



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2009 #39

October 30, 2009

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GSABC and Two of its Members Resolve Chagas Testing Contract Dispute with Ortho

A contract dispute involving Ortho-Clinical Diagnostics, Group Services for America's Blood Centers (GSABC), and two of GSABC's members has been resolved, according to a document filed by GSABC's attorney last week and approved by the US District Court in Minnesota.

This summer, Ortho issued breach-of-contract notices against GSABC and two of its members, which were doing testing for other centers. The notices asserted that the third-party testing of blood donations was a violation of an "own use" provision of a group purchasing organization (GPO) agreement between Ortho and GSABC. The company said the practice also violated the members' letters of commitment (LOC), which bound them to the GPO. Also at issue was the member centers' move from universal to selective testing of donors for antibodies to *Trypanosoma cruzi* – the parasite that causes trypanosomiasis, or Chagas disease. Ortho, a Johnson & Johnson company based in Rochester, N.Y., gave notice that it intended to terminate the GPO agreement.

The suit names Ortho; GSABC; Central Indiana Regional Blood Center, part of Indiana Blood Center (IBC), which is based in Indianapolis; and Aurora Area Blood Bank, which is part of Heartland Blood Centers, based in Aurora, Ill. IBC and Heartland had stopped testing all blood donors for Chagas and instead had begun testing only certain categories of donors for the disease. The selective testing meant that the centers were ordering fewer Chagas test kits from Ortho.

In the settlement, Ortho agrees to withdraw the notices and agrees that third-party testing using Ortho-supplied test kits for any blood disease is permitted under the GPO agreement.

For its part, GSABC agrees to direct its members to continue testing all of their blood donors for Chagas disease until Dec. 15, 2009. This restriction of selective testing applies only to GSABC members that have LOCs that bind them to GSABC's GPO agreement with Ortho. The restriction does not apply to GSABC members that contract with third parties for testing for Chagas.

What's Next. GSABC and Ortho have agreed to meet in November to discuss selective screening. The parties also expect to discuss a change in pricing for the Chagas test kits; that agreement should be reached by Dec. 15, 2009. If an agreement is not reached by then, GSABC members will be able to

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OUR SPACE

By ABC CEO Jim MacPherson

It's All the Same

Lunching on gumbo and chow-chow with my tireless friend who works in many developing countries in Africa, I broached the idea – which came from a joint planning session between America's Blood Centers (ABC) and the European Blood Alliance (EBA) – that ABC and EBA could take our model of driving efficiencies and effectiveness to other regions of the world. That is, we could help start self-directed regional organizations to network and share best practices. Would it work in Africa? She said, "You have visited blood programs in many different countries; what have you noticed?" "It's all the same," I replied. "Exactly!" she rejoined.

When you strip away the growing levels of hardware and software technology used in developed countries, you're left with the fact that, vein to vein, you see no differences. And in developing countries, technology can be replaced by labor, which is abundant and cheap.

Our layers of safety are similar, beginning with whom we recruit. Altruistic volunteers typically have disease markers 10 to 100 times lower than the surrounding population. Motivations for cultivating volunteers are universal. Our next layer is orally screening donors for risks to the patient (and the donor), a manual process. Next is assuring consistency through validated SOPs and verifying that any equipment works as indicated. Then there are simple low-tech tests for every disease marker and compatibility investigation. These safety layers can be the same everywhere.

The transfusion itself also looks pretty much the same everywhere, with the same objective for outcome and worries about adverse reactions. For the developed world, all efforts are layered by an ISO-like quality infrastructure, but this requires no technology to implement.

This is self-evident stuff, and certainly automation with built-in process control is not just about saving labor. But putting what we do in more labor-intensive terms makes the translation of best practices from Minnesota to Mozambique seem pretty achievable.

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

jmacpherson@americasblood.org 

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

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Annual Subscription Rate: \$372
(Residents, Fellows and SBB Students: \$120)

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BloodCenter of Wisconsin and Partners Awarded NIH Grant for RFID Research

The National Institutes of Health (NIH) recently awarded a \$1.4 million Small Business Technology Transfer Grant to Syslogic Inc., and a team that includes researchers at BloodCenter of Wisconsin (BCW), based in Milwaukee, and the University of Wisconsin-Madison. The grant funds Phase II of their work with radio frequency identification (RFID) technology, which the group hopes will enhance patient safety and reduce blood center and hospital costs related to the entire blood supply chain from collection to manufacture to transfusion of blood products.

RFID technology involves tags that contain silicon chips and antennas that enable them to receive and respond to radio-frequency queries. According to BCW, this research project is the first to investigate the potential benefits of RFID technology for the automatic identification, tracking, and monitoring of blood and blood products from donor to patient.

In a phone conversation, Lynne Briggs, director of Application Software and one of the project managers during BCW's first phase of work with RFID, explained that if the tags are attached to containers of blood and blood products, people who need information about the products will not need to actually scan the products individually; instead, they will be able to access critical data that has been stored on the tags for automatic retrieval. This technology will allow a large number of tags to be read and identified simultaneously. In addition, the tags can store more information than traditional barcodes, information can be updated as required, and data can be locked down as required.

Jerry Holcombe, special projects coordinator in information services at BCW, added that the goal of the project is to end up with an RFID system (including tags and software) that will work with existing record systems to track blood and blood products.

The study team is also working with the International Society for Blood Transfusion's RFID working party to create a reusable data standard for RFID use, which will help ensure that the RFID system can be used through the entire transfusion medicine supply chain.

Background and History of the Project. The research team received a \$100,000 grant in 2007 from NIH that, along with other funding, supported the first phase of this project, which investigated the technical and economic feasibility of using RFID technology in the blood supply chain, as well as its impact on platelets and red blood cells. The results of that research showed that RFID tags and, in particular, high frequency (HF) RFID tags, would function well with blood and blood products; that RFID-enabled processes can lead to improvements in the productivity in both blood centers and hospitals; and that HF RFID tags demonstrated no direct impact on platelets or red cells. A patient safety assessment model was also developed, with preliminary results showing that RFID technology implemented within core bedside processes in the hospital can result in reductions in morbidity and mortality in patients receiving blood transfusions. Portions of the Phase I research have been published or accepted for publication in the Journal of Healthcare Information Management, Transfusion, Vox Sanguinis, and the Journal of Blood Service Management, as well as the RFID Journal.

In Phase II of the research, a prototype will be developed and tested; the goal is demonstrating the functionality and performing additional limit testing of RFID technology with blood and blood products. In addition, compatibility and safety testing will be performed on plasma. Once the software system is developed and tested, the system as it is then defined will need 510(k) certification by the Food and Drug Administration.

(continued on page 4)

BCW and Partners Awarded NIH Grant (continued from page 3)

Project Collaborators. The principal investigator for the project is Rodeina Davis, vice president and chief information officer at BCW. She and her colleagues at BCW wrote the grant proposal in partnership with the university's RFID laboratory and SysLogic, a software integration firm based in Brookfield, Wis. SysLogic is the grantee; BCW and the university will provide the research and academic expertise.

Ms. Briggs emphasized that "while BCW took the lead on the industry side of the study, other blood centers and hospitals have been key and valuable partners." These include Mississippi Blood Services and Mississippi Baptist Health System, both in Jackson, Miss.; Carter BloodCare, in Bedford, Texas; and the University of Iowa Hospitals and Clinics, in Iowa City.

Ms. Briggs also said that the project's focus on measureable process improvements through strategic application of technology was an important reason why the grant was funded. She added that the project focuses both on quality and efficiency in the supply chain, as well as on patient safety. The partner blood centers and hospitals helped ensure that the processes and improvements were viewed at an industry level, rather than from a point of view specific to BCW.

The research project also is being recognized as an important example of a partnership between public and private institutions, and between academia and industry leaders, given the participation of researchers at the University of Wisconsin, independent blood centers and hospitals, and SysLogic.

"The key for these public-private partnerships is the brains and research and science [that] come out of academic and research institutions, [which can] partner with companies like us to create the solutions and the systems that we can bring to the market," said Tina Chang, SysLogic's chief executive officer, in a statement.

Jackie Fredrick, president and chief executive officer of BCW, added in a statement, "Our goal is to help the transfusion medicine community ensure that the right product gets to the right patient at the right time. This project fits well with our focus on translational medicine, creating a bridge between basic research and clinical applications." (Sources: BloodCenter of Wisconsin, press release, 10/23/09; University of Wisconsin, press release, 10/26/09; *Milwaukee Journal Sentinel*, 10/26/09) ♦

HHS Requests Input on New Objectives for Blood Disorders and Blood Safety

The Department of Health and Human Services (HHS) has added the topic of blood disorders and blood safety (BDBS) to its Healthy People 2020 Objectives, and it is seeking feedback on the relevant goals. The Healthy People 2020 Objectives are the latest in a series of national 10-year health promotion and disease prevention objectives. They establish goals and provide benchmarks that track progress on various health-related issues, with the aim of improving Americans' health. This latest set of objectives includes 18 related to blood disorders and blood safety. Two of them are related to blood banking and one to transfusion medicine. Simone Glynn, MD, MSc, MPH, chief of the Transfusion Medicine and Cellular Therapeutics Branch Division of Blood Diseases and Resources at the National Heart, Lung, and Blood Institute, said that "input from the [ABC] community would be very much appreciated." The objectives can be viewed at the Web site <http://www.healthypeople.gov/hp2020/Objectives/TopicArea.aspx?id=13&TopicArea=Blood%20Disorders%20and%20Blood%20Safety>, and comments can be submitted either at public meetings across the country (see <http://www.healthypeople.gov/hp2020/regional/default.asp> for dates and locations) or online starting today. More information about the public comment process is available at <http://www.healthypeople.gov/hp2020/comments/default.asp>. ♦

AABB Session Mulls Competition Between For-Profit Plasma Centers and Non-Profit Blood Centers

One session at this week's AABB annual meeting attempted to address two issues that have surfaced with the recent proliferation of paid plasma centers in the US and abroad: Does remuneration of plasma donors siphon off volunteer blood donors? And is plasma that has been paid for as safe as that which is derived from volunteer whole blood?

A session titled "Competition Between For-Profit Plasma Centers and Non-Profit Blood Centers" addressed concerns raised by a recent smattering of mainstream media accounts, based mostly on anecdotal evidence, of volunteer blood centers losing donors to paid plasma centers in the current weak economy. One article talks about people with questionable visa status traveling into the US from Mexico to become paid plasma donors.

Nanci Hayward, MT(ASCP)BB, a senior vice president at International BioResources LLC (IBR) and a board member of the Plasma Protein Therapeutics Association (PPTA), painted a somewhat rosy picture of the state of the paid plasma industry. Compensation, she said, is a way of helping donors with travel costs, and of recognizing their time and commitment to helping others.

She said that while critical press reports "remain a concern for the industry," there is no reliable statistical data showing that paid centers are taking donors away from volunteer centers or that paid-for plasma is any less safe. Ms. Hayward said that, on the contrary, her impression from talking to paid plasma donors is that most had never been volunteer blood donors before they walked into the plasma center. Rather, she said, they seem to be composed mostly of blue collar workers and college students looking to make ends meet and to experience the satisfaction of giving.

She said that robust risk-mitigation procedures are in place in paid centers to ensure that these donors are healthy, and of course their plasma is tested for infectious diseases before it is shipped.

Aside from the normal questionnaire and testing process, she said, IBR, which owns 34 donor centers in the US and plans to add 10 more, makes paid donors come back twice before their plasma is accepted for shipping. Even after fractionation, plasma-based products are placed on a six-month hold before they are infused or transfused. And the PPTA and European Union, where the fractionators are based, enforce strict viral marker standards based on the incidence of infectious diseases such as hepatitis C and HIV in a particular donor population, she said. If a region's incidence rates rise above a certain level, plasma from those areas is not used.

Claire Meena-Leist, MD, of the American Red Cross Blood Services, described the regulatory requirements for blood donor compensation in the US. The Food and Drug Administration is unequivocal in its rules on blood donor compensation: donors at volunteer centers cannot receive cash or any incentive that can be converted into cash, such as tax credits or accrued time off for donations. The reason is simple: an all-volunteer blood supply is generally considered to be safer because donors are driven by altruism, not commerce. (That contention is the main reason many countries in Africa, Asia, and elsewhere are striving to convert to non-remunerated blood systems.)

But in the \$14 billion-a-year plasma industry, the demand for plasma-derived products has grown so rapidly in recent years that fractionators say it has become difficult to keep an adequate supply on hand, the speakers said.

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Plasma Centers and Blood Centers (continued from page 5)

Plasma, both recovered from whole blood and obtained through apheresis, is made into a vast range of products, such as intravenous immune globulin (IVIG), which treats about 100 primary immune deficiencies, and clotting factors, which treat bleeding disorders such as hemophilia and Von Willebrand disease. And there is a plethora of research into the potential use of plasma-based products for modulating the immune system and for treating conditions from autism to Alzheimer's disease.

In a presentation on the clinical uses of plasma-based products, Dan Waxman, MD, of Indiana Blood Center, said it takes about four donations to make one liter of plasma. Of that amount, a fractionator can make about four grams (g) of IVIG, 29 g of albumin, 200 international units (iu) of Factor VIII, and 250 iu of Factor IX. To produce enough clotting factor to treat one hemophilia patient for a year, it takes some 7,800 donations. Albumin, the most abundant protein in plasma, is used mainly to maintain blood pressure in cases of shock, trauma, and burn injury. Albumin also is used in dialysis therapy, stroke therapy, and as a cell culture medium.

But most of the focus recently has been on IVIG. Several years ago, the Centers for Medicare and Medicaid Services changed the reimbursement rates for outpatient IVIG, forcing many of the patients who used to receive their treatments in a physician's office to hospitals. That appeared to cause supply disruptions, which has led to an outcry among patient groups and has resulted in one major reform bill in Congress, sponsored by Sen. John Kerry (D-Mass.).

During the question period, Michelle Vogel, director of the Alliance for Plasma Therapies, urged PPTA to get involved with the nascent Biovigilance Network to collect and disseminate data on infectious disease rates, adverse reactions, and donors to reassure patients that the products they receive are safe.

An official with Westat, a research company that works with PPTA, said such data are already available on the PPTA Web site; he added that studies have shown that plasma coming from border centers is no less safe than that what comes from "lily white" areas of the US. Those remarks were disputed somewhat by Cees van der Poel, MD, PhD, from the Sanquin Blood Transfusion Society, who also said after the session that European data show that paid plasma centers do in fact draw donors from the volunteer blood donor pool. ♦

BRIEFLY NOTED

AABB issued a bulletin on Oct. 25 that details the organization's requirements for AABB-accredited institutional members that are not compliant with its standard on ISBT 128 labeling. This bulletin, #09-08, supplements an earlier one, #09-05, which was issued on July 24 and which set Nov. 1 as the deadline for AABB-accredited facilities to implement ISBT 128 standards, as required by the 25th edition of *Standards for Blood Banks and Transfusion Services*. Facilities that fail to meet those standards by Nov. 1 will be placed on conditional accreditation status. Bulletin #09-08 specifies that, beginning on May 1, 2010, each facility that has not demonstrated its compliance will need to provide a detailed plan and timeline for coming into compliance; assurance from its board or senior management of its commitment to that plan and timeline; and a description of the ways it will reduce patient risk from the noncompliance, including a risk assessment. Furthermore, each such facility must provide quarterly progress reports and submit to semiannual focused assessments at its expense, until it is compliant. The AABB Board of Directors will review the progress of each facility that has conditional accreditation status at each board meeting; it will withdraw accreditation if the facility is not making acceptable progress toward compliance. The board, which decided on these requirements, emphasized that it saw

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BRIEFLY NOTED (continued from page 6)

them as reflecting AABB's commitment to patient and donor safety and supporting its goal of "bringing the greatest number of facilities into compliance as soon as feasible." (Source: AABB, Association Bulletin #09-08, 10/25/09)

A survey of 61 hospital administrators suggests that the financial picture at hospitals may not be as bleak as had been expected. The October installment of MEDACorp's quarterly hospital administrator survey reports that projected capital budget declines (at 4 percent) are smaller than they were in July (13 percent). This is the first time since October 2008 that the figure has dropped. Furthermore, while 38 percent of the respondents said they expect current economic conditions to result in the delay or cancellation of capital purchases through the end of 2009, 65 percent of those did not plan any cancellations or postponements of health information technology projects. The respondents did expect the volume of elective procedures to slow, but the number who projected a slowdown decreased markedly from prior surveys. The survey was conducted by Leerink Swann, a healthcare investment firm in Boston; overall, its findings suggest that hospitals' budget forecasts and operating conditions are stabilizing and that expectations are improving somewhat. Still, although it warned that 2010 trends remain difficult to predict, it found no evidence that 2010 budgets will be dramatically different than 2009 budgets. (Source: www.healthimaging.com, 10/22/09)

The AABB Transfusion Transmitted Diseases (TTD) Committee filed a report last Friday noting that there have now been four cases in which variant Creutzfeldt-Jakob disease (vCJD) has been transmitted by blood transfusion. In three of the four cases of transmission via blood transfusion, the recipients developed vCJD; in the fourth, the recipient died of other causes, but vCJD was detected in the patient's spleen and lymph nodes. In the report, which the committee submitted to the AABB Board of Directors, it also reported one case in which the prion may have been transmitted through a UK-derived plasma derivative that was known to have come from a donor who later developed vCJD. The report also noted that vCJD prions (but not the disease) "have been found among individuals who are not homozygous for MM at the 129 codon of the PRP gene"; the fact that these individuals have a genotype which had not previously been linked to the disease raises concern that there may be a second wave of the disease, and that an expanded group of people may carry it, the committee wrote. The report also mentioned that the FDA presented new models of vCJD transmission risk at a meeting of the Transmissible Spongiform Encephalopathies Advisory Committee this June. Those models raise the lowest estimated annual per-person risk significantly, but the maximal estimated risk is still 1 in 12,000, which the FDA considers "extremely small." Finally, the TTD Committee noted that "there has been no published progress in blood donor testing technologies," although preliminary clinical evaluation has been carried out with one test currently being developed. A method of removing prions from red cell concentrates has been evaluated in the UK and Ireland, but no decision has been made about its implementation. (Source: TTD Committee, Report to the Board of Directors, www.aabb.org, 10/09) ♦

We Welcome Your Letters

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



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INSIDE ABC

Webinars Will Address Improved Reimbursement to Hospitals and FDA's Donor Incentives Policies

America's Blood Centers (ABC) will host two Webinars in November and December. The first, which is open to blood center and hospital representatives, repeats the Oct. 19 Webinar on improved reimbursement to hospitals. It reviews the value of blood products as they pertain to patient transfusion support and describes the efforts and accomplishments for accurate and timely blood costs reimbursement for hospitals. The second, which will be hosted by the SMT Forum, the Quality Forum, and the Communications and Donor Recruitment committees, will focus on Food and Drug Administration's incentives policies.

Conference Details

Topic: Improved Reimbursement to Hospitals

Date: Nov. 10, 2009

Time: 2 p.m., Eastern Time

Audio Participation: Members should contact Kellie Kerr at kkerr@americasblood.org for codes.

This Webinar will feature, in addition to ABC staff, Dr. Louis Rossiter, who will be on the call to give his perspective and answer questions. Dr. Rossiter is a leading healthcare economist, former senior advisor to the Administrator of HCFA/CMS, former Secretary of Health and Human Resources for the Commonwealth of Virginia, and former Chair of Virginia Blood Services. Currently, he is a professor and senior research fellow for the College of William and Mary.

Conference Details

Topic: FDA's Donor Incentives Policies

Date: Dec. 7, 2009

Time: 2 p.m., Eastern Time

Audio Participation: Information will be sent to members in the near future.

Helen Cowley, of the FDA's Office of Compliance and Biologics Quality, Division of Case Management, will be the speaker. The objectives of the Webinar will be to:

- Review the background of FDA's donor incentives policies;
- Review and discuss FDA's Compliance Policy Guide, Chapter 2, Section 230.150 – Donor Incentives;
- Describe FDA's expectations for donor center policies and for documentation associated with donor incentives;
- Describe what field inspectors may ask to see in a center's donor incentives program during routine inspections;
- Describe the most common citations given for donor incentive policies and programs; and
- Address questions from the audience on FDA policies. ABC recommends that questions be submitted to Toni Mattoch (tmattoch@americasblood.org) by Nov. 13. In addition, FDA has set a number of ground rules for specific limitations on questions; see ABC's MCN-187 for full details.

Ask ABC

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

Q: Can ABC host more marketing and public relations Webinars?

A: The ABC Donor Recruitment and Communications committees host Webinars every other month on topics suggested by members of the Donor Recruitment and Communications Forum. During the Webinars, individuals are able to learn from the successes and challenges of their peers, share best practices, and ask questions about the latest issues and trends. We remain committed to hosting these Webinars as often as possible. The next Communications and Donor Recruitment Webinar is on the topic of FDA Donor Incentives Policies, and is set to take place on Monday, December 7 at 2 pm ET.

Q: What is ABC's primary role in blood banking, particularly in the area of donor recruitment?

A: Specifically, in the areas of donor recruitment and awareness, ABC acts as a liaison between community blood centers and groups interested in hosting, sponsoring, promoting, or contributing to blood donation. ABC fields hundreds of emails and phone calls every year from would-be sponsors and donors and re-directs them to the corresponding community blood center. In addition, companies and organizations seeking to organize multiple-location events request the assistance of ABC for coordination and contact information. ABC members routinely seek ABC's assistance to resolve issues with national sponsors or organizations whose local contacts are uncooperative.

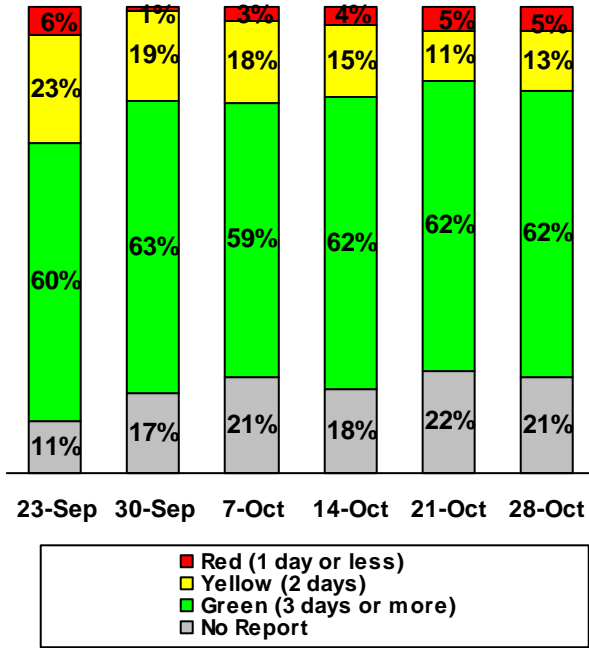
ABC also conducts research in the areas of donor recruitment, retention, and motivation, and it develops marketing and education programs at the requests of members. ♦

RESEARCH

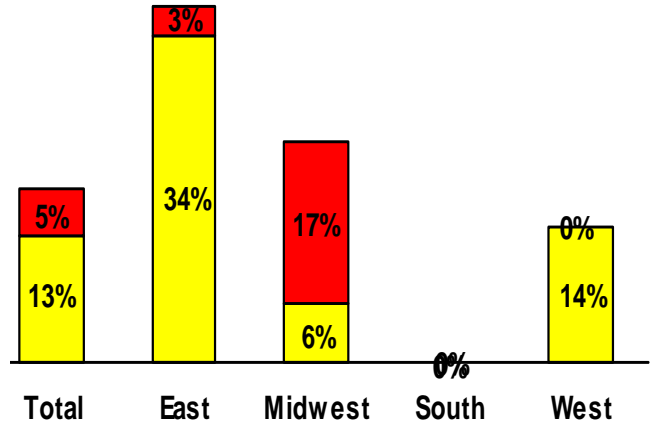
Researchers in Israel have found that blood transfusions seem to reduce short-term mortality rates for patients with acute decompensated heart failure (ADHF) and do not seem to raise patients' long-term mortality rates. The researchers were led by Moshe Garty, MD, MSc, of the Rabin Medical Center in the city of Petah Tiqwa; they analyzed data from 2,335 patients hospitalized in 2003 in Israel, including 166 who were given transfusions. Their results were published in the October issue of *American Heart Journal*. They found that treatment of ADHF patients with transfusions had been associated with increased short-term and long-term mortality, but blood transfusions were given to patients who tended to be older, sicker, and more likely to die than patients who did not receive transfusions. Once the researchers adjusted mortality data for comorbidities and other risk factors, they found that transfusions resulted in improved short-term survival and comparable long-term survival. They also studied a sub-cohort of 103 pairs of propensity-matched patients; in each pair, one patient was a transfusion recipient and the other was not. Transfusion recipients were less likely to die in the hospital or within the next 30 days than patients who did not receive transfusions; the two groups had the same mortality rates at one year and four years. Dr. Garty *et al.* wrote that their findings "alleviate concerns" that treating ADHF patients with transfusions to manage their anemia would harm patients; in fact, they said, transfusions "might even improve short-term outcomes." (Source: www.theheart.org, 10/19/09) **Citation:** Garty M, *et al.* Blood transfusion for acute decompensated heart failure – friend or foe? *Am Heart J.* 2009 Oct;158(4):653-8. ♦

STOPLIGHT: Status of the ABC Blood Supply, 2008 vs. 2009

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Oct. 28, 2009



Daily Updates are available at: www.AmericasBlood.org

GSABC and Ortho (continued from page 1)

adopt selective testing at that point. A stipulation of dismissal will be filed in the case between Dec. 16 and Dec. 22.

The agreement filed in Minnesota also specifies provisions that will be taken if GSABC or its members are found to be in breach of contract in the future, but it prevents Ortho from filing breach of contract notices if a GSABC member reduces the number of Chagas test kits it buys from Ortho.

Testing for Chagas has been controversial, as the Food and Drug Administration in March published a draft guidance that required all donations of allogeneic blood to be tested for antibodies to *t. cruzi* (see *ABC Newsletter*, 3/27/09). However, FDA’s Blood Products Advisory Committee (BPAC) recommended in April that prospective blood components be tested selectively, not universally (see *ABC Newsletter*, 4/3/09). Testing all donors for Chagas costs as much as \$100 million annually, according to a statement made to BPAC at that time by Susan Rossmann, MD, of Gulf Coast Regional Blood Center.

In June, America’s Blood Centers (ABC) filed formal comments with FDA urging the agency to allow blood centers to do selective testing, noting that testing by the American Red Cross and Blood Systems Inc. had found fewer donors infected with *t. cruzi* than had been feared. Furthermore, even though infected donors were revealed, only one transmission of the disease through blood or blood product donation was identified (see *ABC Newsletter*, 7/17/09 and 9/4/09). (Sources: *ABC Newsletter* articles; document filed in the US District Court, District of Minnesota, 10/23/09) 💧

MEMBER NEWS

Suncoast Communities Blood Bank (SCBB), in Sarasota, Fla., recently became the first blood center in Florida to earn a green business certification from the Green Business Partnership of Sarasota County. Nearly 100 businesses and organizations in the county are green certified, which means they meet environmental requirements.

Since January 2008, SCBB has implemented more than 40 green initiatives to reduce waste and conserve energy. “I am a big believer in conservation and I am proud of our efforts as an organization,” said Scott Bush, SCBB’s chief of technical operations, in a statement. “The blood bank is setting a positive example to our staff and donors by showing that we care about the environment in which they donate and work,” he added. Tom Franklin, the recycling program coordinator for the county, explained that the changes allow SCBB to save money by producing less garbage and using less office material, energy, and water. SCBB’s initiatives include changes like converting to new energy-efficient light bulbs, installing automatic light sensors and thermostats, landscaping with Florida-friendly plants, installing rain sensors on the irrigation system, and adding recycling bins on bloodmobiles and at donor centers. (Source: Suncoast Communities Blood Bank press release, 10/22/09)



Michel Thérien, Héma-Québec’s most prolific plasma donor, rolled up his sleeves this week for the 1,000th time – something that has never been done before in Canada. Jérémy Plourde, plasma product recipient, and his family, along with Héma-Québec staff members and Francine Décary, MD, president and CEO of Héma-Québec, gave a warm thank you to this blood donation ambassador, who, week after week, has given plasma at the Globule Blood Donor Centre at Centre Laurier Québec, in Québec City. To mark this donation milestone, Dr. Décary presented a Héma-Québec medal to Mr. Thérien, who has already received the Order of International Merit for Blood from the International Federation of Blood Donor Organizations. “We are here to show our gratitude and highlight Michel Thérien’s extraordinary sense of humanity. He is a true hero,” said Dr.

Dr. Décary. “Like all blood donors, Michel is an exceptional person. He supports thousands of Quebecers who need one or more blood transfusions to survive. Thank you, Michel Thérien, for giving the gift of life.” Mr. Thérien, an engineer at the Ministère du Développement durable, de l’Environnement et des Parcs, said that he wants to continue sharing his health for as long as he can. “My motivation stems from sick children. I find it extremely difficult to have to see children suffering when they should be playing and enjoying life,” he said. He began his career as a blood donor at the age of 18 and he still donates plasma 50 times per year. (Sources: Héma-Québec press release, 10/26/09; Héma-Québec Foundation Web site)

Florida’s Blood Centers (FBC), headquartered in Orlando, began running television advertisements in August, and since then it has seen its number of first-time donors increase, according to a story in the *Orlando Sentinel*. The ads were created by Fry Hammond

Barr, an advertising and public relations agency in Orlando. After they began airing, the number of first-time donors increased 12 percent in August and 11 percent in September, compared with the same months last year, said spokeswoman Susan Forbes. (Source: *Orlando Sentinel*, 10/19/09) ♦



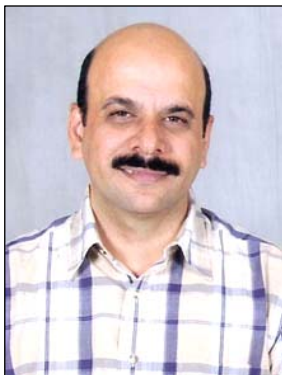
COMPANY NEWS

Cerus Corp. announced last month that it will present the proposed design for a Phase III clinical trial of the Intercept Blood System, a platelet pathogen inactivation technology, at the November meeting of the Food and Drug Administration's Blood Products Advisory Committee. Discussion of the Intercept trial is scheduled for the afternoon of Nov. 16. "The proposed Phase III clinical trial design that we'll discuss with the advisory committee was created through close collaboration between Cerus and the FDA Office of Blood Review," said Carol Moore, vice president of Regulatory Affairs, Quality and Clinical Affairs at Cerus. The Concord, Calif.-based company has already announced that an additional Phase III platelet trial was expected to be necessary for US approval. A number of blinded, randomized clinical studies and hemovigilance reports from routine clinical practice have evaluated the efficacy and safety of Intercept-processed platelets. A small clinical study (HOVON 82) conducted by third-party investigators, presented as an abstract at this week's AABB Annual Meeting in New Orleans, questions the efficacy of Intercept platelets. The system was granted CE mark registration in 2002 and subsequently received additional European regulatory approvals in France (Afssaps), Switzerland (Swissmedic), and Germany (Paul Ehrlich Institute marketing authorization for the German Red Cross). Use of the Intercept system in the US currently is limited to investigational applications. Information about Advisory Committee meetings is available from FDA's Web site at www.fda.gov/AdvisoryCommittees/Calendar/default.htm. (Sources: Cerus press release, 9/29/09; Cerus Web site, accessed 10/29/09)

Pall Corp. announced on Oct. 21 that, as of Nov. 9, it will discontinue its platelet spiking program, which helps blood centers comply with proficiency testing requirements. The company recommends that centers using Pall's service register with the College of American Pathologists (CAP) proficiency survey for bacterial detection. Officials at Pall said the company's primary reason for discontinuing its service, which it started offering in 2007, is that it will not be considered a CLIA-approved proficiency test provider, since it is a "for-profit" laboratory. ♦

GLOBAL NEWS

A Web site in India allows donors to respond directly to requests from patients or their family members for blood. Khushroo Poacha, a computer supervisor for Indian Railways, has run the site, www.indianblooddonors.com (IBD), for 10 years. He has more than 50,000 donors in IBD's database. Donors register by providing information about their blood type, address, and contact information. When someone places a request for a particular type of blood in a particular area, a text message is sent to suitable donors nearby, and one donates blood. IBD boasts on its Web site that it



can deliver blood to any part of India in less than 30 minutes. Poacha used his savings to launch the site in March 2000. Initially, its growth was slow, but after the earthquake in Gujarat in 2001, he asked a television channel to flash the name of the site on its ticker, and within days he had received more than 3,500 registrations. Today, 10-15 new donors sign up and about 40 requests are received each day. People who need blood can also call IBD, and Poacha added a text-messaging service in February 2008, so that people without access to the Internet could use the service. Articles about IBD imply that the service works with doctors and hospitals, but they do not say anything about blood testing or safety precautions. (Sources: www.daijiworld.com, 10/20/09; www.dnaindia.com, 2/21/08; www.mcsiindia.net, 6/17/07) ♦

MEETINGS

Dec. 14-15 **Public Workshop, “Emerging Arboviruses: Risk Assessment for Blood, Cell, Tissue, and Organ Safety,” National Institutes of Health, Bethesda, Md.**

This workshop, hosted by the Food and Drug Administration, is meant to assess the risk of transmission of arboviruses (viruses that are spread by certain invertebrate animals, most commonly blood-sucking insects) by transfusion, infusion, implantation, or transplantation. Participants also will discuss ways of minimizing the incidence of transmission. The workshop will be held from 8:30 a.m. until 5:30 p.m. both days. It will include presentations and roundtable discussions featuring experts from academia, government, and industry. Public comments also are welcome; those who wish to present should contact Rhonda Dawson by Nov. 20. Registration is free and is also due by Nov. 20. Meeting materials and information on registration are available at <http://www.fda.gov/BiologicsBloodVaccines/NewsEvents/WorkshopsMeetingsConferences/ucm187986.htm>.

Contact: Rhonda Dawson. Phone: 301-827-6129. E-mail: rhonda.dawson@fda.hhs.gov. ♦

America's Blood Centers IMPAQ III Session Coming to Texas

Participants in earlier IMPAQ III sessions have found the course to be extremely worthwhile and valuable:

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

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

DEC. 9-10 (register by Nov. 30)

Host: Carter BloodCare, 2205 Highway 121, Bedford, Texas 76021

Hotels: No room block, but reserve ASAP/contact directly (call and mention “Carter BloodCare”)

Homewood Suites, 2401 Airport Freeway, Bedford 76021; Tel: 817-283-5006; Rate: \$124

Marriott Courtyard, 2201 W. Airport Freeway, Bedford 76021; Tel: 817-545-2202; Rate: \$119

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

Airport & Transportation: Dallas-Fort Worth International Airport (DFW). Both hotels offer shuttles from DFW airport. Cabs from DFW airport to hotels for approx. \$35.

2010 FEB. 24-25 Host: Mississippi Valley Regional Blood Center, Davenport, Iowa

2010 MARCH 24-25 Host: Virginia Blood Services, Richmond, Va.

2010 APRIL 6-7 Host: Blood Assurance, Chattanooga, Tenn. ♦

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.

POSITIONS AVAILABLE

MS Program. University-based regional blood center & transfusion service is accepting applications for 15-month Master's program in Transfusion and Transplantation Sciences. Applicants apply for one of two tracks. Blood Transfusion Medicine track emphasizes all aspects of transfusion medicine including immunohematology, blood center & transfusion service operations, quality assurance, component therapy, cellular therapies, transplantation immunology & independent research. Students simultaneously fulfill requirements for Specialist in Blood Bank Technology (SBB) certification. Cellular Therapies track emphasizes the biology, therapeutic use regulatory aspects of hematopoietic stem cells & other somatic cell therapies. Program includes significant hands-on laboratory experience in selection & manipulation of stem cells & in production of novel cell therapy products. For more info & to apply visit: www.grad.uc.edu. **Application deadline: April 1** for autumn enrollment. Contact: Pam English, MT(ASCP)SBB, Hoxworth Blood Center, University of Cincinnati Medical Center, 3130 Highland Avenue, PO Box 670055, Cincinnati, OH, 45267-0055, (513) 558-1275; E-mail: pamela.english@uc.edu.

Product Management Director – Hospital Services. South Texas Blood & Tissue Center, San Antonio, Texas, seeks F/T professional to manage, supervise & coordinate all activities related to receipt, preparation, labeling & distribution of blood & blood components of South Texas Blood & Tissue Center & its affiliate organizations. Coordinate San Antonio & Victoria facilities concerning inventory levels of blood & blood components. Center's service area consists of more than 100 hospitals & clinics in 43 counties in South Texas area. Qualifications required include five years exp. in blood banking or related healthcare industry work & extensive supervisory exp. in blood banking. Bachelor's Degree pref'd. For information, please call Maria Garcia-Andrade, HR Generalist: (800) 292-5534, ext. 1003. To apply: E-mail resume to: hr_dept@bloodtissue.org or Fax: (210) 731-5581. EOE/AAP

Laboratory Technologist III. Puget Sound Blood Center seeks highly motivated laboratory professional for third shift (overnights) rotation in our Crossmatch & Reference laboratories of our AABB-Accredited Transfusion Service Laboratory (TSL). Incumbent will be responsible for performing type & screens, antibody

detection tests, antibody identification, crossmatches & use of automated equipment under routine & emergency protocols. Position also offers opportunity to mentor laboratory colleagues & to participate in projects involving continuous process improvement, Standard Operating Procedure (SOP) revisions & process & equipment validations. Requirements include: demonstrated comprehension of immunohematology; MT (ASCP), MLT (ASCP), or similar certification pref'd; MT, MLT or BS degree in clinical laboratory science (or equivalent combination of education & laboratory exp.), education must meet CMS requirements for qualification to conduct high complexity testing; minimum of three years laboratory technical exp. with at least two years exp. in Compatibility Testing, or equivalent. Two years of immunohematology reference laboratory exp. pref'd. Effective organizational, communication, interpersonal & analytical skills, as well as demonstrated familiarity with computers and keyboarding skills for performing order entry are essential for success in position. Incumbent must also have ability to rotate to satellite blood center laboratories located in Seattle's University District, Bellevue & Renton & ability to work weekends & take on-call work req'd. Training may take place on 1st or 2nd shift, after training period typical scheduled start times are between 9 pm and 11 pm. Position reports directly to Third Shift Supervisor of Transfusion Services Laboratory. Range for this full time, non-exempt position is (ML): \$19.81 - \$25.76 - \$31.70. Hours worked on 2nd & 3rd shift include additional shift differential. Qualified applicants please send resumes to: Human Resources, **Job #6132ABC**, 921 Terry Ave, Seattle, WA, 98104-1256, or via E-mail to: humanresources@psbc.org. Please indicate **Job #6132ABC** in all correspondence. Position open until filled.

Medical Director – Peoria, Ill. Provide oversight for all medical aspects of regional blood center operations including reference laboratories, research, medical community relations & collections. Participate as part of management team & provide medical/technical expertise to our blood centers. Must be board eligible, or certified in clinical pathology, hematology & eligible or certified in Blood Banking/Transfusion Medicine. Minimum seven years exp. in blood banking/transfusion

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POSITIONS (continued from page 14)

medicine, or related field, or completion of blood banking/transfusion medicine fellowship req'd. E-mail: newelle@usa.redcross.org; Web: www.givebloodgivelife.org/careers.

Medical Director. Community Blood Services collects blood donations, offers cord blood banking & operates one of NMDP's largest bone marrow registries. We seek results driven Medical Director. Responsible for scientific & medical activities which include assuring medical & technical practices meet or exceed regulatory requirements & generally accepted practices; providing medical/technical leadership to all aspects of blood center operations; developing educational programs & promoting business partnerships; developing peer-to-peer relationships; engaging in scientific exchange on research & clinical trends; & overseeing & participating in research projects & presentations as req'd. He/she will be part of management team collaborating on operating issues, developing new business ideas & procedures, & interacting with area hospitals drive current & future programs. Must hold MD or DO, be boarded or board eligible in transfusion medicine & clinical pathology, & be appropriately licensed to practice medicine in state of New Jersey. We offer team orientated work environment, competitive compensation, benefits & relocation package. Send resume, cover letter & salary requirements to: careers@cbsblood.org or Fax: (201) 265-4021. EOE

President/CEO & Medical Director. South Texas Blood & Tissue Center (STBTC), San Antonio, Texas, seeks physician to supervise & coordinate daily operations of center to include managing & growing non-testing-related business units of organization, including traditional blood banking, tissue banking, cord blood banking (Texas Cord Blood Bank), bone marrow registration, foundation-related activities, as well as forward-looking research initiatives focused on stem cells & regenerative medicine. Responsibilities include supervision of support services, such as quality assurance, IT/IS functions, human resources, community relations, financial services, education & training & property/logistics. Qualifications req'd include Medical Doctorate degree, with extensive blood banking management exp. Tissue services exp. pref'd. For information, please contact Sandra Munoz, Vice President of Human Resources: (800) 292-5534, ext. 1544 or Rebecca James, Human Resources Director: (800) 292-5534, ext. 1111. To apply, E-mail resume to: hr_dept@bloodtissue.org or Fax: (210) 731-5581. EOE/AAP

Technical Director, Blood Bank of Hawaii. Seeking exp. team member as Technical Director to provide leadership & overall technical expertise for Blood Bank

of Hawaii (BBH). TD is industry expert who keeps abreast of regulations, emerging issues & technology, notifies BBH management of FDA changes, researches,

assesses & recommends appropriate actions & is designated FDA contact for organization. Responsibilities include overseeing organizations quality programs, ensuring regulatory compliance for all departments, overseeing & supervising QA department, providing technical expertise to all BBH departments & working with project teams. Require ASCP MT (able to be licensed by State of Hawaii DOH), eight to ten years of blood banking management exp., SBB pref'd. Must be detail-oriented; have good time management, interpersonal, supervisory & communication skills; have excellent analytical & problem solving ability & be able to flex working hours with operational needs. Please send resume to: hr@bbh.org; Fax: (808) 848-4791 or mail to: Blood Bank of Hawaii, 2043 Dillingham Blvd., Honolulu, HI, 96819.

Medical Technologist, Blood Bank of Hawaii. Seeking Medical Technologist to work in Reference Laboratory. Responsibilities include conducting general laboratory tests & processes & work-up of complex antibody identification. MT oversees work of other laboratory personnel, ensures that QC is done, reviews tests for product release, prepares component products, participates in programs for interning students & follows-up on test result &/or case concerns. Handles after-hours calls on rotating basis. Must have understanding of scientific principles & technical & procedural aspects of laboratory testing, general comprehension of immunologic & genetic factors affecting health & disease, as well as patient & laboratory testing. Require ASCP MT (able to be licensed by State of Hawaii DOH). Must be detail-oriented with excellent analytical & problem solving ability; have good time management skills, ability to work under time constraints & good oral & written communication skills. Please send resume to: hr@bbh.org; Fax: (808) 848-4791 or mail to: Blood Bank of Hawaii, 2043 Dillingham Blvd., Honolulu, HI, 96819.

Assistant Medical Director – St Paul, Minn. Responsible for shared medical coverage of regional blood center, immunohematology laboratory & neutrophil-platelet serology laboratory. Successful applicant will be eligible for appointment to transfusion services at University of Minnesota Medical Center transfusion service, which includes therapeutic apheresis & peripheral blood stem cell programs & Veterans Administration Hospital. M.D. or D.O. 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

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POSITIONS (continued from page 15)

years exp. in blood banking/transfusion medicine, or related field, or completion of blood banking/transfusion medicine fellowship req'd. E-mail: newelle@usa.redcross.org; Web: www.givebloodgivelife.org/careers.

Assistant Medical Director – Omaha, Neb. Responsible for shared medical coverage of regional blood center with active therapeutic apheresis & peripheral blood stem program. Must be board eligible, or certified in clinical pathology, hematology & eligible or certified in Blood Banking/Transfusion Medicine. Minimum five years exp. in blood banking/transfusion medicine, or related field, or completion of blood banking/transfusion medicine fellowship req'd. Excellent benefits package. To apply to any of the above, please send resume/CV to: Lisa Newell, American Red Cross, 100 S Robert Street St. Paul, MN. Tel: (651) 290-8952; E-mail: newelle@usa.redcross.org; Web: www.givebloodgivelife.org/careers. EOE

Blood Collections Director Quality/Projects. Kentucky Blood Center, located in Lexington, Kentucky, seeks detail-oriented professional to oversee quality initiatives for Blood Collections & facilitate management/implementation of special projects. Responsibilities will include development, review & implementation of process improvement plans. Will coordinate quality improvement investigations, root cause analysis, and maintain direct communication with Quality Assurance department while developing & implementing corrective action plans. Will oversee regulatory compliance, SOP revision annual review process & error management reporting. Directs activities of Blood Collections QA/QC coordinator. Qualified applicants must have four-year degree, MT(ASCP). Three years exp. working in organization regulated by good manufacturing practice with FDA, AABB, CLIA & EU regulated exp. pref'd. Exp. with data analysis & equipment/process validation pref'd. Supervisory exp. 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. For more information or to apply online please visit www.kybloodcenter.org. Drug free & EOE/AAP

Clinical Laboratory Scientist/Medical Technologist. Denver-based Bonfils Blood Center seeks Med Tech to perform & interpret complex serologic tests, provides blood products for patients with antibodies, answers technical questions, maintains inventories & participates

in continuing education & competency programs. Bachelor's degree from accredited college or university in scientific field or equivalent & MT(ASCP) or BB(ASCP) or equivalent certification req'd (no exceptions). Previous Transfusion Service/Blood Center exp. pref'd; five years of immunohematology reference lab exp. &/or transfusion service exp. strongly pref'd; SBB pref'd. Knowledge of immunohematology & general laboratory testing practices. Manual dexterity; strong organizational skills; excellent oral & written communication skills; detail & accuracy; ability to lift maximum of 40 pounds & ability to handle multiple projects. Full-time "float" with mixture of day, evening & occasional night shifts. Monday through Friday, eight-hour variable shifts (day/evening/occasional night) with rotating holidays & on-calls. Full-time benefits. Pay commensurate with exp., ranging between \$22.39 & \$26.62 per hour with additional shift differentials for evening & night shifts. Relocation expenses will be responsibility of candidate. To apply, go to: www.bonfils.org.

Medical Director. American Red Cross Blood Services Northern California Region, Oakland, CA seeks dynamic transfusion medicine physician. Responsibilities include blood donor & recipient management & safety, consulting & conducting educational seminars for clinicians & hospital customers. USCAP Board certification in Pathology or Hematology/Oncology req'd; TM/BB fellowship training & Board eligibility req'd. Reports to Chief Medical Director. Excellent benefits; salary commensurate with exp. E-mail resume & references to: randolphkl@usa.redcross.org.

Laboratory Services Assistant Director. QualTex Laboratories affiliate of South Texas Blood & Tissue Center (STBTC), San Antonio, Texas, seeks F/T professional who will manage Processing Laboratory & technical activities & areas as assigned. QualTex serves as the testing services division of STBTC and at present screens millions of whole blood & plasma donations for infectious agents each year for biotechnology companies locally & across globe. Qualifications req'd include Bachelor's Degree in Clinical Laboratory Science or equivalent, six years blood banking exp., two years supervisory exp., MT (ASCP) & SBB Certifications. For information, please call Maria E Garcia-Andrade, HR Generalist: (800) 292-5534, ext. 1003. Position number **LA006**. To apply, E-mail resume to: hr_dept@bloodtissue.org or Fax: (210) 731-5581. EOE/AAP ♡

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (which is 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.)

2009

Nov. 14-18. **20th Regional Congress, Asia, International Society for Blood Transfusion, Nagoya, Japan.** Contact: Eurocongres Conference Management. Eurocongres Conference Management. Tel: 31-0-20-6793411; E-mail: isbt.nagoya@eurocongres.com; Web: www.isbt-web.org/congresses.

Nov. 16-17. **Blood Products Advisory Committee Meeting, Bethesda, Md.** Contact: William Freas or Pearlina K. Muckelvene. Tel.: 301-827-1295. E-mail: william.freas@fda.hhs.gov or pearline.muckelvene@fda.hhs.gov. Web: www.fda.gov/AdvisoryCommittees/Calendar/default.htm.

Nov. 17-18. **Radiological Devices Panel of the Medical Devices Advisory Committee, Gaithersburg, Md.** Contact: Toby Lowe. Tel.: 301-796-6512.

Nov. 19-20. **Advisory Committee on Blood Safety and Availability, Rockville, Md.** Contact: Jerry A. Holmberg. Tel.: 240-453-8803.

Dec. 5-8. **51st Annual Meeting, American Society for Hematology, New Orleans, LA.** Contact: ASH. Tel: 202-776-0544; E-mail: ASH@hematology.org; Web: www.hematology.org.

Dec. 9-10. **Improving Manufacturing Practices and Quality (IMPAQ) III training program, Carter BloodCare, Bedford, TX.** Contact: Lori Beaston. Tel: 202-654-2901; E-mail: lbeaston@americasblood.org.

Dec. 14-15. **Public Workshop, "Emerging Arboviruses: Risk Assessment for Blood, Cell, Tissue, and Organ Safety," Bethesda, Md.** Contact: Rhonda Dawson. Tel.: 301-827-6129. E-mail: rhonda.dawson@fda.hhs.gov.

2010

Feb. 24-25. **Improving Manufacturing Practices and Quality (IMPAQ) III training program, Mississippi Valley Regional Blood Center, Davenport, IA.** Contact: Lori Beaston. Tel: 202-654-2901; E-mail: lbeaston@americasblood.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. 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: 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.

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: 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. ♦