, and Candlelighters Childhood Cancer Foundation. (Source: www.blood.ca, accessed 2/25/10)

(continued on page 13)

BRIEFLY NOTED (continued from page 12)

A study published in the *Archives of Internal Medicine* concludes that pneumonia and sepsis caused by hospital-acquired infections killed 48,000 people and resulted in \$8.1 billion of healthcare costs in 2006. Sepsis, or blood poisoning, is a systemic inflammatory response to infection; pneumonia is an infection of the lungs and respiratory tract. They and other kinds of healthcare-associated infections affect nearly 1.7 million hospitalizations annually, according to the authors, who aimed to determine the clinical and economic costs attributable to such infections. The researchers were led by Michael Eber, BSE, a senior research assistant at the think tank Resources for the Future. They analyzed 69 million discharge records from hospitals in 40 states and from 1998 to 2006, using the records to estimate hospital length of stay, costs, and in-hospital mortality attributable to hospital-acquired infections. They focused on sepsis and pneumonia because both are often preventable. They found that people who developed sepsis after surgery stayed in the hospital for almost 11 extra days, which led to additional costs of nearly \$33,000 for each patient. Some 19.5 percent of those patients died. Patients who developed pneumonia stayed an extra 14 days, at a cost of \$46,400, and 11.4 percent of them died. Ramanan Laxminarayan, PhD, a co-author and principal investigator for Extending the Cure, a project based at Resources for the Future, said that such infections “cost the US a staggering amount in terms of lives lost and healthcare costs.” He calls for better infection control in hospitals,” and he and his colleagues call for hospitals and healthcare providers to act now. (Sources: *Modern Healthcare*, 2/22/10; Resources for the Future release, 2/22/10)

Citation: Eber MR, *et al.* Clinical and economic outcomes attributable to health care-associated sepsis and pneumonia. *Arch Intern Med.* 2010 Feb 22;170(4):347-53. ♦

LEGISLATIVE NEWS

The healthcare reform bill proposal that the Obama administration released this week pushes the start date of an excise tax on medical devices to 2013 but does not mention other provisions contained in a Senate amendment filed in December. The president’s proposal, like both the House and Senate bills, would raise \$20 billion in revenue from the medical device industry over 10 years. The Senate version had called for a medical device “fee,” while the House version had called for a 2.5 percent excise tax. In December, Sens. Amy Klobuchar (D-Minn.) and Evan Bayh (D-Ind.) introduced an amendment designed to dilute the impact of the proposed medical device tax under the legislation. Bayh-Klobuchar Amendment 3203 would extend the start year for the fee from 2010 to 2013 and make the fee tax deductible. According to Patrick Martin, a legislative correspondent in Sen. Bayh’s D.C. office, the tax deductibility and a formerly proposed provision that favored smaller companies did not make it into the president’s proposal, but he adopted the 2013 start date called for by Bayh-Klobuchar and the House-backed “excise tax” instead of the Senate-backed “fee.” Calling it an excise tax appears to increase the chances that the medical device industry could pass on the tax to customers at point of sale. America’s Blood Centers is part of a chorus of organizations fighting any federal fee or excise tax imposed on medical devices. Blood centers spend about \$1.5 billion a year on devices such as automated blood processing systems and testing kits. In 2006, Congress exempted independent community blood centers from paying excise taxes on fuel, tires, and trucks purchased for the purpose of collecting, storing, or transporting blood; and on electronic communications used for the purpose of recruiting blood donors.

Lawmakers in Kansas might remove sales tax exemptions for churches, nonprofit organizations, and utilities. A bill currently being considered by the state’s House Taxation Committee would repeal

(continued on page 14)

LEGISLATIVE NEWS (continued from page 13)

nearly \$200 million worth of such exemptions. The proposal was developed by an advisory council in response to projections that the state's budget deficit could hit \$416 million next year. Revenue Secretary Joan Wagon said that the number of exemptions tripled between 1985 and 2009, to 96, and that their value is now \$4.2 billion, more than double the amount of sales tax the state should collect this fiscal year. The state has already cut aid to public schools and Medicaid reimbursement rates; repealing sales tax exemptions would help it avoid making further cuts. Most of the revenue from the measure would come from new taxes on residential water, electric, and natural gas bills. However, the measure also would affect nonprofits. For example, Emily Compton, president and CEO of Goodwill Industries of Kansas, said it would increase the organization's operating expenses by \$40,000 – and that would come on top of \$125,000 in unemployment tax contributions. She said the increased expenditures could result in fewer services and employees. The committee probably will begin debating the bill next Monday, March 1. The measure would need Senate approval and the governor's signature to go into effect. A survey conducted by America's Blood Centers (ABC) in 2007 indicated that a majority of ABC members do not pay a state sales tax, and obtaining exempt status saves the average center more than \$100,000 per year. The fact that a significant portion of ABC blood centers – and other nonprofits, including the American Red Cross – are exempt from paying state sales taxes prompted centers in Iowa and California to get bills introduced in their respective state legislatures that would exempt those blood centers from state sales taxes. Budget crises in those states precluded the bills from moving toward passage, however. (Sources: *The New York Times*, 2/11/10; *The Lawrence Journal-World*, 2/25/20) ♦

REGULATORY NEWS**New FDA Regulations Will Require Reporting of Data Falsification**

The Food and Drug Administration is taking aim at people who falsify data in their research. Proposed regulations announced by the FDA would require study sponsors to report any incidents in which researchers have falsified data or may have done so. The new regulations, published in the *Federal Register* last Friday, would require sponsors to notify the FDA of falsification or suspected falsification within 45 calendar days of its discovery.

They would amend existing regulations governing how FDA-regulated research is conducted. They also would apply to the submission of information related to product approvals and to the authorization of labeling claims. They would be added to FDA's regulations on laboratory practices for nonclinical laboratory studies, petitions for health claims, investigational new drug applications, new animal drugs for investigational use, investigational device exemptions, and other processes.

In the announcement, FDA explains that the origins of the proposal stretch back to the mid- to late 1990s, when "some particularly egregious cases of falsification of data by clinical investigators" were discovered. In response, FDA reviewed its study monitoring procedures, and a working group at the Center for Drug Evaluation and Research (CDER) evaluated the existing reporting requirements. The CDER group concluded that the regulations were ambiguous in a number of ways.

In the request for comments, FDA also explains that it is placing the burden of notification on study sponsors because they are responsible for ensuring the integrity of study data and are in a better position than FDA to discover possible falsification. The new regulations are meant to encourage study sponsors to report any falsification of data and to clarify whether and when they must do so.

(continued on page 15)

REGULATORY NEWS (continued from page 14)

Increased reporting of the falsification of data will help FDA more quickly identify people who have falsified data and more effectively address problems, the agency says. Furthermore, the information collected should help FDA identify patterns, potential signals, or other indications of misconduct.

The proposed regulations are open for public comment until May 20, 2010. Comments may be submitted online, faxed, or mailed to the FDA. The proposed regulations and instructions for responses are available at <http://edocket.access.gpo.gov/2010/2010-3123.htm>.

Once FDA revises its proposal, it will publish a final rule in the *Federal Register*, and that would become effective after 90 days.

Novartis Oncology and the Food and Drug Administration have notified healthcare professionals about a new box warning in the prescribing information (PI) for Exjade, which is indicated for the treatment of chronic iron overload due to blood transfusions in patients at least 2 years old. New language was added to the Contraindications, Warnings and Precautions, and Drug Interactions sections of the PI, including a boxed warning that the product may cause renal impairment, including failure; hepatic impairment, including failure; and gastrointestinal hemorrhage. In some reported cases, these reactions were fatal. The reactions were more frequently seen in older patients, patients with a high risk of myelodysplastic syndromes, underlying renal or hepatic impairment, or low platelet counts. Exjade therapy requires close patient monitoring, including measurement of serum creatinine and/or creatinine clearance as specified in the PI and serum transaminases and bilirubin as specified in the PI. The complete MedWatch 2010 Safety summary is available at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm200850.htm>

The Food and Drug Administration has issued a cease manufacturing order to a Florida company that collected and stored autologous umbilical cord blood. An FDA inspection revealed numerous infectious disease safeguard, quality assurance, good tissue practice, and documentation problems in violation of federal regulations governing the manufacture of human cells, tissues, and cellular and tissue-based products (HCT/Ps). The inspection also found generally dirty conditions at the facility, including an insect trap and debris in the cord blood processing area. Sixteen donor records processed in 2007-2009 contained no information on donor medical history or social behavior for risk factors for communicable diseases or other risks associated with xenotransplantation, according to a letter from Karen Midthun, MD, acting director of the Center for Biologics Evaluation and Research, to Newborn Blood Banking Inc., of Land O' Lakes. The company was subjected to inspection on Oct. 14-28, 2009, that resulted in the issuance of a Form 483 detailing "significant violations" of rules set out 21 CFR 1271 of Section 361 of the Public Health Service Act. The order is in effect until the company can demonstrate compliance and FDA gives written authorization to resume operations. The company is not to distribute any HCT/Ps recovered on or after May 25, 2005. FDA will notify all individuals who intend to or have stored umbilical cord blood after that date of the order. Among the violations are: failure to establish and maintain procedures for all steps performed in determining donor eligibility, including procedures for obtaining relevant medical history and social behavior to screen for risk factors for HIV, hepatitis B virus, and hepatitis C virus; failure to maintain written procedures specifying time frames for collecting blood samples from the birth mother for diseases; no written procedures to ensure that laboratories performing testing are using appropriate FDA licensed, approved, or cleared donor screening tests and are using tests in accordance with the manufacturer's instructions; no written procedures to ensure that testing is performed by a laboratory that is certified to perform such testing under the Clinical Laboratory Improvement Amendments of 1988 or that meets equivalent requirements by the Centers for Medicare

(continued on page 16)

REGULATORY NEWS (continued from page 15)

and Medicaid Services; failure to properly screen donors for communicable disease agents and diseases, as well as communicable disease risks associated with xenotransplantation; and failure to collect donor specimens for testing at the time of or up to seven days before or after recovery of the cord blood as required. Among good-tissue practice problems, FDA noted a failure to establish and maintain procedures appropriate to meet core good-tissue practice requirements; failure to have written procedures for cleaning the facility, for environmental controls such as temperature and air filtration, and for maintenance of equipment used to control conditions necessary for aseptic processing of cord blood; and failure to maintain the facility in a clean, sanitary, and orderly manner. On Nov. 19, 2009, FDA received a written response and found the corrective actions outlined to be inadequate. ♦

GLOBAL NEWS

Of the almost 32 million donations collected annually by participants of a survey on the import/export and blood components labeling in the US and Europe, 43 percent were identified using ISBT 128 donation numbers. Survey results are contained in “Report on the joint IBEPEG/ICCCBA survey on import/export and blood component labeling,” published in *Vox Sanguinis* last month. The survey was conducted to measure progress toward implementation of global standards for coding and labeling blood components. The survey was conducted in 2009 by the International Blood Emergency Planning Action Group (IBEPAG), formed by the Alliance of Blood Operators, and ICCBBA. Blood organizations in the US and Europe were asked to fill out a questionnaire. Responses were received from 21 entities, some representing entire countries, others individual blood services. Among the findings: some 36 percent of respondents are fully compliant with the ISBT-128 standard developed by the International Society of Blood Transfusion as a replacement for the ABC Codabar for blood component coding and labeling. The survey also found that 45,998 blood units were imported from outside the country in 2009, and 195,262 were imported from other blood services inside the country. In the same period, 51,899 blood units were exported outside the country and 799,997 were exported inside the country.

Citation: Ashford P *et al.* , Report on the joint IBEPAG/ICCBBA survey on import/export and blood component labelling. *Vox Sang.* 2010 Jan;98(1):85-6.

People who drink an alcoholic beverage popular in Nigeria are more likely to engage in risky behavior and thus make inadequate blood donors, some say. Burukutu, made from fermented sorghum and other grains, is served in special bars or “joints” in almost every Nigerian village. Some fans claim that the drink has health benefits – that it’s like a food, never causes hangovers, and leaves the drinker feeling stronger and more active. But others think the drink changes lives for the worse. Joseph Ojobi, a consultant with Jos University Teaching Hospital, said burukutu causes “unwanted pregnancies, rape, child molestation, [and] wife battery,” and leads to the spread of HIV and AIDS because people indulge in vices like prostitution while drinking. The National Blood Transfusion Service admits that burukutu drinkers have helped save lives, because of their willingness to donate blood, particularly in times of crisis. The families of sick people often visit the joints, looking for people willing to donate blood for a fee. The practice of recruiting paid blood donors at the joints has raised blood safety concerns, and the introduction of blood screening has reduced the recruitment of donors from burukutu joints. A number of bills have been passed or proposed that aim to limit consumption of the drink. (Sources: NEXT, 2/14/10; <http://newsvote.bbc.co.uk>, accessed 2/26/10) ♦



Donor History Error Study (continued from page 1)

- ◆ Travel (malaria, vCJD);
- ◆ Medical (history of diseases including jaundice/hepatitis, surgery and medications needed to treat disease including Tegison, Proscar, and Accutane);
- ◆ Blood/disease exposure (tattoo, piercings, accidental needle stick);
- ◆ Sexual high-risk behavior (men who have sex with men or IV drug users; and
- ◆ Non-sexual high-risk behavior (IV drug use, non-sexual exposure to hepatitis C or hepatitis B.

Blood center staff will identify two PDI and two deferred donors from the five broad categories of interest. They will also contact two accepted donors for study consent and interview. These donors will be approached and consented by following the same procedures that will be used for the actual study.

All interviews will be digitally-recorded and the recordings uploaded onto computers, transcribed and coupled to interviewer notes to form an analytic package for the data analysts. Each study donor will be mailed a check of \$25 as an incentive for participating in the study.

The study sample will consist of three donor groups:

- ◆ Donors with a PDI: all identified donors of interest with an FDA reportable donor suitability error (blood product deviation) classified as PDI at the REDS-II centers;
- ◆ Deferred donors: appropriately deferred (but not PDI deferred donors) at REDS-II centers; and
- ◆ Accepted Donors: appropriately accepted for donation at the REDS-II centers.

Data from the interviews will be analyzed in two ways. The close-ended responses will be analyzed quantitatively. This will likely take the form of 3-way cross-tabulations of frequency distributions in response to key questions. The open-ended responses will be analyzed as qualitative data. All analytic steps and assumptions that led up to the conclusions, including competing interpretations of the data, will be fully discussed in the final report.

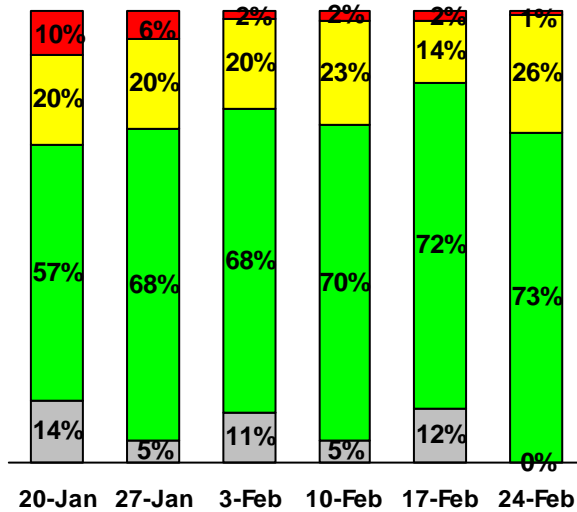
Besides looking for reasons why donors initially fail to disclose an accurate and complete health history, the study will explore PDI donors' knowledge, attitudes, behaviors and beliefs (KABB) about the health history questionnaire and their experience with the screening process; and compare KABB in PDI donors to deferred (but not PDI) donors and accepted donors.

REDS-I, begun in 1991, was established to address blood safety issues involving human retroviruses HIV-1, HIV-2, HTLV-I, and HTLV-II in volunteer donors. NHLBI expanded the original REDS-I mission to investigate critical questions posed by the blood banking and transfusion medicine communities. The objectives of REDS-II are to conduct epidemiological, laboratory, and survey research on volunteer US blood donors. The research entails monitoring known blood-borne infectious agents, evaluating the impact of emerging pathogens, assessing the safety implications of changes in laboratory and/or blood donor screening protocols, and examining blood supply and availability issues. These issues include: donor characteristics, behaviors, and donation return patterns of US blood donors.

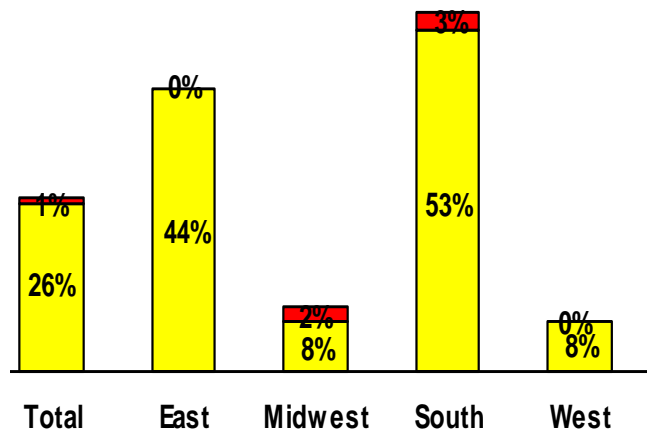
The NHLBI has issued a request for comments on the study that: evaluate whether the proposal is necessary and will have practical utility; evaluate the accuracy of the proposed collection of information, including the validity of the methodology and assumptions used; enhance the quality, utility, and clarity of the information to be collected; and minimize the burden on those who are to respond. More information is available by contacting: Dr. George Nemo, project officer, NHLBI, (301) 435-0075, or nemog@nih.gov. Comments are due on April 16, 2010. ◆

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. 24, 2010



■ Red (1 day or less)
■ Yellow (2 days)
■ Green (3 days or more)
■ No Report

Daily Updates are available at:
www.AmericasBlood.org

INFECTIOUS DISEASE UPDATES

CHIKUNGUNYA

A team of scientists working in France and Australia has discovered that Chikungunya has the same viral, clinical, and pathological features in adult macaques that it does in humans. They assert in a research article published in *The Journal of Clinical Investigation* that the finding should help with the development of a better understanding of the disease and better treatments for it. Until now, the Chikungunya virus (CHIKV) has been studied using mouse models, but the disease does not follow the same patterns in mice that it does in humans, and mouse models cannot be used for testing immune-based therapies. Using the monkey model allowed this team, led by Karine Labadie, PhD, to learn that CHIKV targeted certain organs and tissues and was found in macrophages (white blood cells within tissues) as long as three months after viral inoculation. The discovery of macrophages as “the main cellular reservoir of persistent CHIKV infection,” they write, may explain long-lasting symptoms often observed in humans. Their improved understanding of CHIKV pathophysiology, they conclude, should contribute to efforts to find new therapies for it, as well as new interventions.

Citation: Labadie K, *et al.* Chikungunya disease in nonhuman primates involves long-term viral persistence in macrophages. *J Clin Invest.* 2010 Feb 22. [Epub ahead of print] ♦

MEMBER NEWS



Ninety Years Young and Still Giving!

Jane Frelick of Newark, Del. turned 90 last Tuesday and had a great plan to mark the occasion. Ms. Frelick celebrated her special day by donating platelets at Blood Bank of Delmarva's Christiana Center – just as she has done for the past decade.

“When you talk to Jane, you are immediately impressed by her positivity and her enthusiasm towards saving lives,” said Bob Travis, president and CEO of Blood Bank of Delmarva. “She is one of our most dedicated donors. She gives platelets about once a month and has donated more than 10 gallons to date.”

Mr. Frelick and her husband first joined the Blood Bank in 1955. Though she wasn't able to give blood for many years because of low hemoglobin levels and six pregnancies, she later learned that she was perfectly suited to be a platelet donor and has been giving regularly ever since. Her birthday donation was her 43rd time giving platelets. (Source: Blood Bank of Delmarva press release, 2/18/10)

Michigan Blood Holds Grand Opening of Kalamazoo Area Donor Center

Michigan Blood held a grand opening last Tuesday of its newest location, the Kalamazoo Area Donor Center, located on East Milham Avenue in Portage. The Kalamazoo Area Donor Center is the seventh permanent donor location statewide for Michigan Blood, which operates in six cities across the Lower Peninsula.

Everyone who showed up to donate blood received a free T-shirt and a chance to win an Apple iPod Touch. Food for donors was provided courtesy of Pistachios Catering. Local radio stations WYZO, WVFM, and WKZO broadcasted live from the new donor center throughout the day.

“We're really excited about the Kalamazoo Area Donor Center,” said Kristen Sisson, public relations supervisor for Michigan Blood. “This new location makes it easier for residents of Kalamazoo county to make the lifesaving decision to give blood. And because we serve Michigan hospitals first, blood collected at the Kalamazoo Area Donor Center helps patients right here in Southwest Michigan.”



Photo: Kalamazoo News, Michigan

The Kalamazoo area's two main hospitals – Bronson Methodist and Borgess Medical Center – recently chose Michigan Blood as their primary blood suppliers. Borgess did so in December and Bronson made the decision last month. The American Red Cross is the former sole blood supplier for the two hospitals.

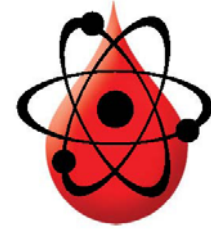
(continued on page 20)

MEMBER NEWS (continued from page 19)

The move made sense for Bronson, which used 11,200 units of blood last year, said Brook Ward, vice president for clinical and ambulatory services at the hospital, because blood is “all Michigan Blood does.” “Every single blood unit that gets donated to them is used here in Michigan,” Ward said. “It seemed to make the most sense for us.” (Sources: Michigan Blood Web site; Mlive.com; *Kalamazoo News*, 2/12/10)

Through a pilot program called “Future Leaders in Science,” the Lindsley F. Kimball Research Institute (LFKRI) at the New York Blood Center (NYBC) recently hosted 38 students and faculty from five New Jersey high schools for a day-long program. The program’s goals were to introduce students to the research being conducted at LFKRI, stimulate their interest in science, and foster the next generation of doctors and scientists. The program included presentations from Beau Mitchell, MD, head of the Platelet Biology Lab; Rona Weinberg, PhD, head of the Cellular Therapy Lab; Wu He, PhD, head of Flow Cytometry; and Yelena Oksov, MS, head of Electron Microscopy. They discussed platelets, stem cells, research on blood cancers, and how scientists design and conduct experiments using advanced equipment. Students also played a “Wheel of Science” game, toured the facilities, and talked to researchers about their work. The program was well received by both students and faculty, according to the blood center. One student said, “I was really interested in Dr. Mitchell’s presentation, and I was especially fascinated by Ms. Oksov’s lab – the electron microscope was really cool!” (Source: NYBC release, 2/17/10) ♠

 **New York Blood Center**
Lindsley F. Kimball Research Institute



Future Leaders in Science

COMPANY NEWS

The Food and Drug Administration has expanded Haemonetics Corp.’s 510(k) clearance for its Cymbal automated blood collection system. The Braintree, Mass.-based firm said this week that FDA expanded its clearance to use its Cymbal automated blood collection system for female blood donors who weigh at least 150 pounds and are 63 inches in height. The expanded clearance, which came through Jan. 27, mirrors the clearance FDA already granted for Haemonetics’ MCS+ automated system to collect red cells, from female donors who weigh 150 pounds and are 65 inches tall. Haemonetics said the new clearance widens the pool of available female donors for the Cymbal system by 3 percent to 6 percent. (Source: *MassDevice*, 2/22/10) ♠

MEETINGS

March 3 **Webinar, “Benefits of the Donor Hemovigilance System for Blood Centers,” AABB, online.**

Program is scheduled for 2-3 p.m. and will feature a presentation by Mary Townsend, MD, of Coffee Memorial Blood Center. She will introduce the US Biovigilance Network’s second module, the Donor Hemovigilance System, focusing particularly on its benefits to blood centers. She also will demonstrate how data are entered and how reports are generated. One free registration is offered to each site. More information and registration is available at www.aabb.org/Content/Meetings_and_Events/Audioconferences/Descriptions/audiodesc.htm#0303.

Contact: AABB Education Department. Phone: (301) 215-6482. E-mail: education@aabb.org. ♠

America's Blood Centers IMPAQ III Sessions Coming to Virginia and Tennessee

The sessions listed below are the final sessions of IMPAQ III. Participants in earlier IMPAQ III sessions have found the course to be extremely worthwhile and valuable:

- *“Presenters were very personable and obviously knowledgeable about the blood industry.”*
- *“I enjoyed the presentation, and the sharing of different perspectives. The speakers were both very knowledgeable, and kept my attention quite well.”*

To register: contact Lori Beaston at lbeaston@americasblood.org.

March 24-25 (register by March 15)

Host: Virginia Blood Services, Richmond, Va.

Hotels: **Crowne Plaza Richmond West**, 6531 W Broad St (1 mile to VBS) *reserve by March 2*;
Tel: (804) 285-9951 or (877) 227-6963; Rate: \$104; online or call and mention “AME.”

Embassy Suites Richmond-Commerce Center (adjacent to VBS), 2925 Emerywood Pkwy; Tel: (804) 672-8585; Rate: \$179, estimated.

The blood center will provide transportation from either hotel to the blood center.

Airport: Richmond International Airport (RIC), approx 17 miles.

April 6-7 (register by March 29)

Host: Blood Assurance, Chattanooga, Tenn.

Hotel: **The Chattanooga**, 1201 S Broad St; Tel: (423) 756-3400 or (800) 619-0018; Rate: \$119;
online or call and mention code “344436.”

The blood center will provide transportation from this hotel to the blood center.

Airport: Chattanooga Metropolitan Airport (CHA) 

CLASSIFIED ADVERTISING

Classified advertisements, including 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.

For Sale:

Trima Kits, RBC/Platelets/Plasma Set, Caridian Part # 777-800-400 (29 kits available)

Abbott PPC Thermal Printer Paper, Abbott Part # 6208-61 (11 boxes available)

Baxter Injection Site with Luer Lock, Baxter Part # 2N1199 (10 boxes available)

If interested, please contact Bobby Merrill at: (859) 519-3763; Kentucky Blood Center, Lexington, KY or E-mail at: bmerrill@kybloodcenter.org.

POSITIONS AVAILABLE

Director of Product Inventory. Institute for Transfusion Medicine (ITxM) is one of nation's foremost organizations specializing in transfusion medicine & related services. For past two decades, we have had privilege of serving hundreds of thousands of people in Pittsburgh & Chicago regions who unselfishly give their lifesaving blood to help others. While blood collection is fundamental part of our

organization's purpose, providing safe blood products to hospitals & ultimately, patients in need is our primary goal.

(continued on page 22)

POSITIONS (continued from page 21)

In fact, we distribute more than one million blood components each year to people not only in communities we call home, but also across country & globally. Responsible for management of large-scale view of all blood product supply & demand movements within & outside of organization. This position manages, coordinates & negotiates product imports/exports of all product types to meet product demand of organization's business units. As department function head, Director establishes inventory thresholds that assure optimal & consistent levels of all products while forecasting product inventories on weekly, monthly & annual basis to promote adequate inventory levels of all product types to prevent disruption of health-care delivery. This critical intermediary function operates as logistical hub that facilitates transfer of products between locations to balance inventories, assure best utilization of products & minimize outdated. Our organization is heavily regulated by FDA, which requires this Director to work with adjacent departments to ensure organization is in compliance with SOPs, regulatory agencies, cGMP & safety to assure quality of blood supply. Position is also responsible for development of plans & improvements for inventory control management system & coordinate implementation of system changes or reports. They are accountable for participating in & monitoring of departmental budgeting process & related budgetary issues including financial variances with forecasts for operation & capital budgets. Requirements for this position include Bachelor's Degree in Business Administration or Biological Sciences. Successful candidates will also have 10-15 years of progressive exp. in blood banking &/or medical regulated environment. Candidates must have three years of exp. in inventory control/planning; previous product distribution exp. in blood banking/medical environment highly desired. It is important for candidates to possess at least five years exp. in supervisory/management capacity. Additionally, candidates must have strong computer skills overall with high level of proficiency in Microsoft Word & Excel. This position requires 10%-20% travel between Blood Centers in Chicago & Pittsburgh. Competitive Salary & Benefits Package. Please apply to position at: www.centralbloodbank.jobs or contact Sherry Rivetti: (412) 209-7199; E-mail: srivetti@itxm.org. EOE.

Advanced Clinical Lab Specialist. Blood Systems has exciting opportunity for full-time Medical Technologist (MT) to work in our immunohematology lab. Responsible for performing routine testing of biological specimens in accordance with all applicable guidelines & procedures in high volume testing environment. Position also provides skilled technical support in laboratory. Bachelor's degree in chemical, physical, biological or clinical laboratory science or medical technology req'd. MT (ASCP) by recognized certifying agency req'd. SBB req'd. CLIA requirements for high complexity testing req'd. California testing requirements must be met within one year req'd. Three years clinical laboratory testing exp. req'd. Successful candidate must possess excellent verbal & written communication, organizational & computer input/retrieval skills. In addition, position requires comprehension & application of clinical laboratory procedures & theory & ability to work in team environment. Previous exp. in

immunohematology reference lab highly desired. Blood Systems offers extensive benefits package that includes tuition & certification reimbursement, full benefits, competitive salary & work schedules. For consideration, please email your resume by **3/5/2010** to: jobs@bloodsystems.org. ATTN: **HR/2010/24**. Please visit our Web site at: www.bloodsystems.org. Pre-employment drug testing req'd. EOE M/F/D/V

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.

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:

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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.

Administrative Director. Maimonides is Brooklyn's premier specialty care teaching hospital. We pioneer medical breakthroughs boast state-of-the-art clinical & information technology, train more medical residents than other hospitals in Brooklyn & regularly win awards from independent evaluators for quality of our care. We are compassionate, patient-centered & focused on employee participation & development. To qualify, you must be licensed by NYSDOH as Clinical Lab Technologist & have knowledge in all areas of blood banking & blood donor center activities. At least five years of recent supervisory/administrative exp. in blood banking in hospital setting pref'd. Ability to work flexible hours & be on call at all times will be expected. Ideal candidate will be highly organized, self-starter with good verbal & written communication skills, able to multitask & work in high stress environment. Knowledge of Microsoft Word & Excel is

must. Knowledge of HCLL computer systems, blood bank automation & budget preparation plus. ASCP pref'd. We offer competitive compensation & comprehensive benefits package. Please apply on-line: www.maimonidesmed.org or send your resume with salary requirements, to: Human Resources Department, Maimonides Medical Center, via email: resumes@maimonidesmed.org or Fax: (718) 635-8157. EOE. Web site: www.maimonidesmed.org. Passionate About Medicine. Compassionate About People.

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.

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 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@cbsf.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

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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 Szama or kjsazama@lifesouth.org. Background check req'd. EOE/DFWP

American Red Cross Mid-American Blood Services Division: Medical Director- Peoria, IL. 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

Assistant Medical Director - St Paul, MN. 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 banking/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

Assistant Medical Director – Omaha NE. 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

Donor Services Operations Director. South Texas Blood & Tissue Center, San Antonio, Texas, seeks F/T professional to manage & coordinate all operations for Donor

Services department to include collection of blood products (Apheresis, special collections & automated collections) on mobile blood drives & at fixed site locations. Our not-for-profit center serves more than 100 hospitals & clinics in 43 counties in the South Texas area. Qualifications required include Bachelor's Degree, blood banking exp., five years supervisory exp., MT (ASCP) or equivalent or RN pref'd. Offering competitive compensation, benefits, & relocation package. For information, please call SonJa Martinez at: (800) 292-5534, ext. 1030. To apply, E-mail resume to: hr_dept@bloodtissue.org or Fax: (210) 731-5581. EOE/AAP.

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

Director of Regulatory Compliance/Quality Assurance. Make life-saving difference by joining dedicated staff of Michigan Blood. We have served Michigan communities

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for over fifty years & seek qualified individuals to serve in our position based in Grand Rapids area. You will direct & oversee Regulatory Compliance & Quality Assurance department which includes seven staff. You will be responsible for regulatory compliance with FDA & other regulators. Responsible for all external regulatory assessments. Also responsible for quality assurance through review of standard operating procedures, validation & qualification protocols, product QC, internal audits, GMP/GTP training & discrepancy/error management system. This individual will report to Vice President of Quality & Medical Services. Qualifications include at minimum, college degree in health related field, preferable Bachelor's or Masters' degree & three to five years of related exp. Ideal candidate would be MT (ASCP) certified. 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: Attn: **HR (ABC-136)**, 1036 Fuller NE, PO Box 1704, Grand Rapids, MI 49501-1704. Web site: www.miblood.org. EOE.

Director of Client Relations. Make life-saving difference by joining dedicated staff of Michigan Blood, growing organization that has served Michigan communities for over fifty years. We seek qualified individual to lead our efforts to continue that growth while improving connections with existing hospital clients. As service liaison to current & future hospital clients & other corporate customers, your main focus is business development & account relationship management. You will lead department responsible for expanding Michigan Blood services to new hospital clients & for enhancing client input & exp. You must be comfortable in variety of settings, from laboratory to corporate board room. Qualifications include Bachelor's degree in business or scientific discipline, at least five years of progressively responsible account management exp. & demonstrated ability implementing strategic objectives. This position requires prior working exp. in medical or scientific field, preferably in hospital laboratory. Ideal candidate is one trained in medical laboratory science with extensive sales &/or customer management exp. We offer dynamic & growing business environment, competitive salary & exceptional benefit plan. If your passion is healthcare & your strength is service, please send resume & cover letter to: Attn: **HR (ABC-36)**, 1036 Fuller NE, PO Box 1704, Grand Rapids, MI 49501-1704. Web site: www.miblood.org. EOE.

Hospital Transfusion Safety Officer: Seattle (Valley Medical Center). Puget Sound Blood Center is independent, volunteer-supported nonprofit regional resource providing blood & tissue, research & education of high quality & value. We have proudly served donors & patients for over 60 years. We are seeking employee to provide on-site consultation for physicians & nurses at Valley Medical Center regarding safe administration of blood components. This position will provide expertise & training on blood component ordering, distribution, ad-

ministration & monitoring for Medical Center; & identification & evaluation of transfusion reactions & blood component transfusion-related incidents. Requirements for position include Bachelor's degree in Nursing, or advanced degree as Nurse Practitioner or Physician Assistant. Must have current Washington State Nursing or Physician Assistant license; & two to four years exp. in transfusion therapy & leadership roles. Also required: ability to write & evaluate written procedures, ability to deal calmly & effectively with stressful situations, exp. with providing in-service education for health professionals; knowledge of standards of practice regarding transfusion administration; prior exp. with transfusion administration & self-motivation & ability to function independently, while using discretion in assessing need for further action by appropriate medical staff. Position is full-time, exempt level work requiring schedule flexibility. Interested applicants should send their resume & cover letter to: HumanResources@psbc.org or Fax: (866) 286-8495.

Donor Services Operations Director. South Texas Blood & Tissue Center, San Antonio, Texas, seeks F/T professional to manage & coordinate all operations for Donor Services department to include collection of blood products (Apheresis, special collections & auto-mated collections) on mobile blood drives & at fixed site locations. Our not-for-profit center serves more than 100 hospitals & clinics in 43 counties in South Texas area. Qualifications req'd include Bachelor's Degree, blood banking exp., five years supervisory exp., MT (ASCP) or equivalent or RN pref'd. Offering competitive compensation, benefits & relocation package. For information, please call SonJa Martinez, at: (800) 292-5534, ext. 1030. To apply, E-mail resume to: hr_dept@bloodntissue.org or Fax: (210) 731-5581. EOE/AAP.

Director, Marketing & Donor Recruitment. Join our dedicated team & help lead one of Lane County Oregon's most important non-profits during exciting period of growth & change. Lane Memorial Blood Bank is sole supplier of blood for all of Lane County's hospitals & their patients. This newly created position will implement re-branding initiative, develop marketing strategy & communications plan to launch brand & serve as primary PR spokesperson for blood center. Director will also oversee all donor recruitment activities to engage stakeholders, meet blood collection goals & ensure efficient use of resources. Requirements include degree in Marketing, Communications or PR; minimum of five years managerial exp., plus tele-marketing or tele-recruiting operations exp. Strong communication & presentation skills are must, plus ability to build high-performing team of professionals that will meet & exceed organization & department goals. Download application from www.lmbb.org & send completed application to: Mary Moses, Human Resources Director, Lane Memorial Blood Bank, 2211 Willamette Street, Eugene, OR 97405, or E-mail to: mmoses@lmbb.org.

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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 & manage 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 & Outlook, exp. with computerized accounting software. Exp. working in "lean" organization, Medicare cost reporting & health-care/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 commit-

ted 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. ♦