



Transplant Support Organization meetings are held at 7 pm on the third Wednesday of the month (with some exceptions) at Congregation Sons of Israel, 1666 Pleasantville Road, Briarcliff Manor, NY.

### Schedule for monthly meetings

7:00 – 7:30 PM – Social time

7:30 – 9:00 PM – Meeting and program for the evening.

Two of our favorite speakers will be with us in the next two months: Dr. Patricia Sheiner, director of liver transplants at Westchester Medical Center, will speak to us in May; Dr. Veronica Delaney, kidney transplant doctor at Westchester Medical Center, will speak at the June meeting. Please join us for support, information and new friendships.

For directions to our meeting, donor registration form, and further information, please check our website:

**[www.transplantsupport.org](http://www.transplantsupport.org)**

To contact us by mail please write to TSO, 1154 Webster Ave., New Rochelle, NY 10804

We are also on facebook. Check us out for information and updates. You do not have to be a facebook member the access this account.

To all recipients of this newsletter. Please send your email address so we may notify you of any last minute changes to our meetings. If you have changed your address recently please let us know so we can update our records.  
Contact Janet Ocasio at [GKJP@aol.com](mailto:GKJP@aol.com)

### **The UNOS National Patient Waiting List**

Candidates as of 4/22/2011

<b>88,392</b>	patients waiting for a kidney transplant.
<b>16,190</b>	patients waiting for a liver transplant.
<b>1,375</b>	patients waiting for a pancreas transplant.
<b>2,213</b>	patients waiting for a kidney-pancreas transplant.
<b>264</b>	patients waiting for an intestine transplant.
<b>3,152</b>	patients waiting for a heart transplant.
<b>65</b>	patients waiting for a heart-lung transplant.
<b>1,795</b>	patients waiting for a lung transplant.
<b>110,915</b>	TOTAL PATIENTS

**Every 12 minutes a new name is added to the waiting list.**

### **Transplant Support Organization Officers**

#### Co-Presidents

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[www.transplantsupport.org](http://www.transplantsupport.org)

## *Letter from the Presidents*



Dear Friends of TSO,

Beginning with this newsletter we will be starting a new page which we will call, "Letter from the Presidents." As you know TSO recently elected a new board. Rudy Masry has stepped down as President of TSO after four years in this position. We would like to thank Rudy for his dedication to TSO and to the cause of donor awareness. Rudy is tireless in advocating for donor registrations, and linked TSO with the American Red Cross. The ARC allowed TSO to set up tables at their local blood drives where we could offer information on organ donation and register potential donors. Rudy worked very hard organizing meetings with professional speakers, securing our meeting place at the Congregation Sons of Israel and participating in community outreach activities, just to name a few of his activities. TSO is thankful and grateful to him. Rudy will continue to support TSO and donor awareness by serving as a board member.

The new officers of TSO are as follows:

Co - Presidents - Janet Ocasio & Jeff Graham

Co - Vice Presidents - Helen Bellhouse & Ike Copperman

Secretary - Suzane Sadofsky

Treasurer - Jeff Graham

Prof. Advisor: Jennifer Qualter-Transplant Coordinator, WMC

The new board is as follows: Janet Ocasio, Jeff Graham, Helen Bellhouse, Ike Copperman, Suzane Sadofsky, Rudy Masry, Len Andrews, Carole Graham, Carol Johnson, Don Simons, Jennifer Qualter, Karen Farkas

The new board is already busy preparing goals and taking on responsibilities to help make TSO remain a vibrant and relevant organization. Our new endeavors will include a committee structure which will require the participation of the membership. You will be able to get involved in tabling events in the community, participating in the school program, and join any committee that you wish. The committees that we are forming will be: Membership (Carole G. chair), Fund Raising (Ike-chair), Community Outreach (Rudy-chair), Volunteers (Helen-chair), the School Program (Jeff-chair), the Program Committee (Jennifer-chair), the Scholarship Committee (Len-chair) and a Board/Leadership Development Committee (Suzanne & Janet-chair), Newsletter (Carol J.). We are asking that members join a committee. Here is your opportunity to have an impact and to give back. You can call any of the board members to discuss the committees and to join. TSO can only be strong with the involvement of the membership. We welcome your feedback, ideas and suggestions.

This summer TSO will continue to host the monthly meeting. So look for us in July and August at the same time.

So let us all work together to keep TSO moving ahead, planning new programs, addressing the changing needs of the transplant community, responding to the need for organ donor awareness. You have our commitment, now we want yours.

Thank you

Janet Ocasio and Jeff Graham

## *And the Beat Goes On* (continued from page 1)

At our March 16<sup>th</sup> TSO meeting **Dan Dyroff** spoke of his personal experience with living with Type 1 diabetes for 53 years which offers a unique understanding of treatment modalities over many years. Dan was diagnosed with diabetes at 18 months of age, before glucose meters or insulin pumps.

His current position as Diabetes Clinical manager employed by Medtronic MiniMed allows him great insight into current treatment modalities along with insight into technology advancements. He functions as a clinical consultant for physicians and other health care professionals who treat individuals with diabetes mellitus.

Over 24 million Americans currently have diabetes, about 90% of those with type 2. The cost of one year's treatment costs about \$14,000.

Some of the risk factors for diabetes type 2 are obesity, low HDL, high LDL, high B/P, family history, African American, Native American, Hispanic. When someone is diagnosed they have probably had it for 20 years. Over 98 million people are prediabetic. Those who have had gestational diabetes are at a greater risk of developing diabetes later.

(continued on page 5)

## *Happy Rebirthday to You*

Mary Wu	May-95	Kidney	Dudley Franklin Jr.	Jun-00	Kidney
Bill Williams	May-97	Cornea	Augustine Ayala	Jun-01	Kidney
Rich Ramirez	May-97	Liver	Almaz Worede	Jun-01	Kid./Pan.
Betsy Morrissey	May-99	Kidney	Anne Conniff	Jun-02	Kidney
Pratish Das	May-99	Kidney	Pat Tomasulo	Jun-05	Liver
Ann Alterman	May-00	Kidney	Ted Lawson	Jun-05	Heart
Howard Reiss	May-01	Liver	Barry Eigel	Jun-06	Kidney
Geraldine Buck	May-01	Liver	Robert Stone	Jun-06	Kidney
Gerald Barbalet	May-02	Liver	Paul Brand	Jun-07	Heart/Kid.
Arty Totillo	May-03	Liver	Donald Wong	Jul-96	Heart
Mary Baiker	May-03	Kidney	Constantine Nickou	Jul-98	Kidney
Michael Dougherty	May-04	Kidney	Angel Martinez	Jul-98	Kidney
Belle Simon	May-04	Kidney	Thomas Hunt	Jul-99	Kidney
Shannon Kelly	May-06	Heart	John Vilardi	Jul-99	Liver
Shelagh Amann	May-07	Kidney	Joseph Czaplicki	Jul-00	Heart
JessiAnn Bettcher	May-07	Heart	Athanasius Lim	Jul-02	Kidney
Diane Manning	Jun-91	Kidney	Mary Beth Cassio	Jul-04	Liver
Gary Pillersdorf	Jun-91	Kidney	Luis Brea	Jul-05	Kidney
Gwen Watson	Jun-94	Kidney	Rida Tashman	Jul-05	Liver
Glenda Daggert	Jun-99	Kid./Pan.	Trudy Brown	Jul-06	Kidney
Alice Genis	Jun-99	Kidney	Mary Jo Perrino	Jul-06	Kidney
Masakazu Okamoto	Jun-00	Kidney	Paul Urbinelli	Jul-09	Heart

### *Our best wishes to all for many more happy and healthy years to come*

Correction to the rebirthday list from March-April: Efrain Roman, received a **liver** transplant in April, not a kidney as published in our last newsletter.

## *And the Beat Goes On* (continued from page 4)

Conditions present at the time of diagnosis of Type 2 diabetes are retinopathy, cardiovascular problems, acid reflux, neuropathy, loss of feeling in feet.

Through the miracle of insulin people can live fairly normal lives.

Our second speaker was **Rick Antosh**, who in 1996 donated a kidney to his son. He is active in NY Organ Donor Network and was very involved

in working toward presumed consent. This year he has started the Gift of Living Donation (GOLD), to promote living donation among the public. He speaks to corporations to encourage people to donate one of their kidneys, not just to someone they know but as an altruistic gift to someone in need. He encourages people to visit his website: [www:giftoflivingdonation.org](http://www.giftoflivingdonation.org) and contribute to the organization.

## *Coordinator's Corner Farewell*

BY KAREN FARKAS, RN, MPH,  
RENAL TRANSPLANT COORDINATOR, WESTCHESTER MEDICAL CENTER

It is with both joy and sadness that I inform you that I am retiring on May 31<sup>st</sup>. This will be my last article for the "Coordinator Corner" written in the capacity of Transplant Coordinator/TSO Professional Advisor. Having worked at Westchester Medical Center for the last 30 years, I have been looking forward to this day for a very long time. My husband and I were lucky enough to sell our home so we will be moving to Massachusetts at the end of May.

Many years ago, I was a guest speaker at the TSL support group in Rockland County. Helen Bellhouse approached me that snowy night in February 1997. She wanted to form a transplant support group in Westchester so she didn't have to travel as far especially during inclement weather. I was very flattered and anxious to get this off the ground! After much planning, TSO (then known as TRIO) was launched that September, with Dr. Butt as our first guest speaker. The rest is history! TSO is still going strong due solely to the dedication and hard work of its members. Their sense of volunteerism is staggering. I am incredibly honored to have been a part of this extraordinary group for so many years. There are no words to describe how much I will miss the wonderful people of TSO and all of the memorable times we shared together. With pride, I accept my new appointed role of Board Member Emeritus.

Thank you all for making my life richer.

Stay well!

Hope to see you at the Holiday Party in December.

*Ed. Note: Our lives have been enriched by the Karen's friendship and vast knowledge of transplantation. We will miss her dearly. Bon voyage Karen in this new phase of your life.*



# Transplant Support Organization (TSO)

[www.transplantsupport.org](http://www.transplantsupport.org)

**April 30, 2011**

Transplant Support Organization has established a scholarship for students who have attended our school presentations and then completed a school project to publicize and help spread awareness about Organ, Eye and Tissue donations.

Mr. Leonard Andrew, a Board member at large, has offered TSO a matching fund endowment of up to \$10,000. That means that for every amount donated, Mr. Andrew will match that amount up to \$10,000. That will give us a rare and generous base of \$20,000 to continue funding the scholarship. TSO and the Board are extremely grateful for the generosity of Mr. Andrew.

Please be as generous as you can, it is a great opportunity that will help further the cause we are all striving for.

Send your Checks to:  
Transplant Support Organization  
1154 Webster Avenue  
New Rochelle, NY. 10804

Rudy Masry  
Ex President

## Volunteers Set Up Shop at DMV for Donor Drive

SOUTHEAST-BREWSTER PATCH  
BY ASHLEY TARR, 4/11/2011

Brewster resident Bill Becker has beaten the odds as an organ recipient, and now he is turning to others to help change the statistics in honor of National Donate Life Month.

When Becker, 56, received a kidney transplant on Easter Sunday in 2008, he had been waiting less than a week for the organ. His kidneys were functioning at 5 percent because of uncontrollable hypertension. News that doctors had found an ideal match in Florida was a “miracle” — especially given the fact that his brother was not an ideal candidate.

“I was one of the fortunate ones, I got very, very lucky,” he said. “I’ve known people that are on the list for years.”

Statistics from New York Organ Donor Network estimate that 18 people die every day in this country waiting for their own “miracles.”

Nearly three years after his, Becker has endured what he hopes to be the most difficult parts of his post-transplant journey: memory issues, battles with pneumonia, chicken pox and meningitis, as well as a weak immune system. It is only within the last few weeks that he has started walking again, but he still calls his recovery “fairly easy.”

Back on his feet, Becker is sharing his experience and enthusiasm in the hopes that others will give some thought to becoming a donor, something that had not entered his mind until he was in need of a new kidney. He and other volunteers will be at the Putnam County [Department of Motor Vehicles](#) from 9 a.m. to 4 p.m. a handful of days this month sharing success stories and facts about donation.

According to the network, more than 110,000 people in the U.S. are currently waiting for organ transplants. Almost 8,000 of those people live in the greater New York City area. In 2009, there were less than 300 deceased organ donors in the area.

“There’s a huge gap,” Martin Woolf, the organization’s communications manager, said.

Even with 22 percent of eligible people in Putnam County registered as donors, New York State’s figures are still far behind the national average of approximately 40 percent. Numbers in Dutchess, Orange, Westchester and Rockland counties range from 14 to 20 percent, according to Woolf.

“There are so many lives that need to be saved,” he said, adding that 95 percent of donors enroll at the DMV. This is the organization’s first campaign of its kind, with recipients, donor family members and other volunteers stationed at DMVs throughout the region.

Woolf said the organization is hoping that anyone who goes to renew a license, which is something most people do every eight years, will hear a success story and have the “momentum” to check the donor box on the form. One donor could save up to eight lives, according to Woolf.

“I don’t know her name, I never met her, but I think of her daily,” Becker said of his donor.

Meet Becker Tuesday or later this month on April 25 or 26.



Brewster resident Bill Becker at the Putnam County Department of Motor Vehicles Friday, waiting to speak with people who are renewing their licenses. In light of National Donate Life Month, Becker is sharing his transplant story and hoping others will take the initiative to register as donors.

*(Bill is a member of TSO.)*

## *Transplant in the News*

### *Improving the Allocation System for Deceased-Donor Kidneys (excerpted)*

Alan B. Leichtman, M.D., Keith P. McCullough, M.S., and Robert Wolfe, Ph.D.  
NEJM.org, March 16, 2011.

On February 16, 2011, the Organ Procurement and Transplantation Network (OPTN), the federal contractor responsible for overseeing solid-organ allocation in the United States, released for public comment three proposed concepts for the allocation of kidneys from deceased donors: using a Kidney Donor Profile Index (KDPI) to rank each kidney according to the length of time that it would be expected to function in an average transplant recipient, allocating the highest-quality 20% of kidneys to the 20% of candidates with the longest expected post-transplantation survival, and giving candidates within 15 years of the donor's age the highest priority in the allocation of the remaining 80% of kidneys. If these concepts were adopted, validated prediction models would be used to introduce into the kidney-allocation algorithm an element of matching of the estimated future survival of transplanted kidneys with that of recipients.

To place into context the importance of these concepts, it is necessary to understand the existing system. At its core, the current U.S. system for allocating kidneys from deceased donors focuses primarily on how long patients have been waiting for a transplant. This approach contrasts with the allocation algorithms for liver and heart transplantation, which allocate organs on the basis of medical urgency, and the lung-allocation system, which allocates organs on the basis of a mixture of medical urgency and expected survival for 1 year after transplantation.

Under the current system, approximately 15% of donated kidneys (those from older, or a subgroup of less healthy, donors) are designated as “expanded criteria donor” (ECD) kidneys and are allocated according to waiting time alone to transplant candidates who have consented to receive such an organ in anticipation of reducing their pretransplantation waiting time. The remaining kidneys are referred to as “standard criteria donor” (SCD) kidneys, and approximately 4% of them are allocated for simultaneous transplantation with a lifesaving organ (liver, heart, or lung), . . . About half of all candidates are removed from the list, typically owing to death or worsening health status, without having undergone transplantation.

. . . . The current allocation algorithm does not (with the exception of ECD transplantation) account for differences in potential survival of recipients and donated organs, and the dichotomous ECD–SCD distinction does not accurately assess the relative survival potential of many deceased-donor kidneys. Moreover, the allocation priority awarded for longer waiting time, HLA-DR match, and sensitization does not reflect the biologic effects of these elements on the survival of candidates, allografts, or recipients. By focusing on waiting time, rather than appropriately weighted medical factors, the current system makes access to transplants very different for otherwise similar patients.

We strongly support the introduction of “survival matching” between donated kidneys and wait-listed kidney-transplant recipients.

The current allocation system allows kidneys with very short potential post-transplantation survival to be distributed to candidates who are expected to survive for a long time after transplantation. This practice leads to a higher-than-necessary rate of repeat transplantation: candidates with long potential lifespans who receive kidneys with short expected survival have twice the rate of repeat transplantation of similar recipients who receive organs with longer expected survival. Conversely, the system allows kidneys with long expected post-transplantation survival to be distributed to candidates with only a limited potential for post-transplantation survival, leading to a high rate of allograft loss due to the death of the patient. . . .

We also strongly support replacing the current ECD–SCD distinction with the KDPI. . . . The loss of tens of thousands of future life-years that might be realized and enjoyed by transplant recipients and the increase in the waiting list resulting from an unnecessarily high rate of repeat transplantation are intolerable consequences of the current kidney-transplant algorithm and urgently need correction through the mechanism of survival matching. Although we suspect that there are opportunities for improvements to the kidney-allocation concepts that have been submitted for public comment by the OPTN, we believe that the core concepts — adoption of the KDPI and survival matching — warrant the strongest endorsement and the earliest possible implementation by the kidney-transplant community

## *Transplant in the News*

### *The Wrong Way to Assign Kidneys*

New York Times Op Ed  
Friedman Ross and Benjamin E. Hippen, 3/5/2011

The United Network for Organ Sharing, the nonprofit group that manages the nation's organ transplant system, wants to change the system for allocating kidneys from deceased donors. While organs from living donors are usually directed to a particular person, kidneys from the deceased are distributed under a formula devised by the network. The proposal is supposed to provide deceased-donor kidneys of higher quality to healthier, younger patients instead of to elderly ones who presumably have fewer years to live.

It sounds simple enough. But the strategy could result in fewer kidneys going from living donors to young candidates, and could lead to more deaths of older or sicker candidates on the waiting list. Moreover, it would do nothing to address the fundamental problem: the persistent shortage of kidneys from donors, both living and deceased. The proposal would set up a two-pronged strategy that is intended to increase the number of life-years gained for every donor kidney. Under the proposal, the top 20 percent of kidneys from deceased donors who had been young and healthy would be assigned to the top 20 percent of young healthy candidates. In other words, the best deceased-donor kidneys would be given to patients likeliest to have long lives ahead of them.

The other 80 percent of deceased-donor kidneys would be

allocated first to local candidates within a 15-year age range of the donor, and if no potential candidate were identified, then to the broader pool of candidates. (For example, candidates aged 25 to 55 would get priority for a kidney from a 40-year-old donor who had just died.)

But while the goal is understandable, the proposal is flawed. For one thing, our ability to forecast the success of any particular transplant is limited. The models used to predict whether both the kidney and the recipient survive in any individual operation are correct only 60 percent to 70 percent of the time; sometimes kidneys don't last as long as expected. So basing a vast shift in policy on a model that is just two-thirds accurate should give us pause

Second, the network should continue to support first-person consent legislation under which people who have properly declared their willingness to donate their organs in case of an unexpected death cannot have their wishes overruled by their bereaved families.

But for now, the only sure way to reduce the shortage of organs is to expand transplantation from living donors, which requires more resources from the network. The public needs better education about the benefits of donation by the living and assurances that it is almost always safe. And the network should identify and remove disincentives

to donation, like the expenses donors incur for travel or for taking unpaid leave from work for the operation preparation, the procedure and recuperation. We also support tracking the long-term health of living donors, which the network should do more to promote.

The network should also keep encouraging innovative efforts like "kidney swaps" or "donor chains." Kidney swaps involve two donor-recipient pairs who are incompatible within the pair, but can donate to the other pair's recipient. (Think of it as a square dance where the couples switch partners halfway through.)

Donor chains begin with a living donor willing to donate to anyone on the waiting list. Instead of simply giving that donor's kidney to the next patient in line, the kidney can go to the would-be recipient in an incompatible donor-recipient pair; that donor, in turn, can then give to another recipient of an incompatible donor-recipient pair, with the chain continuing indefinitely. (Consider it the medical equivalent of "pay it forward.")

Patients count on doctors to be not only compassionate in providing care, but also dispassionate in examining data and vigilant in considering the undesirable consequences of any treatment. On these points, the new proposal for allocating kidneys from deceased donors falls short. And on the really pressing issues, it is not nearly ambitious enough.

# Help Promote Donor Awareness License Plate Frames For Sale

\$ 10.00 each 2 for \$ 18.00 3 for \$ 25.00



LPF 1 Top: Make a Miracle  
Bottom: Be an Organ Donor

LPF 7 Top: Transplantation Works  
Bottom: Lung Recipient

LPF 2 Top: Miracle Maker  
Bottom: Kidney Donor

LPF 8 Top: Transplantation Works  
Bottom: Liver Recipient

LPF 4 Top: Organ / Tissue  
Bottom: Donor Family

LPF 9 Top: Transplantation Works  
Bottom: Heart Recipient

LPF 10 Top: Transplantation Works  
Bottom: Kidney Recipient

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Frame(s) desired \_\_\_\_\_

(add \$2.00 for postage and handling)

Send order with payment to: TSO, 1154 Webster Ave. New Rochelle, NY 10804

## Directions to the Monthly Meeting

Congregation Sons of Israel  
1666 Pleasantville Rd.  
Briarcliff Manor, NY

### From New York City, George Washington Bridge

Take Henry Hudson Parkway North to Saw Mill Parkway North. Continue to interchange with Taconic Parkway North. Bear RIGHT onto Taconic Parkway. Exit RIGHT at Route 9A/100. Stay on Route 9A. Make a LEFT at the second traffic light (Chappaqua Road). Road will bear right and become Pleasantville Road. Get into the LEFT turning lane to make a LEFT turn into CSI.

### From Tappan Zee Bridge

Cross bridge, stay to right, follow signs for Saw Mill River Parkway North (Exit 8A) and follow directions above.

### From Long Island, Connecticut, Southern Westchester

Take Cross Westchester Expressway(287) West to Exit 3 ("Sprain Parkway North, New York City, to Taconic Parkway"). Take this exit and continue straight up the ramp to Sprain Parkway North. DO NOT make a quick right, marked to New York City. Follow Parkway North approximately 5 miles to interchange with Taconic Parkway and follow directions above.

### From Upstate New York

Take Taconic Parkway South to Routes 100/133, Briarcliff exit. Cross over Route 100 and follow Route 133 to second traffic light (about 3 miles). Make a left onto Pleasantville Road. Continue approximately one mile to CSI on RIGHT.



# TSO Transplant Support Organization

Participant Application:                      New                      Renewal

Please fill out this form and mail it with your tax-deductible contribution to:  
TSO, 1154 Webster Ave., New Rochelle, NY 10804

NAME(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**PERSONAL INFORMATION** (optional)

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

**CANDIDATE / RECIPIENT INFORMATION — Please check appropriate description**

Transplant Recipient \_\_\_\_\_ Transplant Candidate \_\_\_\_\_ Family Member \_\_\_\_\_

Donor Family Member \_\_\_\_\_ Interested Individual \_\_\_\_\_ Professional \_\_\_\_\_

Have you already had a transplant?      Yes \_\_\_\_\_      No \_\_\_\_\_

Type of Transplant(s) \_\_\_\_\_

Date of Transplant \_\_\_\_\_ Time waited (or waiting) \_\_\_\_\_

Where did you (will you) have your transplant? \_\_\_\_\_

**PARTICIPANT CATEGORIES & SUGGESTED CONTRIBUTIONS**

**Regular**      (Transplant recipient, transplant candidate, family member, donor family)

**Individual Participant** \$25.00

**Family Participant** (2 members, same address) \$35.00

**Additional participants** at same address \$10.00 each

**Professional** (Surgeon, Physician, Clinical Coordinator, Nurse, Social Worker, etc.) \$25.00

**Additional optional voluntary contribution** (at your discretion) \$ \_\_\_\_\_

I would like to take an active role within TSO (please check all areas of interest):

Speaker \_\_\_\_\_      Membership Drive \_\_\_\_\_      Fund Raiser \_\_\_\_\_

Clerical \_\_\_\_\_      Contributor \_\_\_\_\_      Patient & Family Support \_\_\_\_\_

Newsletter \_\_\_\_\_      Date Processing \_\_\_\_\_      Other \_\_\_\_\_

**TSO**  
Transplant Support Organization  
1154 Webster Ave.  
New Rochelle, NY 10804

## **NEXT MEETING — May 18, 2011**

### **Transplant Support Organization's Mission**

*To help save lives by:*

- *Providing* education relating to organ donation and transplantation;
- *Promoting* organ and tissue donation as an important social responsibility;
- *Giving* support to transplant candidates, recipients, their families and donor families;
- *Effectively* communicating to government bodies and the general public, the concerns and needs that affect the welfare of those individuals impacted by the transplant process.