



# T S O Transplant Support Organization

Serving the NY counties of Westchester, Bronx, Putnam, Dutchess, and southern Connecticut

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### *Inside This Issue*

- P. 1 And the Beat Goes On
- P. 2 With More to Come
- P. 2 UNOS Waiting List
- P. 3 Happy Rebirthday
- P. 4 Healthy Lifestyle Tip
- P. 4 Portable Lung
- P. 5 Monitoring Drug Levels
- P. 5 St. Patrick's Cathedral
- P. 5 Transplant Goes to Albany
- P. 6 A Man Without a Face
- P. 7 Volunteer Opportunities
- P. 8 Bill Could Boost Donations
- P. 9 License Plate Order
- P. 9 Directions to Meeting
- P. 10 Donate Life Registry
- P. 11 Membership Form
- P. 12 Mission Statement

### **Transplant Support Organization**

meets at  
Congregation Sons of Israel,  
1666 Pleasantville Rd.,  
Briarcliff Manor, NY.  
Please join us.

#### 2009 Meeting Dates

May 20, 2009

June 17, 2009

No meetings during the summer  
See you in the Fall

## ***And the Beat Goes On . . .***

At our March 18, 2009 meeting we were pleased to have **Dr. Leona Kim Schluger** as our guest speaker. She is the medical director of liver transplantation at Westchester Medical Center. Her topic of discussion was Hepatitis C and how it affects transplant recipients.

Hepatitis C is one of 5 liver viruses, contracted by blood to blood transmission and primarily affecting the liver. Of those with Hepatitis C, 90% have chronic infection; 70% will live a long life; 30% will develop major liver problems.

The risk factors for Hepatitis C are:

- blood transfusions before 1992
- IV drug use
- needle stick
- intranasal cocaine use
- sexual transmission
- nosocomial transmission – primarily in the hospital
- household – (e.g., sharing toothbrush or razor with blood from infected person)

Hep C patients fall into different genotypes. The recommended treatment for those with genotypes 2 and 3 is weekly interferon injections and daily pills. Genotype 1 and 4 should have a year of therapy, which is tough on the patient.

Hepatitis C can be a big problem post transplant; it interacts with the kidneys. The immune system makes factors which hurt the kidney. The immunosuppressants act like fertilizer to Hep C and encourage its growth. One week after transplant immunosuppressants increase the viral load 10 times. 30% of all transplant recipients, who have Hep C, will develop cirrhosis of the liver within 5 years. Steroids are particularly bad for liver transplants; doctors try to get recent patients off of steroids within a few months of transplantation.

Most Hep C patients do well after transplant. There seems to be a significant difference between those who had transplants in the 1980s and those who had transplants in the 2000s. The earlier group has a better survival rate. The thinking is that the organs were healthier in that group. Now, because of the greater number of people awaiting transplant, the donor pool has been expanded and the organs available for transplant are not as desirable.

There is a new drug which is still in the investigational period, which would be given once a month and cause no risk to the kidneys. It's not available yet and will also probably not be available to recipients who have been on long term current immunosuppressants.

We were delighted to have **Reverend Susan Lunning**, Director of Chaplaincy Services at Westchester Medical Center,

*Continued on page 3*

*With More to Come. . .*

**Schedule for monthly meetings**

**7:00 – 7:30 PM** – Social time

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

Our speakers for the May meeting will be nurse coordinators **Diane Surrusco**, **Maureen Burke-Davis**, and **Liz Stevens** of the Westchester Medical Center.

Please join us on June 17th for dessert to celebrate the end of a successful year.

**Please check our website: [www.transplantsupport.org](http://www.transplantsupport.org)**

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

**The UNOS National Patient Waiting List**

**Type of Transplant    Candidates as of 4/17/09**

Kidney transplant	79,394
Liver transplant	15,854
Pancreas transplant	1,531
Kidney-pancreas transplant	2,266
Intestine transplant	213
Heart transplant	2,784
Heart-lung transplant	85
Lung transplant	<u>1,958</u>
Totals	101,808

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.**

*And the Beat Goes On (continued)*

as our speaker at the April meeting. We watched the “biodot” **Reverend Lunning** gave us change from black to brown, green, grey and purple, depending on our stress level as we listened to calming music and watched a slide show of images to help relieve stress. Physical activity is a way of relieving stress, as well as resources closer by—breathing deeply and slowly, listening to our heartbeat. Music can connect us to heaven. Ritual will help connect us to the earth, grounding us. **Reverend Lunning** told the story of the marking rite of passage practiced since ancient times. As the mother to be finds out of her pregnancy, she goes off with other women from the tribe, who create a song of the child. This song will be repeated throughout the life of the child at various rites of passage — childhood, marriage, death, and passage into the next life. Friends know it is your song throughout your life. Healing comes through this love. Einstein’s theory  $E=mc^2$  reveals that a tiny particle can create tremendous energy. Traditional religious tradition teaches us to use the holy source of energy to convert enormous energy into the tiniest part of me. The heart is the window through which this energy flows.

We have been fortunate to have such interesting speakers and appreciate all the information they have shared with us. Everyone who is interested in organ donation and the transplant process is welcome to join us. Our meetings are usually on the 3rd Wednesday of the month at 7:00 pm at the Congregation Sons of Israel, 1666 Pleasantville Rd., Briarcliff Manor, NY  
— CJ

*Happy Re-Birthday to you...*

Mary Wu	May-95	Kidney	Dudley Franklin Jr.	Jun-00	Kidney
Rich Ramirez	May-97	Liver	Augustine Ayala	Jun-01	Kidney
Bill Williams	May-97	Cornea	Almaz Worede	Jun-01	Kidney/Pancreas
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 Eagel	Jun-06	Kidney
Geraldine Buck	May-01	Liver	Robert Stone	Jun-06	Kidney
Gerald Barbalet	May-02	Liver	Paul Brand	Jun-07	Heart/Kidney
Arty Totillo	May-03	Liver	Donald Wong	Jul-96	Heart
Mary Baiker	May-03	Kidney	James Dowd	Jul-97	Kidney
Michael Dougherty	May-04	Kidney	Constantine Nickou	Jul-98	Kidney
Belle Simon	May-04	Kidney	Angel Martinez	Jul-98	Kidney
Shannon Kelly	May-06	Heart	Thomas Hunt	Jul-99	Kidney
Shelagh Amann	May-07	Kidney	John Vilardi	Jul-99	Liver
JessiAnn Bettcher	May-07	Heart	Joseph Czaplicki	Jul-00	Heart
Diane Manning	Jun-91	Kidney	Athanasius Lim	Jul-02	Kidney
Gary Pillersdorf	Jun-91	Kidney	Mary Beth Cassio	Jul-04	Liver
Gwen Watson	Jun-94	Kidney	Luis Brea	Jul-05	Kidney
Alice Genis	Jun-99	Kidney	Rida Tashman	Jul-05	Liver
Glenda Daggert	Jun-99	Kidney/Panc.	Trudy Brown	Jul-06	Kidney
Masakazu Okamoto	Jun-00	Kidney	Mary Jo Perrino	Jul-06	Kidney

**Efrain Roman** received a new liver on April 14, 2004; **Angela Chebetar** received a liver in April, 2002; **David Holt** received a heart in April 2008. Please accept my apology for these errors in the March newsletter.—CJ

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

## *Healthy Lifestyle Tip*

GLENN A EPPERSON, RD

Food is fuel. Do your best to include foods that are rich in Vitamin B. They provide many health benefits and may also give you added energy to join us at the monthly meetings..

### **Healthy Lifestyle Tip: Benefits of B**

There's a new kind of comfort food in town. To feel better, eat plenty of foods rich in B vitamins. Along with reversing moodiness, irritability, impatience, tension, anger, and depression, B vitamins may increase energy and promote a sense of well-being. Stock up on some of the best food sources of B:

- For **B1 (thiamin)**: wheat germ, peas, long-grain brown rice, lentils, and whole-wheat bread
- For **B2 (riboflavin)**: fortified cereals, milk, almonds, and broccoli
- For **B3 (niacin)**: tuna, chicken, salmon, and fortified cereals; niacin is known to have cholesterol-lowering properties!!
- For **B5 (pantothenic acid)**: yogurt, avocados, sweet potatoes, mushrooms, and chicken
- For **B6**: fortified cereals, bananas, salmon, and spinach
- For **B12**: chicken, turkey, milk, and eggs
- For **folate**: fortified cereals, lentils, garbanzo beans, orange juice

Many of the above listed foods are also high in fiber. Hence, you are getting a double good thing by eating them.

## *Transplant in the News*

### *Scientists create 'portable lung'*

BBC News, UK, March 9, 2009

A portable lung which could help those with breathing problems lead a normal life is being developed by scientists. Researchers say their device, which oxygenates blood outside the body before it goes through the lungs, could be an alternative to transplants. The Swansea University scientists say it could take many years before the device, the size of a spectacles case, is available. Lung patients, who have seen how it would work, have welcomed the research.

According to the British Lung Foundation, there are more than 40 conditions which affect the lungs and airways and impact on a person's ability to breathe. They include lung cancer, tuberculosis, asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis, sleep apnea, avian flu, bronchiolitis and many others.

Its research suggests that one person in every seven in the UK is affected by lung disease - this equates to approximately 8m people. As of 6 March 2009, 217 people were on the waiting list for a lung transplant according to figures by NHS Blood and Transplant. Now scientists in Swansea are developing a portable artificial lung which could transform the lives of patients. Researchers claim that in the long term the device could offer an alternative to lung transplants, giving hope to those who suffer from conditions such as emphysema and cystic fibrosis. The device mimics the function of a lung - by getting oxygen into and carbon dioxide out of the blood stream.

Professor Bill Johns came up with the idea after his son died of Cystic Fibrosis. "It is important that we make something that will help people, who instead of being confined to a wheelchair with an oxygen bottle, can actually walk around and do things for themselves, he said.

Although the research has been welcomed by leading charities, caution has also been voiced over the length of time it will take before a portable lung will become available. "We have to stress that this is several years away from being used, even in a trial stage," said Chris Mulholland, head of the British Lung Foundation. "While we welcome the advances, we have to be realistic and know that one in five people could do with that help now."

Patient Elizabeth Spence from Swansea has been refused the double lung transplant she needs but remains hopeful that one day the new device could help her. "My body will reject the lungs, so this possibly could be an answer - another way of getting new lungs without actually having the transplant," she said.

## *Transplant in the News*

### *Non-Invasive Monitoring Of Drug Levels In Transplant Patients Will Improve Quality Of Life*

Medicalnewstoday.com, April 6, 2009

The U.S. Patent and Trademark Office is reviewing a University of Rhode Island pharmacy professor's proposal to use saliva as a non-invasive way to monitor concentrations of anti-rejection drugs in patients that undergo transplants.

Associate Professor of Pharmacy Fatemeh Akhlaghi said saliva offers a pain-free way to measure levels of immunosuppressive agents such as cyclosporine, and mycophenolic acid, which are essential in preventing organ rejection after transplantation. She is also researching the use of saliva for monitoring the concentration of two other immunosuppressive drugs, tacrolimus and sirolimus.

"Routine concentration measurement for these agents is essential for their efficacious and safe use. This is currently done through blood tests that are usually administered twice a week in a clinic or hospital," Akhlaghi said. "Our method uses saliva to measure these drug levels. Saliva tests are good for children and elderly. With the elderly, blood draws can be difficult because of the loss of muscle and connective tissue, making the veins less stable and more prone to bruising."

Frequent testing of medication levels in transplant patients is required for two reasons; if the concentration of an immunosuppressive agent is low, the patient risks rejection of the organ, and if the concentrations are high, the patient risks infections and toxicity.

"We seek commercial partners to allow us to expand the clinical studies, optimize the sample collection procedure and investigate the possibility of developing non-mass spectrometry methods for this application," Akhlaghi said.

Mass spectrometry is an instrumental method for identifying the chemistry of a substance through the separation of gaseous ions based on their differing mass and charge. Akhlaghi's method is less complicated and less expensive.

"This method is very effective for the drugs listed in my study," Akhlaghi said. "And it's not just because the method is less invasive. We actually came up with more precise measures of the drugs' effects."

"Saliva allows non-invasive specimen collection by the patient at home," she added. "Patients can just put the sample in the mail."

Obtaining a sample would be as simple as spitting in a cup or taking a swab of the mouth, Akhlaghi said. "Because a transplant patient remains dependent on life-long therapy with a cocktail of immunosuppressive agents, a non-invasive monitoring procedure is important. It's all about improving the patient's quality of life."

Source: David Lavallee, University of Rhode Island

### **St. Patrick's Cathedral**

Several of our members attended the mass at St. Patrick's Cathedral in New York City to honor the donors who gave new life to many of us



## *Transplant Group Goes' to Albany*

On Tuesday, April 21st, approximately 70 staff and volunteers from NYODN from New York City, Westchester and Long Island traveled to Albany by bus for a day of meetings with New York State legislators, to reemphasize the urgent need for organ, tissue and eye donations and ask that the senators and assemblypersons remember that in their voting, TSO was represented by Don Simons, Hailey Puleo, Jerry Barbelet, Anthony and Pat Tomasula and George and Carol Johnson. Legislative Bill Number A6966 seeks to revise the NY state Anatomical Gift Act to conform to a uniform law enacted in 35 states which would widen the individuals authorized to make a gift after donor death. The bill to allow taxpayers in NY to check a box on their NY income tax form to donate \$1 to Life Pass It on Trust Fund is to be reintroduced. Legislation # A5162 supports legislation to require health education regarding organ, eye and tissue donation awareness in high schools. Bill # A4216 is to support legislation to make clear that statutory prohibition against the sale or purchase of human organs does not prohibit "paired kidney exchanges" and other conditional live organ donations. We felt legislators were positive and receptive to our agenda, and appreciated hearing our stories.

## *Transplant in the News*

### *A Man Without a Face*

BY JULIE WEIL, SHARON, MA, *ADVOCATE*, APRIL 21, 2009

Boston made history this month when doctors at Brigham and Women's Hospital performed the second facial transplant in the nation. It was another American Revolution of sorts. Cleveland, Ohio, preceded us by only four months. There have been seven such surgeries worldwide thus far, and all the patients but one are doing well.

The first such operation was in Amiens, France, on November 27, 2005. Dr. Jean-Michel Dubernard led a team of surgeons to repair Isabelle Dinoire's face after she was disfigured by a dog. They grafted tissue onto her nose, lips, and chin. Initially, her system rejected the donor tissue but she has since improved.

On April 14, 2006, in Xi'an, China, Dr. Zhang Hui led the surgery on Li Guoxing, a man who had been mauled by a bear. Unfortunately, the patient died in July 2008.

On January 21, 2007, in Creteil, France, Dr. Laurent Lantieri, headed up a team who operated on Pascal Coler, a man deformed by a rare genetic disorder that formed large tumors on his face.

In December 2008, in Cleveland, Ohio, Dr. Maria Siemionow performed the most extensive face transplant so far on a woman who sustained injuries years ago. They replaced 80% of her face, all but her forehead and chin. She had a serious deformity in the middle of her face and was missing her right eye and upper jaw.

On March 27, 2009, again in Creteil, France, Dr. Lantieri led surgery on a man whose face was damaged by a shotgun blast.

On April 5, 2009, again in France and again with Dr. Lantieri, a man received the first simultaneous face and hand transplant to repair disfiguring burns. On April 9, 2009, in Boston, Dr. Bohdan Pomahac headed the team that transplanted the facial midsection on a man who was seriously injured years ago in a freak accident. The team replaced the man's nose, palate, upper lip, and some skin, muscles, and nerves with those of a cadaver.

This is the stuff of science fiction. In fact, many stories have been predicated on this concept. Computer technicians do facial reconstruction on "C.S.I." and other crime dramas. Woody Allen touched on the absurd with merely a nose in "Sleeper". "S.N.L." satirized it, but "Face/Off", "The Phantom of the Opera", and "The Man without a Face" gave credence to the need for facial transplants. One of the most memorable "Twilight Zone" episodes was called "The Eye of the Beholder" (originally broadcast as "A Private World of Darkness" on November 11, 1960, starring Donna Douglas). A woman addresses nurses and doctors in a dark hospital room. Her face is bandaged after a final attempt to rectify a terrible facial deformity. If the surgery was successful, she can come live with regular society. If not, she will be banished to the village to live with other freaks like her. The irony is that once the bandages are removed, they reveal a gorgeous woman. The camera then pans out to show us that the doctors and nurses all have pig faces. The last line is "Beauty is in the eye of the beholder."

This ground-breaking transplant surgery is certainly not something to be taken lightly. It is similar to other organ transplant procedures, done only after all other options have been exhausted. It's not a face-lift but a chance to face each new day with a brighter outlook and the ability to taste, smell, speak, and eat—even, smile—more easily.

I know talented doctors and photographers who travel the world to correct and document cleft palates, so that children can eat, speak, and smile comfortably. Imagine the joy of holding up a mirror and seeing something that resembles the face you once knew and were afraid you'd never see again. Now, that's something to smile about. Yes, it requires a lifetime of immune-suppressing drugs, but that's a small price to pay. Take it at face value.

'I'm afraid I'm the bearer of bad news,' he said as he surveyed the worried faces. 'The only hope left for your loved one at this time is a brain transplant. It's an experimental procedure, very risky, but it is the only hope. Insurance will cover the procedure, but you will have to pay for the BRAIN.'

The family members sat silent as they absorbed the news. After a time, someone asked, 'How much will a brain cost?'

The doctor quickly responded, '\$5,000 for a male brain; \$200 for a female brain.'

The moment turned awkward. Some of the men actually had to 'try' to not smile, avoiding eye contact with the women.

A man unable to control his curiosity, finally blurted out the question everyone wanted to ask, 'Why is the male brain so much more than a female brain?'

The doctor smiled at the childish innocence and explained to the entire group, 'It's just standard pricing procedure. We have to price the female brains a lot lower because they've been used.'

*Volunteer Opportunities*

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

*Please contact **Helen Bellhouse**: 845-528-1782 or [hmbellhouse@verizon.net](mailto:hmbellhouse@verizon.net)*

- June 24<sup>th</sup> CWA Grace Baptist Church, Mt Vernon Blood Drive
- September 22<sup>nd</sup> CWA Blood Drive, Westchester County Center
- September 23<sup>rd</sup> CWA Blood Drive, Westchester County Center
- October 14<sup>th</sup> CWA Blood Drive, Peekskill Fire House
- December 9<sup>th</sup> CWA Blood Drive, Grace Baptist Church, Mt Vernon.
- Fall (dates tba) Senator Leibell's Senior Health Fairs

## *Transplant in the News* **Bill could boost organ donations**

Posted by [The Star-Ledger Editorial Board](#) February 21, 2009

Last year, when the bill was wandering through the state Senate and Assembly, Sean Kean thought about grabbing the microphone and making a dramatic speech. By revealing the ugly scar that runs from his navel to his back, the state senator from Wall Township, New Jersey, could have provided a riveting account of how he had quietly saved his father's life by donating a kidney in 1997.

In calling for passage of legislation to promote organ donation, he could have shown he wasn't asking colleagues or constituents to do anything he hadn't. As the measure gained momentum and rolled toward passage, Kean decided against sharing his personal account. After all, an emotional plea wasn't necessary. "Why do I need to spout off?" Kean asked himself.

But today, with 4,300 New Jerseyans awaiting life-saving organ transplants, he is willing to share his story -- because that number is simply too high.

"Donating my kidney was a difficult decision," he says. "It was scary. But I'm proud I did it. We need more organ donors."

Obviously, Kean's decision was different from that of signing an organ-donor card. But it illustrates the pressing need: His father waited several years for a transplant and, if not for his son's match and generosity, probably would have waited many more years. Or died, while languishing on the list.

Approximately 250 New Jerseyans died last year while awaiting a transplant. Nationwide, 6,000 people die annually while on waiting lists. For those in need of transplants, the clock is always ticking.

Five years after his transplant, Kean's father died of a heart attack. But that doesn't diminish the gift or produce second thoughts, Kean says. "I gave him five more years with a better quality of life than he had on dialysis. And even if I had known what would happen, I would gladly do it again."

Under the bill -- the New Jersey Hero Act, signed into law last October -- New Jersey residents applying for a driver's license four years from now will be required to consider becoming organ donors. The options are simple: They can say yes or no, or they can designate someone to make that decision for them upon death. The point is simply to recruit more donors by requiring that decision -- by making people think.

Until that law goes into effect, New Jerseyans can voluntarily designate themselves as organ donors through their driver's license or by obtaining a donor card. Information can be found on the Motor Vehicle Commission website. Donors under 18 need the consent of a parent or guardian.

The new law also makes New Jersey the first state to incorporate organ donor education into high school curriculum, beginning next school year.

While aimed at teens, organ donor education should target the middle-aged and elderly, too, because there is a belief among many that if someone becomes a donor, doctors won't fight as hard to keep them alive when they are seriously stricken.

"Believe it or not, that's a real fear out there," State Senate President Richard Codey says. "Some people who originally agree to become donors, then change their minds as they get older."

Earlier this month, the world was moved by the gathering of the five thankful survivors who received life-saving organs from Dennis John Malloosseril, a 25-year-old who was gunned down in a Clifton church in November. One man -- his life tragically ended -- saved five others with his heart, lungs, liver and kidneys.

One saves five: It's the stunning arithmetic of organ donation.

# 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.

# Donate Life Registry

By enrolling in the Donate Life Registry, you are giving legal consent for the recovery of your organs, tissues and eyes for the purposes of transplantation and research at the time of your death. Registry information is kept strictly confidential and can only be accessed by a) Department of Health employees when required for the performance of their official duties, b) federally regulated organ procurement organizations, c) New York State licensed tissue and eye banks and d) other entities formally approved by the Commissioner. Such access can only be for the purpose of identifying potential organ and tissue donors at or near the time of death.

## NYS Donate Life Organ and Tissue Donor Registry Enrollment Form

**Please Print** ( \* required )

Prefix: \_\_\_\_\_(Dr., Fr., etc)

\*First Name: \_\_\_\_\_

Middle Init: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_(Jr, Sr, II, etc)

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender: \_\_\_\_Male\_\_\_\_Female

\*Height: \_\_\_\_feet\_\_\_\_inches \*Eye Color: \_\_\_\_\_

9- digit Motor Vehicle license or non-driver license DMV issued ID number: \_\_\_\_\_

\* I offer the donation of:

All Organs, Tissues and Eyes

Limited Organs, Tissues and Eyes as specified below

Please CHECK the box of the organs and tissues that YOU WISH TO DONATE:

- Bone and Connective Tissue
- Corneas
- Eyes
- Heart (For Valves)
- Heart with Connective Tissue
- Kidneys
- Liver/Iliac Vessels
- Lungs
- Pancreas (with Iliac Vessel)
- Skin
- Small Intestine
- Veins

\* I wish to donate the organs and or tissues specified above for:

- Transplantation and Research
- Transplantation only
- Research only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Mail to: **New York Organ Donor Network**  
132 West 31<sup>st</sup> Street, 11<sup>th</sup> Floor  
New York, New York 10001



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

## **NEXT MEETING — May 20, 2009**

**To all recipients of this newsletter. Please send us  
your email address so we may notify you of any last minute  
changes to our meetings.  
Contact Janet Ocasio at [GKJP@aol.com](mailto:GKJP@aol.com)**

### **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.***