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Cable to Retire from Community Blood Center, Appleton, Wisc.

Rick Hart Will Succeed Him on Sept. 1

Alan Cable, president and CEO of Community Blood Center in Appleton, Wisc., will retire on Sept. 1, ending 26 years as its chief executive. According to a press release issued on Monday, Rick Hart, a former executive at the BloodCenter of Wisconsin, will succeed Mr. Cable as president and CEO on that date but will join the blood center in late August.



Alan Cable

Mr. Cable has led the Community Blood Center since 1984. Prior to joining the blood center, he served from 1978 to 1983 as the blood bank supervisor at Appleton Memorial Hospital (now Appleton Medical Center). Under Mr. Cable's leadership, the blood center has grown from 30 employees and 8,500 annual blood donations to 150 employees and more than 55,000 donations each year. During this time, the hospitals served by the blood center have not experienced any blood shortages.

Over the past 30 years, Mr. Cable has served on national committees dedicated to ensuring a reliable blood supply and supporting innovations in blood banking. He was the chairman of the National Blood Exchange Task Force from 1995-1996. Mr. Cable served on the Board of Directors of the American Association of Blood Banks from 1997-1999 and on the Board of Directors for America's Blood Centers from 2004-2006. He also is a past president of the Wisconsin Association of Blood Banks and has been a member of the organization for over 30 years.

"Alan Cable has given many years of capable leadership and loyal service to the Community Blood Center and the communities that we serve. It was no small task to find a successor for Alan," said Nancy Johnshoy, board chair of Appleton. "We were very impressed by Rick's integrity and leadership skills, his in-depth knowledge of the blood bank industry, and his strategic vision for the future of the blood center. We are very pleased to welcome Rick to the Community Blood Center."

Mr. Hart spent nearly 20 years in administration at Wheaton Franciscan hospitals, including St. Joseph Regional Medical Center in Milwaukee. In 2004, he

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OUR SPACE

By ABC CEO Jim MacPherson

Paid Versus Volunteer Blood Donations, Again

I've noted before the heated war of words in Europe and elsewhere between the commercial plasma industry (as represented by the Plasma Protein Therapeutics Association or PPTA) and some segments of the volunteer blood community. It is sometimes hard to sort out the real issues (i.e., safety, altruism, politics, "self-sufficiency," money and market share), but truth may be the latest casualty.

We recently reported on a publication in which PPTA staff ridicule the voluntary sector, the Food and Drug Administration, and the World Health Organization for their stands on paid vs. volunteer donors, while at the same time tolerating incentives, such as time off work to donate and donor raffles (see *ABC Newsletter*, 7/9/10). PPTA asserts there is little safety difference between paid and volunteer donors, whether for plasma or whole blood.

What is ignored is the fact (documented by the National Institute of Health's esteemed Dr. Harvey Alter) that no measure, no deferral, no test eliminated more disease transmission in the US than going to an all-volunteer system for blood donation in the 1970s. And such improved safety is not just a historical fact. Currently, dozens of countries are struggling to replace dangerous paid and replacement donations with those from volunteers. Such donations have been responsible for an estimated 10 percent of HIV transmissions in Africa. While it is true that the plasma commercial sector has done a great job of eliminating risks from paid individuals (primarily through delaying the use of frozen donations until an individual returns for another test-negative donation), the fact remains that first-time paid individuals have disease makers 10 to 1,000 times higher than equivalent volunteers.

More helpful have been efforts by patient advocacy groups (such as the Plasma Users Coalition, or PLUS) to get all major stakeholders to agree on the important role volunteers play in blood donation, and a recognition of the need for paid individuals to assure supply in the plasma sector. The current need is to tone down the rhetoric and recognize reality.

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CMS Proposes Mixed Bag of Payment Rates for Blood Products

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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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Under a Centers for Medicare and Medicaid Services (CMS) proposed rule issued this month, payments for about two-thirds of blood product categories would see mostly small increases – with some notable exceptions – and a little more than one-third would see modest payment decreases.

Under the proposal for 2011 Medicare payments for hospital outpatient services, payment for whole blood for transfusion would decrease nearly 2 percent from the final 2010 payment rate of \$206.25 to \$202.32.

Meanwhile, a blood split unit would increase 131 percent from \$87.39 to \$201.74, a unit of cryoprecipitate would increase more than 8 percent from \$46.58 to \$50.46, and a unit of leukoreduced red blood cells would remain nearly flat, rising from \$186.73 to \$189.06. The payment for platelets, pheresis would fall from the current rate of \$469.11 to \$448.96 in 2011.

For several products, the proposed reimbursement rates do not appear to cover actual costs. For instance, the cost of a leukoreduced red cell was \$211 in 2009, according to America's Blood Centers' service fee schedule for that year, but the CMS proposal for 2011 is \$189.06. Payments for laboratory bone marrow and stem cell processing would increase slightly, but, according to AABB, would "still lag notably below the actual costs of these services."

Overall, CMS is proposing an outpatient prospective payment system overall payment update of 2.15 percent for 2011.

The table below, excerpted by AABB from the CMS proposed rule (pages 1515-16), compares proposed 2011 payment rates for blood products with current Medicare payment rates.

CPT/ HCPCS	Description	2010 Final Payment Rate	2011 Proposed Payment Rate	% Change
P9010	Whole blood for transfusion	\$206.25	\$202.32	-1.91%
P9011	Blood split unit	\$87.39	\$201.74	130.85%
P9012	Cryoprecipitate each unit	\$46.58	\$50.46	8.33%
P9016	RBC leukocytes reduced	\$186.73	\$189.06	1.25%
P9017	Plasma 1 donor frz w/in 8 hr	\$76.02	\$79.67	4.80%
P9019	Platelets, each unit	\$66.61	\$71.72	7.67%
P9020	Platelet rich plasma unit	\$136.79	\$140.08	2.41%
P9021	Red blood cells unit	\$141.73	\$149.23	5.29%
P9022	Washed red blood cells unit	\$246.00	\$294.09	19.55%
P9023	Frozen plasma, pooled, sd	\$51.15	\$55.47	8.45%
P9031	Platelets leukocytes reduced	\$104.76	\$108.13	3.22%
P9032	Platelets, irradiated	\$150.45	\$155.68	3.48%
P9033	Platelets leukoreduced irradiated	\$131.95	\$137.96	4.55%
P9034	Platelets, pheresis	\$469.11	\$448.96	-4.30%
P9035	Platelet pheresis leukoreduced	\$512.11	\$528.37	3.18%
P9036	Platelet pheresis irradiated	\$357.96	\$469.93	31.28%
P9037	Plate pheresis leukoreduced irradiated	\$676.57	\$658.36	-2.69%
P9038	RBC irradiated	\$225.80	\$215.86	-4.40%
P9039	RBC deglycerolized	\$363.91	\$354.07	-2.70%
P9040	RBC leukoreduced irradiated	\$245.02	\$251.20	2.52%
P9043	Plasma protein fract,5%,50ml	\$65.75	\$25.61	-61.05%
P9044	Cryoprecipitate reduced plasma	\$94.60	\$79.62	-15.84%
P9048	Plasma protein fract,5%,250ml	\$107.96	\$115.98	7.43%
P9050	Granulocytes, pheresis unit	\$44.92	\$1,622.47	3511.91%
P9051	Blood, l/r, cmv-neg	\$135.32	\$188.42	39.24%
P9052	Platelets, hla-m, l/r, unit	\$736.68	\$722.63	-1.91%
P9053	Plt, pher, l/r cmv-neg, irr	\$656.72	\$584.97	-10.93%
P9054	Blood, l/r, froz/degly/wash	\$103.62	\$100.69	-2.83%
P9055	Plt, aph/pher, l/r, cmv-neg	\$419.23	\$429.24	2.39%
P9056	Blood, l/r, irradiated	\$165.16	\$167.02	1.13%
P9057	RBC, frz/deg/wsh, l/r, irradiated	\$363.04	\$280.53	-22.73%
P9058	RBC, l/r, cmv-neg, irradiated	\$293.92	\$299.49	1.90%
P9059	Plasma, frz between 8-24hour	\$77.46	\$72.85	-5.95%
P9060	Fr frz plasma donor retested	\$71.88	\$66.45	-7.55%

CMS has proposed to continue to establish payment rates for blood and blood products using the blood specific cost-to-charge ratios from the most recently available hospital cost reports. Blood products are

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Illinois Governor, Blood Center Coalition Honor Blood Drive Coordinators

Illinois Gov. Patrick “Pat” Quinn last month issued a proclamation naming July as “Blood Drive Coordinator Month” in the state. In his proclamation, the governor urged Illinoisans to consider hosting blood drives and urged local governments, businesses, and civic organizations to honor those in their communities who do so already.

The recognition was inspired by and comes on the heels of efforts by the Illinois Coalition of Community Blood Centers (ICCBC) to establish a first-of-its-kind state competition to honor blood drive coordinators. In addition to the blood collected from their own facilities, blood centers rely on community blood drives coordinated by volunteers at businesses, government offices, churches, and schools.

After a state bill to set up a program to honor communities with a strong record of blood and organ donation ran into opposition by the Secretary of State’s Office because of budgetary issues, the Coalition came up with an alternate plan.

The Coalition held a statewide competition this summer to honor blood drive coordinators in three categories – “Most Innovative,” “Most Dedicated,” and “Best High School Drive” – based on nominations from local blood centers. The judging panel included representatives from America’s Blood Centers, the Illinois News Broadcasters Association, the Illinois Press Association, the Illinois Surgical Assistant Association, and the Illinois Secretary of State’s Organ Donor Program.

Here are the winners by category:

- ◆ Most Innovative Blood Drive Coordinator Award goes to Detective Tracy Williams of the Evanston Police Department. When a fellow officer was injured in a traffic accident, Detective Williams contacted LifeSource, in the Chicago area, to set up a special drive. He also put together a website, recruited fire and law enforcement officials from across the northwest suburbs to donate, and reached out to media outlets to promote the drive, which was a great success.
- ◆ Marsha Zierk, an English teacher at Burlington Central High School, receives the Best High School Drive Coordinator Award. Ms. Zierk’s enthusiasm has led to over one-third of the student body signing up to donate blood at her drives. She even takes personal time off during her summer vacation to host a July drive because she knows it is such a slow time for donations. Ms. Zierk was nominated by Heartland Blood Centers.
- ◆ The Most Dedicated Blood Drive Coordinator Award goes to Wanda Marzahl. Ms. Marzahl has organized more than 90 blood drives in the past 25 years in Harvard, Ill., for Rock River Valley Community Blood Center and is responsible for the collection of more than 5,000 pints of blood.

“Volunteer blood drive coordinators play an important role in supporting community blood programs throughout the state,” said ICCBC President and LifeSource Vice President and Chief Operating Officer Roxanne M. Tata. “The coordinators give unselfishly of their time as they organize blood drives and



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Illinois Blood Coordinator (continued from page 4)

help educate the community on the constant need for blood donors. We are pleased to be able to honor the winners of this year's awards as well as all volunteer blood drive coordinators throughout the state. ICCBC joins Gov. Quinn in recognizing these ambassadors of the blood program."

Margaret Vaughn, director of government affairs for the Coalition, said she will be setting up award ceremonies for each of the winners. The detective's award for LifeSource will be presented at the Evans-ton Police Station, and the others will be presented at Heartland Blood Centers and Rock River Valley Blood Center. Ms. Vaughn also plans to ask the winners' respective local state representative to intro-duce a congratulatory resolution and invite them and the media to the award presentation. "We don't have confirmed dates yet, but hope to by summer's end," she said. "We will also be inviting the award winners to our annual legislative reception in Springfield."

The Illinois Coalition of Community Blood Centers is a statewide association made up of not-for-profit blood centers whose mission is to increase awareness of the importance of volunteer blood donation through public education and advocacy. Its members include the Central Illinois Community Blood Cen-ter, Community Blood Services of Illinois, Heartland Blood Centers, LifeSource, Mississippi Valley Regional Blood Center, and Rock River Valley Blood Center. (Source: Illinois Coalition of Community Blood Centers, 7/16/10) ♦

Federal Pilot Program Launches that Enables Women to Mail in Cord Blood

Three hospitals – two in Texas, one in North Carolina – are piloting a federal program that allows women to mail in cord blood from anywhere in the continental US for inclusion in Be the Match, the new name of the National Marrow Donor Program (NMDP) cell donor registry. NMDP operates the C.W. Bill Young Cell Transplantation Program, including the Be The Match registry

The project, which launched in May, offers expectant mothers the opportunity to request a free collection kit and teaches doctors how to use it in a seven-minute online tutorial. The Public Kit Donation project provides the temperature-controlled kit, about the size of a microwave, that contains consent forms, vials for the mother's blood so it can be screened for HIV and other infections, and a bag with blood thinner to keep the cord blood from clotting.

Cord blood must be frozen within 48 hours of the baby's birth. Technicians usually obtain 2 to 8 ounces (60 to 240 ml) of blood per umbilical cord, but they only retrieve the minimum amount to qualify as a unit for donation (about 900 million cells) about half the time. The cost of collection, processing, and storage can cost up to \$2,500 but is split by the government and participating cord blood banks. When matches are made, the cord banks are paid by recipients or their insurance companies, the same as they would be for a donated unit of blood. A unit of cord blood, however, can cost up to \$35,000.

Cord blood is being used in treatments for patients with cancer, sickle-cell anemia, immunodeficiencies, marrow failure, and genetic diseases that call for transplants. Unlike stem cells in human embryos, which can become any kind of cell in the body, stem cells in cord blood produce blood, brain, liver, or heart-muscle cells. But researchers have shown that cord blood cells can be reprogrammed for other uses, and doctors hope to adapt these cells to treat heart attacks, strokes, diabetes, and maybe neurodegenerative diseases in the next decade.

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Mail-In Cord Blood Program (continued from page 5)

Private “family” cord-blood banks aggressively advertise their services and charge some \$2,000 for initial processing and about \$125 per year after that to store cord blood that can be used only by the donor’s family.

It’s a challenge to find a good match between donor and recipient, and it is even more difficult to find matches for patients from minority groups. There are 10 different proteins, or markers, involved; the more markers that are alike, the closer the match. Although cord-blood therapies do not require a perfect match, transplants relying on adult bone marrow do. But there are only 19 public banks in the US, and until recently the only way women could donate to them was to give birth in one of the 175 or so affiliated hospitals that have a system in place to collect and transfer cord blood.

Joanne Kurtzberg, MD, came up with the idea of remote collection after sending out similar kits to expectant parents whose baby might be a suitable donor for a sick family member.

Joanne Kurtzberg, MD, director of the Carolinas Cord Blood Bank at Duke University, came up with the idea of

remote collection after sending out similar kits to expectant parents whose baby might be a suitable donor for a sick family member. “We thought, ‘Maybe this could work for public donors too,’” Dr. Kurtzberg told *Time* magazine. .

Collecting cord blood involves more paperwork and time in the delivery room, and some doctors are unhappy about working for free, said Michael Boo, chief strategy officer at the NMDP. But, he added, “most understand this is a donation from the family to the public.” (Source: *Time* magazine, 7/26/10) ♦

Blood Payment Rates (continued from page 3)

part of a market basket that CMS uses to calculate aggregate costs and their rates are determined using the producer price index furnished by the Bureau of Labor Statistics, which gathers reports from a number of sentinel blood centers. Comments on the proposed rule are due by Aug. 31, 2010 and the payments and other provisions of the final rule will become effective Jan. 1, 2011.

Only those hospitals that successfully reported CMS-designated quality measures in 2010 will be entitled to the full 2.15 percent update. If a hospital did not successfully report the quality measures, its update will be 0.15 percent. AABB and ABC both plan to submit comments on the proposed rule.

To view the entire proposed rule, go to: http://www.ofr.gov/OFRUpload/OFRData/2010-16448_PI.pdf. (Sources: AABB summary, 7/19/10, CMS Proposed Rule, CMS-1504-P; RIN 0938-AP8, 7/2/10) ♦

We Welcome Your Letters

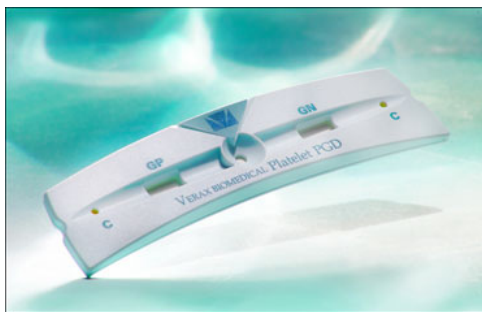
The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to *ABC Newsletter* Editor Robert Kapler at rkapler@americasblood.org or by fax 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.

Study Finds Verax Test Better than pH Test for Screening Platelets for Bacteria

Three researchers at the Institute for Transfusion Medicine in Pittsburgh have found that the Verax Pan-Genera Detection (PGD) test, a rapid qualitative immunoassay (RQI) test, is better than pH testing for screening whole blood platelet (WBP) pools for bacteria. The RQI test led to fewer false-positive results, resulting in not as many pools of WBPs being destroyed unnecessarily.

The research team was led by Mark H. Yazer, MD, who works both at the Institute for Transfusion Medicine (ITxM), in Pittsburgh, and in the Department of Pathology at the University of Pittsburgh. He and his colleagues analyzed the results of testing done on 7,733 WBP pools in 2008 and 2009. The results of their study were published in the April issue of the *American Journal of Clinical Pathology*.

Since 2004, AABB has required accredited blood centers to take steps to limit and detect bacteria in platelets. But each of the tests that have been approved by the Food and Drug Administration has limitations, including storage time requirements before testing can be completed. Verax Biomedical Inc.'s Platelet PGD Test System has received 501(k) approval from FDA for use as an adjunct but not as a stand-alone test (see *ABC Newsletter*, 11/20/09). This is the first study to analyze its performance in off-label use for bacterial screening, the authors say.



FDA has not approved any “time-of-issue” tests, which are administered just before a unit of platelets is transfused. Such a test, if approved, would have the advantage of providing “real-time information” about the unit, the authors write. At a large transfusion service, a time-of-issue test might be used as many as 60 to 80 times a day, they say, so it must be simple and rapid. Furthermore, it must be sensitive enough to positively identify infected units, but specific enough to avoid false-positive results.

Dr. Yazer and his colleagues studied data from the Centralized Transfusion Service (CTS), which uses pH testing as a time-of-issue platelet test. They wondered whether Verax’s RQI test would work as well as pH testing and lead to less platelet wastage from false positives.

Methodology. CTS began using the RQI test on Oct. 13, 2008, and this study analyzed data collected between then and March 31, 2009. After it was validated, the RQI test was used on all WBP pools at the time of issue. If an RQI test result was positive for a pool of platelets, the test was repeated, and the pool also was retested by a culture test. Pools that were culture positive were sent to an outside laboratory for confirmatory testing. At the same time, any available red blood cell co-components from the platelet units in the positive pool were tested. If the culture and the co-components were found to be sterile, the RQI results were considered to be false positives. RQI results were considered true positives if bacteria were isolated from the cultured material.

Findings. CTS screened 7,733 pools of WBPs using the RQI test. Of those, 14 (0.2 percent) tested positive, but only two turned out to be true positives. The specificity of the RQI test, then, was 99.85 percent, and its positive predictive value (PPV) was 14.3 percent.

For comparison, Dr. Yazer and his colleagues used data on CTS’ pH testing of 37,060 WBP units from March 2004 through October 2008. Of those, 405 (1.1 percent) tested positive, but only four were true

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RQI Test (continued from page 7)

positives. That gave pH testing a specificity of 98.93 percent and a PPV of 1.0 percent. Moreover, the pH tests led to the wastage of 401 sterile WBP units. The *P* value comparing the PPV of the RQI and the pH tests was .014.

Dr. Yazer *et al.* conclude that the RQI test is more specific than pH tests, has a higher PPV for detecting bacteria, and results in fewer wasted units of platelets. They do acknowledge that the RQI test costs about \$40 per pool (the cost of the pH test is negligible, they say), and that it takes about 30 or 35 minutes to complete the test, although most positive reactions can be noted within 12 to 15 minutes.

The researchers also admit a few limitations in their study, including that they did not do pH testing on the WBP pools that were positive according to the RQI test. They also did not culture the units that were negative according to RQI, so they don't know whether more sensitive tests would have found bacterial contamination in them. Furthermore, they detected bacterially contaminated platelets at a rate of 1:19,000, which is on the lower end of the rates reported in other studies. They posit that this low rate may mean that RQI tests are less sensitive than other tests, that the sample size needed for the test is so small that a platelet pool with a low bacterial load may avoid detection, or that CTS' platelet inventory turns over so fast that its platelets are fresher and less likely to be contaminated than platelets used elsewhere.

Citation. Yazer MH, *et al.* Use of the RQI test for bacterial screening of whole blood platelets. *Am J Clin Pathol.* 2010 Apr;133(4):564-8. ♦

RESEARCH IN BRIEF

A study by two principals of a Texas firm that helps blood centers build donation frequency found that its automated calling system can help to persuade donors to keep giving blood and that “a donor’s perception of the importance of their donation ... best predicts whether a donor will make subsequent donations.” The study results were based on 751,338 donations from three blood centers over the course of seven years. The study, which appears in the Journal of Blood Services Management supplement of the July issue of *Transfusion*, evaluated the automated phone system developed by Bloodbankpartners, the Fort Worth, Texas, firm founded by study author J. Garrett Whitney (co-author Robert F. Hall is also a principal of the firm). According to the study, the system contacts donors by telephone within 10 days of their donation with a two-part recorded message. One part thanks the person for donating with a recorded testimonial from a recipient; the second part asks donors to participate in a survey. On average, 88-93 percent of phones are answered by an answering machine or by a person. Donors who do not answer their phones or hear a message are used as a control group. Using data from the responses, donor satisfaction profiles were performed. The researchers conducted regression analyses to isolate the best predictors of future donations. The five categories were: importance of donation, staff courtesy, phlebotomist competence and friendliness, level of comfort or pain regarding needle stick, and time invested. The 751,338 donations included 148,123 first-time donors and 603,215 repeat donors. Repeat donors were more than 19.4 percent more likely to respond to the survey than first-timers. Among first-timers, those who felt most strongly about the importance of donating blood were 2.88 times more likely to donate blood again. And those who felt they received the greatest level of courtesy were 1.45 times more likely to donate, while those with higher scores for phlebotomist competence/friendliness and discomfort were 1.22 and 1.23 more likely to donate. Another analysis found that among repeat donors,

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RESEARCH IN BRIEF (continued from page 8)

those who took the survey made 6.5 percent more donations compared with all others who were not reached or did not take the survey. An other finding is that, “contrary to the belief... that when a donor donates three or four times they can be considered a regular donor, donors who have given three to four times have about a 50 percent chance of returning.” And while donors often complain about the time it takes to donate, the results of the study found that time is a not a predictor for first-time donors. However, time “becomes more important as donor frequency increases, and retention may increase by offering expedited services to those who have met a threshold for repeated donations.”

Citation: Whitney JG and Hall RF. Using an integrated automated system to optimize retention and increasing frequency of blood donations. *Transfusion* 2010;50:1618-1624. ♦

BRIEFLY NOTED

Arteriocyte, a Cleveland, Ohio, biotech firm that received \$1.95 million for the military’s Blood Pharming program, has sent an initial shipment of its lab-grown blood product to the Food and Drug Administration for evaluation. Blood needs challenge military trauma care centers that provide support to troops in remote, sometimes inaccessible battle areas of Afghanistan and Iraq. In 2008, Darpa, the research and development office of the Department of Defense, launched the Blood Pharming program, with the goal of manufacturing large doses of O-negative blood using a compact, self-contained system. “Pharming” is the process of genetically engineering animals or plants to generate mass quantities of medically useful biologic substances, like hormones or antibodies. In this case, Darpa wants a synthetic platform that’s engineered to cultivate blood cells. Arteriocyte’s pharmed blood was produced using hematopoietic cells, derived from umbilical cord blood units. The most difficult part is making high enough quantities of pharmed blood to meet military medical needs. Currently, it takes Arteriocyte scientists three days to turn a single umbilical cord unit into 20 units of red blood cell-packed blood. The average soldier needs six units during trauma treatment. “We’re basically mimicking bone marrow in a lab environment,” company CEO Don Brown said. “Our model works, but we need to extrapolate our production abilities to make scale.” Mr. Brown, whose company completed its Darpa work earlier this year and uses technology created at Johns Hopkins, said pharmed blood would have several advantages over natural blood. Because most blood used in military operations is donated on US ground, it’s usually three weeks old by the time it arrives at the front lines. The shelf life of donated blood is 42 days, but some medical experts think that fresh blood is less effective after 28 days, and some cite increased risk of infection and organ failure once blood is older than two weeks. Human trials aren’t likely until 2013, but the Pentagon could invoke “emergency protocol” to obtain the blood sooner. Mr. Brown predicts military use within five years. While Arteriocyte officials believe they have a viable formula for making pharmed blood, the company faces obstacles in making it financially viable. A single unit of pharmed blood currently runs them \$5,000. Still, given the cost of transporting and storing donated blood, Darpa believes that a unit of pharmed blood will be cost effective once it costs less than \$1,000. (Source: *Wired*, 7/9/10)

An 84-year-old man appeared in federal court in Las Vegas, Nev., last week facing charges stemming from what prosecutors call a scam targeting chronically ill patients who were talked into submitting to unproven stem cell treatments. Alfred Sapse is accused of using stem cell research to scam people with incurable diseases, like multiple sclerosis and cerebral palsy. Mr. Sapse was arrested in

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BRIEFLY NOTED (continued from page 9)

Las Vegas by special agents and appeared in federal court last Thursday on seven counts of mail fraud, 13 counts of write fraud, and criminal forfeiture. Mr. Sapse is accused of scamming approximately \$1 million from patients and investors. According to prosecutors, he never received approvals from the Food and Drug Administration or conducted follow-up exams on his patients. Federal prosecutors allege he isn't licensed to practice medicine in the US but claimed to have found a novel medical cure. The defendant reportedly used an unidentified Las Vegas pediatrician and a Mexican doctor to perform risky and experimental procedures. The indictment says Mr. Sapse said he was going to "revolutionize medicine as it is known today" and told wheelchair-bound patients that they would "definitely walk again." Under Mr. Sapse's direction, physicians are suspected of implanting human placental tissue into these sick patients. Many patients later reported suffering from infections and allegedly became more ill. More than 130 chronically ill patients were treated under Mr. Sapse's advisement. Mr. Sapse claims he has spent \$700,000 he received on "personal expenditures and gambling at casinos." He pleaded not guilty to the charges and has been released on his own recognizance. A trial date has been set for September. If convicted, he faces up to 20 years in prison. (Source, KTNV-TV, Las Vegas, 7/16/10)

Police and firefighters in Greater Victoria, British Columbia, are locking horns to help Canadian Blood Services (CBS) fight the summer-time slump in blood donations. In a friendly challenge called Guns 'n' Hoses, the two groups are going head-to-head until Aug. 14 to see who can make the biggest contribution to depleted blood supplies. Catherine Sloom from the Victoria office of CBS, said, "To support a person going through cancer treatment for one week, I need eight donors in the door. They can use up to eight units of platelets in a week." Ms. Sloom said there have been various donor challenges with emergency-service workers in the past, including ambulance personnel and others. A British Columbia-wide challenge involving government workers is also underway, she said. The police/fire competition kicked off with a visit to CBS by Victoria Police Chief Jamie Graham, Saanich Police Chief Mike Chadwick, and Paul Obersteller of Langford Fire Rescue. Chief Graham said he has been part of similar events during his policing career and recalled silly tasks the winners would impose on the losers. "I'd end up washing fire trucks with a little piece of sponge, and I had the fire chief in my cellblock cleaning cells with a toothbrush." He said he is happy to do whatever he can to help. "It's symbolic, trying to get more of our officers out. People see that and it gets them out to donate blood." Chief Chadwick was in full agreement. "I think police and firefighters already, along with paramedics and emergency-room personnel, realize how critical it is to have a supply of blood, especially at this time of year." (Source: *Times Colonist*, Victoria, British Columbia, Canada, 7/18/10)

The Armed Services Blood Program (ASBP) recently deployed a new online blood management tool for blood donor centers and transfusion services to enhance the distribution of blood and blood products. The web-based system was designed by Army Blood Program Deputy Director Lt. Col. Kenneth Davis with assistance from Jason Vaughan, a web developer with Lovelace Respiratory Research Institute. The new tool enables ASBP to distribute surplus blood products to all military transfusion services. During wartime, a military donor center collects, processes, and tests blood before sending to the Armed Services Whole Blood Processing Laboratory for distribution. The new tool enables Army, Navy and Air Force donor centers to post surplus blood products and share products among themselves on a daily basis before the 42-day expiration date arrives. The system generates automatic reports to all Department of Defense registered transfusion services, including Veterans Administration transfusion services, announcing the availability of surplus blood. The system also is able to manage blood requirements for a mass casualty event (such as last year's tragedy at Fort Hood) by providing information directly to ASBP managers. According to Army Col. Frank Rentas, director of the ASBP, "This management tool will increase efficiency and ensure the best possible use of blood products." (Source: ASBP press release, 7/21/10) ◆

Bill Would Create More Support for Nonprofits and Collect More Data about Them

A House bill introduced last month aims to create new federal support specifically for nonprofit organizations. The bill, HR 5533, was introduced June 15 by Rep. Betty McCollum (D-Minn.) and now has nine Democratic and two Republican co-sponsors.

At a press conference, Rep. McCollum called her bill “the beginning of a new, positive conversation about the nonprofit sector in Washington and across the country.” She noted that nonprofits produce as much as 5 percent of the nation’s gross domestic product and employ nearly 10 percent of the workforce. She also pointed out that they are regulated by the IRS but are “poorly represented” in Congress. Furthermore, she said, “No federal agency is focused on making nonprofit organizations more effective.”

The bill, the “Nonprofit Sector and Community Solutions Act of 2010,” would create a national council on nonprofits and community solutions, which would identify high-priority issues and make recommendations to Congress and the Administration; establish a working group that would focus on improving policy coordination among government agencies that deal with nonprofits; and require the Department of Commerce to collect and publish better data on nonprofits. It also includes specifications about how other government agencies collect and report data about nonprofits, and it authorizes a grants program that would promote research on the relationship between the government and nonprofit organizations.

The bill was referred to House committees on Oversight and Government Reform, Education and Labor, and Science and Technology. According to Maria Reppas, Rep. McCollum’s communication director, the Committee on Oversight and Government Reform is the primary committee of jurisdiction.

Ms. Reppas also told America’s Blood Centers’ staff that, because there is only a short legislative calendar left this year, the current goal for the bill is “to build a coalition of support on Capitol Hill – and among communities across the country. We will then introduce the bill at the beginning of the next Congress with lots of momentum.”

While officials from nearly a dozen state and national associations of nonprofits have voiced their support for the bill, some experts on nonprofits argue that the work it would require is already being done. They also say nonprofits might not be happy if the bill leads to new reporting requirements. The bill is available at <http://thomas.gov>. (Sources: *The Chronicle of Philanthropy*, 7/15/10; www.mccollum.house.gov, accessed 7/21/10) ♦

Alan Cable to Retire (continued from page 1)



Rick Hart

joined the staff at the BloodCenter of Wisconsin, serving as the vice president of the Blood Services division. In that position he oversaw 350 employees, blood component manufacturing, disease testing, 12 donor collection sites, and four blood drive teams. He left the blood center a few months ago.

Mr. Hart received a bachelor’s degree in Business Administration and a master’s degree in Health Care Administration.

The Community Blood Center, founded in 1955, provides all the blood used by patients in 17 Wisconsin hospitals and has donor centers in Appleton, Little Chute, Oshkosh, and Arbor Vitae. ♦

MEMBER NEWS

New Blood Test Venture to Work with Immunetics to Develop *Babesia* Test

Creative Testing Solutions, a blood donor testing venture between Blood Systems and Florida Blood Services, has announced plans to work with Immunetics, Inc. to develop a donor screening test for *Babesia*.

Babesia is a tick-borne parasite that causes a malaria-like disease called Babesiosis. In the US, it is most common in the Northeast and upper Midwest. While the disease is rare, it can be severe and even fatal, especially for elderly or immunocompromised patients and people who have had their spleen removed.

Babesiosis can be transmitted by blood transfusion. Between 2005 and 2008, the Food and Drug Administration reported nine fatalities related to transfusion-transmitted Babesiosis. There currently is no FDA licensed donor screening test available.

The prospects of developing a test to screen blood for *Babesia* will be a topic for discussion when the FDA's Blood Products Advisory Committee meets on Monday and Tuesday in Maryland.

The project calls for Immunetics to develop assays for detecting *Babesia* antibodies, including an ELISA assay for screening and a Western Blot assay for confirmation. Creative Testing Solutions will develop equipment and software systems for a high-volume automated application of the ELISA assay.

Blood Systems will provide funding for the test development phase of the project. Immunetics will contribute expertise in *Babesia* immunoassays and proprietary ELISA technology. Based on initial results, Immunetics, Creative Testing Solutions and Blood Systems will enter into discussions to determine the feasibility of performing a clinical trial of the *Babesia* assays to support a submission to FDA for regulatory approval for blood screening. Details of the financial agreement between the parties were not disclosed.

Creative Testing Solutions now tests approximately 25 percent of the US blood supply in three laboratories located in Dallas, Phoenix, Ariz., and Tampa, Fla. Immunetics produces and markets a range of infectious disease assay kits and instruments. (Source: Blood Systems press release, 7/21/10) ♦

INFORMATION RESOURCES

Patient Safety, Second Edition

As a result of public and political attention focusing on healthcare errors, patient safety programs are being implemented and patient safety put in medical school curriculums. *Patient Safety, Second Edition* (Wiley-Blackwell, July 2010) describes the landscape of patient safety – how it evolved, key research, issues that have to be addressed, and the practical action needed to reduce error. The second edition places a stronger practical emphasis on what can be done to improve the safety of healthcare. Topics covered include the evolution of patient safety; the hazards of healthcare; human error and systems thinking; design, technology, and standardization; clinical interventions and process improvement; and the journey to safety. *Patient Safety, Second Edition* reviews the evidence of risks and harms to patients and provides practical guidance on implementing safer practices in health care. More information is available at: www.wileyblackwell.com or www.interscience.wiley.com. ♦

On cGMP at FDA

“In fact there has been a noticeable decline in the quality of [Food and Drug Administration] warning letters – issues ranging from typographical errors, lack of legal support for assertions, delays in requests for information or citations, inconsistent decisions, to other duplications or missing reviews ... Where are the systems, training, and monitoring within the FDA that they continue to spout? ... Yet the expectations for the industry have not changed when it comes to inspections [of] documentation, change management, training, reporting, and management oversight. The FDA is ... coming after the industry in a more aggressive manner, even – on minor issues. The threshold has changed. So why hasn't the threshold changed for the FDA?”

–Excerpted from a blog posted 7/16/10 on the Pilgrim Software website. A recent report from the Center for Biologics Evaluation and Research divulged that the FDA devotes nearly half its staff – 7,500 people – to regulating medical devices, diagnostics, and drugs.

REGULATORY NEWS

BCSH Revises its Guidelines for the Use of Irradiated Blood Components

The British Committee for Standards in Haematology (BCSH) has revised its guidelines for the use of irradiated blood components. The new guidelines respond to changes in irradiation methods, reporting requirements, and the treatments for patients with certain conditions since BCSH last issued a set of guidelines on this topic, in the mid-1990s.

The irradiation of blood components can minimize transfusion-associated graft-versus-host disease (TA-GvHD), which can follow the transfusion of blood components that contain human leukocyte antigens (HLAs). Although TA-GvHD is rare, it is often fatal. It is most likely to affect immunosuppressed patients, and its likelihood depends on the disparity between the donor's and the recipient's HLAs. Irradiation inactivates lymphocytes, the white blood cells that are involved in the disease, and thus reduces the risk of TA-GvHD. However, irradiated blood components are not necessary for all patients.

BCSH's guidelines are meant to advise healthcare professionals about when irradiated blood components should be used and to explain their advantages and disadvantages, according to the document. The guidelines reflect a number of developments since the mid-1990s, including the emergence of X-irradiation as an alternative to gamma irradiation, new requirements about what must be reported to the hemovigilance system in the UK, and changing recommendations about which patients should receive irradiated blood products.

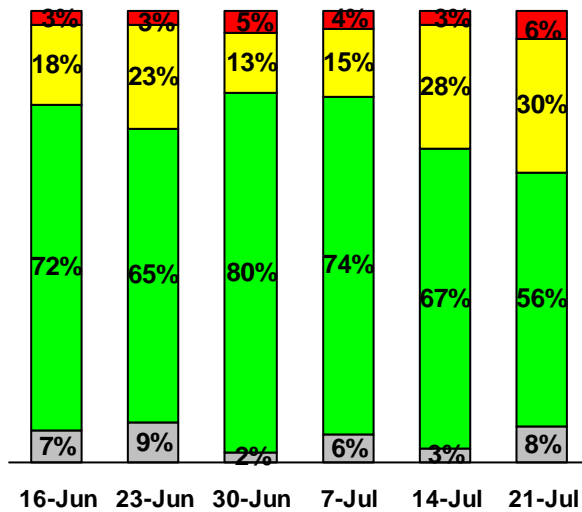
BCSH rates its suggestions as either “recommended” (i.e., stronger recommendations) or “suggested” (weaker recommendations). Its stronger recommendations include the following:

- ◆ All cases of TA-GvHD and all transfusions of non-irradiated components to high-risk patients should be reported to the national hemovigilance system.
- ◆ Blood components may be treated with X-irradiation or gamma irradiation.
- ◆ Each component should receive between 25 and 50 grays (Gy, i.e., units of radiation).
- ◆ Irradiated products that are not used for the intended recipients can be used for other recipients, even if those recipients do not need irradiated components.
- ◆ Irradiated components should be labeled with a bar code label that indicates that they have been irradiated.

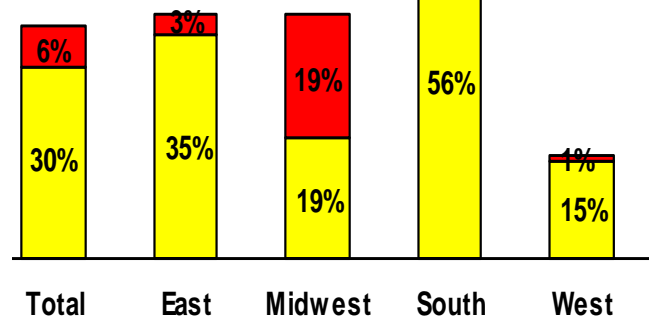
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STOPLIGHT: Status of America's Blood Centers' Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, July 21, 2010



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

Daily Updates are available at:
www.AmericasBlood.org

REGULATORY NEWS (continued from page 13)

- ◆ Irradiation is not necessary for most patients with acute leukemia.
- ◆ Blood products that should be irradiated include:
 - Red cells, platelets, and granulocyte concentrates intended for at-risk patients;
 - All components from first- or second-degree relatives;
 - All blood for intrauterine transfusions and for some neonatal exchange transfusions; and
 - Platelets to be transfused in utero for treating alloimmune thrombocytopenia, as well as subsequent red cell or platelet transfusions until six months after the expected date of delivery.
- ◆ Recipients who must receive irradiated components include those:
 - With severe T lymphocyte immunodeficiency syndromes;
 - Who have received allogeneic hemopoietic stem cell transplantations;
 - With Hodgkin lymphoma; and
 - Who have been treated with purine analogue drugs.
- ◆ Irradiation should happen:
 - Within 14 days for red cells
 - At any time during storage for platelets; and
 - Before issue for granulocyte components.

The full guidelines are available at www.bcsghguidelines.com/pdf/draft_irrad_0710.pdf.

(REGULATORY NEWS continued on page 14)

REGULATORY NEWS (continued from page 14)

The Food and Drug Administration initiated a class I recall of two infusion pumps made by Hospira due to a device error that may cause the device to fail to recognize in-line air in infusions. Failure to make corrective actions before using the device may cause air to be delivered to the patient and cause serious injury or death, the company said in a statement on its website. The company has not received any adverse event reports related to device failure, the statement said. The Symbiq One-Channel and Two-Channel Infusers should be primed following instructions found in a document available on Hospira's website. The company has mailed customers two bulletins outlining updated use procedures – on April 9 and on June 11. If instructions are followed, customers do not need to cease use of the infusion pump, the company said in a bulletin. Included in the recall are devices with the model numbers 16026 and 16027. Hospira will offer additional updates as soon as more information on the malfunction is available, the company said. Report any adverse events or device malfunctions to the agency's MedWatch program at: <http://www.fda.gov/Safety/MedWatch/default.htm>. Class I recalls are made on products that pose a possibility of serious adverse events or death. Go to www.hospira.com/Files/ClinicalBulletin/Symbiq%20AIL%20Recall%20Notification%20FINAL%203_.pdf for more information. (Source: MedPage Today, 7/15/10) ♦

GLOBAL NEWS

Becton and Dickinson (BD), a biomedical technology company with offices in 40 countries, and PEPFAR (US President's Emergency Plan for AIDS Relief) have teamed up on a \$2 million, three-year initiative to improve blood collection and testing safety in Sub-Saharan Africa. The initiative aims to promote safer blood collection using new technology while training medical personnel on safer handling of blood samples for testing. The goal is to reduce exposure to HIV and other diseases among healthcare personnel in the Nyanza and Nairobi provinces and Rift Valley of Kenya. Training will be held at provincial and district hospitals in collaboration with the Centers for Disease Control and the National AIDS and Sexually Transmitted Infections Control Program (NASCO). BD's senior director for Global Health in Pre-analytical Systems, Renuka Gadde, told *Business Daily* that the initiative being piloted in Kenya is the result of a memorandum of understanding between BD and PEPFAR. Trainers will show medical and blood collection personnel how to use the Vacutainer, a device that has been on the market since 1948. The system, he said, is safer than ordinary syringes for drawing blood, and transfers blood via a vacuum tube into a sample tube or other container. The system reduces the chances of medical staff pricking themselves and of sample contamination. (Source: *Business Daily Africa*, 7/7/10)

Students in Scotland protested last week against a ban that prevents gay men from donating blood. The protest was held during the Pride march in Glasgow. The protest was organized by NUS Scotland, a federation of more than 60 student associations in Scotland representing 530,000 students. Organization spokesman Stiofan McFadden said, "NUS Scotland believes this ban is based on discrimination rather than scientific fact. Given the constant shortage of blood in the UK, it is difficult for fit and healthy gay and bisexual men to stand back and not play their part purely because of their sexuality." The NUS's lesbian, gay, bisexual, and transgender (LOGBT) officer said that the ban "is one of the last great inequalities facing the LGBT community in the UK today." Students gathered signatures for a petition calling on the UK government to overturn the ban. It will be presented to the Department of Health's Advisory Committee on the Safety of Blood, Tissues, and Organs. (Source: UK Press Association, 7/17/10) ♦

INFECTIOUS DISEASE UPDATES

MALARIA

Researchers in Arizona have developed a genetically modified strain of mosquitoes that cannot be infected by the malaria-causing parasite. A paper on their work appeared online this month in the journal *PLoS Pathogens*. The genetically modified mosquitoes are not ready for use in the field, but the researchers achieved a 100 percent blockage of the *Plasmodium* parasite, indicating that this approach could be promising for controlling spread of the disease, which kills 1 million people worldwide each year. The team, led by entomologist Michael Riehle, PhD, at the University of Arizona, created the mosquitoes by changing a single gene involved in the production of insulin. The team found that “tissue-specific overexpression of a single activated protein kinase that is essential to insulin signaling in the mosquito can dramatically reduce parasite development.” This kinase – called Akt – “regulates a range of physiological processes.” “For malaria transmission to occur, a mosquito must ingest and harbor the parasites for approximately two weeks while the parasites complete multiple developmental stages,” the authors say in their summary. “Until development is complete and the malaria parasites invade the mosquito salivary glands, transmission to another host cannot occur. Upon completion of parasite development, transmission is possible with every subsequent bite.” By targeting this gene, they were aiming to create insects that died young so that the malaria parasite didn’t have the 16 days in the mosquito stomach it needs to mature. To test the effect of that change, researchers injected 90 of the altered mosquitoes with the malaria parasite. Ten days later, they didn’t find a single mosquito with the parasite. The mosquitoes on average lived about 20 percent shorter lives than normal mosquitoes. The complete blockage of the parasite development was an unexpected bonus. The researchers don’t yet understand how the genetic change makes the mosquitoes malaria-proof. “We were just hoping to see any reduction,” Dr. Riehle said. “We were pretty shocked that it was that great.” This is the first instance of a genetic modification that completely blocked development of a malaria parasite that can infect humans. (Sources: *Los Angeles Times*, 7/16/10; Top News, UK, 7/18/10)

Citation: Corby-Harris V, *et al.* Activation of Akt Signaling Reduces the Prevalence and Intensity of Malaria Parasite Infection and Lifespan in *Anopheles stephensi* Mosquitoes *PLoS Pathog* 2010; 6(7). [epub ahead of print]

WEST NILE VIRUS

The New York City Health Department found an unusually high number of mosquitoes testing positive for West Nile Virus in several areas of the city last week. Through regular sampling of mosquitoes collected from the five boroughs, mosquitoes with the virus have been found in Staten Island, Queens, Brooklyn, and the Bronx. No human cases have been detected. The agency issued an alert last Friday (7/16/10) to medical providers in the city, asking them to be on the lookout for and report possible cases of West Nile virus. This week, the Health Department planned to conduct adult mosquito control spraying in affected residential and non-residential areas of Queens, Staten Island, and the Bronx to reduce mosquito populations. Surveillance and control efforts will continue throughout the summer. “Warm standing water is the ideal breeding ground for mosquitoes, so with the three heat waves that we’ve already had this summer, it is vitally important to make sure standing water is reduced to help prevent mosquito breeding,” said Thomas Farley, MD, New York City health commissioner. “This summer it is especially important to take simple personal steps to reduce exposure to mosquitoes, especially for persons 50 years or older. The best way to reduce risk is to wear repellent outdoors in the evening, when mosquitoes are most active.” The agency inspects and treats standing water sites with non-chemical larvicides to kill larval mosquitoes before they emerge as flying adults and can bite humans. The agency

(continued on page 17)

INFECTIOUS DISEASE UPDATES (continued from page 16)

also applies small amounts of chemical pesticides (adulticides) to kill adult mosquitoes. On Tuesday, the Department applied adulticides in the affected areas of Queens and Staten Island and on Thursday to areas of the Bronx. Some people experience only mild flu-like symptoms after contracting West Nile virus, but the infection can cause meningitis or encephalitis, which can result in a potentially fatal inflammation of the brain or spinal cord. (Source: New York City Department of Health press release, 7/16/10) ♦

PEOPLE

Mona Dilbeck, technical director at Blood Assurance, based in Chattanooga, Tenn., is in Guyana training the staff of the South American country's only blood bank. Ms. Dilbeck was asked by representatives from the Centers for Disease Control and Prevention in Atlanta, the Department of Health and Human Services, and the National Public Health Laboratory in Guyana to conduct the training seminar. Her primary responsibility consists of training the blood bank's new quality assurance employee, as well as the laboratory staff. Ms. Dilbeck brings 37 years of blood banking experience to the staff in Guyana. She was the 2005 and 2008 recipient of the Tennessee Association of Blood Banks (TABB) President's Award, as well as the prestigious 2010 TABB Diggs Award. In 2003, she was a National Marrow Donor Program Hall of Fame winner and has served as an AABB assessor. According to Ms. Dilbeck, the training is crucial in teaching blood collectors in Guyana to perform audits as part of their testing methods. "They want to do a good job, but they don't have the proper training or adequate reagents and equipment to do their job," said Ms. Dilbeck. Since the staff has received only minimal training, Ms. Dilbeck believes the process will provide assurance of donor safety and product safety. Ms. Dilbeck has updates from Guyana to the Blood Assurance Facebook page. In one update she said: "Spent yesterday training staff to make platelets, red cells, and cryoprecipitate. Also trained donor room staff on proper technique for copper sulfate hemoglobin screen. Sore fingers since I let them practice on me. Wednesday I spent the morning at National Public Health Reference Lab training infectious disease testing staff. Spent afternoon training QA staff how to perform audits. Then helped donor room staff write procedures correctly. Things are so hard here. Very difficult to get equipment and reagents. Can you imagine waiting for over a month to get a printer cartridge? How about two years to get a needed incubator? They have a lot more patience than me. People are very friendly here. The new QA officer who has been shadowing me ... is having a Hindu engagement Sat. He has invited me to attend and I will try to do that." (Sources: Blood Assurance press release, 7/14/10; Blood Assurance Facebook page at www.facebook.com/bloodassurance.)



Longtime blood banker **Tom Zuck, MD**, is recovering from another bout of health issues. Earlier this summer, he spent 10 days in the hospital with a staph infection. After that cleared up, he had cardiac surgery on July 12 to repair a leaking aortic valve, as well as bypass surgery. He has now been transferred from the Cardiac Intensive Care Unit at Mercy Hospital Anderson in Cincinnati, Ohio, to Mercy St. Theresa's, a rehabilitation center nearby. His wife, Sue, said that he was expected to spend about a week there. Last fall, Dr. Zuck had surgery to insert an implantable cardioverter defibrillator, a device that is similar to a pacemaker and is programmed to detect cardiac arrhythmia and correct it by delivering a jolt of electricity (see *ABC Newsletter*, 10/16/09, 10/23/09). Dr. Zuck is a retired CEO of Hoxworth Blood Center in Cincinnati and a retired colonel from the US Army, as well as a former president of AABB and America's Blood Centers. ABC's annual Thomas F. Zuck Lifetime Achievement Award honors an individual for a lifetime of dedication to community blood banking. Greetings can be e-mailed to Dr. Zuck at tzuck@cinci.rr.com or mailed to him at 2861 Patterson Farms Lane, Cincinnati, OH 45244. ♦

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. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: ddulac@americasblood.org.

EQUIPMENT AVAILABLE:

For Sale. Two 2003 Ford E450 2 bed Bloodmobiles, 29,000 and 32,000 miles. Please contact Britt Chewning for more information. Phone: (804) 213-4104; e-mail: bchewning@vablood.org.

POSITIONS AVAILABLE:

Regional Sales Director Donor Recruitment.

LifeSource Blood Center is not-for-profit organization & major provider of products that support Chicago's blood supply. LifeSource's committed professionals believe in core values of providing reliable & safe blood products to community. LifeSource is made up of quality minded individuals who demonstrate team work, open communication, continuous learning & excellent customer service. Regional Director Donor Recruitment develops & directs regional team of Account Managers to achieve annual blood collection objectives. Develops & implements short & long term plans to achieve goals, tactical plans & programs. This individual will manage metrics & performance indicators. Provide ongoing analysis & team direction. Works with team members to set specific, measurable, attainable & relevant objectives. Position will conduct ongoing assessments of Account Manager territories & provides actionable coaching, identifies new strategies & tactics for market development with Vice President of Programs to increase blood collection. Regional Director Donor Recruitment will effectively participate in planning of special recruitment events & media promotions, recognition programs, workshops & seminars. This individual will build & maintain strategic relationships within marketplace & interacts with senior leaders in community donor group sectors. Bachelors degree in business, marketing, communications or related discipline req'd. Five plus years of field based management exp. in sales or development environment is needed. Five plus years of field based management experience in a sales or development environment is key. Experience in a not for profit or healthcare environment highly pref'd. Qualified candidates will be able to demonstrate effective problem solving skills. Must have analytical skills, set expectations & communicate results & feedback as needed & highly developed communication & customer service skills. Glenview/Full Time & Evenings/Weekends. Contact: Nancy Sifuentes; e-mail: nsifuentes@itxm.org; Tel: (847) 803-7845; Fax: (847) 803-7870; Address: 1205 N Milwaukee Ave, Glenview, IL 60025.

Quality Assurance Specialist II. Kentucky Blood Center seeks MT or CLS to support, implement & monitor quality assurance program plan to ensure adherence to standards &

guidelines issued by regulatory agencies & accrediting organizations. Will assist in development & performance of quality systems & focused audits to ensure AABB & FDA requirements are met; with oversight of quality matters & problem solving; & with the document control system including SOP's, audit reports, FDA documentation & organizational forms & documents. Will participate in departmental & organizational planning & training as appropriate & departmental on call rotation. Qualified applicants will be registered MT or CLS. Exp. with MasterControl pref'd. Must practice good customer service with both internal & external customers. Must be proficient with MS Office products, including Word, Access & Excel. Must be flexible, creative, adaptable & able to handle multiple tasks under pressure, able to work efficiently, tactfully & effectively with people at all levels of organization. Strong written & oral communication skills, do-what-it-takes work ethic & team player attitude req'd. Medical Insurance, Life Insurance, Dental Insurance, Paid Vacation, Paid Sick Days, Paid Holidays, Long Term Disability, 401K/403b Plan & Pension/Retirement. Please apply at: <http://www.kybloodcenter.org/careers.php>.

Clinical Laboratory Scientist, Reference Laboratory. Blood Centers of Pacific in San Francisco seeks Clinical Lab Scientist to perform complex serological testing; including red cell antibody ID, compatibility testing & platelet testing. Communicates with physicians & hospital personnel to explain results & provide appropriate skills. Requires current California CLS license & at least three years of relevant exp. with emphasis on antibody ID, SBB pref'd. Submit resume to: Blood Centers of the Pacific, Human Resources, **Job Code: MTREF**, e-mail: resumes@bloodcenters.org or Fax: (415) 749-6620. EOE/AA

Donor Recruitment Supervisor. Community Blood Center seeks organized, energetic, proactive, multitasking individual who functions well in fast paced environment. You have exceptional interpersonal skills & sales management acumen to oversee Donor Recruitment Department that manages blood drives & call center which builds relationships with area blood donors, businesses, schools & communities. Proven track record in leadership, outside

(continued on page 19)

POSITIONS (continued from page 18)

sales, sales management & customer service is must. Call center exp. desirable. Excellent oral & written communication skills & ability to make formal public presentations req'd. College degree pref'd. Microsoft Suite computer skills req'd. This is full-time position with starting salary of \$51,523. Please stop by our main office to fill out application and applicant assessment form & submit resume at: 4406 W. Spencer Street, Appleton, WI 54914. EOE

Assistant Medical Director. The American Red Cross Blood Services Southern California Region in Pomona, California seeks Assistant Medical Director with guidance, leadership & oversight of all matters relating to medical practices & research of blood region. Support medical services of regional centers. Responsible for medical policies & procedures of blood region. Monitors medical aspects of regional blood centers operations, including reference laboratories, research, medical community relations & collections. Provides medical consultations on transfusion medicine issues to regional physicians & other health care professionals. Qualifications: M.D or D.O degree with post graduate training in blood banking/transfusion medicine req'd. Board certified or eligible in internal medicine, pediatrics or clinical pathology. Board certified or eligible in blood banking/transfusion medicine desirable. Knowledge of current/projected trends in transfusion medicine/blood banking & hospital health care desirable. Must be licensed in state of primary site of region and all banking/transfusion medicine, or related field, or completion of a blood banking/transfusion medicine fellowship req'd. Apply on-line: <http://americanredcross.apply2jobs.com/>.

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

Director of Blood Donor Services. Upstate New York Transplant Services located in Buffalo, New York seeks dynamic, clinically-skilled leader for our community blood service. Ideal candidate will assure that blood collection teams maintain highest regulatory standards while delivering exceptional customer service. In addition, this individual will have proven track record of successful leadership in diverse, fast paced & progressive environment. RN license & blood banking exp. strongly pref'd. Individual must possess excellent verbal & written communication skills. Please forward cover letter & resume to:

Upstate New York Transplant Services, HR, 110 Broadway St. Buffalo, NY 14203; e-mail to: hr@unyts.org. EOE/AA. You've been given Gift of Life. Give it Back. Upstate New York Transplant Services is among leading procurement organizations in United States & first organization nationwide to offer opportunities for organ, eye, tissue & community blood donation under one roof.

Assistant Medical Director. Blood Centers of Pacific seeks Assistant Medical Director to join our team. Will provide transfusion medical consultation to external customers, blood center staff, donors & general community. Will assist Medical Director in TM educational endeavors, including supervision of TM fellow & rotating residents or fellows, staff training, lectures & grand rounds at area hospitals. Will provide medical oversight for staff safety program & assist Medical Director in medical oversight of policies & procedures in donor collection, technical operations, hospital services, recruitment & clinical services. Will participate on Medical Scientific and Advisory Committee of Board & Technical Advisory Committee. Requires M.D., fellowship training or two years' exp. in transfusion medicine req'd. Previous exp. in blood center pref'd. Valid California Medical license (or acquires license within three months of employment). Board Certified or Board Eligible in Pathology, Internal Medicine, Pediatrics or Anesthesia. Board Certified or Board Eligible in Blood Bank/Transfusion Medicine (TM). Board certification in BB/TM req'd within three years of employment. Forward resume with **JOB CODE: Asst Dir to Blood Centers of Pacific:** resumes@bloodcenters.org or Fax: (415) 749-6620. EOE/AA.

Director of Donor Services (Collections). Central California Blood Center, located in Fresno, CA, seeks business minded management-focused individual to direct all aspects of blood donor program with annual draw of 70,000 +. Includes managing efforts of Donor Services Dept. including Donor suitability, phlebotomy, care & handling of blood units & Donor care post donation on Mobile & Field Drives in our five co area, as well as our five Inbank locations. In addition, ensure regulatory compliance, manage quality systems, SOP's & training requirements for CCBC Donor Services (Collections) staff. Qualified professional will possess strong leadership skills including prior management exp., proficiency in process improvement strategy with implementation of initiatives req'd, MPH w/exp. in medical regulatory environment plus. Competitive compensation & benefits. Apply online at: www.donateblood.org with resume & salary history.

Director, Recruitment. Community Blood Services is independent blood center that collects blood donations, offers cord blood banking & operates one of NMDP's largest bone marrow registries. Founded in 1953, Community Blood Services is not-for-profit organization devoted to serving community's transfusion medicine needs. We have immediate business need for results driven Director Recruitment. Position responsible for providing necessary direction & leadership to ensure recruitment goals & new

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POSITIONS (continued from page 19)

business opportunities within blood donor recruitment are met; identify, cultivate, solicit, negotiate & secure donor & corporate relationships to meet expanding business goals; satisfactorily maintain & grow these relationships to maximize their long-term value to Community Blood Services. Additionally, position must develop tactics & strategies in collaboration with colleagues & other partners to provide optimal business growth, client satisfaction & financial return. Qualifications include: bachelor's degree; master's pref'd. Four to six plus successful years of exp. in sales & sales management. Proven track record of successfully managing & motivating a sales team. Excellent PC skills, leadership & strategic thinking ability req'd. Superb oral & written communication skills req'd as well as strong negotiation, presentation & liaison skills. Community Blood Services offers team orientated work environment, competitive compensation, benefits & relocation package. Qualified candidates, please send your resume & cover letter along with salary requirement via email to: careers@cbsblood.org or Fax: (201) 265-4021. EOE

Director of Development, Puget Sound Blood Center, Seattle, WA. Play Pivotal Role in Advancing Transfusion & Transplantation Research. Established in 1944, Puget Sound Blood Center has long history providing safe, reliable blood supply across Western Washington. Research is core of its vision of "advancing health, shaping future of transfusion & transplantation medicine". In its 65 years, Puget Sound Blood Center has sponsored groundbreaking research leading to major advances in blood storage & treatment of blood disorders such as sickle cell disease & hemophilia. It has made significant strides in understanding of platelets (blood clotting cells), positively impacting fight against cancer, malaria & thrombosis (clotting of blood when & where it should not), leading cause of fatal heart attacks & strokes around world. Offering new opportunity to structure & lead Development Team, Puget Sound Blood Center seeks strong, multifaceted fundraising professional to provide strategic leadership & hands-on implementation of all fund development activities. New Development Director will be member of Leadership Team & will work collaboratively with CEO, Executive Vice President of Research, other Directors, development staff & partner organizations to identify & cultivate donor opportunities & implement comprehensive development plan to support research goals of organization. We seek visionary leader who can express genuine commitment to mission of Puget Sound Blood Center. Extensive exp. leading & managing fund development programs, including strong track record in major gift cultivation & solicitation desired. Director of Development should be exp. manager skilled at motivating, mentoring & training staff to enhance department's success. Working knowledge of Pacific Northwest fundraising climate pref'd. Minimum

of seven to ten years of exp. in fund development, including staff responsibility & leadership of fundraising programs req'd. Exp. in healthcare, scientific or academic environments, in organizations of similar size & complexity to Puget Sound Blood Center highly desirable. Bachelor's degree req'd. We welcome & encourage qualified applicants from diverse backgrounds. Salary: \$120,000 – \$140,000. Please send resume & cover letter by **August 31, 2010** to: info@waldronhr.com. Tel: (206) 441-4144. Committed to workplace diversity; EOE/AEE.

Director Donor Services. BloodNet USA, division of Florida Blood Services, Inc. located in Lakeland, FL is one of about hundred community blood centers in nation that collect blood from local volunteer donors. We perform many aspects of blood processing from recruiting donors, drawing blood from donors, processing it into therapeutic components, & testing its compatibility for specific patients. Our mission is to improve lives by providing quality blood services & exceptional customer service. We are looking for qualified candidate that will be responsible for all donor blood collection activities & compliance with blood bank & regulatory requirements. For more details on this opening, please go to: www.fbsblood.org & apply online. As valued member of our team you will find that our company provides great benefits, excellent retirement plan, educational assistance, generous paid time off, wellness & more.

Hospital Services Manager. Kentucky Blood Center, located in Lexington, Kentucky, seeks customer-focused detail-oriented professional to oversee daily operations of Hospital Services Department. Responsibilities will include consignment blood component inventory management; transportation & distribution of blood components; technical support for hospital blood banks; & hospital customer account management. Qualified applicants must have four-year degree, MT(ASCP) or exp. deemed equivalent including working knowledge of hospital blood banks. Three years management exp. working in organization regulated by good manufacturing practice with FDA, AABB, CLIA & EU regulated exp.; & three or more years exp. working with blood component inventory management in Hospital Services/Product Management Department in blood center pref'd. Exp. with data analysis & equipment/process validation pref'd. Must be proficient with MS Office products. Must be highly organized, reliable & have outstanding interpersonal skills. Strong written & oral communication skills, do-what-it-takes work ethic, & team player attitude req'd. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid vacations/holidays, EAP, 403(b) retirement savings plan & pension plan. Apply online at: www.kybloodcenter.org. Drug free & EOE/AAP