

2010 #9

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Lauren Larsen Takes the Helm at the Foundation for America's Blood Centers



The Foundation for America's Blood Centers (FABC) announced this week that national blood donation advocate Lauren Ward Larsen will take over as president and chief ambassador of the Foundation. Ms. Larsen will begin Monday, almost exactly 10 years after she became a blood recipient.

Ms. Larsen's life made a dramatic shift in the spring of 2000 when near-fatal complications during childbirth triggered medical complications that required more than 200 pints of blood, platelets, and plasma. The experience spurred her to become a crusader for volunteer blood donation.

After raising \$40,000 and 535 units of blood as part of her 2001 New York City Marathon "give back" campaign, she furthered her unexpected role as a blood

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Illinois Blood Centers Lead the Way to New Law on Tattoos

Community blood centers in Illinois achieved a legislative victory last week, when state lawmakers and the Illinois Coalition of Community Blood Centers (ICCBC) announced that state agencies are now registering and inspecting tattoo and body piercing establishments. As a result, blood centers can accept donors who have received tattoos or piercings since Jan. 1, 2010, as long as they did so at businesses that have been inspected.

A Long Road to Passage. The changes make Illinois the first state in which blood centers drove the issue of inspecting and regulating tattoo and body piercing establishments. Margaret Vaughn, director of Legislative Affairs for the ICCBC, said that the Illinois State Medical Society had been trying to pass the regulation for 20 years. In 2005, the ICCBC – a statewide association of not-for-profit blood centers – decided to get involved. By 2006, Ms. Vaughn had drafted the Illinois Tattoo and Body Piercing Registration Act, based on a combination of the state's Tanning Salon Act and body art laws from other states.

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OUR SPACE

By ABC CEO Jim MacPherson

Paid and Volunteer Donors

I've previously mentioned the ongoing controversy, mostly outside the US, about paid and volunteer blood and plasma donors. I find that many of my colleagues don't appreciate the unique situation here.

In the early 1970s as much as 30 percent of US blood for transfusion came from paid donors. Most people with hemophilia were being treated with a cold (cryo) precipitate made from individual plasma units. The most common plasma pharmaceuticals were albumin, which was safe because it was "cooked," and intramuscular gamma globulin, which was considered safe due to its concentration of antibodies that potentially neutralize contaminating pathogens.

However, posttransfusion hepatitis was rampant and many people with hemophilia became infected. The principal vector was the paid donor, and the Food and Drug Administration began looking at ways to make transfusions safer. A rudimentary hepatitis B test was implemented, but that wasn't enough. After some raucous meetings, FDA cleverly settled on an idea first used in Illinois: that is, prominently label blood for transfusion as from either paid or volunteer sources. It worked. Physicians and hospitals didn't want the potential liability and by 1980 less than 1 percent of blood for transfusion came from paid sources. No test or other measure has been more effective in reducing transfusion-transmitted hepatitis.

In the plasma sector, pathogen inactivation techniques became routine only in the mid-1980s. By then tens of thousands of patients worldwide who had received clotting factor concentrates from plasma pharmaceuticals – up to 80 percent of those with severe hemophilia – were infected with HIV. Today there is general recognition that these pharmaceuticals can be made safe from blood-borne pathogens, whether they are from paid or volunteer plasma.

The "labeling" solution remains unique to the US. Some developed countries ban paid blood, but many developing economies still rely on paid sources and family and "replacement" donors (which outside the US are not considered volunteers). This contributes to situations like those in Africa, where as much as 10 percent of HIV transmissions come from transfusions. The blood community has a long way to go.

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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.

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Annual Subscription Rate: \$372

(Residents, Fellows and SBB Students: \$120)

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Study: HLA-Related Selection May be Influencing Chikungunya Evolution

Researchers from Singapore think they have identified one factor influencing the genetic evolution of chikungunya virus: human leukocyte antigen (HLA)-driven, immune-mediated selection pressure.

After lying dormant for two decades, chikungunya fever has re-emerged and is endemic in parts of Africa and Southeast Asia, in and around the Indian sub-continent, and in regions of the Pacific. There are fears that the disease, which is carried by mosquitoes, may become endemic in Europe as well. Travelers from affected areas have been diagnosed with chikungunya fever in several European countries, including Italy.

To understand the reasons for the new epidemics, the team analyzed existing chikungunya virus (CHIKV) genetic sequences from its introduction in 1952 to 2009. Results revealed “the existence of a continuous genotypic lineage, suggesting selective pressure is active in CHIKV evolution,” the researchers said in a study published in *PLoS One*.

The researchers studied the viral evolution “in the context of the population genetics and HLA driven selection pressures which must inevitably play an important role in determining the outcome of the infection.” The team focused on HLA because, during CHIKV infection, T-cell responses are detected, and researchers believe that “these strong responses, although not involved in the control of the virus during the acute phase of the primo-infection, might provide protection upon re-infection and thus limit virus dissemination to the community. These strong T-cell responses might exert a potent selection on CHIKV evolution.”

In many viruses, including influenza, the adaptive immune system has been shown to exert a strong pressure on viral evolution, a result of the accumulation of mutations in viral sequences recognized by antibodies. In many viral infections, escape mutants in the face of CD8 cytotoxic T-cells have been described, demonstrating the role for the major histocompatibility complex. CD8 T lymphocytes recognize short sequences in proteins, termed T-cell epitopes, cleaved from viral proteins and presented on the surface of infected cells by HLA molecules. The researchers hypothesized that mutation patterns in CD8 epitopes may provide clues to what kind of immune selection pressure operates on CHIKV. The rapid emergence of sequence variation within T-cell epitopes provides clear evidence for host-driven immune selection during infection.

“The existence of a continuous lineage from the Asian cluster, through the Indian Ocean cluster, and to the African cluster, reveals a remarkable correspondence between amino acid sequence variability and putative HLA class I restricted recognition patterns,” the team found.

The study showed that CHIKV is undergoing mild positive selection, and that site-specific mutations may be driven by cell-mediated immune pressure, with occasional changes that resulted in the loss of HLA class I-restricting elements. The data also showed that “selective pressures on CHIKV are higher within individual countries than across countries.”

The growing capacity of full genome sequencing and improved prediction methods “provide a powerful new high-resolution tool for classification,” and they may help identify appropriate antigens suitable for vaccines, the authors said.

Researchers have speculated that the virus may become more pathogenic, meaning that its capacity to produce disease in an organism could increase. CHIKV, which belongs to the *Alphaviruses* genus, was not previously regarded as a highly pathogenic arbovirus. However, this opinion was challenged by the

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HLA-Related Selection and Chikungunya (continued from page 3)

death of several CHIKV-infected persons in Reunion Island in an epidemic episode that began in December 2005. Four months later, the seroprevalence survey report indicated that 236,000 persons, more than 30 percent of Reunion Island population, had been infected with CHIKV. Among them, 0.4-0.5 percent of cases were fatal. Since the epidemic peak, the infection case number has continued to increase to almost 40 percent of the population, with a total of more than 250 fatalities. (See *ABC Newsletter*, 3/30/07 and 10/3/08.)

Citation: Tong JC, *et al.* HLA Class I Restriction as a Possible Driving Force for Chikungunya Evolution. *PLoS ONE* 5(2):e9291. ♦

NHLBI, CDC Launch Surveillance Program for Inherited Blood Diseases

Medical researchers are developing a new surveillance system to learn more about and determine the number of patients diagnosed with the family of inherited blood disorders known as hemoglobinopathies, which include sickle cell disease, thalassemias, and hemoglobin E disease.

The National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health is funding the four-year pilot project, which will involve the Centers for Disease Control and Prevention and six state health departments. Data collected from the \$27 million Registry and Surveillance System in Hemoglobinopathies (RuSH) project will help researchers develop future hemoglobinopathy registries. Research findings based on data from disease registries may provide new ideas for drug therapies and can spur the development of new tests.

Through surveillance under the initial phase of the RuSH pilot program, researchers hope to determine the prevalence of the hemoglobinopathies among screened newborns and patients not identified through newborn screening. The research will also help describe the demographic characteristics of individuals with these conditions, as well as their geographic distribution.

To manage the surveillance efforts, the NHLBI has entered into an interagency agreement with the CDC's National Center on Birth Defects and Developmental Disabilities. As part of the project, the CDC has developed cooperative agreements to create surveillance programs with state health departments in California, Florida, Georgia, Michigan, North Carolina, and Pennsylvania.

Hemoglobinopathies involve problems with hemoglobin, the blood component that transports oxygen throughout the body. Hemoglobinopathies are disorders that arise when abnormal hemoglobin genes are inherited from both parents. Individuals who inherit a single abnormal gene, which is called carrying a trait, have few of these health problems.

While all states now test newborns for some of these diseases, there is no system to track the diseases nationally. In addition, patients born before screening programs began or those who have immigrated to the US are not tracked. These statistical gaps make it difficult to know the true impact of hemoglobinopathies in this country. RuSH will help determine how many people are affected by hemoglobinopathies, which will help public health agencies to allocate resources to meet the medical and social service needs of patients.

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New NHLBI-CDC Initiative (continued from page 4)

“While we have made great strides in developing treatments for patients with sickle cell disease and other hemoglobinopathies, RuSH stands as the first major surveillance and registry program to gather comprehensive demographic and other information on people with these life-threatening diseases,” said NHLBI Acting Director Susan B. Shurin, MD, a hematology researcher.

The Nature of the Conditions. Hemoglobinopathies are most common in areas where malaria has been endemic. Sickle cell disease is the most common hemoglobinopathy in the US, and the condition affects millions worldwide. Of the estimated 70,000 to 100,000 people in the US with sickle cell disease, most are thought to have African ancestry, although the gene also occurs among people from the Mediterranean and Middle East. The abnormal hemoglobin molecules of sickle cell disease deform red blood cells, causing them to clump together and block blood flow through blood vessels, leading to painful sickle cell crises, organ damage, anemia (lack of red blood cells), and premature death.

Life-threatening complications include infections, acute chest syndrome, stroke, and pulmonary hypertension (increased blood pressure in the lung arteries). Painful crises are the leading cause of emergency room visits and hospitalizations of people who have sickle cell disease. Life expectancy has increased dramatically with state newborn screening programs and early treatment, which can include daily penicillin treatment for patients age five and younger, as well as immunizations for other diseases to prevent complications.

Hemoglobin E diseases are most common among persons with ancestors from Southeast Asia. Red blood cells in affected individuals are smaller than normal and misshapen. These abnormal red blood cells carry less oxygen to organs. Milder forms of hemoglobin E disease may not need treatment, although affected individuals may have mild anemia. Severe forms of hemoglobin E disease can cause significant anemia, bone pain, and other complications.

Patients with thalassemia syndromes do not produce enough normal hemoglobin, and the red blood cells that are produced are rapidly destroyed. Signs and symptoms of thalassemia can include severe anemia; slowed growth and delayed puberty; bone problems; and enlarged spleen, liver, and heart. Severely affected individuals require frequent blood transfusions and treatments to reduce the accumulation of iron in the body. Thalassemia genes are widespread across the Mediterranean, Middle East, Africa, the Indian subcontinent, and Southeast Asia.

“The data gathered through our RuSH surveillance efforts will provide critical knowledge about the current state of care available for patients who have hemoglobinopathies,” said Hani Atrash, MD, MPH, director of the Division of Blood Disorders, National Center on Birth Defects and Developmental Disabilities at the CDC. (Source: NIH-NHLBI press release, 2/18/10) 💧

Correction: REDS-II Member Center Name

A story published in the Feb. 26 issue of the *ABC Newsletter* about a new study to determine the reasons behind blood donor health history errors misidentified one of the members of the Retrovirus Epidemiology Donor Study-II (REDS-II). The correct name of the member is the BloodCenter of Wisconsin. The editors regret the error.

Sen. Kerry Weighs in on MSM Deferrals in Letter to FDA

On Thursday, Sen. John Kerry (D-Mass.) sent a letter to Margaret Hamburg, commissioner of the Food and Drug Administration, urging the agency to revise the policy that permanently bans men who have had sex with other men (MSM) from donating blood. Sen. Kerry's letter, which was also signed by 17 other US senators, is the third letter requesting this change to have been sent from members of Congress to the FDA in the past year.

In his letter to the FDA, Sen. Kerry calls the FDA's policy – its lifetime deferral of any man who has had sex with another man, even once, since 1977 – “outdated” and “medically and scientifically unsound.” He cites the joint statement issued in March 2006 by America's Blood Centers (ABC), the American Red Cross, and AABB to the FDA, which asserts the same point. He also cites the American Medical Association's 2008 statement that the lifetime deferral should be modified.

Sen. Kerry acknowledges that there is a window period of up to three weeks after a person's exposure to HIV during which the infection may be missed by screening tests. He says that this window period “rightfully serves as the scientific basis for a deferral period for prospective donors deemed to be of high risk for HIV.” However, he also argues that the lifetime ban on men who have had sex with other men presents a double standard compared to the one-year deferral of potential donors who have had heterosexual sex with someone with HIV. Furthermore, he says, the ban does not distinguish between safe and unprotected sexual activity. “As a result,” he writes, “healthy blood donors are turned away every day due to an antiquated policy and our blood supply is not necessarily any safer for it.”

Sen. Kerry also urges the FDA to consider the fact that FDA policies express no concern about unprotected heterosexual sex during the window period in which HIV tests do not detect the virus. Because unprotected sexual activity is a high risk behavior, Sen. Kerry says that the FDA, when it re-examines deferral policies, should take into account the distinction between protected and unprotected sex.

Sen. Kerry also laid out his argument in an opinion piece published on Thursday in *Bay Windows*, which bills itself as New England's largest newspaper for the gay, lesbian, bisexual, and transgender community. There, he calls the lifetime deferral “a cruel reality” and says that “not a single piece of scientific evidence supports the ban.” He points out that the ban originated in 1983, at the height of the AIDS crisis but when the disease was not well understood. Changes in medical knowledge, understandings of high-risk behaviors, and tests for HIV have made the law “simply discrimination that needs to end,” he says.

The letter, which is signed by Sen. Kerry, 16 other Democrats, and one independent, is available at <http://www.thebostonchannel.com/health/22740965/detail.html>. Sen. Kerry's editorial is available at http://www.baywindows.com/index.php?ch=opinion&sc=guest_opinions&sc2=news&sc3=&id=103015.

Other Letters to the FDA. Sen. Kerry's letter to the FDA follows one sent by Rep. Diane Watson (D-Calif.) in May and one sent by Rep. Mike Quigley (D-Ill.) in December. In her letter, which was signed by six other representatives, Rep. Watson emphasized the policy's failures to distinguish between high- and low-risk MSM activities. She also reports that a one-year deferral policy has been adopted in a number of other countries with no indication of increased risk of HIV. In Spain and Italy, policies based on sexual behavior risk rather than sexual orientation have resulted in a decrease in the rate of HIV infections due to blood transfusions.

Rep. Quigley's letter included 10 signatures. He also points out that the FDA guidance determining eligibility for the donation of human tissues is inconsistent with its MSM blood donation deferral policy. (Sources: *ABC Newsletter*, 5/22/09 and 12/11/09) ♠

BRIEFLY NOTED



The US Navy paid tribute to a pioneer in blood banking last Saturday, when it launched a ship named after the African-American surgeon Charles Drew. In the 1930s and 1940s Dr. Drew, who earned an MD as well as a doctorate of science in surgery, carried out groundbreaking research in blood transfusions, improved techniques for storing blood, and helped develop blood banks. As medical director of the Blood for Britain project, he supervised the collection of 14,500 pints of plasma for the British. In February 1941, he was appointed director of the first American Red Cross Blood Bank and was put in charge of blood for use by the US Army and Navy. Dr. Drew used his position

to push authorities to stop excluding the blood of African Americans from plasma-supply networks. He resigned in 1942, after the armed forces ruled that the blood of African Americans would be accepted but would have to be stored separately from that of white donors. He served as a professor of medicine and a surgeon at Freedman's Hospital and Howard University in Washington, DC, until 1950, when he was killed, at the age of 45, in a car accident. He received a number of awards during his life from organizations and universities, and a number of schools and medical clinics are named after him. The USNS *Charles Drew* was christened in San Diego by his three surviving children, including Bebe Drew Price, his oldest daughter, who did the traditional champagne swinging. The supply ship will deliver food, ammunition and fuel to combat ships at sea. (Sources: *The Washington Post*, 3/1/10; The Charles Drew University of Medicine and Science Web site, accessed 3/4/10)



Do donor incentives boost blood donations? Researchers at Case Western Reserve University and the University of Michigan are launching a study that they hope will help answer that question. Nicola Lacerata, PhD, of Case Western's Weatherhead School of Management, and Mario Macis, PhD, of Michigan's Stephen M. Ross School of Business, are leading the study. They and their collaborators will analyze data involving more than 14,000 blood drives in northern Ohio to see whether incentives boost donations. They also will investigate whether incentives motivate donors to return to future blood drives; whether people who are motivated by altruism might not want incentives, because they don't want to feel like they're being rewarded for giving blood; and whether those who donate because of incentives might be simply switching from one donor site to another and would have donated anyway. The research is being funded by the American Recovery and Reinvestment Act of 2009, through the National Science Foundation, and the American Red Cross (ARC) is participating in the study. Brent Bertram, director of Donor Recruitment for the ARC's Northern Ohio Region, said his organization hopes the research will improve understandings of how donors are motivated to give. "This knowledge will allow us to recruit donors more effectively and use our resources in the best way possible to meet the needs of local patients." (Source: Case Western Reserve press release, 3/2/10)

The Food and Drug Administration and the National Institutes of Health last week unveiled an initiative designed to accelerate the process of developing new, innovative medical therapies for patients. As part of the effort, the agencies will establish a Joint Leadership Council to spearhead work on public health issues, to maintain regulatory considerations as a part of biomedical research planning, and to ensure that the latest science is integrated into the regulatory review process. The NIH and the FDA will issue a Request for Applications, making \$6.75 million available over three years for work in regulatory science. The research supported through this initiative should provide new methods or

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BRIEFLY NOTED (continued from page 7)

models to evaluate safety and efficacy in medical product development. The FDA and the NIH will hold a public meeting in the spring to solicit input on how the agencies can work better together. “We’ve all been following the remarkable advances in biomedical sciences led by the NIH with great enthusiasm for years,” said Health and Human Services Secretary Kathleen Sebelius. “However, much more can be done to speed the progress from new scientific discoveries to treatments for patients. Collaboration between NIH and FDA, including support for regulatory science, will go a long way to foster access to the safest and most effective therapies for the American people.” NIH Director Francis S. Collins, MD, PhD, said, “This collaboration ... will use the NIH’s breadth of experience as a leader in biomedical sciences to help make the translation of biomedical discoveries into effective treatments as seamless as possible.” (Source: NIH press release, 2/24/10)

An ABC Newsletter reader who is a big fan of the new reality television show “Seducing Cindy” has informed us that blood donation plays a key role in the most recent episode of the show.

The show stars Cindy Margolis, a 2008 *Playboy* celebrity cover model who gained fame for being the most downloaded woman on the Internet. Newly single, she is looking for her soul mate over the course of eight, one-hour episodes. Her suitors include 24 men who are described on Fox Reality Channel’s Web site as a college student, a “jack of all trades,” a nude model, a personal trainer, a musician, an Internet entrepreneur, a pro wrestler, a 71-year-old world traveler, and a graphic novel reader. In the Feb. 27 episode, Ms. Margolis pretended to be injured in order to test their compassion and resolve. Eric Langevin, who works in Donor Recruitment and Community Relations for Hoxworth Blood Center in Cincinnati, Ohio, tells us that one of the ways the men responded is by going to the local blood center and donating blood, which was captured on film. Mr. Langevin said he didn’t recognize the blood center, but he reported that “everything looked like it was done properly and blood donation was shown in a positive light.” We can only hope Ms. Margolis’ search for true love goes as well. (Source: www.foxreality.com, accessed 3/4/10) ◆

**LEGISLATIVE NEWS**

The American Medical Association (AMA) is calling on its members to demand that Congress repeal the Medicare physician payment formula, which it blames for causing the recent 21 percent payment cut to physicians. A reimbursement cut of some amount from Medicare is expected annually with the start of the new fiscal year on Jan. 1, but Congress usually acts in time to reverse it. In the final days of the session last year, Congress only postponed the cut for this year to Monday (3/1). Physicians and AMA say that the formula, called the sustainable growth rate, which sets an annual target for Medicare spending on physician services, is seriously flawed. “For too many years, Congress has applied short-term fixes to this long-term problem, which is like putting a band-aid on a gaping wound,” the organization said in an eVoice Alert to members on Monday. “Physicians can no longer play this perpetual game of chicken with Congress. The Medicare payment program is unreliable and unsustainable. Physicians can no longer shield their patients from congressional mismanagement of the program.” The group says that the cut will force physicians to “limit the number of Medicare patients they can treat or cease seeing them altogether. In this tough economy, the cuts will have a ripple effect as physicians will also be forced to take other actions to keep their practices viable, such as reducing staff and delaying investments in health IT.” In 2005 the cost of permanent reform was \$49 billion. Today the cost is \$210 billion. Physicians have until March 17 to change their Medicare participation status for this year. (Source: eVoice Alert, 3/1/10) ◆



America's Blood Centers®
It's About *Life*.

INSIDE ABC

ABC Pairs with the College Assistance Migrant Program Alumni Association for Blood Drive Challenge

America's Blood Centers (ABC) is working with the College Assistance Migrant Program Alumni Association (CAMPAA) to support the second annual National César E. Chávez Blood Drive Challenge. The challenge involves a series of blood drives that honor Chávez, a Mexican-American farm worker, labor organizer, and civil rights leader. The drives will be held throughout March, are organized by US Hispanic college students, and are part of a national service learning program.

The blood drive challenge is set up as a competition among campuses across the nation. Texas A&M International University at Laredo won last year's inaugural event, which drew more than 2,400 donors to 42 campuses. This year, the field has more than doubled: at least 110 campuses will compete for the title of "Most Successful Blood Drive." All will support the ten main program goals:

- Save lives!
- Increase awareness of Chávez's legacy as a national civic leader;
- Increase awareness and number of blood donors in the Hispanic community;
- Increase awareness and number of organ and tissue donors in the Hispanic community;
- Increase awareness of health issues such as diabetes;
- Promote a healthy lifestyle through the donor education process;
- Increase awareness of health professions through collaboration with blood centers and organ procurement organizations;
- Promote higher education retention through engaging student programming;
- Promote community outreach through donor outreach and family educational programming; and
- Develop leadership skills through ongoing student organizer training and experience.

"With our communities becoming more and more diverse each year, the need for increased blood donor awareness among minority populations is key to ensuring that blood is available for all those in need and maintaining a safe and adequate blood supply," said ABC President Tom Schallert. "America's Blood Centers is proud to partner with CAMPAA in an initiative that not only educates the public, but also provides youths with an active forum to participate in the cause."

More information is available at www.migrantstudents.org and www.AmericasBlood.org.

Ask ABC

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

Q: How [does] ABC help us recruit donors?

A: On the areas of donor recruitment and awareness, ABC efforts have resulted in countless blood drives and donations, and thousands of would-be donors find and connect to their community

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INSIDE ABC (continued from page 9)

blood centers through ABC. We field hundreds of e-mails and phone calls every year from would-be sponsors and donors, and we re-direct those callers to the nearest community blood center. We also maintain a comprehensive community blood center search engine on our Web site, and donors can find a nearby blood center through our toll-free phone number. ABC's media efforts have placed blood donation on the national media several times a year, heightening attention to and awareness of our members' missions. ABC's research and shared strategies have allowed member blood centers to increase recruitment and retention. Finally, ABC's work on the *My Blood, Your Blood* program has opened doors for members who are approached by school teachers and administrators seeking educational materials on blood biology and donation. ♠

REGULATORY NEWS

StatSpin Inc., doing business as IRIS Sample Processing, has issued a Class 1 recall of the StatSpin Express 4 Centrifuge. In a recall initiated on Jan. 27, the Westwood, Mass.-based company said the rotor of the centrifuge may break and separate from the motor, striking a safety microswitch so it fails to shut down the centrifuge. The loose rotor also may strike the lid of the centrifuge, causing the lid to open and eject pieces of the rotor. These pieces may cause serious physical injury to bystanders and may expose them to blood-borne infectious micro-organisms. The centrifuge is used to rapidly separate blood cells from the liquid portion of blood samples that are collected in special gel collection tubes. The recall affects Model #510, Serial Nos. 00100 through 001679. On Feb. 3, the company sent its distributors a letter advising them of the recall and defect. When users return the recalled units, an upgrade kit will be installed. If users have a trained technical repair person to install the upgrade kit, the company will send an upgrade kit with instructions. Class 1 recalls are the most serious type of recall and involve situations in which there is a reasonable probability that use of these products will cause serious adverse health consequences or death. These products were manufactured and distributed from November 2007 through January 2010. Customers may contact the company at 1-800-782-8774, Ext. 6123. (Source: FDA Web site)

The Department of Health and Human Services (HHS) on Tuesday released a notice of proposed rulemaking (NPRM) outlining an approach for establishing a certification program to test and certify electronic health records (EHRs). The Health Information Technology for Economic and Clinical Health (HITECH) Act mandates the development of a certification program that will assure purchasers and users of EHR technology that the technology and products have the necessary functionality and security to help meet meaningful use criteria. This NPRM follows an NPRM and an interim final rule issued in January to implement other parts of the HITECH Act in support of the establishment of a nationwide interoperable electronic health record system (see *ABC Newsletter*, 1/8/10). This NPRM, "Proposed Rule for the Establishment of Certification Programs for Health Information Technology," incorporates two phases of development for the certification program to ensure that eligible professionals and eligible hospitals are able to adopt and implement Certified EHR Technology in time to qualify for meaningful use incentive payments. According to the notice, the rulemaking process will take time, "so this phased approach provides a bridge to detailed guidelines to support an ongoing program of testing and certification of health IT." The first proposed phase creates a temporary certification process under which the Office of the National Coordinator of Health Information Technology would authorize organizations to assume many of the responsibilities that will eventually be fulfilled under the permanent certification program. For the second phase, the rule proposes transitioning much of the responsibility for testing and certification to organizations in the private sector. The certification program will help support

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REGULATORY NEWS (continued from page 10)

end users of certified products, and it will ensure that patient information is securely managed and available where and when it is needed. Blood centers are included in Section 13101 of the HITECH Act under the definition of “health care provider” for the purposes of Title XIII. Additional information on both of these programs and the comment procedure can be found at <http://HealthIT.HHS.Gov>.

The Food and Drug Administration this week issued a draft guidance that provides sponsors and the review staff in FDA’s Center for Drug Evaluation and Research and its Center for Biologics Evaluation and Research with information regarding adaptive design clinical trials when used in drug development programs. The draft guidance, “Adaptive Design Clinical Trials for Drugs and Biologics,” gives advice on various topics, such as what aspects of adaptive design clinical trials (e.g., clinical, statistical, regulatory) call for special consideration, when to interact with FDA while planning and conducting adaptive design studies, what information to include in the adaptive design for FDA review, and issues to consider in the evaluation of a completed adaptive design study. The draft guidance is intended to assist sponsors in planning and conducting adaptive design clinical studies, and to facilitate an efficient FDA review. FDA, in its announcement, cites “great interest in the possibility that clinical trials can be designed with ‘adaptive’ features (i.e., changes in design or analyses guided by examination of the accumulated data at an interim point in the trial) that can make the studies more efficient (e.g., shorter duration, fewer patients), more likely to demonstrate an effect of the drug if one exists, or more informative (e.g., by providing broader dose-response information). The draft guidance discusses clinical, statistical, and regulatory aspects of a wide range of adaptive design clinical studies that can be proposed as part of a drug development program, including both familiar and less familiar approaches. As more experience is obtained with the less familiar designs, sponsors can improve their understanding of circumstances where these designs are most useful or may pose risks to study integrity and interpretation. The draft guidance describes aspects of adaptive design trials that deserve special consideration and provides advice on the information that should be provided to FDA and how best to interact with FDA to facilitate an efficient review.” Written or electronic comments on the draft guidance may be submitted by June 1. Written comments should be mailed to the Division of Dockets Management (HFA-305), FDA, 5630 Fishers Lane, Room 1061, Rockville, MD 20852. Electronic comments should be submitted to <http://www.regulations.gov>. For further information, contact Robert T. O’Neill at (301) 796-1700 or Stephen Ripley at (301) 827-6210. The full guidance is available at www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm. ♦

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer’s name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to Editor Robert Kapler at rkapler@americasblood.org. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, and the like.

Tattoos and Donors in Illinois (continued from page 1)

The bill was introduced in the House by Rep. Patti Bellock (R-Hinsdale) and in the Senate by Rep. Ed Maloney (D-Chicago). When neither legislative body would approve the version passed by the other, Ms. Vaughn and Sen. Maloney convinced the Senate president's chief of staff to amend the language onto State Bill 927, which then passed in both the House and Senate. ICCBC had secured the backing of a coalition of organizations, including the Illinois State Medical Society, the Illinois Nurses Association, the Illinois Dermatological Society, the Illinois Association of Public Health Administrators, the Northern Illinois Public Health Consortium, and even the Red Cross.

The bill was finally signed into law by Gov. Rod Blagojevich in August 2006, and ICCBC was credited, in the press release issued by the governor's office, as being the driving force behind the bill.



Representatives of ICCBC member organizations at a news conference announcing the inspections of body art establishments in Illinois. First row, left to right: Amy Smith and Jill Bernard (both from Heartland Blood Centers), Margaret Vaughn (ICCBC), Rep. Naomi Jakobsson (D-Champaign, Ill.), Roxanne Tata (LifeSource). Back row, left to right: Jen Bowman and Lisa Munson (both from Rock River Valley Blood Center), State Rep. Patti Bellock (R-Hinsdale, Ill.), Tara Matteson (Central Illinois Community Blood Center), Melissa Halcomb (Community Blood Services of Illinois), Kirby Winn (Mississippi Valley Regional Blood Center), Tammy Basile (LifeSource), and Anna McFarland and David Parsons (both from Central Illinois Community Blood Center).

Due to political negotiations, though, the effective date of the Illinois Tattoo and Body Art Registration Act was pushed back

to July 2007. Then, the Illinois Department of Public Health (DPH) – with input from local public health departments – had to draft the administrative rules for the new law. From July 2007 until fall 2009, ICCBC worked with Rep. Bellock and Sen. Maloney to make sure the drafting of these rules remained a priority for the department. The Body Art Administrative Rules finally were adopted in January 2009, and the first body art establishments started applying for their licenses that summer.

Since then, Ms. Vaughn said, 226 tattoo parlors have been inspected. They must pay an annual fee of \$1,000 to be inspected. The inspections are carried out by the Illinois DPH, in conjunction with local health departments.

The Impact of the Law. Now that the inspections have begun across the state, they are not only helping blood centers, but also protecting people who are getting tattoos or piercings, because they ensure that sanitation requirements are being followed at body art establishments.

Previously, potential donors were deferred if they had received tattoos or piercings within the past 12 months. Because of the popularity of tattoos, particularly among students, that policy meant that “blood centers across the state were losing nearly 150 donations a day,” according to Sen. Maloney.

Roxanne Tata, president of ICCBC and vice president and COO of LifeSource, said blood centers “are grateful to the state officials involved in the passage and implementation of the body art law allowing more individuals to now be eligible to donate blood.”

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Tattoos and Donors in Illinois (continued from page 12)

The ICCBC includes six members of America's Blood Centers that serve hospitals and healthcare providers in Illinois: Central Illinois Community Blood Center, headquartered in Springfield, Ill.; Community Blood Services of Illinois, headquartered in Urbana; Heartland Blood Centers, headquartered in Aurora; LifeSource, headquartered in Glenview, Ill.; Mississippi Valley Regional Blood Center, headquartered in Davenport, Iowa; and Rock River Valley Blood Center, headquartered in Rockford, Ill. (Sources: ICCBC press release, 2/23/10; *The [Illinois] State Journal-Register*, 2/24/10) ♦

Lauren Larsen and FABC (continued from page 1)

donation advocate in numerous ways, such as appearing in television public service announcements; speaking at more than 200 national and regional transfusion medicine conferences, service organization meetings, and blood center events; acting as a spokesperson for the American Red Cross's 2003 "Save a Life Tour" and for "Red Gold," a PBS special about blood; testifying before the Food and Drug Administration regarding the US blood supply; serving on the board of directors for the Foundation for America's Blood Centers from 2002 to 2008; giving more than 200 media interviews; and producing a series of extended online video PSAs called *Blood Bytes*, which are currently in use by blood centers and advocates across the country. She is also the author of the memoir *Zuzu's Petals: My Decision to Live*, which chronicles how she became a blood recipient and the unexpected life that unfolded as a result. (The book is due out in the fall of 2010.)

For her grassroots efforts to promote blood donation, Ms. Larsen was awarded the 2001 Larry Frederick Award from ABC. She also received the 2006 Outstanding Achievement Award from AABB. At the 2001 ABC awards ceremony, Ms. Larsen was introduced to Bill Nielsen, then head of worldwide communications for Johnson & Johnson. ABC CEO Jim MacPherson had jokingly asked Larsen to "make Nielsen cry" during her award acceptance speech, as the Foundation was requesting a significant donation from Johnson & Johnson to fund donor education programs. Afterward, Mr. Nielsen not only pledged \$1 million dollars to FABC, but also offered to underwrite Ms. Larsen's speaking tour so her advocacy efforts could expand to full-time work.

With nine years of "field experience," Ms. Larsen brings a unique yet informed perspective to her new role at the Foundation. "I am certain that the network of blood banking professionals I've developed during my years of speaking – many of whom I now call friends – will be a huge asset for collaborating on mutually beneficial projects," Ms. Larsen recently told ABC staff. "My strengths lie in high-level strategy, external visibility, and networking. In other words, big ideas, being a ham, and asking others to help," she said.

In her new role, she will be expected to expand the sources of funding for FABC and to become the public face of the Foundation to the media, the public, and philanthropic organizations. Ms. Larsen will count on the support of Matt Granato, who will serve as the director of operations for the Foundation in addition to his current role as director of Marketing and Member Services for ABC. Mr. Granato's support will ensure that Ms. Larsen can focus her energy and passion on fundraising. Tammy Burkhardt will provide part-time administrative support.

Michelle Stefan, chair of the board of directors of FABC, said that "the board directed a special search committee to find the best qualified candidate to move the Foundation forward during this difficult

(continued on page 14)

Lauren Larsen and FABC (continued from page 13)

economic period. After an extensive and thorough search, the committee agreed unanimously to offer Lauren the position ... and we are glad she accepted. Her experience, passion, and dedication to blood donation advocacy will allow the Foundation to grow and offer more grants to our members. This will ultimately benefit the communities they serve and fulfill the Foundation's mission."

Prior to becoming a national blood donation advocate in 2001, Ms. Larsen spent 18 years in the corporate world, focusing largely on youth and young-adult marketing. Her past management roles include vice president of marketing for The 3DO Co., an entertainment software company; vice president of marketing for Thomson Learning, one of the world's largest educational publishers; director of marketing for Simon & Schuster; and brand manager for The Pepsi-Cola Co. Ms. Larsen also worked as an independent marketing consultant for various smaller clients. She holds a BA from the University of Arizona and an MBA from UCLA. Ms. Larsen lives in Boulder, Colo., with her husband, Jeff; daughter, Clare; and dogs, Gingham, Duke, and Jack. She will work at her home office and travel to FABC offices in Washington, DC, once a month. She can be reached at llarsen@americasblood.org. ♦

FORUM

..... Views and opinions about blood services

Editor's Note: This account was sent to us by Tom Parker, who works for Blood Systems Inc., a member of America's Blood Centers.

It started over the weekend. Even though I'm over 50 and not in the greatest physical shape, cleaning my garage seemed much more difficult than it should have been. I found myself setting up a couple of folding chairs so that when I felt tired or was breathing too hard, I could sit down and rest. Looking back on it, setting up the second chair so that I didn't have to walk from one end of the garage to the other (12 feet) should have been a loud message.

Late on Monday, another symptom appeared. I was experiencing light-headedness and became dizzy when exerting myself (walking to the garage refrigerator and back to the kitchen). I decided to go to the doctor's office the next day. The earliest appointment I could get was about 2 p.m. The symptoms were so bad by noon that I asked my wife to drive me to the appointment.

At the clinic, they listened to my symptoms and ran a blood test. My hemoglobin was down below 10 and I was diagnosed with an acute gastrointestinal (GI) bleed. They took me to the hospital by ambulance and, after a few hours in the emergency room, admitted me.

Wednesday morning, I woke up extremely tired and felt like every movement was a struggle. I could hardly move I was so tired. They tested my blood again and my hemoglobin was down to 7.2. In addition, my blood pressure was below normal and my pulse rate was over 115. They immediately ordered two units of packed red blood cells (RBCs). Before the transfusion, I was taken to the GI lab. There, they put an endoscope through my mouth and past my stomach, where they found a briskly bleeding duodenal ulcer. They cauterized the bleeding and sent me back to my room.



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Forum (continued from page 14)

It was an interesting feeling to receive the two units of RBCs – I took great pleasure in watching my fingernails gradually go from a grey-yellow to their normal pink, and I could feel myself getting stronger minute by minute. It was quite amazing! One of my thoughts during the transfusion was a paraphrase of a commercial I've seen: I not only work for a blood bank – I'm a customer, too!

I didn't realize how pale or how weak I was until the blood was being infused. After the transfusion, my hemoglobin was back up over 9. The GI procedure was a great success and, over the next few days, I showed no signs of bleeding and my hemoglobin showed a gradual increase. They let me come home on Friday, and I was back at work on Monday.

Working for the past six years in the Quality Department at Blood Systems Inc., I have come to appreciate the tremendous dedication required of all blood bankers to the collection and production of safe, high quality blood products that provide the needed treatment with a minimal risk. Being a clinical laboratory scientist (medical technologist) and being involved in blood banking for many years, I have always been both thankful and humbled by the willingness of people to donate a true part of themselves for the betterment of unknown others. This week, I was close (too close) to bleeding to death. It's hard to say that, but I realize it's true. I became one of those unknown others – a blood recipient – and it brings me to tears just thinking about how someone I don't know cared enough to donate blood and save my life.

I want to express my appreciation to all of the deeply dedicated, caring, responsible employees of members of America's Blood Centers – and indeed, the entire US blood banking industry – for their tireless hard work providing life-saving products for people in need – people like me, who have no choice but to depend on others to provide safe, quality blood products.

I must especially thank those donors I will never know for taking the time and making the effort to donate their blood. We call blood the gift of life – and that saying has new, more personal meaning to me now.

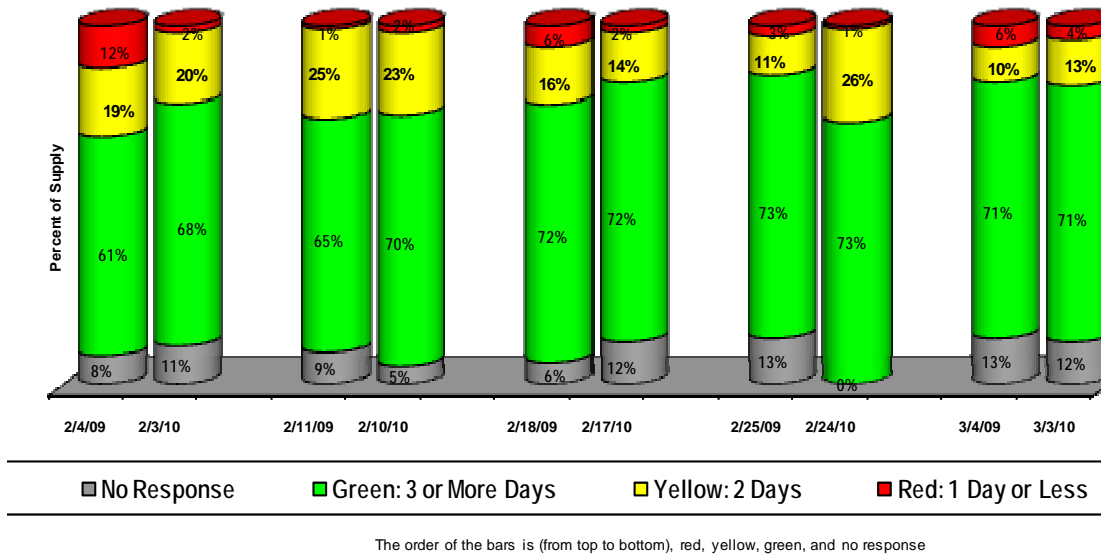
YOU ARE ALL HEROES TO ME NOW AND FOREVER – THANK YOU. 💧

GLOBAL NEWS

A man who caught hepatitis C from a blood transfusion is among thousands of hemophiliacs in the UK seeking more compensation as an enhanced compensation bill continues to wend through Parliament with its second reading in the House of Commons scheduled for today. David Bailey, 63, from Barwell, developed severe liver damage and had to have a transplant after receiving infected blood through National Health Service (NHS) treatment in the 1980s. He is among 5,000 hemophiliacs who also contracted hepatitis C in the tragedy and are closely watching the bill's progress. Until he was 22, Mr. Bailey suffered bleeding in his joints and internal organs, spending months in the hospital. Then, new blood products developed in the 1970s and 1980s enabled clotting factors to be administered by injection. Mr. Bailey, who was head of a council computer section, said the treatments stopped the bleeding and reduced the need for time off work. But at least one of the blood products he received was infected with hepatitis C, he said. He is supporting the Hemophilia Alliance's campaign for compensation. In 1991, victims were given payments averaging £20,000 for those who contracted hepatitis C, with an additional £25,000 for those who had a transplant. But people in other countries received much more, and campaigners want parity with Ireland, which gave 750,000 euros – or £657,000

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STOPLIGHT: Status of the ABC Blood Supply, 2009 vs. 2010



GLOBAL NEWS (continued from page 15)

(US \$994,028). The campaign resulted in an Early Day Motion being submitted in Parliament last month. It called for adoption of the Contaminated Blood Bill, which seeks enhanced compensation. David Tredinnick, member of Parliament for Bosworth, is backing the campaign and said: “Fair compensation for the victims must be provided by the Government. There has never been a Government-backed public inquiry to ensure lessons are learned and victims are properly supported.” (Sources: *Michelmores Medical Negligence News*, 2/15/10; Parliament Web site) 💧

HAITI EARTHQUAKE UPDATES

Shipments of blood to Haiti continue, with the next scheduled to be on a flight on March 17. Wendy Trivisonno, director of Products and Operations at Blood Centers of America, said that the shipment will include 100 units: 65 O positive, 30 A positive, and five O negative. That means that contributions of 25 units each are needed from only four blood centers. Ms. Trivisonno said that she does not expect to have any problem filling the order, since there still are five blood centers that have expressed interest in contributing but have not done so yet. The most recent shipment, which arrived in Port-au-Prince on Feb. 23, included 350 units. The shipment included contributions from six America’s Blood Centers (ABC) member centers: New York Blood Center; Mississippi Blood Services; Central Illinois Community Blood Center; LifeSouth Community Blood Center in Gainesville, Fla.; South Bend Medical Foundation in Indiana; and Lane Memorial Blood Bank in Eugene, Ore. The American Red Cross also contributed units. Community Blood Centers of South Florida (also an ABC member center) received and repackaged the units, which were sent to Haiti on a charter flight paid for by Quick International Courier. Blood centers that are interested in contributing to this or future shipments may contact Ms. Trivisonno at (401) 381-0600 or wtrivisonno@bca.coop. 💧

MEMBER NEWS

Tot to Meet Stem Cell Donor at Florida Blood Services

Samantha Galauskas, a 3-year-old girl from Illinois, next Friday will meet for the first time her stem cell donor, Shaila Lopez from Valrico, Fla., who gave her a second chance to live.

The event will be held on March 12 at Florida Blood Services (FBS) headquarters in St. Petersburg.



When she was 14 months old, Samantha was diagnosed with Chediak-Higashi Syndrome and received her first stem cell transplant from Ms. Lopez, who was a non-related genetic match. Then two days prior to her second birthday, Samantha was diagnosed with aplastic anemia. On her birthday, she became so ill with a serious infection that she received a second infusion of stem cells from Ms. Lopez that had been preserved. Once the infection passed, Samantha was given the remaining extra stem cells.

Luckily they engrafted before Ms. Lopez had to donate again. Samantha's mother, Jacki, said, "Shaila saved her life three times and was willing to do it again. Shaila truly is our hero!"

Before, during, and after each of these three stem cell infusions, Samantha received numerous transfusions of red blood cells and platelets donated by local Illinois donors. Samantha is now healthy and will be celebrating her birthday with a cake a few weeks early during this special celebration.

Ms. Lopez enrolled in the National Marrow Donor Registry in April of 2003 and became the stem cell donor for Samantha's transplant in December of 2007. She is also the mother of a 4-year-old girl and works for K-Force in Ybor City, Fla.

For many of the 30,000 patients who will be diagnosed with leukemia, aplastic anemia, and 60 other fatal diseases this year, the only chance for survival is a bone marrow or peripheral blood stem cell transplant from a compatible donor. FBS facilitates more than 200 such transplants each year as the Southwest Florida Outreach Center for the National Marrow Donor Program.

FBS provides more than 350,000 blood donations to patients at 92 hospitals and other ambulatory health-care facilities throughout 42 Florida, Georgia, and Alabama counties. (Source: FBS press release, 2/25/10) ♦

MEETINGS

May 20-21 **Blood Banks Association of New York State Inc.'s 59th Annual Meeting, Albany, N.Y.**

The preliminary program includes topics related to battlefield medicine, emergency transfusion practices, maternal hemorrhage, blood management, informed consent, blood component utilization, implementation of a quality management system, blood transfusion during interfacility transport, donor selection criteria, and blood administration. The technical workshops will be presented by Ortho Clinical Diagnostics and Immucor/Gamma. A nursing track will also be offered.

For more information, call (518) 356-0527 or visit www.bbanys.org. ♦

PEOPLE

Paul Holland, MD, recently received the 2010 Volunteer Clinical Faculty Appreciation Award from the University of California, Davis (UCD) School of Medicine. Dr. Holland, a former CEO of BloodSource, an America's Blood Centers member in Sacramento, Calif., is one of about 1,400 volunteer clinical faculty at UCD who help teach medical students, house staff and fellows, and mentor junior faculty. Each department is asked to nominate members of their volunteer staff for recognition, and two are selected to receive the award. Claire Pomeroy, MD, vice chancellor of Human Health Sciences and dean of the School of Medicine, told Dr. Holland in the award letter that his "outstanding volunteerism and leadership are an inspiration to us all" and that his "experience, skills, and excellence as a physician are wonderful assets for our institution and our community." Dr. Holland has been teaching at the medical school for 26 years. He received the award at a reception on Feb. 19.



Gail McGovern, president and CEO of the American Red Cross, has been diagnosed with early stage breast cancer but expects to make a full recovery, she said last week. Ms. McGovern, 58, said in a statement that she learned of her cancer the day after Haiti's deadly earthquake. She underwent surgery Feb. 11 in Boston, and doctors say her prognosis is excellent. "I'm feeling healthy and very lucky that my wonderful team of doctors caught this early," she said. "I expect a full recovery, I've dealt with this before, I know what's in store, and I plan to fly through it as I did previously." Ms. McGovern was treated for unrelated breast cancer in 2006, which was also caught early. The next and final phase of treatment is daily radiation therapy for four to six weeks, which will curtail her travel. She plans to continue working at the Red Cross headquarters in Washington while she undergoes treatment. Since the cancer was diagnosed in January, Ms. McGovern has traveled to Haiti to help oversee recovery efforts and to Montreal for a conference to coordinate Haiti relief. She has also continued to meet with Red Cross chapters across the country, spokesman Roger Lowe said. Ms. McGovern took over as president in June 2008. She is a veteran executive and former professor of marketing at Harvard – and the fourth full-fledged Red Cross president since 2001, along with three interim leaders. (Source: The Associated Press, 2/26/10) ♦



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

The sessions listed below are the final sessions of IMPAQ III. **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 \$100 per placement for *ABC Newsletter* subscribers & \$250 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.

EQUIPMENT AVAILABLE:

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 bmerill@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. 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 healthcare 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 regu-

lated 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.

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

American Red Cross Mid-American Blood Services Division: Medical Director – Peoria, IL. Provide oversight for all medical aspects of regional blood center

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POSITIONS (continued from page 19)

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

American Red Cross Mid-American Blood Services Division: 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

American Red Cross Mid-American Blood Services Division: 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

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

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.

Customer Service Coordinator. Puget Sound Blood Center seeks Customer Service Coordinator to provide leadership, expertise & oversight for all customer service aspects of our Hemophilia Care Program. Responsible for

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POSITIONS (continued from page 20)

direct customer service support to all our patients with bleeding disorders & their families as well as interactions with our client hospitals, measuring & monitoring customer satisfaction, developing & maintaining customer feedback processes for patients & hospitals, & integrating customer service activities within Hemophilia Care Program. Requirements for this position include two years public contact exp. with demonstrated skills interacting with patients & donors. Bachelor's degree in health sciences pref'd; or equivalent combination of education & exp., background in medical setting, (i.e., nursing, clinical research, transplantation medicine or blood banking) with strong emphasis on customer service & customer service metrics pref'd. Must have strong commitment to customer satisfaction & measuring outcomes. Must be able to effectively prioritize activities & to continuously re-prioritize to accommodate deadlines & workload. Must be familiar with spreadsheets & database structures. Interested Applicants should send their resume to: HumanResources@psbc.org or Fax: (866) 286-8495. Please **reference #6201**. More info at: www.psb.org.

Physical Therapist. Needed to join our Hemophilia Care Program at Puget Sound Blood Center. This person will provide outpatient physical therapy services to patients, both adults & children in our program with goal of improving & /or maintaining their movement & functional ability. Therapist will work closely with team of health care practitioners to provide best holistic care of our patients. He/she will develop & implement treatment programs, work with patients & caregivers on exercises & activities & evaluate need for durable medical equipment. Qualified applicants must have obtained either baccalaureate degree in physical therapy from accredited institution of higher learning or baccalaureate degree from institution of higher learning & certificate or advanced degree from accredited school of physical therapy. He/she must have current Washington State Physical Therapist License, five years of exp. providing physical therapy services req'd. Exp. with developing therapy programs for patients with Hemophilia or similar health conditions pref'd. Effective communication/coaching skills & self-motivation, as well as independent & collaborative functioning req'd. Interested Applicants should send their resume to: HumanResources@psbc.org or Fax: (866) 286-8495. Please **reference #6200**. More info at: www.psb.org.

Quality Systems Specialists (QSS). Puget Sound Blood Center seeks technically exp. individual, who will work within our team of Quality Systems Specialists (QSS), reporting to Director of QA/RA, to manage & monitor quality systems within Blood Center. Current opening is for QSS primarily assigned to Transfusion Services. Position includes: maintaining current working knowledge of applicable regulations & standards, monitoring quality systems, reviewing & approving standard operating procedures, reviewing & approving validation plans & validations, coordinating systems audits & audit follow-up, facilitating external inspections, monitoring errors & customer service issues & conducting quality systems training for staff. Process improvement facilitation skills desired. Requirements: BA Degree in science related field, certification as MT (ASCP), RN or equivalent pref'd, & three

years of Quality Assurance exp. in FDA regulated establishment. Position open until filled. Applicants who meet the requirements for Quality Systems Specialist II (pay range O) or Sr. Quality Systems Specialist (pay range P) may be hired directly into those positions. The ranges for this salaried non-exempt position are (N): \$830.38 - \$1,079.50 - \$1,328.61 per week to (P): \$982.08 - \$1,276.71 - \$1,571.34 per week, depending upon exp. & expertise. Interested Applicants should send their resume to: HumanResources@psbc.org or Fax: (866) 286-8495. Please **reference #6199**. More info at: www.psb.org.

Clinical Research Nurse Supervisor. Puget Sound Blood Center seeks highly qualified & motivated individual to join our clinical research program engaged in studies of bleeding & clotting disorders. Successful candidate will supervise group of research coordinators/research nurses assigned to clinical research studies & will work closely with Director of Translational Research, Director of Hemophilia Program & other investigators. Requirements: At least five years nursing exp. in research. Skilled at Venipuncture & IV infusions. Graduate of accredited school of nursing, BSN pref'd. Current license from State of Washington as registered nurse. Exp. in regulatory affairs & managing high level grant process, including budgeting. Demonstrated effective written, verbal & interpersonal communication skills. Familiarity with records management, including demonstrated computer skills using MS Office; familiarity with statistical programs used in data analysis pref'd (SPSS, Prism Graph Pad). Valid Washington State driver's license & reliable transportation. Interested Applicants should send their resume to: HumanResources@psbc.org or Fax: (866) 286-8495. Please **reference #6197**. More info at: www.psb.org.

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 Accounting Staff. Bachelor's degree in finance or accounting req'd for this position & CPA or masters degree pref'd. Five or more years 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. Please **reference #6173**. More info at: www.psb.org.

Business Development Coordinator. Mississippi Valley Regional Blood Center seeks dynamic, innovative professional to join our team. Business Development Coordinator

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POSITIONS (continued from page 21)

is responsible for prospecting & securing contractual commitments, impromptu sales for our blood products & services. Coordinator will build credible & successful relationships with all existing customers & build relationships with potential new customers, to ensure maximum impact for MVRBC & our clients. Qualified candidates must possess excellent communication skills, ability to work with diverse customer base, strong project management skills & be highly self motivated & organized. Must possess ability to develop & implement sales & marketing plans to achieve maximum goals & support our organizational needs & strategies. Must be able to successfully identify new markets & develop strong relationships. Prior, proven successful sales &/or marketing exp. req'd. Bachelor's degree in Marketing, Business or related field req'd. Prior statistical & data analysis pref'd. Business Development Coordinator will sustain national & possibly international focus. With ability to work remotely & be based out Metro area. We offer competitive salary & excellent benefits including health/dental/vision insurance & 401(k) within 30 days of hire. Post offer drug screen & background check req'd. Please submit resume to: Mississippi Valley Regional Blood Center; E-mail: hmvrbcb@mvrbc.com; Web site: www.bloodcenter.org. EOE.

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

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.

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, administration & 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

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POSITIONS (continued from page 22)

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.

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. ♦

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (usually published in the last issue of each month) are welcome. Send information to Deanna Du Lac by E-mail (ddulac@americasblood.org) or by Fax to (202) 393-1282. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2010

Mar. 8-10. **Cord Blood Licensure Workshop, AABB, Rockville, Md.** Registration details are available at http://www.aabb.org/Content/Meetings_and_Events/CordBloodWorkshop/cbw.htm. Contact: AABB Meetings Department. E-mail: meetings@aabb.org.

Mar. 13. **"Winning the Quality Game,"** Transfusion Medicine Regional Seminar, California Blood Bank Society, Torrance and Oakland, CA. Co-sponsored by the American Red Cross, Northern California Region. For more information and registration details, see www.cbbsweb.org/regionalseminars/index.html. Contact: CBBS Central Office. Phone: (866)792-1285 or (520) 749-6908. E-mail: cbbs@cbbsweb.org.

Mar. 18-21. **South Central Association of Blood Bank's 2010 Annual Meeting & Exhibit Show, The Crowne Plaza Hotel, San Antonio, TX.** Contact: SCABB Central Office. Tel:(866) 649-6550; E-mail: scabb@scabb.org.

Mar. 20. **GSABC Member Meeting, Fort Lauderdale, FL.** Attendance restricted to GSABC members and invited guests. Contact: Mary Griffin. Tel: (952) 921-8420; Fax: (952) 921-8416; E-mail: mgriffin@gsabc.com.

Mar. 20-23. **Annual Meeting, America's Blood Centers, Fort Lauderdale, FL.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; Fax:

(202) 393-1282; E-mail: meetings@americasblood.org.

Mar. 24-25. **Improving Manufacturing Practices and Quality (IMPAQ) III training program, Virginia Blood Services, Richmond, VA.** Contact: Lori Beaston. Tel: (202) 654-2901; E-mail: lbeaston@americasblood.org.

Apr. 6-7. **Improving Manufacturing Practices and Quality (IMPAQ) III training program, Blood Assurance, Chattanooga, TN.** Contact: Lori Beaston. Tel: (202) 654-2901; E-mail: lbeaston@americasblood.org.

Apr. 16-17. **Mid Atlantic Association of Blood Bank's 2010 Annual Meeting, Anne Arundel Health Sciences Center, Annapolis, MD.** Contact: Karla Darnall. Tel: (859) 264-7822; Email: darnall@eventstrategy.net.

Apr. 21-24. **56th Annual Meeting, California Blood Bank Society, Anaheim, CA.** Contact: CBBS Central Office. Tel: (866) 792-1285; E-mail: cbbs@att.net; Web site: www.cbbsweb.org.

May 4-6. **Human Resources Workshop, America's Blood Centers, Las Vegas, NV.** Attendance restricted to ABC members and invited guests. Contact: Lolita Norwood. Tel: (202) 654-2913; E-mail: lnorwood@americasblood.org.

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CALENDAR (continued from page 23)

May 13-14. **2010 Spring Meeting, The Heart of America Association of Blood Banks (HAABB) Spring Meeting, Harrah's in North Kansas City, Missouri.** Web site: www.haabb.org. Contact: Faith Nilhas. Tel: (785) 505-2684, E-mail: Faith.Nilhas@LMH.ORG.

May 26-27. **IPFA/PEI 17th Workshop on "Surveillance and Screening of Blood Borne Pathogens," The Regent Esplanade Zagreb Hotel, Croatia.** Jointly organized by International Plasma Fractionation Association (IPFA) and the Paul-Ehrlich-Institute (PEI). Contact: The IPFA secretariat, Plesmanlaan 125, NL-1066 CX Amsterdam. The Netherlands, Tel. +31 20 512 3561, E-mail: ip-fa@sanquin.nl.

June 3-4. **Florida Association of Blood Banks Conference, Miami Beach, FL.** Loews Hotel. Contact: Nieves Losa, E-mail: nlosa@cbcsf.org.

June 3-5. **8th Annual International Cord Blood Transplantation Symposium, San Francisco, CA.** Contact: editor@cordbloodforum.org. Tel: (310) 684-3938 x1. Web site: www.cordbloodsymposium.org.

June 21-24. **Fund Development, Communications and Donor Recruitment Workshop, America's Blood Centers, Orlando, FL.** Attendance restricted to ABC members and invited guests. Contact: Abbey Spittle. Tel: (202) 654-2980; E-mail: aspittle@americasblood.org.

June 26-July 1. **31st International Congress, International Society of Blood Transfusion, Berlin, Germany.** Contact: Eurocongres Conference Management. Tel: +31-0-20-6793411; E-mail: isbt@eurocongres.com; Web site: www.isbt-web.org/congresses.

Aug 6-7. **Medical Directors Workshop, America's Blood Centers, Chicago, IL.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; Fax: (202) 393-1282; E-mail: meetings@americasblood.org

Aug 7-9. **Interim Meeting, America's Blood Centers, Chicago, IL.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; Fax: (202) 393-1282; E-mail: meetings@americasblood.org.

Sept 23-25. **Third Annual Therapeutic Apheresis Academy, University of Virginia, Charlottesville, VA.** Contact: Tammy Eberly. Tel: (434) 924-1657. Email: teberly@virginia.edu; Web site: www.cmevillage.com.

2011

Mar. 19-22. **Annual Meeting, America's Blood Centers, Arlington, VA.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; Fax: (202) 393-1282; E-mail: meetings@americasblood.org. ♦