We Are

THE ARMED SERVICES BLOOD PROGRAM

ASBP

Armed Services Blood Program

militaryblood.dod.mil

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ABOUT THE ASBP

Taking Care of Our Own

The Armed Services Blood Program (ASBP) is the official U.S. military blood program. Providing an opportunity for service members, their families, and civilians to support our military in a definitive, meaningful way, the ASBP is a direct connection between those who give and the sick and injured who need their help.

ASBP Mission

To provide quality blood products and services for all worldwide customers in peace and war.

ASBP Vision

To be a preeminent quality, cost effective blood system providing blood products and services wherever and whenever needed.

Blood is Needed Every Day

Blood and blood products are used for patients of all ages for many reasons. From cancer patients or surgical patients, to those with battlefield injuries—military members depend on blood donors every day. By giving blood to the ASBP, you ensure life-saving blood products are available whenever and wherever service members and their families are in need.

Can I Donate?

Donors from all services, government employees, retirees, military family members, and civilians can donate to the ASBP. Though travel to certain areas, some medications, and medical conditions may temporarily, indefinitely, or permanently restrict donation, most healthy adults are eligible to give blood. To find out more about eligibility visit the ASBP website at militaryblood.dod.mil.

Where to Give

Find the ASBP donor center near you by visiting the ASBP website at militaryblood.dod.mil. In addition to collecting blood at their facilities, many blood donor centers "take the show on the road" and conduct mobile blood drives.

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DID YOU KNOW?

Did You Know?

- You can save up to 3 lives with a single whole blood donation.
- A single trauma victim may require 40 or more units of blood.
- A premature baby's life can be sustained for 2 weeks by a single pint of blood.
- Red blood cells have a shelf-life of just 35-42 days.
- Donors can give blood every 57 days and platelets up to 24 times per year.
- Leukemia patients need up to 8 units of platelets daily during treatment.
- Platelets have a shelf-life of only 5 days.
- Most medications do not prevent blood donation.

Compatibility

Blood types must be matched between the donor and the recipient to ensure a safe transfusion. The chart below illustrates blood type frequency as well as red blood cell and plasma compatibility.

YOUR BLOOD TYPE	% OF U.S. POPULATION	YOU CAN RECEIVE RED BLOOD CELLS TYPE	YOU CAN RECEIVE PLASMA TYPE
O-	7%	O-	AB+, AB-, A+, A-, B+, B-, O+, O-
O+	38%	O+, O-	AB+, AB-, A+, A-, B+, B-, O+, O-
A-	6%	A-, O-	AB+, AB-, A+, A-
A+	34%	A+, A-, O+, O-	AB+, AB-, A+, A-
B-	2%	B-, O-	AB+, AB-,B+,B-
B+	9%	B+, B-, O+, O-	AB+, AB-,B+,B-
AB-	1%	AB-, A-, B-, O-	AB+, AB-
AB+	3%	AB+, AB-, A+, A-, B+, O+, O-	AB+, AB-

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Can I Donate?

Most healthy adults are eligible to give blood, however, there are some reasons a person may be deferred from donating – temporarily, indefinitely, or permanently. A temporary deferral should not discourage donors from coming back. We always need donors!

Deferral criteria have been established for the protection of those donating and those receiving transfusions in accordance with Food and Drug Administration (FDA) guidelines, AABB standards, and Department of Defense (DoD) policies. In general, to donate blood you should:

- Weigh at least 110 pounds
- Be at least 17 years of age
- Have been feeling well for at least three days
- Be well hydrated
- Have eaten something prior to donating

Donation Restrictions

There are some specific conditions and activities that may prevent a potential donor from being eligible to donate. Some reasons for being deferred include:

TRAVEL RESTRICTIONS	
Country/Region	Donation Restriction
Iraq, Afghanistan and other malaria-endemic areas, less than 5 consecutive years	12 months deferral upon return
Iraq, Afghanistan and other malaria-endemic areas, more than 5 consecutive years	3 years deferral upon return
England from January 1980 - December 1996 for greater than 3 months (cumulative)	Deferred from donating indefinitely
Europe from January 1980 - December 1996 for greater than 6 months (cumulative)	Deferred from donating indefinitely
Europe from January 1980 – present for greater than 5 years (cumulative)	Deferred from donating indefinitely
North of Seoul, Korea (the 37.7 parallel) for less than 5 years (cumulative)	Deferred for 2 years following return
North of Seoul, Korea (the 37.7 parallel) for more than 5 years (cumulative)	Deferred for 3 years following return
Kuwait	There is no deferral for this travel
Qatar	There is no deferral for this travel
MEDICAL AND OTHER RESTRICTIONS	
Previous Donation	57 days after last whole blood donation. Please contact your local ASBP BDC
Piercing, Brand, Tattoo and Permanent Make-up	12 months after getting the piercing, brand, tattoo or permanent make-up*
Cold or Flu *H1N1 falls under this criteria*	Eligible to donate after being symptom-free for 3 days

* *Exceptions:*
1) There is no deferral for ear piercings performed using sterile, single-use equipment.
2) Some donors may be eligible to donate one week after adequate healing of the tattoo if applied in a state- regulated facility with sterile needles and single-use inks.

The blood bank: whole lotta shakin' goin' on

Blood-bank support in U.S. military operations

By Lt. Col. Michael J. Lopatka

In World War II, a soldier severely injured in battle, had about a 22% chance of dying. Nearly a generation later, a wounded soldier faces significantly better odds with a less than 9% chance of dying. The fighters who now survive owe their lives to an array of advancements in battlefield medicine. Of particular note are the developments in blood and blood-product usage. Today's military medical personnel go about the business of lifesaving with a veritable arsenal of blood and blood products.

The main blood product used during World War II was plasma due to the knowledge of treatment at the time. In the years leading up to the war, plasma was shown to be as effective in treatment of shock and hemorrhage as the practice of using whole blood. Additionally, the blood industry was able to collect plasma in the mass quantities required at the time, while transport and storage remained a reasonably simple process.

Some of the most important improvements in today's blood banking are related to the preparation, handling, and transport of blood products. These developments alone have increased a physician's arsenal from solely plasma to packed red blood cells (RBCs) fresh frozen plasma, plasma frozen within 24 hours, cryoprecipitate, and frozen RBCs. And, yet another important advancement, a critical network of blood collection, processing, storage, shipping, and transfusion facilities maintain this blood-product cache. This network of components collectively makes up the Armed Services Blood Program (ASBP), upon which the Department of Defense (DoD) relies in the fight to help ensure our wounded come back home.

Established formally in 1952 by Executive Order, the ASBP is a joint operation, comprised of the Army, Navy, and Air Force that are tasked with collection, processing, storage, distribution, and transfusion of blood products worldwide, managing blood requests from five major combatant commands by finding available blood supplies, and delivering those supplies to the battlefield. The program's policies, overseas operations, and research and development activities are managed by the ASBP office (ASBPO) while collection, processing, shipping, and transfusion activities are under the direction of each service's blood program office (SBPO). Together, the ASBPO and SBPO programs monitor and implement appropriate guidance and standards set forth by the Food and Drug Administration and AABB (formerly the American Association of Blood Banks), the industry licensure and accreditation agencies, to ensure the safest and most efficacious products for those in need.

This distribution mission is accomplished by utilizing the military's U.S. Transportation Command, which is responsible for providing delivery of personnel, equipment, and supplies worldwide.

To ensure compliance with regulatory protocols and to capitalize on current advancements, the process itself must be rigorous. It begins with ASBP donors and the collection of blood. Currently, the ASBP operates 19 DoD blood-donor centers within the continental United States and three in overseas locations. These donor centers now provide more than 150,000 units annually and have since 2002. Prior to operations in the Middle East, DoD blood centers were responsible for less than 80,000 blood collections per year.

"The success of the DoD blood collection program would not be possible without the dedication of our blood donors and the outstanding staff at our facilities," states Maj. David Lincoln, deputy director for Policy at the ASBPO.

Following collection, ASBPO blood-processing and testing centers separate the blood into various products, perform testing for required infectious-disease markers, conduct exacting quality-control checks, and finally, store the blood for further distribution.

The distribution and transfusion processes of blood within the DoD system, while similar to civilian blood distribution and transfusion, are also distinctly different

in two ways. As with its civilian counterparts in the United States, blood is distributed to medical-treatment facilities for transfusion — using standard commercial shipping organizations — where it is then transfused as needed. But the DoD blood-distribution system is unique because of its presence throughout the world and also because of its international mission — to deliver blood anywhere in peacetime and wartime.

This distribution mission is accomplished by utilizing the military's United States Transportation Command, which is responsible for providing delivery of personnel, equipment, and supplies worldwide. This unique system is the foundation for the next step taken to place blood and blood products into the hands of military medical staff and other customers worldwide, and therefore determines needs and provides the appropriate capability to deliver blood anywhere the ASBP requires. And anywhere can be 200 miles away or thousands of miles away in locations where airports may not even exist. In those cases where blood must be delivered great distances, the transportation time can be long, and the blood requires special preparation to ensure safe preservation.

This is where special facilities within the DoD called the Armed Services Whole Blood Processing Laboratories (ASWBPL) enter the lifesaving process. The ASWBPLs are large-scale blood receiving and shipping centers located on Air Force bases with heavy volumes of available flights and aircraft to ensure the availability of transport going anywhere required. The ASWBPLs responsibilities include receiving blood products from collection facilities, storing products, arranging distribution, checking blood types and the Rh factor, and preparing shipments.

The latter two steps are unique, yet vital, to DoD blood management. Since blood is distributed, in some cases, to locations without the ability to check the blood type of the units being infused, the ASWBPL is the final quality check to ensure safe labeling and transfusion of blood in the field. For long-distance shipment preparation, the ASWBPL packs blood products using standard shipping containers with specific quantities of wet or dry ice. Additionally, blood is packaged onto cargo pallets and tightly strapped down to avoid movement during flight. Throughout its journey, blood may stop at several refueling airfields or the flight may be scheduled for multiple stops. To avoid compromise of the products, the DoD maintains specially trained handling teams at all airfields to verify blood temperature and re-package products for the next leg of the flight. Finally, the product arrives at its destination.

Having been tightly controlled and properly maintained to its final destination, blood has now reached a remote locale. What happens next demonstrates the importance of blood-product availability and is another crucial advancement. The DoD maintains special blood units manned by laboratory technicians to establish mobile blood-handling and -storage facilities worldwide under any conditions. These special units are in all three services and may be established in tents, hardened mobile shelters, or afloat on ships. All blood specialists, regardless of service affiliation, have the refrigeration and shipment capability to support any medical facility established in their area of operations. Stringent requirements combined with innovative research and development allows the ASBP to identify and obtain special refrigeration devices and utilize state-of-the-art technology.

Having been tightly controlled and properly maintained to its final destination, blood has now reached a remote locale where the DoD maintains special blood units manned by laboratory technicians to establish mobile blood-handling and -storage facilities worldwide under any conditions.

Therefore, because of selfless volunteers, medical advancements in blood banking, strict quality control and testing, rigorous transportation protocols, and outstanding personnel, the Armed Services Blood Program, almost 70 years after World War II, is proud to provide the safest and farthest reaching blood supply in the world — and, even more importantly, that this mission serves those who risk their lives for our nation every day.

Armed Services Looks Back at Wishes Granted and Its Hopes for the New Year

By Al Staropoli, AABB Contributing Writer

A container more practical and safer to use than a glass bottle was probably the foremost wish of blood bankers in the early 1900s. Once developed, plastic containers to hold blood were considered one of the main technological advances in the field. These containers, just as blood bankers had hoped, decreased the incidence of septic complications and made for safer transportation of products.

Since the development of the plastic blood container, the Armed Services Blood Program, or ASBP, has participated in a wide variety of technological advancements and has seen many of its hopes, goals and dreams fulfilled. Today the program's research goals include developing strategies to minimize storage and transport problems in what the military calls "far forward areas," as well as exploring alternative strategies to minimize blood loss in those who are wounded. ASBP's "wish list" for 2009 and beyond includes supporting new advancements that include frozen platelets, haemostatic agents, freezedried blood products and blood cells with a longer shelf life. The military also has been working hard to overcome logistical barriers to get blood quickly to where it's needed.

BATTLING TIME AND BARRIERS

"Time is of the essence, and the sooner we can get blood to a soldier, the better their chances of survival," said Col. Frank Rentas, PhD, MS, MT(ASCP) SBB, the new ASBP director. During the past few decades, the Army has significantly increased its efficiency of getting blood to the battlefield. "Survival rates today are much better when compared to World War II or even Vietnam partly because we're able to get blood to places we couldn't before. Now we can move blood very far forward. We also have physicians, surgeons, medical staff that are very close to the action and having blood products in hand to help them respond quickly," he added. "To achieve this we had to change the way we did things. This didn't happen overnight. In addition to new logistical strategies, new technology was developed that was lighter and more compact, allowing us to move

it faster and farther forward," Rentas said. The military faces unique challenges when moving blood products and equipment. "Generally speaking, most blood centers collect and deliver it to fairly close locations. We collect blood products from all over the U.S. and then put them into a plane to get them to a place like Iraq on a timely basis," he added. "In addition to distance, we face customs issues, extreme temperatures and adverse conditions such as the mountainous terrain in Afghanistan. Also, as you transport blood on the ground you have to be looking out for IEDs and enemy fire. We go to great lengths to try to get the blood to where it needs to be," Rentas explained.

HAEMOSTATIC AGENTS

Moving blood products forward helps, but as wounded soldiers wait for medical attention, stopping bleeding is paramount. In the battlefield, hemorrhage remains the main cause of death, and blood loss contributes to various medical complications, including loss of limbs. The Army's answer to this problem is gauze and other haemostatic agents that can stop bleeding quickly. More than 270,000 of these new-generation gauzes were recently purchased by the military and shipped for use in the Iraq and Afghanistan conflicts. The gauze, which will be carried by soldiers, comes in rolls that are four yards long by three inches wide. They are ideal for neck and groin areas, where tourniquets can't be used successfully. A proprietary substance in the bandage speeds the body's natural clotting process by increasing the concentration of platelets and clotting factors in the wound. "If a soldier is wounded, they would pull out one of these bandages and apply pressure. It should help control bleeding in minutes. This stabilizes blood loss. It seems like something

rather simple, but it will help save lives," Rentas said. Another haemostatic agent, a granular material that is applied directly to the wound, can stop arterial bleeding in minutes and reduce blood loss for several hours. Nearly 17,000 of these packets have been bought by the military for use in the field.

FROZEN PLATELETS

Another item on ASBP's wish list is the development of platelets with a longer shelf life. This would increase the window of time needed to collect platelets at fixed facilities and transport them to the field. Currently, platelets have a shelf life of five days, but they can be cryopreserved for up to two years in a 5 to 6 percent dimethyl sulfoxide solution at -65 degrees Celsius or colder. When needed, frozen platelets are thawed in an immersion water bath, and nearly 95 percent of the dimethyl sulfoxide can then be washed out prior to transfusion. "Frozen platelet-derived haemostatic agents are now being used by the Dutch military in Afghanistan. In fact, they've gone to a completely frozen blood bank. The disadvantage to a frozen product is that you need freezers," said Victor Macdonald, PhD, chief of the department of blood research at Walter Reed Army Institute of Research. Another disadvantage is that frozen platelets are more expensive to produce than fresh ones, and the freezing process affects their shape, leading to functional changes. Studies have shown that in vivo platelet recovery is approximately 33 percent of the total number of frozen platelets. "But one of the biggest advantages is that [frozen platelets] work and allow you to project a quantity of platelets to a combat surgical facility to be ready for use for incoming casualties," Macdonald said. Use of frozen platelets in the U.S. has not yet been approved by the FDA, and further development by the military is ongoing in this area.

FREEZE - DRIED PLASMA

Freeze-dried plasma is available in various parts of Europe. The Germans and French already have some sort of freeze-dried plasma, but it has not been approved for use in the U.S.," Macdonald said. "Freeze-dried plasma is reconstituted with water prior to use." There are some advantages to freeze-dried plasma. Freeze-drying plasma significantly decreases its weight (or "footprint" as the military calls it) creating advantages for storage and transportation not only at the hospital level, but also for medics in the battlefield. Freeze-drying allows plasma to be stored for significant periods of time at room temperature,

Large-scale blood receiving and shipping centers are located on Air Force bases with heavy volumes of available flights and aircraft to ensure the availability of transport going anywhere required.

eliminating the need to transport large cooling units. "If this became reality for us, one of the main advantages would be the availability of large amounts of materials on short notice. Universal plasma, for example, could be readily available for use, and the ability to obtain plasma or platelets quickly leads to better health outcomes for the patient," Macdonald said. "More work is really needed in this area. Industry is currently working to develop a viable product for FDA approval," he explained.

ADVANCED CONTAINERS

Large blood-cooling units cannot be transported too far forward. When blood is needed in far forward locations, personnel have to carry blood products with them.

"One of the first questions right from the beginning was, 'How would someone be able to carry blood way forward in the battlefield where coolers are not available?'" Rentas said. "Suppose soldiers were on a far forward mission that lasted three to four days. It'd be great if they could take some blood units with them in case they were needed. They could carry blood units in a small cooler with ice, but it would be difficult to keep the blood safe when the external temperature can be 120 degrees Fahrenheit, as it is in Iraq," he added. "In the early 2000s we started working with companies to see if they could develop a smaller container — something that could carry three or four units — and keep the blood safe. Today we have a

container that does not require ice, batteries or electricity and can keep blood units safe for days regardless of whether the temperature is -20 or 100 degrees Fahrenheit," Rentas said. This new container cube, which measures a mere 10 inches, uses vacuuminsulated panels and liquid phase-change materials to keep the blood cool (a process akin to the reusable blue liquid packs that are frozen and used in portable home coolers). The advantage with the new cubes is that, even when the temperature is 105 degrees Fahrenheit outside, the military's container can keep blood at a safe temperature for more than four days. The container currently is being used by troops in Iraq and Afghanistan and weighs only 10 pounds fully stocked.

CELL PHARMING AND LONGER SHELF LIFE

Walter Reed Army Institute of Research has carried out research on developing packed red blood cells with a longer shelf life. "We would like to take them from the usual six weeks to eight to 12 weeks by using additives," Macdonald said. "This type of work began right here at Walter Reed in the 1990s. Clinical trials showed proof of concept, and our newest products are about to go through more definitive clinical trials. But the area where researchers are really pushing the envelope in is cell pharming. This is currently being done at DARPA." DARPA — the Defense Advanced Research Projects Agency — is a branch of the Department of Defense that pursues research and technology where risk and payoff are both very high. Successful projects may provide dramatic advances for traditional military roles and missions.

"They're trying to grow large quantities of red blood cells in the laboratory. It's a far-out concept. Essentially, you're growing units of red blood cells in culture from progenitor cells. The proof of concept for this is under development in laboratories, and we'll probably know if this is feasible on a blood banking scale in the next year or two," Macdonald added. "These red blood cells, which are grown out of hematopoietic stem cells, would not be universal but take the same blood type of their progenitor. You end up with cells that are younger and more uniform in age. You also wind up with a more uniform product that you can control. The advantages of such a product have yet to be determined. But this is still way out there in the future," he said. When asked for the ultimate holiday wish, Macdonald replied, "Well, the ultimate holy grail is to have universal, pathogen-free blood products that can be stored at room temperature, are easily transported and can be made available quickly. I don't know if this will be feasible in the near future, but it makes for a good wish!"

New Year's Wishes

"The ultimate holy grail is to have universal, pathogen-free blood products that can be stored at room temperature, are easily transported and can be made available quickly."

Dr. Victor Macdonald
U.S. Army Medical Material Development Activity

The Power of Blood

The Magazine of Force Health Protection and Readiness, Volume 3, Issue 4, 2009

By Maja Frigelj, Armed Services Blood Program Staff Writer

When John James started donating blood to the Armed Services Blood Program (ASBP) over 30 years ago, he didn't think donated blood would save his life. After an unfortunate accident sent him to the emergency room, he needed several blood transfusions. Now James, along with fellow motorcyclists and long-time ASBP volunteers, makes a bi-annual motorcycle trip to the blood donor center in Fort Hood, TX to give blood.

ASBP is the official U.S. military blood program. In support of Service members and their families, ASBP collects, tests, transports and ultimately transfuses all donated blood to military hospital locations around the world. Dedicated blood donors include active duty Service members, their immediate families, retirees, DoD employees and civilians. ASBP operates approximately 81 blood banks and 21 blood donor centers worldwide that are licensed by the Food and Drug Administration.

> *"Red blood cells are the most transfused blood product on the battlefield."*

During World War I, the U.S. Military began to research ways to transfuse blood to save those who were injured in combat. With limited supplies and technology, the first blood transfusions were conducted directly on the battlefield with blood stored in glass containers.

Through research and development, the U.S. Military has achieved significant break-throughs in medical science, such as the ability to collect blood in plastic containers; collect and store blood for extended lengths of time; maintain the appropriate temperature for the transport of blood products to locations around the world; establish a permanent centrally coordinated program to anticipate blood requirements and procurement; and create the largest inventory of frozen red blood cells for use in military and civilian emergencies.

A World War I service member performs a blood transfusion in the field.

Recognizing the need for continuous research and development of blood and blood products, the U.S. Military created the Blood Bank Fellowship Program in 1958. This rigorous program has educated military members from all Services to be highly qualified blood program managers and scientists in the field of blood banking and immunohematology, a discipline concerned with all aspects of immunology relating to blood, including blood types and blood disorders. These exceptional Fellows continually strive for advanced research and development, increased quality control and cooperation with other government agencies and North Atlantic Treaty Organization partners to identify blood needs around the world.

Since blood supplies tend to fluctuate, especially around the holidays, a steady blood supply cannot be guaranteed. Many government agencies have recognized the urgency of readily available blood not only on the battlefield, but at military hospitals at home, and are constantly driving new research efforts toward

the development of safer blood and blood products, which are used by the ASBP.

One of these recent developments is blood pharming. "The purpose of the Blood Pharming Program is to provide for production of a readily available, donorless supply of red blood cells in theater," said Dr. Jon Mogford, Program Manager, Defense Sciences Office, Defense Advanced Research Projects Agency. The automated blood culture system would maintain a self-renewing cell population, ensuring that blood is safe and free of viruses and diseases such as HIV/AIDS and hepatitis.

Red blood cells are the most transfused blood product on the battlefield. "This program could eliminate the ever increasing shortage to the nation's blood supply," said Mogford. As the research has just recently begun to expand, Mogford hopes to complete the Blood Pharming Project in three years.

Another important break-through is lyophilized plasma, or freeze-dried plasma. Since plasma is the component of blood that helps in the process of clotting, the demand for plasma in the combat zone can be high at times.

Fresh frozen plasma, the product currently used to treat patients, has to be frozen within eight hours following donation, therefore making the preparation, transportation and thawing process difficult. The plasma is shipped on dry ice that sometimes damages the bags in which the plasma is stored. If the bags stay intact throughout their journey to theater locations, they are still in danger of breaking during the thawing process. Once these bags break, the plasma cannot be used.

"It is because of this strenuous and risky procedure that freeze-dried plasma is being tested," explains Elizabeth Barrows, Product Manager for Freeze Dried Plasma, Medical Materiel Development Activity, United States Army Medical Research and Materiel Command. This new product will require less processing time, about five minutes versus 20 or more for the frozen product, and involve fewer transportation temperature restrictions. It will also be safer to handle since the blood bags will not have been subjected to the damaging cold temperatures currently necessary.

Scientists around the world are working toward

Large-scale blood receiving and shipping centers are located on Air Force bases with heavy volumes of available flights and aircraft to ensure the availability of transport going anywhere required.

ensuring that the patients of today and tomorrow continue to get the safest care possible. It is because of these efforts, along with dedicated blood donors, that the ASBP is able to deliver blood to locations where it is needed most.

"The ASBP is increasingly collaborating with the Department of Health and Human Services in the development of technologies that will reduce risks for blood collected and transfused right on the battlefield or on a ship" said Cmdr. Michael Libby, Former Director, ASBP. "Two current development efforts are rapid screening tests for transfusion transmitted diseases and pathogen inactivation systems which will serve to eliminate all infectious diseases in platelet and plasma products collected in the field."

No one can foresee when he or she might need blood, but everyone can make a difference by donating regularly. John James, whose donated blood has helped save countless lives, knows what it's like to be on the receiving end of a donation, and is truly grateful.

Visit www.militaryblood.dod.mil for more information about the Armed Services Blood Program and to schedule an appointment to donate.

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620 John Paul Jones Cir.
Portsmouth, VA 23708-2111
(757) 953-1686
(757) 953-0817 (fax)
ralph.peters@med.navy.mil

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Naval Medical Center San Diego
Blood Donor Center
34800 Bob Wilson Dr.
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AIR FORCE

Keesler
Lisa Lynn
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Bldg 5901
Keesler AFB, MS 39534-2519
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(228) 376-4510 (fax)
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Lackland
Tracy Parmer
Lackland Blood Donor Center
59th Medical Wing
2200 Bergquist Dr., Ste, 1
Lackland AFB, TX 78236-5300
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(210) 292 8188 (fax)
cheryl.parmer@lackland.af.mil

Wright-Patterson
David Thomas
Wright-Patterson Blood Donor Center
88 MDG
4881 Sugar Maple Dr.
Wright-Patterson AFB, OH 45433-5300
(937) 257-0580
(937) 257-9342 (fax)
david.thomas7@wpafb.af.mil

NOTABLE YEARLY BLOOD DRIVES

Drive dates are subject to change. Please contact the blood donor center for additional information.

West Point
Erin Hawkins
January 13-16, 2014

Citadel
Erin Hawkins
March 27, 2013

U.S. Naval Academy
Vikki Fernette
February 5, 2013
April 9, 2013

Warrior Forge
Victor Shermer
July 7-8, 2013
July 12-13, 2013
July 15-16, 2013
July 20-21, 2013
July 24-25, 2013
July 29-30, 2013
August 1-2, 2013

Fort Carson
Lori Kuczmanski
May 12-13, 2013

U.S. Air Force Academy
Lori Kuczmanski
September , 23-25, 2013

CONTACTS

Story Ideas

If you are viewing our press kit for story ideas, please consider our suggestions below. While we try to provide all pertinent information about the ASBP within this press kit and throughout our Web site, please also consider speaking to any of our subject matter experts listed below in addition to members of the ASBPO. Should you decide to write a story about the ASBP and would like to share it with us, or speak to our subject matter experts, please contact:

Julie Oliveri
Communications & Marketing Director, ASBPO
Julie.Oliveri@us.army.mil

History of the Program
Points of contact:

Tony Polk, Retired Army Colonel, Former ASBPO Director
Michael Libby, Retired Navy Commander, Former ASBPO Director
Toni Mattoch, Retired Air Force Major, Former ASBPO Deputy Director of Operations

- Stories from "the field" possible interviews with past directors
- Army, Navy, and Air Force stories
- How was the program started?

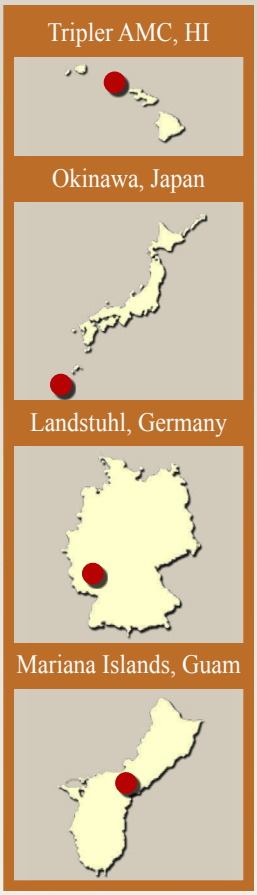
Research and Development or Scientific Aspect of the Program
Points of contact:

Dr. Victor Macdonald, U.S. Army Medical Material Development Activity
Dr. Rodney Michael, Product Manager, Blood and Resuscitation, U.S. Army Medical Material Development Activity, Frozen platelet products, the extended life red cell storage and lyophilized plasma

- How was the frozen red blood cell program started?
- Where and how blood requirements came to be part of military operations plans.
- What are the ways in which civilian casualty care is impacted by military blood program procedures?

We Are

THE ARMED SERVICES BLOOD PROGRAM



ASBP Blood Donor Center Locations