

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.

At our November meeting we will have an open discussion about the things we as transplant patients are most grateful for. **Dr. John Bauman**, who is a pastoral consultant and therapist at the White Plains Presbyterian Church and the Cathedral of St. John the Divine in Manhattan, will help us recognize the healing power of thankfulness and its role in our overall health care. Please join us for this very special meeting and share your stories of gratitude.

In December we will celebrate at our Holiday party. Send in your reservation early.

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

To contact us by mail please write to TSO,. PO Box 2712, Briarcliff Manor, New York 10510-2712.

To all recipients of this newsletter. Please send your email address so we may notify you of any last minute changes to our meetings.

Contact Janet Ocasio at GKJP@aol.com

The UNOS National Patient Waiting List

Candidates as of 10/09/2009

81,884 kidney transplant.
15,944 liver transplant.
1,496 pancreas transplant.
200 pancreas islet cell.
2,187 kidney-pancreas transplant.
226 intestine transplant.
2,888 heart transplant.
82 heart-lung transplant.
1,867 lung transplant.

104,296 TOTAL PATIENTS*

All candidates will be less than the sum due to candidates waiting for multiple organs.

Every 18 minutes a new name is added to the waiting list.

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And the Beat Goes On (continued from p. 1)

A clot will stop blood flow to the brain and bring on brain death. In 2008 there were 2,867,000 deaths in the US. Only 14,202 died of brain death. The number of actual donations was 7,990. NYODN has 56,000 calls of deaths. Of that only 1200 are brain deaths. Of that only 607 were medically suitable for donation. Actual donors were 251.

In order to donate:
The donor has to be dead. Heart has to be pumping. No blood flow to the brain. Brain death from stroke, aneurysm, blow to head. Can be on respirator only 2 to possibly 3 days before the heart will stop. 95% of donors are from brain death. 5% from cardiac death. Living donors are primarily family and friends. Ischemic time that organs are viable : heart – 4 hours; lungs – 4

hours; intestines – 8 hours; pancreas – 8-12 hours; liver – 12-18 hours; kidneys – 24-48 hours

Myths and misconceptions as reasons for not donating:

Mistrust of medical community; confusion between brain death and coma; rich and famous get moved to top of line; “If I’m a donor they’ll take my organs before I’m dead”; “It’s in my will”; “Family has to pay to donate”; “I have history of medical illness”; “Can’t have normal funeral”; “Too old”; Religious views. Most religions believe being a donor is one of the greatest acts of mankind. If in doubt, consult your religious advisor.

Please encourage people to register on the NY state registry.

Happy Thanksgiving



Happy Rebirthday to You

Sonny Carpenito	Nov-91	Heart	Ali-Jean Christman	Nov-06	Liver
Jeff Graham	Nov-96	Liver	Carmen Camacho	Nov-06	Kidney
Frank Carbonaro	Nov-98	Liver	Regina Kalinowski	Nov-07	Liver
Imelda Arbeely	Nov-99	Kidney	Ann Marie Farrell	Dec-82	Kidney
Sandra Brennan	Nov-00	Kidney	Bob Winters	Dec-89	Kidney
Matthew Moshen	Nov-01	Heart	Richard Knizeski	Dec-93	Kidney
Mel Kaplan	Nov-02	Kidney	Helen Manz	Dec-97	Liver
Aruna Mansaray	Nov-03	Liver	Janice Powers	Dec-98	Kidney
Ascher Sellner	Nov-03	Liver	Joseph Cannizzaro	Dec-98	Liver
Peter Sarno	Nov-03	Liver	Patricia Davey	Dec-00	Lung
Robin Zencheck	Nov-03	Heart	Jacinth Heyliger	Dec-01	Lung
Sarah Fontanez	Nov-04	Liver	Benjamin Rio	Dec-03	Heart
James Dwy	Nov-04	Kidney	Steven Lowy	Dec-06	Kidn/Liver
Debbie Vega	Nov-05	Liver	Thomas LaSorsa	Dec-08	Kidney
Brian Wynne	Nov-06	Kidney			

Our best wishes to all for many more happy and healthy ones!

The Influenza Vaccine: Effects and Side Effects

KAREN FARKAS, RN,

Does being immunized guarantee that I won't get the flu?

Although the vaccine is usually effective, it will not be effective if it is poorly matched to the strain of flu that is circulating during that year. As the vaccine constantly mutates, people must be vaccinated every year. That's why it's possible for you to get the flu even if you're vaccinated.

Are there side effects from the influenza vaccine?

Typical side effects include soreness or swelling at the injection site for 1-2 days. Other potential but uncommon side effects are allergic reactions, fever, fatigue, and body aches. Although some people who received the swine flu vaccine in 1976 contracted Guillain-Barre Syndrome (GBS), the estimated risk for GBS is literally one in a million.

Can I get the flu from the flu vaccine?

No; the flu shot does not contain a live virus and cannot cause infection. The nasal spray contains an attenuated (weakened) virus that will not cause infection.

What are the contraindications of the vaccine?

The vaccine is contraindicated for individuals who have had a severe allergic reaction to previous influenza vaccines, eggs, or thimerosal. It also is not recommended for people who have previously had GBS. Persons with moderate-to-severe acute febrile illness usually should not be vaccinated until their symptoms have abated. Consult with your physician or nurse practitioner if you are concerned about whether you should receive the flu vaccine.

What if I'm pregnant or planning to become pregnant?

It is recommended that pregnant women receive the trivalent inactivated

influenza vaccine (TIV) flu shot rather than the live, attenuated influenza vaccine (LAIV) nasal spray. Consult your physician or nurse practitioner if you are concerned about the effects of the vaccine on you or your unborn child. Vaccination is recommended for a pregnant woman because she is at higher risk for complications if she gets influenza. It also may protect the infant after birth.

Is the H1N1 flu different from the seasonal flu?

Seasonal flu is a contagious respiratory illness that is most widespread during the winter and early spring. It is estimated that an average of 36,000 people die each year from flu complications, most of them 65 years or older. The novel H1N1 virus is a new strain that is being seen more frequently in children and young adults between the ages of 6 months and 24 years. The original outbreak of H1N1 in the spring of 2009 was relatively mild; it could cause more severe illness during the 2009-2010 flu season.

Symptoms of seasonal flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. H1N1 flu has the same symptoms, but may also include vomiting and diarrhea.

How can I protect myself from getting H1N1 flu?

As with the seasonal flu, wash your hands frequently, use sanitizing gel, and stay healthy by eating well, exercising and getting plenty of rest to help boost your immunity. Avoid touching your eyes, nose or mouth to minimize the entry of viruses and bacteria into your body.

If you are working in a healthcare setting with patients with suspected or confirmed influenza, you should use a fit-tested N95 respirator that will prevent you from breathing in aerosolized virus particles.

How long does the virus survive on surfaces?

The influenza virus can remain alive and virulent 2 to 8 hours after being deposited on surfaces such as patient charts, counter tops, or grocery cart handles.

What should I do if I think I have the flu?

First of all, stay home. If you have a fever, take antipyretics to keep your fever down, drink ample amounts of fluids, and get plenty of rest. It is not necessary to go to the emergency department unless you have difficulty breathing or shortness of breath, chest pain, confusion, severe or persistent vomiting, sudden dizziness, or your symptoms improve but then return with fever or worse cough.

How long will I be infectious?

You can infect others one day prior to onset of symptoms and 5 to 7 days after the first symptoms appeared. It is recommended that you stay home from work or school one week after your first symptoms appeared or 24 hours after symptoms are completely gone.

Do antiviral medications work against H1N1 flu?

Two prescription medications are used to treat the flu: oseltamivir (Tamiflu®) and zanamivir (Relenza®). If the novel H1N1 flu becomes widespread, antiviral drugs may be in short supply. In that case, the drugs may be given first to people who have been hospitalized or are at high risk of severe illness from flu. The drugs work best if given within two days of onset, but may be given later if illness is severe or for those at a high risk for complications.

Antiviral drugs are not recommended as a preventive measure, due to the high probability that patients will develop resistance to antiviral medications.

Brand vs. Generic

KAREN FARKAS, RN,
Renal Transplant Coordinator,
Westchester Medical Center

This past summer two drugs that many of us have grown to trust and rely on for immunosuppression, have gained some competition. The patents for Cellcept, manufactured by Roche, and Prograf, manufactured by Astellas, expired, enabling other drug companies to release generic formulas of both drugs.

As you can well understand, this has caused quite a bit of fear and confusion among transplant recipients. I am certain that Transplant Coordinators across the country are receiving frantic phone calls from their patients. Within weeks following the release of the generic versions, my patients were calling saying that their insurance companies were either denying payment for the brand, Cellcept or were setting co-payments prohibitively high. One patient told me that if she wanted brand it would come to \$1000 per month for her co-pay. A quick calculation tells me that this price is more than the retail cost of the drug if one were paying cash! (500mg tablets – two tabs daily comes to \$945.60 on www.drugstore.com)

How does this all work? It takes a great deal of time and money to bring a new drug to the market. Millions are spent on the research and development and later on the marketing (those TV ads are expensive) for each new drug that makes it to the public. Drug companies are given a patent so they will have the exclusive right to sell this new drug without the competition of other companies. This is an attempt to allow the initial investment costs to be

recouped. When the patent expires, competing companies have the ability to release their version of the drug.

What is the fear with generic drugs? Many feel that the quality of these drugs is compromised and they are not as effective as the brand name because they are “so cheap”. Generics are less expensive because the company does not bear many of the initial costs to develop or market their version. As other companies make the drug available, it sparks competition, further driving down the price. Others fear that the generic producing companies are inferior and are not experienced with the production of drugs. Often the companies producing the generic drugs are the same ones that make other brands. For example, Sandoz, a division of Novartis, was the first company to receive U.S. approval to market generic Prograf. They are also one of the makers of generic Cellcept. As you may be aware, this company has a great deal of experience producing transplant medications – Neoral, Myfortic and Simulect are all made by Novartis. The U.S. Food and Drug Administration (FDA) grants the approval for generic companies to manufacture and distribute any new generic drug. These drugs are scrutinized in the same manner as their brand counterpart for safety and effectiveness and are released only when they are deemed to have the same active ingredients and equivalent medicinal effects.

So what do you do if your insurance will no longer pay for

brand name drugs? The following are some of the recommendations that I have given to my patients:

- If you are on Cellcept and Prograf and can remain on the brand without “breaking the bank”, do so. Your prescriber will need to include DAW (dispense as written) and “brand medically necessary” on the prescription to assure that you will receive the brand version of the drug.
- If you must change to a generic, ask your pharmacist to provide the same formulation every month. Try to avoid switching from Generic A one month to Generic B the next, and so forth.
- After making the switch, don’t forget to have your labs checked, especially your drug levels.
- Report any new or different side effects to your transplant coordinator.
- You can always attempt an appeal process with your insurance company to try to remain on the brand name. Be prepared, however, for a long and difficult fight.
- Before making any change in your medications, discuss your options with your transplant team.

Transplant News

Economic View: Opting in vs. Opting Out

By RICHARD H. THALER
September 26, 2009, *New York Times*

When Steven P. Jobs, Apple's chief executive, appeared in public recently for the first time in months, he revealed that he had received a liver transplant from the victim of a car crash. "I wouldn't be here without such generosity," Mr. Jobs said, adding that he hoped that many people would become organ donors.

With the help of a little behavioral economics, it is possible to make that hope a reality. More than 20,000 organ transplants take place every year in the United States, with a vast majority coming from deceased donors. Demand greatly exceeds supply: in 2006, for example, 3,916 patients died while waiting for kidneys, according to the National Kidney Foundation.

Some economists have come up with a simple solution: a market allowing the buying and selling of organs. Because people have two kidneys and need only one to live, a robust market could greatly increase supply.

The idea may have some merit, but it is spectacularly unpopular. As the Harvard economist Alvin Roth has noted, many people consider it "repugnant," mainly for two reasons. First, they object to the possibility of rich people buying their way to the front of the line. (The hospital where Mr. Jobs's procedure took place said he received the liver transplant because he was the sickest person on its waiting list who matched the donor's blood type.) Second, they object to incentives that would induce the poor to sell their kidneys.

These objections can lead to some logical quandaries. Why, for example, is it O.K. for a parent to donate a kidney to save a child's life but not for her to sell her kidney, thereby also saving a life? And why is it acceptable to risk your life for money, say, by becoming a coal miner, but not

by selling a kidney?

Still, whether you think a legal market for organs is a brilliant or a dreadful idea, it's a political nonstarter, so it is important to obtain donors from another possible source: patients who have been declared "brain dead" but are being kept alive temporarily.

Nationwide, roughly 12,000 to 15,000 people fall into this category each year, but only half end up as donors. Because each such donor could supply an average of three organs, having another thousand donors could save 3,000 lives. We need more people to agree to be donors in advance.

One strategy is to alter the default rules for signup. Most states, as well as many other countries, use an "opt in" or "explicit consent" rule, meaning that people must take a concrete action, like going to a public library or requesting and mailing in a form, to declare they want to be donors. But many who are willing to donate organs never get around to such steps.

An alternative approach, used in several European countries, is an "opt out" rule, often called "presumed consent," in which citizens are presumed to be consenting donors unless they act to register their unwillingness.

In the world of traditional economics, it shouldn't matter whether you use an opt-in or opt-out system. So long as the costs of registering as a donor or a nondonor are low, the results should be similar. But many findings of behavioral economics show that tiny disparities in such rules can make a big difference.

By comparing the consent rates in European countries, the psychologists Eric Johnson and Dan Goldstein have shown that the choice of opting in or opting out is a major factor.

Consider the difference in consent rates between two similar coun-

tries, Austria and Germany. In Germany, which uses an opt-in system, only 12 percent give their consent; in Austria, which uses opt-out, nearly everyone (99 percent) does.

Although presumed consent is generally accepted in countries that have adopted it, the idea can bring strong opposition. Many people object to anyone presuming anything about their organs, even if the costs of opting out are low. In Britain, a proposal by the Labour government to adopt an opt-out system was opposed by Muslims who objected to organ removal on religious grounds.

Fortunately, there is another possibility, called "mandated choice," under which people must indicate their preference. In Illinois, where I live, this system has been in use since 2006 and doesn't seem to have ruffled many feathers.

Here is how it works: When you go to renew your driver's license and update your photograph, you are required to answer this question: "Do you wish to be an organ donor?" The state now has a 60 percent donor signup rate, according to Donate Life Illinois, a coalition of agencies. That is much higher than the national rate of 38 percent reported by Donate Life America.

The Illinois system has another advantage. There can be legal conflicts over whether registering intent is enough to qualify you as an organ donor or whether a doctor must still ask your family's permission. In France, for example, although there is technically a presumed-consent law, in practice doctors still seek relatives' approval. In Illinois, the First-Person Consent Law, which created this system, makes one's wishes to be a donor legally binding.

Continued on page 7

Transplant News

Economic View: Opting in vs. Opting Out (continued)

JMCMANUS@lohud.com

Thus, mandated choice may achieve a higher rate of donations than presumed consent, and avoid upsetting those who object to presumed consent for whatever reasons. This is a winning combination.

The key, however, is to make signup easy, and requiring people to make a choice is just one way to accomplish it. The private sector could help create other simple

methods. Here is a challenge to Mr. Jobs: Why not create a Web site — and a free app for the *iPhone* — that lets people sign up as organ donors in their home states?

At the same time, he'd need to work with the states to create the technology for a secure, simple signup procedure. Social networking sites like *Facebook* could also help, by encouraging signup campaigns.

Many Americans say they want

to be organ donors, but they just don't get around to acting on their intentions. Helping these potential good Samaritans overcome their inertia could prolong thousands of lives a year. Signing up to be an organ donor should be at least as easy as downloading a song to your *iPhone*.

Richard H. Thaler is a professor of economics and behavioral science at the Booth School of Business at the University of Chicago.

Yonkers resident Kelly shows her heart

JANE MCMANUS, jmcmamus@lohud.com

August 2, 2009

Shannon Kelly hadn't been able to walk a block without becoming so winded she needed to sit, the heart she was born with was just that weak. So when she woke up after heart-transplant surgery at the age of 37, she felt vitality coursing through her veins for the first time since she was a child.

"As soon as I woke up with the new heart, it immediately felt different," Kelly said. "This heart was so strong, I could feel it beating in my chest so powerfully."

She would not waste this gift. After a year of arduous recovery that included a pervasive infection and open-heart surgery to repair her aorta, Kelly was healthy. She could walk up stairs or run a mile near her Yonkers home, and competing in an Olympic-style event for transplant recipients made her see the possibilities.

Kelly decided to train for a triathlon. Now 39, the year of



(Shannon, with husband Larry, training for triathlon)

preparation brought an array of firsts. Kelly, a swimmer growing up, had to re-learn how to ride a bike. She had never run to the point of exhaustion and then kept going. She had never felt her heart pounding and known it as a sign of

health.

Last month Kelly took part in the 2009 TREK Women's Triathlon Series, competing in the Mount Snow (Vt.) event. This was perfect for Kelly, because the series helps women train for their first multi-sport race.

She wasn't looking for a finish time. Her goals are as simple as feeling every ounce of life in her body, and honoring the anonymous 17-year-old boy whose heart she now guards.

"For my family, it's such a wonderful thing to have this second chance at life, but for another family, it comes at a terrible cost," Kelly said. "When I am running I just think it's so amazing that I can run and I'm so grateful to him and his family."

Ed. Note: Shannon reached her goal and finished the race. Congratulations Shannon!

A Precious Human Life

Every day,
think as you wake up
Today I am fortunate
to have woken up.
I am alive,
I have a precious human life.
I am not going to waste it.
I am going to use all my energies
to develop myself, to expand my heart out to others,
to achieve enlightenment for the benefit of all beings.
I am going to have kind thoughts towards others.
I am not going to get angry,
or think badly about others.
I am going to benefit others
as much as I can.

His Holiness
the XIV Dalai Lama

Fall 2009 Volunteer Events

Volunteers needed to man donor awareness table at the following event in 2009.

*Please contact **Helen Bellhouse**: 845-528-1782 or hmbellhouse@verizon.net*

Dec 9th

CWA Blood Drive, Grace Baptist Church, Mt Vernon.

H1N1 symptoms in the immunosuppressed patients.

Transplant recipients may not have the typical symptoms of the H1N1 flu. Although most people have a temperature of 100°F or higher for 3 to 4 days, **transplant recipients may have no fever**. A nonproductive cough is usually present with the flu. **Transplant recipients may not have a cough**. The usual guidelines may not apply to transplant recipients. If any transplant recipient gets a cold or flu-like symptoms they are advised to call their transplant center. Treatment will be prescription of Tamiflu and observation for a day or two. If no improvement occurs or the symptoms worsen, the patient will be admitted to the hospital. It is suggested that you check with your own centers for direction on this.

H1N1 vaccine is becoming available in the injection formula. No transplant recipient should get the nasal vaccine (it is live). It's recommended that the seasonal and H1N1 vaccines be given two weeks apart.

KAREN FARKAS,
Renal transplant coordinator, WCMC

TSO Community Views

Besides your donor, what is the one thing or the one person that you are most thankful for as it relates to your transplant experience. Why was this so meaningful to you?

My mom Vicki Rhoades showed me that one can go through the experience of a heart transplant with grace and courage. When I had to face my own heart transplant three years ago, I knew I could do it after seeing her example. In many ways it seemed easy compared with what she had to go through. Fifteen years post-transplant, she works the equivalent of a full-time job volunteering in community mediation, housing rights, and a peace organization. For me, she is the standard of gratitude and generosity.

Shannon Kelly, Heart Transplant

My answer: I consider myself an extremely lucky transplant recipient to have an amazing supportive network of family and friends. Therefore, it is difficult for me to pinpoint one specific person that I am the most thankful for. Having said that, I must confess that the person who came to my mind immediately to answer this question is my Father. He was the first person to see me off to the operating table for my second kidney transplant. He was the first person I saw when I woke up from the transplant. He has always been the person there for me throughout all the physical and emotional challenges and side effects that resulted from my immunosuppressant medications and post-kidney transplant. He further provides a listening ear, good advice, and just a big hug with non-health related issues as well. He is the strongest, loyal, generous, and most supportive and encouraging person I know. I am lucky for all that he has done for me throughout my health and non-health related trials. But, most of all, I am just lucky to have him in my life and to be his daughter.

Mary Wu, Kidney Transplant

My story will not be unique. I believe that the caregiver is the most important re: my transplant. Obviously there are lots of people, including my original cardiologist whom my local doctor referred to CPMC. A doctor/engineer managed the LVAD as a bridge (he pulled me out of it when the LVAD failed, Dr. Oz who implanted my LVAD and eventually my donor heart, the family who donated the heart. Then the juggling of my meds post transplant with the few problems from immunosuppressants, and the many on the hospital staff.

Despite the great work they have done, I still think that my caregiver is the most important. The many long trips to the hospital, the urging to see the doctor when I

had a problem, keeping me on my meds and appt schedules (a major effort), etc. which continues today.

Don Wong, Heart Transplant

There were many people to whom I owe so much gratitude but two of my children, who were only teenagers just before my transplant 11 years ago, stand out to me. My daughter who held my hand and listened to my concerns and so openly shared hers when things got very difficult-she drove me to the hospital when we were informed that in fact a new Liver had been found. My youngest son who was only 15 at the time and had the wonderful instinct to forego a trip to the beach instead choosing to remain at home with me on a day that ended with me in ICU. My son dealt with the emergency alone and got me the help that I needed. He took charge, gathered my meds, got me dressed, called my doctors and 911. He never left my side and I can appreciate how extremely traumatic and difficult this must have been for him. I am here because he stayed and I am so thankful. My children were not my caregivers but they were my support and my strength.

Janet Ocasio, Liver Transplant

Besides my donor, the one person I am most thankful for is my wife. Aside from her being my donor, she was my caretaker. We bonded even closer in our marriage. And I think because of the transplant I became more understanding with even more love for my wife even after 27 years of marriage. I believe we are bonded forever.

Frank Cimino, Kidney Transplant

I am most grateful to my children, Michael who had just started his first job after college and Kirstin who was still in college, for getting me through the transplant. They continue to be the main reason I'm still here after almost fifteen years. At the time of the transplant, my son was my chief advocate and caregiver. He came to the hospital and walked the halls of Mount Sinai with me until I gained enough strength to go home. When I got home, I recuperated in a bedroom that they had freshly painted and decorated. They took me to clinic appointments and stayed with me until I was able to take care of myself. Both of them and now their families have been there for me ever since. I hope they know how thankful I am for having them in my life.

Helen Bellhouse, Liver Transplant

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, PO Box 2712, Briarcliff Manor, NY 10510-2712

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 _____ Data Processing _____ Other _____

TSO
Transplant Support Organization
PO Box 2712
Briarcliff Manor, New York 10510

NEXT MEETING — November 18, 2009

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.