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Study Finds Blood Type O Protects Against Severe Malaria

Blood type O protects people from *Plasmodium falciparum* malaria, the most severe form of the disease, according to a study published in the latest *Proceedings of the National Academy of Sciences*. The study gives hope of a new kind of treatment that mimics or recreates the protection afforded by blood type O.

With partial funding from the National Institutes of Health, a research team from Edinburgh University, working with colleagues in the US and Africa, studied African children with malaria. The authors report that children with blood type O were two-thirds less likely to experience “unrousable coma” or life-threatening anemia.

In the matched case-control study of 567 children in Mali, the researchers found that group O was present in only 21 percent of severe malaria cases compared with 44-45 percent of uncomplicated malaria controls and healthy controls. Group O was associated with a 66 percent reduction in the odds of developing severe malaria compared with non-O blood groups. A smaller study in Kenya provided “preliminary evidence” of a similar protective effect of group O patients.

“I found it amazing that malaria and blood groups have been studied for over 100 years but no one had looked in detail at the effects of blood group on life threatening malaria in Africa, where most malaria deaths occur,” lead researcher J. Alexandra Rowe, PhD, told the *Telegraph* (10/31/07).

The connection between blood type and death arises because red blood cells that are infected by malaria parasites block blood vessels that supply oxygen to the brain. Proteins from the parasite form tiny “rosettes” that clog the blood vessels. The team’s findings suggest that group O red blood cells do not easily form the rosettes. Type O people lack the functional trisaccharide antigen. While type O doesn’t protect people from initial infection, it seems to produce a large preventative effect in the severe *P. falciparum* malaria cases.

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Blood Type O and Malaria (continued from page 1)

The scientists believe that creating drugs or vaccines that mimic the effect of having group O red blood cells by breaking up the rosette could dramatically reduce the severe and often fatal complications. Such a drug, then, could cut the malaria death toll – about 2 million annually – substantially. “If we can develop a drug or a vaccine to reduce rosetting and mimic the effect of being blood group O, we may be able to reduce the number of children dying from severe malaria in sub-Saharan Africa,” Dr. Rowe said, adding that: “It’s difficult to put a precise number on it because we didn’t actually measure deaths; we measured life-threatening disease,” she said.

The report follows a study published online in May in the journal *Blood* that put forth a provocative theory that tied the rise and evolutionary impact of *P. falciparum* malaria to the origin, distribution and relative proportion of ABO blood groups in humans (see *ABC Newsletter*, 5/25/07). Evidence suggests that the frequency of blood groups has been affected by selective pressure from *P. falciparum*. The authors of that review paper also suggested that group O people have a “survival advantage” over other groups with *P. falciparum* infections. The authors noted that *P. falciparum* has been called “the strongest known force for evolutionary selection in the recent history of the human genome.”

The authors in the latest study said their research poses an interesting question: Why doesn’t blood group O occur at a higher frequency in all malaria endemic regions? “It seems likely that this phenomenon represents an example of a balanced polymorphism in the human population because blood group O is thought to confer susceptibility to diseases such as cholera and other diarrheal diseases that may be a significant selective force in many malarious countries… Our work indicates that malaria is likely to be a significant factor influencing ABO blood group frequencies in tropical and subtropical regions of the world.” The incidence of group O ranges from 40 percent to 60 percent, depending on the country.

The Edinburgh team has already developed a candidate drug to stop the rosetting, though it can cause bleeding. Dr. Rowe said that she hoped a trial of this new approach would start within a few years, if funding can be found to back another generation of prototype drugs designed to overcome this side effect.

One science blog points out that “the effect of the ABO blood group on severe *falciparum* malaria has received little attention, although previous studies have suggested that in African children, blood group A may predispose to severe malaria, and in Southeast Asian adults, blood group O may confer resistance to … multiorgan failure.” (Source: The (UK) Telegraph, 10/29/07; John Hawks Weblog, 10/31/07) Citation: Rowe JA, et al. Blood group O protects against severe *Plasmodium falciparum* malaria through the mechanism of reduced rosetting. Proc Nat Acad Sci 2007;104:17471-76. ✪
Community Blood Services Receives $99,000 Homeland Security Grant

Community Blood Services, headquartered in New Jersey, has been awarded a $99,000 grant from the Department of Homeland Security to make security-related improvements at the blood center.

“The grant will greatly enhance our security at the blood center and allow for continued improvement in communications with emergency personnel during times of emergency,” said Eva Georges-Yates, assistant vice president of Business Development. Ms. Yates helps coordinate the center’s emergency disaster planning efforts.

The grant provides:

- $75,000 for a sensor/alert advanced remote environmental monitoring system to ensure temperatures in sensitive equipment, such as refrigerators and freezers, can be maintained during time of emergency;
- $19,000 for a security sensors/alarm system that includes cameras, motion sensors, keypads, control panels, etc.; and
- $5,000 for installation of satellite phones on trucks, buses and in CBS’ command center so to track vehicles and communicate with local authorities and hospitals during an emergency or disaster.

As a critical infrastructure in the medical community, Community Blood Services is constantly evaluating its operations to ensure the center can meet the needs of the community during any situation. “Blood centers interested in this kind of funding should have a risk assessment site inspection performed by their state/local Homeland Security agency,” Ms. Yates told the ABC Newsletter. “This helped us by being on their radar and it was one of the many requirements for obtaining the grant.”

Community Blood Services, which operates donor centers in Paramus and Lincoln Park, New Jersey, and in New Windsor and Warwick, New York, supplies blood and blood products to more than 30 hospitals in New Jersey and New York. It is home of the New Jersey Cord Blood Bank, the state’s only public cord blood bank; The Elie Katz Umbilical Cord Blood Program’s private family cord blood bank; and The HLA Registry, one of the largest volunteer bone marrow donor centers in the National Marrow Donor Program. (Source: Community Blood Services, 10/25/07)

Community Tissue Services Receives EPA Award for Use of Sterilization Process

Community Tissue Services (CTS) recently was awarded an Environmental Protection Agency Presidential Green Chemistry Challenge Award for environmentally benign medical sterilization using supercritical carbon dioxide.

CTS works closely with Nova Sterilis, the New York-based company that developed the Nova 2200 instrument used to sterilize human tissues and was also named as an award recipient by the EPA. CTS was the first tissue bank in the nation to purchase the Nova 2200T.

The EPA’s Presidential Green Chemistry Challenge Awards Program is an opportunity for individuals, groups, and organizations to compete for annual awards in recognition of innovation in cleaner, cheaper, smarter chemistry. The Challenge Awards Program provides national recognition for outstanding chemical technologies that incorporate the principles of green chemistry into chemical design, manufacture, and use that have been or can be utilized by industry to achieve its pollution prevention goals.

(continued on page 4)
CTS Receives EPA Award (continued from page 3)

CTS currently is validating the sterilization process and will begin to utilize the technology in the coming months. The Nova2200T instrument will replace gamma irradiation for sterilizing some types of tendon and ligament grafts produced at CTS.

CTS, a division of Dayton, Ohio-based Community Blood Center, is ISO 9001:2000 registered. CTS serves the public through recovery, processing and distribution of human tissue donations used for transplantation. CTS is composed of eight regional offices: Dayton, Ohio (corporate headquarters); Fort Worth, Texas; Fresno, California; Indianapolis, Indiana; Memphis, Tennessee; Philadelphia; Portland, Oregon; and Toledo, Ohio, with satellite offices in Boise, Idaho; Medford, Oregon; and Connersville, Indiana.

CTS has become one of the largest tissue banks in the country, and the largest non-profit provider of skin grafts to surgeons for severe burn patients. CTS-Dayton provides service to 21 hospitals in an eleven county service area in Ohio. The service population base is approximately 1.1 million people. CTS-Dayton employs over 125 people to recover, process and distribute tissue grafts. Thousands of tissue grafts are distributed to local hospitals. (Source: CTS press release, 10/30/07)

FTC Looking into Immucor Acquisitions, Pricing Actions

The Federal Trade Commission (FTC) has asked Immucor Inc. for documents and other information about three acquisitions the company made from 1996 to 1999 regarding product pricing activities.

The Norcross, Ga.-based maker of blood reagent systems said it got the FTC request on October 12, part of a non-public investigation by the FTC into whether Immucor violated federal antitrust laws or engaged in unfair methods of competition through the acquisitions. FTC also seeks to find whether Immucor or others engaged in unfair methods of competition by restricting price competition.

The FTC letter said neither the letter nor the existence of the investigation indicates that the FTC has concluded that Immucor or anyone else has violated the law. Immucor said it will cooperate with the FTC and is in the process of responding to the request.

In September, Immucor President and CEO Gioacchino De Chirico agreed to pay a $30,000 settlement to the Securities and Exchange Commission related to charges of improper payments that Immucor’s Italian subsidiary allegedly made to an Italian physician. As part of that settlement, the company did not admit or deny any wrongdoing. The SEC did not impose any penalty against the company.

Quintin Lai, an analyst with Robert W. Baird & Co. in Milwaukee, said, “It used to be a very fragmented market, and because of that, there was lots of price competition and lack of investment in the business because everyone was competing on price.”

Immucor acquired Dominion Biologicals for $8.5 million in 1996, Gamma Biologics for $25 million in 1998 and Biopool International for $4.5 million in 1999, according Phil Moise, an Immucor spokesman. He said he had “no idea” what triggered the FTC probe. After the acquisitions, the company consolidated manufacturing in Norcross and improved its operating efficiency, allowing Immucor to invest more in product development and to launch new automation platforms in 2002, analyst Lai said. Prices charged by Immucor and its competitors increased significantly around that time, said Immucor’s Moise.

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FTC Eyes Immucor (continued from page 4)

The company still competes with Ortho-Clinical Diagnostics, a unit of New Brunswick, New Jersey-based Johnson & Johnson, with a partnership between Olympus America Inc. and Biotest AG of Germany, according to Mr. Lai.

The focus of competition “has shifted from pricing to automation” as the companies promote their automated platforms at a time when skilled blood lab technicians are retiring and the industry faces a shortage of skilled personnel, Lai said. He said he didn't think the FTC probe would affect the company’s operations or profitability. (Sources: Tampa Bay Business Journal, 10/26/07; Bloomberg News, 10/26/07)

LABS Inc. to Acquire Assets of Laboratories at Bonfils

LABS Inc. has reached an agreement with Denver, Colorado-based Bonfils Blood Center to acquire the assets of Laboratories at Bonfils, a subsidiary of the blood center. The parties signed the asset purchase agreement on Monday and expect to close the agreement by year’s end.

Laboratories at Bonfils, owned and operated by Bonfils Blood Center since 1998, has been a premier reference laboratory in transplant medicine for more than 25 years. It is an industry resource for donor eligibility testing for the human eye, tissue, reproductive, stem cell and solid organ transplant industry. The majority of US tissue and eye banks currently utilize Laboratories at Bonfils’ services its ability to perform donor eligibility and suitability testing under one roof.

“Although Bonfils Blood Center is divesting its holdings in Laboratories at Bonfils, our partnership in the community will remain strong,” asserts Thomas C. Puckett, president and CEO of Bonfils Blood Center. “This move allows both Bonfils Blood Center and LABS Inc. the opportunity to enhance services to our community. Together our work will save and enhance the lives of patients in need.”

Said Elizabeth Hearty, CEO of LABS Inc.: “Our vision is to be a leader in the transplant community by offering a consultative and partnering approach to quality laboratory services.”

LABS Inc. is a nonprofit, taxable affiliate of AlloSource, a Colorado-based, nonprofit provider of bone and soft tissue allografts to local communities. LABS Inc. retains its own management team reporting to an independent board of directors. All current Laboratories at Bonfils staff, including, senior management, PhDs and laboratory personnel, will continue to provide consultative expertise and industry knowledge to customers under the new LABS Inc. name. (Source: Bonfils Blood Center, 10/29/07)

CORRECTION

An item in the October 26 issue of the ABC Newsletter about Nanosphere’s newly approved nucleic acid test that detects disease-associated gene mutations that can contribute to blood coagulation disorders and difficulties metabolizing folate equated folate with vitamin B-12. This was incorrect. Folate is folate and B-12 is cyanocobalamin. They are involved in similar metabolic pathways, and deficiency of either will cause megaloblastic anemia of interest to transfusion medicine, but they are distinct molecules. The editors regret the error.
Highlights of ABC’s Board of Directors’ Meeting, October 4, 2007

America’s Blood Centers (ABC) members should contact their board representative if they have questions or want additional information on any of these topics.

In follow-up conversations with AABB leadership on ABC’s concern over a lack of member input in developing recommendations, AABB emphasized that bulletins were not standards, but recognized there was confusion because some bulletins contained recommendations along with timelines. AABB officials said they would discuss this at the upcoming board meeting. On AABB’S TRALI recommendations for platelets, AABB and ABC agreed to hold further discussions on the issue.

The directors unanimously approved a motion that asked the ABC president to contact his counterparts at Group Services for America’s Blood Centers and Blood Centers of America and convey the sense of the ABC board that there should be only one GPO activity serving the needs of ABC members, and that the chief executives of ABC, GSABC and BCA should be asked develop a plan toward that end.

The board heard a report on an upcoming half-day workshop in Anaheim, California during the AABB meeting to address regulatory harmonization and convergence on approval of new technology (i.e., devices and tests) between the US and EU organized by ABC under the auspices of the Alliance of Blood Operators (ABO). More than 40 attendees were registered, about half from the blood community and half from the device manufacturers. About one-third were from EU countries or other ABO members; the rest were from the US. The objective was to identify common ground and areas to pursue, either through cross-Atlantic efforts and/or “harmonization efforts.”

The Directors unanimously approved a motion to pursue the priorities outlined in the executive summary from the recent NMDP/ABC planning session. These included developing: 1) donor recruitment programs for minority and more committed stem cell donors; 2) an apheresis network among ABC members to help assure access for matched donors; 3) a cord-collection network to increase minority donors; and 4) a common regulatory, standards, and state and federal legislative agenda with regard to public policy on stem cells. Other areas (such as training and international relations) had been identified in the planning and may be pursued, but were not identified as the highest priorities.

ABC conducted three Webinars, one attended by 124 members, on the new Data Warehouse, which was in beta testing with several members and would be rolled out to others as soon as possible.

Thanks to efforts by ABC and AABB, blood centers were included in report language as being eligible for healthcare information technology grants in a bill moving through Congress.

ABC continued to work on a “technical correction” to the excise tax exemption passed last year that would allow, like the American Red Cross, fuel companies to issue credit cards to blood centers where the tax was automatically subtracted from monthly bills (rather than have to request a tax refund at the end of the year). ABC was unaware last year when the exemption was granted that Congress needed to authorize the use of such credit cards.

ABC was working with members to help them get full state sales tax exemptions. Eight states do not have any or full exemptions.

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INSIDE ABC (continued from page 6)

The ABC-D donor targeting program was wrapping up in December. A full report would be made to the board at that time.

ABC finally received $15,900 from a Health Resources and Services Administration grant related to losses from 9/11. ABC had incurred an $84,000 phone bill for its national toll-free number from the hundreds of thousands of calls from people wanting to know where they could give blood.

The following developments were noted from the recent board meeting of the European Blood Alliance:

a. Martin Gorham’s term as EBA president ends at the end of 2007. An election for a new president was in process and he or she would take up the position on January 1, 2008.
b. Spain and Italy very likely will become new EBA members. Greece may also join in early 2008.
c. EBA conducted a meeting with the European Centers for Disease Control (ECDC). It was anticipated that EBA and ECDC would work closely on emergency planning, monitoring of emerging diseases and donor epidemiology.
d. A “fast response policy group” was being established. It was anticipated there would be an exchange of statements with ABC.
e. EBA is supporting an EC/CEN workgroup for development of coding system for tissues. The need for a global system was the highest priority. Public consultation of the outcome will be underway from November 20 until January 20 with the final recommendations being submitted to the EC in March 2008.
f. NAT testing is diverging within the EU. For example, Norway is dropping NAT while Denmark will start testing for HIV and HCV by NAT. Some countries are reducing pool size or going to ID NAT while others are staying at large (100 sample) pools. Implementation of HBV NAT is also controversial.
g. Spain has implemented selective Chagas’ testing in most of its regional blood centers out of concern with immigration from Latin America. Portugal will begin Chagas and malaria testing soon due to its immigration link with Brazil.

America’s Blood Centers has filed comments with House Ways and Means Committee Chairman Charles Rangel (D-NY) on the need for a technical correction to the Pension Protection Act of 2006 to help implement community blood centers’ excise tax exemption. “Technical errors now threaten to undo an excise tax exemption intended to ensure that non-profit blood centers would not be taxed for the fuel they need to transport blood products to and from hospitals, clinics, and collection sites,” the organization said in its comments. Section 1207 of the Pension Protection Act of 2006 exempted qualified blood collector organizations from excise taxes on fuel and tires purchased for vehicles primarily used in the collection, storage or transportation of blood. The exemption from the fuel tax, which is included in the Internal Revenue Code, was intended to bring community blood centers on par with the American Red Cross. For the purpose of the excise tax, the Red Cross is treated as a state or local government and a nonprofit educational organization. The exemption can be effected in several different ways, including through use of credit cards. “However, the amendments made by the act did not include a reference to qualified blood collector organizations in the three places in the code where state and local governments and nonprofit educational organizations are referenced for purposes of the credit card provisions. This technical error occurred because the three references were difficult to find through an electronic search of the code.” ABC has assured the committee that the proposed technical correction does not expand the core exemption contained in the Pension Act. Instead, it would clarify that the qualified blood collector organizations can effect the exemption through use of credit cards, rather than solely through refunds and credits. (Source: Patton Boggs, 10/31/07)
BRIEFLY NOTED

The Centers for Disease Control and Prevention (CDC) this week unveiled a new Web page dedicated solely to Chagas’ disease. The Web page describes the epidemiology and risk factors of the disease, its diagnosis and treatment, as well as prevention and control measures. One section, dedicated to blood banks, provides links to information about the first test approved by the Food and Drug Administration to screen blood donors for Chagas’. The test, called the ORTHO T. cruzi ELISA Test System, detects antibodies to the Trypanosoma cruzi (T. cruzi) parasite. The section also links to an AABB Bulletin concerning implementation of the test and a section on the AABB Chagas’ Biovigilance Network. Other sections focus on health-care providers, newly diagnosed patients and travelers. A handy blood screening fact sheet is also provided, and several information resources are presented in Spanish. Chagas’ disease is named after the Brazilian physician Carlos Chagas, who discovered the disease in 1909. It is caused by the parasite T. cruzi, which is transmitted to animals and people by Triatomin bugs found only in the Americas (mainly, in rural areas of Latin America where poverty is widespread). Chagas’ disease is also referred to as American trypanosomiasis. The CDC Web page can be accessed at: www.cdc.gov/chagas/

Contract negotiations continue between blood collection workers at the New Hampshire Red Cross and the parent organization. About 60 employees at American Red Cross Blood Services of New Hampshire organized as a union in August 2006. But they have not yet been able to successfully negotiate a contract. Workers say they will take a strike vote if they don’t get a contract by Sunday. Union members held a picket last weekend outside the Red Cross in Manchester. A union spokesman says workers don’t want to strike and are hoping for a positive resolution. Red Cross officials say they are negotiating in good faith with the workers. Maureen Baldini, director of operations for Maine and New Hampshire, says she expects an agreement to be reached soon. But she says strike or not, the Red Cross plans to continue collecting blood in New Hampshire. (Source: Associated Press, 10/22/07)

Tom O’Reilly found out just last week what a lucky day July 6 was – the day Mr. O’Reilly rolled up his sleeve at the Bayside Recreation Center in Virginia Beach and donated blood to the American Red Cross, entering his name among the more than 60,000 people entered in the 2007 Great American Red Cross Jeep Giveaway. Last week he found out that his name was selected and that Jeep – a red 2007 Patriot – is now his. Mr. O’Reilly, an adjunct English professor at Tidewater Community College and Old Dominion University, was surprised with the announcement at a press conference at TCC. He is a regular blood donor and has been driving his current vehicle – a Jeep – for more than a decade. His wife Kay told the American Red Cross they had been talking about buying a new vehicle, but didn’t want to spend the money. The couple lives in Virginia Beach and has an 8-year-old daughter, Megan. Mr. O’Reilly also has two grown children, Sean and Shannon, and three grandchildren. Everyone who gave blood or platelets between May 1 and Oct. 1 was entered into the drawing each time they rolled up their sleeve. But the need for blood continues, said Red Cross spokeswoman Amy Eaton. Now, anyone who donates blood or platelets in November will receive a Thanksgiving-themed apron including a thank you from celebrity chef Paula Deen, along with some of her favorite holiday recipes, Ms. Eaton said. (Source: Newport (VA) News, 10/26/07)

Cold storage elevated the number of adherent red blood cells (RBCs) and the strength of their interaction with endothelial cells (ECs) and decreased RBC deformability as early as two weeks into the storage period, according to a study published in the journal Transfusion. RBC flow properties appear to be especially sensitive to cold storage and gamma irradiation because they are impaired long before the expiration date. Because impaired RBC flow properties facilitate circulatory disorders, the potential circulatory risk of transfusion RBC with blood banking-impaired rheology should be consid-
BRIEFLY NOTED (continued from page 8)

Elevated RBC-EC interaction was well correlated with translocation of phosphatidylserine to the RBC surface. Gamma irradiation induced an immediate and marked increase in the number of rigid cells, but did not affect RBC adherence and aggregability. Blood banking procedures are associated with damage to RBC membranes, which can impair their flow properties, namely, their deformability, aggregability, and adherence to ECs and thus possibly introducing a circulatory risk to recipients. RBC flow properties were monitored as a function of shear stress with a computerized cell flow properties analyzer. Because the authors had previously studied storage effect on RBC aggregability, they determined the storage effect on RBC adherence and deformability, by measuring them before (control) and during storage. Gamma irradiation effect on RBC aggregability, adherence, and deformability was determined before (control) and after irradiation. Citation: H Relevy, et al. Blood banking-induced alteration of red blood cell flow properties. Transfusion. 2007; [Epub ahead of print]

LEGISLATIVE NEWS

Baucus Backs Bill to Scrap CMS’ ESA Coverage Policy for Cancer Patients

Opponents of new guidelines limiting Medicare payments for anemia-fighting drugs in cancer patients obtained a strong ally last week when Senate Finance Chairman Max Baucus (D-MT) introduced legislation to scrap the controversial policy. The maneuver pits Senator Baucus and other lawmakers critical of the guidelines against several key House Democratic supporters, most notably Ways & Means health subcommittee Chair Pete Stark (CA) and oversight committee Chair Henry Waxman (CA).

The controversy follows a July 30 national coverage determination (NCD) by the Centers for Medicare and Medicaid Services (CMS), which restricts Medicare coverage of erythropoiesis stimulating agents (ESAs) to cancer patients whose hemoglobin (Hb) levels are less than 10 grams per deciliter of blood (g/dL). That ceiling, CMS says, is high enough to prevent invasive blood transfusions – which occur around 7 to 8 g/dL, according to the agency – but low enough to prevent some of the ailments associated with higher Hb levels.

Senator Baucus, however, disagrees, arguing that the NCD not only encroaches on physicians’ powers to prescribe ESAs based on clinical judgments, but also will cause thousands of patients to seek transfusions. His resolution (SJ Res. 22) would nullify the NCD.

Co-sponsors of the resolution include Democratic Senators Ron Wyden (OR), Maria Cantwell (WA), and Ken Salazar (CO), along with GOP Sens. Mike Crapo (ID), Richard Burr (NC), Elizabeth Dole (NC), Kay Bailey Hutchison (TX), James Inhofe (OK) and Tom Coburn (OK).

If the bill is enacted, Senator Baucus said, CMS would be compelled to establish new coverage guidelines after consulting with the cancer care community. A nearly identical measure, sponsored by Reps. Anna Eshoo (D-CA) and Mike Rogers (R-MI), was introduced in the House last month. “This resolution simply requires CMS to go back and work with the medical community on a policy supported by science,” Senator Baucus said in a statement.

CMS’ NCD arrived after FDA in March issued a black box warning indicating that ESA treatments targeting cancer patients with Hb levels above 12 g/dL can increase the risk of tumor progression, cardio-

(continued on page 10)
vascular complication and death. FDA recommends that physicians administer the lowest dose possible to avoid a drug transfusion, not to exceed 12 g/dL.

Industry groups have slammed the NCD as being inconsistent with the FDA label, and several groups – including US Oncology and the American Association of Clinical Oncology (AACO) – have asked CMS for formal reconsideration of the policy.

Critics also say the 7 to 8 g/dL Hb level cited by CMS as typical for transfusions is a generalization that fails to consider individual cases. Joseph Bailes, chair of the board of directors of The AACO Foundation, said that a number of conditions – heart disease, for example, or instances when patients live at high altitudes – could force transfusions at levels approaching or even exceeding the 10 g/dL ceiling.

ASCO joined the American Society of Hematology in releasing updated guidelines for the prescription of anemia-fighting drugs in cancer patients, concluding that Hb levels “can be raised to (or near) a concentration of 12 g/dL at which point the dosage should be titrated to maintain that level.”

Still, CMS maintains that the risks identified with blood transfusions pale in comparison to the tumor progression and heightened cardiovascular episodes associated with higher ESA dosings – an opinion seconded by Mr. Stark. Earlier in the month, FDA sent Mr. Stark a letter indicating that CMS’ new policy is “generally consistent” with both the FDA guidelines and the clinical literature. FDA also stated that the 12 g/dL ceiling found on the label “is intended as an upper safety limit, not a target for therapy” Mr. Stark has used FDA’s response to bolster his support for CMS’ NCD, accusing critics of bowing to ESA industry stakeholders at the expense of Medicare and the potential threat to patient safety.

“Congressional intervention would set a very dangerous precedent, telling industry they can spend millions of dollars and hire lobbyists all over town to push Congress to overrule sound science,” Mr. Stark wrote in an Oct. 18 Dear Colleague letter. “We should all recognize that the loudest voices on this issue are financially motivated to defend the status quo.” In the first half of 2007 alone, Amgen, which makes the ESA’s Epogen and Aranesp, and Johnson & Johnson, which markets Procrit, have spent nearly $13 million on lobbying.

But some in Congress are skeptical of the FDA’s message. One Senate Finance staffer called the FDA letter “dubious,” claiming it to be a case of “one agency defending another agency’s actions for the sake of cost savings.”

Advocates have not been so quiet. In an Oct. 16 letter, a seven-member coalition of patient and consumer groups – including Consumers Union, the National Research Center for Women & Families, and the Center for Science in the Public Interest – urged lawmakers not to intervene in the NCD debate. “Congress should leave these life-and-death medical decisions to the professional, objective physician-scientists at our nation’s health agencies,” the groups wrote. (Source: Inside CMS, 10/22/07)

The New Jersey Legislature and Governor Jon Corzine have approved a $450 million bond referendum known as the Stem Cell Research Bond Act that will be presented to voters on the November 6, 2007 election ballot. It will provide financing for stem cell research grants to eligible institutions over a 10-year period. Approval of this act would authorize the sale of $450 million in state general obligation bonds to provide grants for stem cell, scientific, and medical research at institutions of higher education and other nonprofit and for profit entities, provided that the state can cover the annual

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LEGISLATIVE NEWS (continued from page 10)

debtservice obligations. Grants would be awarded by the Commission on Science and Technology, subjecteto evaluation by an independent research review panel composed of experts in stem cell and relatedresearch and by an independent ethics review panel. If a grant recipient realizes a financial gain or benefitdirectly associated with the research funded by its grant, the act requires the recipient to make payments tothestate in an amount representing a reasonable return on the state's investment. The funds would promote researchfor medical conditions such as Alzheimer's disease, cancer, diabetes, Lou Gehrig's disease, Parkinson's disease,sickle cell anemia and spinal cord injuries. (Source: Stem Cell Institute of New Jersey, 10/31/07)

Senator Elizabeth Dole (R-NC) recently introduced an amendment to ensure $12 million in funding to the National Cord Blood Inventory. The Senate approved Senator Dole’s amendment to the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act for fiscal year 2008. According to Senator Dole’s remarks on the Senate Floor, the Stem Cell Therapeutic and Research Act signed into law in 2005 created the CW Bill Young Cell Transplantation Program, establishing a national umbilical cord blood program providing federal funding to collect and store cord blood for life-saving blood cell transplants and reauthorizing the existing national registry for marrow donors. Nationwide, more than 500 cord blood transplants are performed each year. “Today, cord blood transplantation is one of the most hopeful and exciting areas in the field of medicine,” the Senator said. Together, adult stem cells and cord blood units have been used to treat over 70 blood cancers and genetic diseases. The centers are located in six states: North Carolina, New York, Washington, California, Colorado, and Texas. The amendment ensures that the cord blood program is included in the actual Labor-HHS appropriations bill, she said. “It is imperative that these centers are adequately funded to ensure that the National Cord Blood Centers can continue to expand and store more cord blood donations – which means matches for more patients in desperate need of a transplant.” Once approved by the Senate, this appropriations bill must be reconciled in conference with the House of Representatives-passed version of the bill. A final bill then will have to be approved by both the House and the Senate and go before the president for his signature. (Source: Dole press release, 10/18/07)

An amendment to the New York Laboratory Law requires that an employer with more than 20 employees must grant three hours leave in any 12-month period to any employee who works 20 or more hours per week and seeks to donate blood. The new law does not specify whether or not such leave must be paid. The statute authorizes and directs the Commissioner of Labor to establish any necessary guidelines, including notice requirements, prior to its December 13, 2007 effective date. The new law also prohibits retaliation against any employee for requesting or obtaining leave under this section. An employer must provide time off for blood donation in addition to time off allowed under any other provision of law. Employees must provide advance notice of their intention to avail themselves of this leave. (Source: New York State Assembly Web site)

INFECTIOUS DISEASE UPDATES

AIDS

HIV likely first entered the United States from Haiti in about 1969, more than a decade before the first AIDS cases were reported in 1981, according to a study published last week in the Proceedings of the National Academy of Sciences. “Haiti was the stepping stone the virus took when it left central Africa and started its sweep around the world,” said Michael Worobey, PhD, the study’s senior author and an assistant professor of evolutionary biology at the University of Arizona-Tucson. “Once the virus
INFECTIONIOUS DISEASE UPDATES (continued from page 11)

got to the US, then it just moved explosively around the world,” he said. Dr. Worobey and his team conducted genetic analyses on archived blood samples from Haitian AIDS patients living in the US. Using the genes, the researchers created a family tree for the virus and compared it with genetic sequences of AIDS patients from other countries. Based on the team’s calculations, there is a greater than 99 percent probability that HIV’s route went from Africa to Haiti to the US. The timeline suggests one or more infected Haitian immigrants first brought HIV to the US. Dr. Worobey noted that Haiti did not become a popular destination for US sex tourists until the late 1970s. Previous research showed HIV had made the leap from chimpanzee to human in central Africa around 1930. Many Haitians worked temporarily in the Democratic Republic of Congo, one of several central African nations where HIV has been established since the 1930s. Early in the epidemic, the number of AIDS infections among Haitians living in the US was 27 times higher than the general population. (Source: Agence France Press, 10/29/07)

HEPATITIS

Singer Marianne Faithfull has revealed she was diagnosed with the hepatitis C virus in the 1990s. Ms. Faithfull disclosed that she had the virus while she discussed her recent treatment for breast cancer on the British television show, ITV1’s “This Morning.” “I found out about 12 years ago,” she told host Phillip Schofield, adding she had received treatment at the time. Hepatitis C is usually transmitted through blood-to-blood contact and can lay dormant for years. If left untreated, the disease can cause fatal liver problems. Ms. Faithfull, a former heroin addict, made no link between her reckless youth and the disease. However, she admitted she had taken “a lot of risks. I was incredibly lucky,” she said. “I shouldn’t be alive, I know that.” The gravelly-voiced Ms. Faithfull first found fame in the 1960s as the muse of Rolling Stones lead singer Mick Jagger. Their tumultuous relationship ended three years later. In that time, she helped him write “Sister Morphine” and gave Mr. Jagger the book that inspired “Sympathy For the Devil.” (BBC News, 10/11/07)
MEMBER NEWS

As firefighters worked this week to control the remaining wildfires that burned throughout Southern California before the Santa Ana winds returned, blood centers in the affected areas got back to their normal routines. San Diego Blood Bank and The Blood Bank of San Bernardino and Riverside Counties were forced to shift collections away from areas hit by wildfires last week, but they were “holding their own” in terms of blood supply and required no emergency support, according to Ruth Sylvester, director of Regulatory Services for America’s Blood Centers. Wildfires forced the San Diego Blood Bank to close two donor centers and suspend mobile blood drives or redirect bloodmobiles to Qualcomm Stadium and the Del Mar Fairgrounds. The impromptu blood drives replaced some 35 blood drives that have been canceled last week plus the closure of the San Diego Blood Bank’s North County Donor Center in Escondido, and North Coastal Donor Center in Vista, according to CEO Ramona Walker. Meanwhile, the American Red Cross reported that by last Friday it had provided nearly 2,000 blood products to support the efforts of the Southern California Blood Region. Forecasters were predicting offshore winds by the weekend, though the ferocity was expected to be less than the gale-force winds that spread wildfires through the region’s bone-dry tinder last week. Moist air and lower temperatures in recent days have helped firefighters battle the blazes. Meanwhile, arson investigators sifted through the ashes of two large Southern California wildfires for clues to their origins this week. Authorities suspect arson in the Santiago fire in Orange County and the Rosa fire in Riverside County. Elsewhere, the Los Angeles County District Attorney’s Office filed arson charges Friday against a 41-year-old Sun Valley man who witnesses said set a fire in the West Hills neighborhood. (Sources: The Source.com, 10/26/07; the Los Angeles Times, 10/29/07; American Red Cross, 10/26/07)

The San Diego Blood Bank’s Chargers Blood Drive XXIX presented by the San Diego County Credit Union, this year will give donors the chance for a coveted Chargers Blood Drive XXIX T-shirt by donating the week before the drive, November 13-19. Donors can give blood during a special Chargers Mania Blood Drive at all San Diego Blood Bank donor centers and mobile drives. During that time frame, donors will be awarded a voucher that may be redeemed at the Chargers Blood Drive for a T-shirt, as well as a VIP wristband for the autograph line. Donors will also have the opportunity to purchase an entry to win a 2008 Honda CRV, donated by the Honda Dealers of San Diego County, which will be given away at the Chargers Blood Drive on November 20 in Mission Valley. This year, the famous long-sleeve, Chargers Blood Drive T-shirt will be “retro” powder blue and underwritten by Quiksilver. Guests at the Chargers drive will be treated to continuous entertainment and refreshments and donors will have free parking. Chargers players and the Charger Girls will be on hand to sign autographs throughout the day. Those who successfully complete the donation process will receive VIP placement in the autograph line. (Source: San Diego Blood Bank, 10/3/07)

REGULATORY NEWS

The Center for Biologics Evaluation and Research has posted on its Web site a checklist of ISBT 128 labels that need to be submitted by licensed blood establishments for prior approval. According to CBER, the list is for facilities whose Codabar product labels have previously been approved under their US license. If the label has not been previously approved, it must be submitted regardless of whether it is on the list. The checklist is available at: www.fda.gov/cber/label/isbt128chk.htm
COMPANY NEWS

Pall Corporation has launched the new Acrodose PLus System to ensure patients receive a safe platelet transfusion no matter what type of system blood centers use to collect donated blood. Along with the Acrodose PLus System, Pall is also introducing a new approach that makes universal blood collection possible. The new technologies were showcased at the AABB annual meeting for transfusion medicine in Anaheim, California last month. The Acrodose PLus System enables all blood centers – no matter what type of collection system they currently employ – to provide patients with an Acrodose Platelet, a transfusion-ready, therapeutic dose of the highest quality whole-blood derived platelets available today. Pall was granted Food and Drug Administration clearance for marketing the Acrodose PL System two years ago; initially applicable to blood centers in the US that use a Pall collection and filtration system for whole-blood platelet collection. The expanded use of the Acrodose PLus with all collection systems may help blood centers that cannot currently change their established blood processing practices due to procedural or contractual obligations, validation, and other requirements. The original Acrodose PL System addressed concerns regarding platelet shortages in many parts of the country due to a growing dependence on apheresis (single-donor) platelets, and platelet safety, especially bacterial contamination, associated with whole-blood derived platelets. Acrodose Platelets are leukocyte reduced, matched for blood type and tested for bacteria using a sensitive culture-based system. (Source: Pall press release, 10/22/07)

PEOPLE

Lynda Hamlyn has been appointed chief executive of the UK’s National Health Service Blood and Transplant (NHSBT). She will take up the post early next year. She joins the organization from Westminster Primary Care Trust (PCT), where she has been chief executive since its inception in 2002, leading a PCT with a consistent record of high performance, delivering health services to a diverse population. In the most recent NHS annual survey, staff voted Westminster PCT as amongst the top 20 percent best organizations in which to work. Lynda Hamlyn said: “I cannot think of a more worthwhile job than working to assure the supply of blood and blood components and increase the number of organ transplants – and lives saved – across the country. I am looking forward to working with colleagues across NHS Blood and Transplant to build on progress made to date and tackle together the undoubted challenges ahead.” The NHSBT Chairman Bill Fullagar, said: “Lynda’s track record of leading and developing successful organizations, often through periods of considerable change, speaks for itself. I am delighted that she is joining us at such a crucial time for blood and transplant services.” Ms. Hamlyn joined the NHS in 1986 as director of services for North Hertfordshire Health Authority, following 10 years at the Greater London Council. In a career in the NHS spanning over 20 years, she was chief executive first of Northamptonshire and then Hertfordshire Health Authority, and a member of the National Specialist Commissioning Advisory Group. She is also a nonexecutive director of Stonham Housing Association. She replaces Martin Gorham, who retired in July 2007. Barry Savery (director of Finance) will continue as interim chief executive until Ms. Hamlyn takes her post.

Kathie Cunningham, formerly director of Quality Assurance at Indiana Blood Center, this week joined Roche’s Diagnostics Division in Indianapolis as a Regulatory Affairs consultant. In this position, she will work with the staff of the Food and Drug Administration to provide regulatory opinions to Roche project teams and will author regulatory submissions for Roche devices. She has worked in blood banking for 13 years and held positions at two blood centers and two transfusion services. She is on the faculty of

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PEOPLE (continued from page 14)

America’s Blood Centers (ABC) Improving Manufacturing Practices and Quality (IMPAQ) blood center training program and most recently served as the chair of both the ABC Quality Committee and the IMPAQ III Development Committee.

Laurie Sieg, quality assurance officer at the Community Blood Bank in Lincoln, Nebraska, has been named chair of America’s Blood Centers’ Improving Manufacturing Practices and Quality (IMPAQ III) Development Committee. She succeeds Kathie Cunningham. Over the past two decades, Ms. Sieg has managed the transfusion service at Bishop Clarkson Hospital in Omaha, Neb., taught at the University of Nebraska Medical Center and provided software quality assurance testing and sales support for Terrano Corporation.

J. Daniel Connor assumed the AABB presidency last week during the organization’s annual meeting in Anaheim, California. Mr. Connor is the president and CEO of Blood Systems, a post he has held for the past 12 years. Blood Systems is the nation’s second largest blood service provider with 18 centers, two centralized blood testing laboratories, research activities, and support services to serve more than 550 hospitals in 18 states with a staff of 3,300. Previously, Mr. Connor was the chief executive of the Southern California Region of American Red Cross Blood Services in Los Angeles. He also was president and CEO of LifeSource, a cooperative venture between the American Red Cross and The Blood Center of Northern Illinois (BCNI) in Chicago. His blood banking career started in 1973 as administrator of North Suburban Blood Center and subsequently BCNI.

Jay Epstein, MD, director of the Office of Blood Research and Review of the Center for Biologics Evaluation and Research, was honored with the Hemphill-Jordan Leadership Award at the AABB annual meeting last week in Anaheim, California. In a session moderated by Anne K. Chinoda, CEO of Florida’s Blood Centers, he made a presentation on Food and Drug Administration’s critical path research for blood products, highlighting a number of projects in regulatory science that helped the development of FDA policy. Dr. Epstein was introduced by Celso Bianco, MD, executive vice president of America’s Blood Centers. “He shares with us the same ultimate goals of blood and patient safety and has made great contributions to the cause; though we sit at opposite sides as the regulator and the regulated, we share the same vision, even if sometimes we disagree about the means by which we can reach this goal,” Dr. Bianco said. “There is no one more deserving of this award than Dr. Epstein.”

MEETINGS

Nov. 27  Teleconference 1:00-2:30 pm Eastern: Secondary Research/Tissue Banking—Opportunities and Challenges for Industry and Providers

Cosponsored by the Life Sciences (LS) and Teaching Hospitals and Academic Medical Centers (TH/AMC) Practice Groups. This teleconference will explore the strategic importance of secondary research/tissue banking from the industry and provider perspectives. The presenters will discuss the importance of secondary research/tissue banking, the challenges they face in implementing secondary research initiatives, and the
MEETINGS (continued from page 15)

issues and considerations of most importance to them when dealing with their industry-provider counterparts. This conference will also cover the research and privacy regulatory considerations attendant to secondary research/issue banking.

Contact: Member Service Center: Tel: (202) 833-0766; Web site: http://www.healthlawyers.org/Template.cfm?Section=Upcoming_Teleconferences&CON TENTID=51791&TEMPLATE=/ContentManagement/ContentDisplay.cfm

POSITIONS AVAILABLE:

Notices of positions available and wanted are published free of charge for maximum of 3 weeks for ABC institutional members. There is a charge of $100 per placement for ABC Newsletter subscribers and $250 for non-subscribers. Notices ordinarily are limited to 200 words. To place an ad, contact Deanna Du Lac, Business Manager, ABC Newsletter. Tel: (202) 654-2917; Fax: (202) 393-5527; E-mail: dtdulac@americasblood.org

Director of Donor Service (Collections). Central California Blood Center, located in Fresno, CA, seeks business minded mgmt-focused individual to direct all aspects of blood donor program with annual draw of 70,000+. Includes managing efforts of Donor Services Dept. including registration, donor evaluation, phlebotomy, care & handling of blood units, post donation, mobiles, field & hemapheresis. In addition, ensure regulatory compliance with all nursing SOP's & training requirements for CCBC Donor Services (Collections) staff. Strong leadership skills including prior management exp. & proficiency in process improvement strategy with implementation of initiatives req'd, MBA plus. Great benefits including medical, dental, vision & life insurance along with pension plan & 401(k). Send resume with salary history to: Central California Blood Center; ATTN: Adrienne Vanderberg, 3445 N. First St., Fresno, CA, 93726; E-mail: avanderberg@cencalblood.org; Fax: 559-224-1310. EOE

MS Program. University-based regional blood center & transfusion service through College of Allied Health Sciences, University of Cincinnati, is accepting applications for Fall quarter 2008 for 15 month Master's program in Transfusion & 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 therapeutics, transplantation immunology & independent research. Students simultaneously fulfill the requirements for Specialist in Blood Bank Technology (SBB) certification. Cellular Therapies track emphasizes biology & therapeutic use of hematopoietic stem cells & other somatic cell therapies. Program includes significant hands-on laboratory exp. in selection & genetic manipulation of stem cells & in development of novel cell therapy treatment protocols. Application Deadline: March 1, 2008. Contact: Pam Inglish, MT(ASCP)SBB, Hoxworth Blood Center, University of Cincinnati Medical Center, 3130 Highland Avenue, PO Box 670055, Cincinnati, OH, 45267-0055; Tel: 513-558-1275; E-mail: Pamela.inglish@uc.edu

Director, Technical Services. BloodCenter of Wisconsin has leadership position that offers an opportunity to join growing team! We seek effective leader with excellent communication skills. We'll depend on you to manage all aspects of blood product testing. Responsible for assuring that testing processes are performed in compliance with regulatory & organizational requirements & that customer satisfaction, operational/cost-effectiveness & quality are achieved. Candidate will have Bachelor’s degree plus MT with ASCP certification, SBB, three plus years of exp. in high volume, donor center testing environment & five years of current supervisory exp. Strong teambuilding, customer service & problem solving skills are essential. Candidate must be detail oriented & have demonstrated ability to exercise initiative & independent judgment. We offer attractive salary, excellent benefits package & professional work environment. Apply on-line: www.bcw.edu. We embrace & encourage diversity. EEO/AAP

Human Resources Manager – San Bernardino, CA. Successful & growing organization employing 350+ employees & well-established in community seeks Human Resources Manager to handle day-to-day function of HR department. Excellent benefits including company-paid employee HMO health insurance coverage; considerable PTO accrual & company matching on retirement plan contributions. Selected candidate will also be eligible for hiring bonus, as well as relocation consideration. Duties will include supervising HR staff; employee relations, management coaching, leaves of absence, AAP oversight, HRIS administration & Performance Management. Candidates will require bache-

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POSITIONS (continued from page 16)

lor’s degree in related field; Six plus years in HR with progressive responsibility including supervisory exp. Salary range: $48,000-$60,000 per year. Send resume with salary history to: InlandEmpireJob@yahoo.com; EOE

Director of Operations, Mississippi Valley Regional Blood Center has immediate opportunity at our St. Louis location. Prime opportunity to work for center with high growth potential & to lead staff of over forty employees. Responsible for development, organization, coordination & management of all donor recruitment, collection, distribution & reference lab activities. Develop & forecast recruitment goals to support strategic objectives. Prepares & evaluates budget. Communicates with local media & hospitals. Ensures effective communication & coordination of recruitment, collection & distribution of blood products. Assures operations are conducted in compliance with established criteria & standards. Bachelor’s degree in business related field & at least three years of management or supervisory exp. req’d. Ideal candidate will possess strong leadership & excellent communication skills. Exp. with marketing or public relations, Blood banking industry

exp. & MBA pref’d. Competitive salary & excellent benefits, including health/dental/vision within 30 days of hire. 401(k), tuition reimbursement & Paid Time Off. Pre-employment drug screen & background check req’d. Please submit resume to: hmrwrbc@mvrbc.com; Fax: 563-441-1903; Web: www.bloodcenter.org; EOE

Medical Director. American Red Cross seeks Medical Director for medical management of blood regions. Position headquartered in Norfolk & responsibilities include providing medical direction of two regional blood centers with combined annual whole blood & platelet collections of over 225,000 units; two reference labs & one stem cell lab. Also manages therapeutic & research functions at Mid-Atlantic Region. Require minimum three years blood bank management exp. & board certification (or eligibility) in internal medicine, pediatrics or clinical pathology. Prefer certification in blood banking/transfusion medicine & research/scholarly exp. Competitive compensation & benefits package. Opportunity to work with dedicated team. Please download & complete application at: www.weneedblood.org. PLEASE refer to JOB #1070-07.

You may forward application, CV & salary history to: Julie Hammond, Human Resources, Mid-Atlantic Regional Blood Services, 611 W. Brambleton Ave., Norfolk, VA, 23510; Fax: 757-227-5874; E-mail: HammondJu@usa.redcross.org

Quality Systems Specialist: Puget Sound Blood Center seeks individual who will work within our team of Quality Systems Specialists (QSS), reporting to Director of QA/RA, to manage & monitor quality systems within Blood Center. Current opening is for QSS primarily assigned to blood processing laboratories. Exp. in blood donor virology testing & blood product production is pref’d. Position includes: maintaining current working knowledge of applicable regulations & standards, monitoring quality systems, reviewing & approving standard operating procedures, reviewing & approving validation plans & validations, coordinating systems audits & audit follow-up, facilitating external inspections, monitoring errors & customer service issues, along with conducting quality systems training for staff. Process improvement facilitation skills desired. BA Degree in science related field, certification as MT (ASCP), RN or equivalent pref’d, three years of Quality Assurance exp. in FDA regulated establishment. Position open until filled. Applicants who meet requirements for Quality Systems Specialist II (pay range O) or Sr. Quality Systems Specialist (pay range P) may be hired directly into those positions. Ranges for this salaried non-exempt position are (N): $806.20 - $1,048.06 - $1,289.91 per week to (P): $953.48 - $1,239.53 - $1,525.57 per week, depending upon exp. & expertise. Send resumes to: Human Resources, Job #5365ABC, 921 Terry Ave, Seattle, WA 98104 or humanresources@psbc.org

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POSITIONS (continued from page 17)

CEO – Biomedical Services. American Red Cross seeks CEO in Peoria, IL to lead region wide activities to accomplish goals & objectives. Develop & implement projects & plans to increase collection efficiency, increase total collections & identify & exceed hospital customer requirements. Position requires bachelor’s degree or equivalent exp. & minimum of ten years exp. Master’s degree & health care exp. pref’d. 60%-80% time spent interacting with donors, sponsors & hospital contacts. For more information or to apply, visit Jobs page of American Red Cross Web: www.redcross.org/jobs & search for keyword 6100BR. EOE

Supervisor – Transfusion Service Laboratory. Puget Sound Blood Center seeks highly motivated, independent laboratory professionals to provide leadership to Transfusion Service by supervising operation of Transfusion Service Laboratory on second & third shifts. Candidates will provide leadership to Transfusion Services Laboratory by supervising staff that performs day-to-day activities, develop teamwork & coach for performance & development, solve problems & promote high standards of quality & service to customers. Requirements include Bachelor’s degree or equivalent; four years exp. with progressively increasing responsibilities in Transfusion Service or similar clinical laboratory environment; two years of relevant supervisory exp. & demonstrated computer proficiency, including proficiency with MS Office applications. Full time positions, based at our Central Seattle facility. Positions open until filled. For these positions, compensation also includes additional supervisory shift premium pay. Range for these exempt positions is (O): $45,420 - $59,046 - $72,672. Send resumes to: Human Resources, 921 Terry Ave, Seattle, WA 98104 or humanresources@psbc.org, reference Job #5331ABC for 2nd Shift or #5332ABC for 3rd Shift

Apheresis Program Development & Training Manager. City of Hope, National Cancer Institute-designated comprehensive Cancer Center seeks Donor Apheresis Program Development & Training Manager. Our commitment is to advance medical science, support numerous clinical trials & search for new, more effective cancer treatments. Responsibilities include all program development & training for Donor Apheresis Center’s staff. Develops & maintains training, recertification & competency programs for all employees. Works collaboratively with other Donor Center managers on development revisions of SOP’s. Minimum education: Bachelors Degree (exp. may substitute for education). Three years hospital or community blood banking exp. in management position & exp. with training & development or instruction of others. Process oriented analytical thinker & Certification/Licensure req’d. Current California Nursing License/ CPR certification, competitive pay/ comprehensive benefit Package- Including Sign on Bonus! Apply by contacting: Gayle Kerfoot, RN Nursing Recruitment & Retention; E-mail: gkerfoot@coh.org; Phone: 626-256-8600; Fax: 626-301-8448

Manager, Reference Laboratory & Clinical Services. Responsible for all aspects of testing, technical operation & workload of reference laboratory including staff supervision, employee counseling & evaluation, reference testing at satellite centers & other standard supervisory functions. Performs other tasks as assigned, including budget management, relevant projects, training & education. BA/BS in relevant field; eligibility to apply for State of California Clinical Laboratory Scientist License. Current California Clinical Laboratory Scientist license pref’d. Certification as Specialist in Blood Banking (SBB) or equivalent or Doctorate in Immunohematology-related field. Send resume with job code: MGRREF to: Blood Centers of the Pacific, resumes@bloodcenters.org or Fax: 415-749-6620. EOE/AA

Director, Donor Collections. Responsible for development & administration of policy & standard operating procedure for whole blood & apheresis, training of all collection staff throughout BCP; oversees management of Bay Area Region collections, special procedures & donor notifications. Performs other duties as assigned. BA/BS in Nursing, Administration, Health Education or related field. Three years of relevant supervisory/management exp. in blood banking including administrative responsibilities. Valid CA driver’s license & acceptable driving record. Send resume with JOB CODE (job code: dircoll) to: Blood Centers of Pacific, resumes@bloodcenters.org or Fax: 415-749-6620. EOE/AA

Assistant Technical Operations Director. In accordance with policies, procedures & regulations, assures quality customer service to all customers. Essential duties may include, but not limited to following: In conjunction with Technical Operations, Director, oversees laboratory operation including, processing of test results, components manufacturing, plans component production & coordinates production among all BCP centers. Introduces & oversees implementation of new procedures & equipment & evaluation of new reagents, tests & instruments. Duties include traditional supervisory duties of hiring, firing, evaluating, counseling & disciplining. Ensures technical proficiency of staff & quality of work & that biosafety requirements are met in accordance with all applicable policies & procedures. Responsible for department management including budgeting, planning & supervision. Performs other duties as assigned. B.A. or B.S. in relevant area, CLS (ASCP) or other related technical qualification & valid California Clinical Laboratory Scientist license (or eligibility). Four years relevant supervisory/management & CLS exp. in blood banking in one or several related capacities, such as supervision of processing, components or hospital transfusion services. Equivalent combination of especially pertinent education & exp. may be considered. Send resume with JOB CODE (job code: adto) to: Blood Centers of the Pacific, resumes@bloodcenters.org or Fax: 415-749-6620. EOE/AA

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POSITIONS (continued from page 18)

**Donor Center Supervisor.** Carter BloodCare, largest independent, community-based blood program in Texas, seeks exp. supervisor, responsible for performing all job duties related to whole blood collection, special donations & apheresis technologies. Will oversee & assign responsibilities to donor center staff, address & solve problems & provide reports to management. Position is req’d to perform procedures in accordance with current regulatory, organizational & OSHA standards. Requires HS diploma/GED (some college a plus), minimum of one year apheresis/dialysis or blood banking exp. & previous management or supervisory exp. Basic computer skills, excellent verbal/written communication & stellar customer service skills req’d. Mail, E-mail or Fax resume to: Carter BloodCare, 2205 Highway 121, Bedford, TX, 76021; Fax: 817-412-5159; E-mail: clatour@carterbloodcare.org

**Product Services Coordinator,** Blood Center of New Jersey – longest-serving community blood bank in New Jersey, providing for needs of many New Jersey hospitals. Responsible for scheduling & training all lab staff & assisting director with staffing decisions including evaluations. Additional responsibilities include monitoring performance of instruments & equipment, preparing reports, QC record review & with monitoring & improving productivity goals within regulatory mandates. Requirements include AS Degree in Scientific field, BS Degree pref’d & five yrs. experience in blood center, clinical lab or hospital. Previous supervisory experience desired; ASCP certification pref’d. Competitive salary & comprehensive benefits package. Send resume to: HR Coordinator, Blood Center of New Jersey, 45 South Grove Street, East Orange, NJ, 07018; Fax: 973-592-0777; Email: HR@bloodnj.org. EOE