

DonorConnect

ORGAN, EYE, AND TISSUE DONATION

A Guide for Families



Utah Lions Eye Bank
John A. Moran Eye Center





PLEASE ACCEPT
OUR HEARTFELT
sympathies
ON THE LOSS OF YOUR
LOVED ONE.

It is our hope that this brochure will answer your questions about organ, eye, and tissue donation. If your loved one joined the national or their state donor registry, we will work with you to honor his or her wishes. If your loved one was 17 or younger, or is not listed on a donor registry; you and your family will have the opportunity to consider donation. A donation coordinator from the donor agency will be available to explain the donation process and answer your questions.

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General INFORMATION



All donors are evaluated by organ and tissue donor agencies.

Only after all attempts have been made to save a person's life does the option of donation become available. At that time, the hospital is required to contact DonorConnect. A donation coordinator will then help you with all aspects of donation. Before donation, your loved one's blood will be tested, and you will be asked to answer questions about his or her health and social history; this is to prevent the spread of communicable disease.

Who can donate?

Almost anyone can become a donor, provided the medical criteria are met.

Why donate?

Many families believe that donation and the act of helping others can bring them comfort after the loss of a loved one. Transplantation gives recipients a chance to lead normal, productive lives. It is possible for a single donor to donate organs, eyes, and tissues to help many people, and save many lives.

Families are not charged for donation.

There is no cost to the donor family. The family of the donor will not be charged for anything associated with donation. All costs related to organ and tissue donation will be paid for by DonorConnect. Hospital costs incurred before the authorization for donation remain the responsibility of the family or persons in charge of the estate and can be discussed with a financial counselor from the hospital. If after donation you receive a bill from a hospital or funeral home that you believe includes donation costs, please call DonorConnect at 801-521-1755.

Most major religions approve of donation.

Most religions support donation and consider it an act of charity and love. It is a way to affirm a deceased person's generosity and goodness. We have worked with donor families of many religions. For example: Protestant, Jewish, Latter-Day Saints, Muslim, and Roman Catholic families have all donated organs as a gift to others.

There are research and educational opportunities.

You may direct your loved one's gift of donation to be used for transplant and research purposes. Transplantation is always the first priority, however you also have an opportunity to autho-

UNDERSTANDING Brain Death

The shock and pain you may feel about your loved one's condition can make it difficult to understand and remember everything that you are being told by the doctors and nurses. Even though the doctor has explained brain death, you may still be unsure what brain death means.

Listed below is an explanation:

- There are two ways to pronounce death: when a person's heart stops beating or when the brain stops functioning.
- The brain cannot survive without oxygen. Brain death occurs when there is no blood or oxygen supplied to the brain. Without blood and oxygen, the brain cells die. When the brain dies, the person cannot move, breathe, think, or feel. Pain and suffering cease.
- Brain death is death and cannot be reversed. Often people confuse brain death with a deep coma or vegetative state. With a deep coma, there has been significant brain injury but there is slight brain activity. With brain death, there is no brain activity.
- Brain death can be difficult to accept because it may look as if the person is sleeping, due to them being on a ventilator. The ventilator (breathing machine) fills the lungs with oxygen and helps keep the skin color normal and warm. Since the heart has its own pacemaker independent of the brain, and oxygen is being supplied to the body, the heart continues to beat. It can be difficult to accept that the brain can be dead, and the heart continues to beat due to being on the ventilator.
- Many tests are performed by the doctor to determine if brain death has occurred. Most or all these tests take place at the person's bedside. A doctor must examine the person and determine the person is brain dead before the death is declared.

alize these gifts to be used for medical research or educational purposes, which allows scientists to find new ways to treat many medical conditions.

Donation will take place as soon as possible.

After declaration of death, tissue donation takes place as quickly as possible. Organ donation typically takes one to two days, although occasionally, in certain circumstances, it may take longer or can be completed in as short as a few hours. During this process your loved one will remain in the ICU on a ventilator. Blood testing must be done, the organs stabilized, recipients identified, and an operating room arranged before organ recovery can take place. Donation coordinators make every effort to maximize your loved one's gift of organs. They will keep you updated according to your wishes. If you choose, you may be able to stay in the ICU with your loved one during this process. You will be able to proceed with funeral arrangements immediately after the recovery, unless an autopsy is required or desired.



Understanding **DONATION**

A person can donate organs after being declared brain dead and in some cases after cardiac death. Here is more information about how this process works:

...when Brain Death is Determined

What causes brain death?

Brain death occurs in patients who have suffered severe injury to the brain. As a result of the injury, the brain swells and obstructs its own blood supply, causing brain tissue to die, and permanent loss of brain function. This condition is irreversible. However, the vital organs, such as the heart, lungs, liver, pancreas, and kidneys can be kept viable for a few days if supported by artificial mechanical support (ventilator).

When does a person become a donor?

Donation is an option only

after all attempts to save your loved one have failed, and death has been pronounced.

Are all families approached about the opportunity for organ donation?

Federal law requires that all families of brain dead patients be offered the opportunity of donation.

What is the recorded time of death for a brain-dead person?

The recorded time of death is when the physician pronounces the patient brain dead. Medically and legally, the person is dead at that point.

How long is the ventilator kept on after a person is declared brain dead?

Once you consent to donation, the coordinator will work towards finding the recipients and arranging a surgery time in the operating room. In order to provide oxygen to the vital organs, your loved one's body will remain on the ventilator until the organs are recovered during surgery (usually one to two days). At the time of recovery, the ventilator will be removed.

...after Cardiac Death

At what point will treatment be stopped?

The decision to stop treatment will be made when you and the medical team agree it can no longer help your loved one. Donation coordinators will require a few hours before the ventilator is removed to obtain a medical/social history, draw blood for testing, stabilize organs, identify

recipients, arrange for an operating room, etc. so recovery can take place.

When does a person become a donor?

Donation takes place only after the ventilator has been removed, when the heart and breathing have ceased, and death has been declared.

Is the family present when the ventilator is removed?

In most cases, it may be possible to be with your loved one when the ventilator is removed. If this is something you want, check with the medical team caring for your loved one to see if this is a possibility.

Additional Donation Questions

How does tissue donation save and heal lives?

- Corneas restore sight.
- Skin grafts are a temporary covering to reduce pain and lower the chance of infection to patients with severe burns. They can also be used to help rebuild breast tissue after mastectomy surgery, as well as for abdominal surgeries.
- Heart valves help children born with heart problems or adults who have heart valves damaged by disease.
- Bone and associated tissue such as tendons and ligaments may be used to repair damage caused by trauma or disease.
- Blood vessels improve circulation and can be used for patients in need of heart bypass surgery, dialysis, and may prevent amputation of limbs.

Is an open casket funeral possible after organs and/or tissue are removed?

An open casket funeral is possible after organs and tissue are removed. Donation does not interfere with your ability to have an open casket funeral, should you desire one.

Will DonorConnect help with funeral expenses?

DonorConnect is not permitted legally to financially assist with the funeral arrangements. If the mortuary charges extra money to embalm the deceased due to organ or tissue donation, DonorConnect will cover that extra charge.

Will you find out about the recipients of the donation?

Your family will receive a letter explaining which organs were recovered and transplanted and may be given general information about the recipients who were helped because of your generous decision to donate. If your loved one was a tissue donor, you will receive a letter explaining how you can find out more information about your loved one's tissue donation in the future.



Family Support Services PROVIDED AFTER DONATION

Acknowledgement of Donations:

To extend our deep appreciation, the donation agency acknowledges your loved one's donation, provides recipient information when available, and will offer our bereavement services.

Family Services and Bereavement Support:

DonorConnect recognizes that feelings of pain and grief remain long after death. For this reason, we have a comprehensive follow up program. Families may wish to have their loved

one's name etched on The Celebration of Life Monument, which is located in downtown Salt Lake City on the corner of 300 East and 500 South. At the end of the summer, DonorConnect hosts an event at the Monument to honor families and to remember the donors.

For more information, contact Donor Family Services at DonorConnect at 801-478-7350 or email DonorFamily@donorconnect.life

For our bereavement follow up for donor families we provide:

- Letters of support as well as literature about grief and loss.
- A letter with information about the outcome of your loved one's gift will be sent to you in the mail.
- Our newsletter for donor families, Heart to Heart.
- Information on written communication between donor families and recipients is available. If you choose to correspond, Family Services will assist you in this process.
- Guidance by phone, and referrals for counseling and support groups are available upon request.

Donor and Recipient Correspondence:

Though not all donor families and recipients choose to correspond with each other, DonorConnect has a program in place that supports this confidential process; however, this may not be applicable for certain tissues donated. For more information contact DonorConnect at 801-478-7350.

A DONOR WIFE'S LETTER TO AN ORGAN RECIPIENT:

"My husband and I talked many times about organ donation. We both wanted to help someone, if possible, in the event of our own death. When it became apparent that my husband's brain was losing all function and he was not going to survive, the idea of organ donation became a reality. After watching him slowly leave me, I became selfish. I didn't want to have him go through any more procedures and tests, etc. and I didn't want to have to deal with anything else.

I had had enough for one day! Yet when it really came down to it, I knew what he would have wanted, and I had to carry out his wishes. How grateful I am that I made that decision on his behalf!

It has brought much comfort to me to know that other people have benefited and have found happiness and improved health because of our decision. Losing a spouse is an awful thing (something I didn't think I would have to deal with for many, many years), but knowing that some good came from his death has been helpful in dealing with my grief. It has also been helpful to explain to my children that someone else's life has been better because of their dad's willingness to donate his organs.

Your letter reaffirmed the reasons why organ donation is so important. It reaffirmed to me that I made the right choice and that good things can come out of sad, even tragic, circumstances. It has also helped to see how people's lives can be interconnected. I know my husband would be pleased to know that he was able to help - something he was always willing to do. Most of all, I am grateful that some good was able to come as a result of his death.

UNDERSTANDING *Your Grief Experience:*

A tragic event has occurred in your life. You have experienced the unexpected loss of someone close to you. No words can take away the pain you now feel. We hope this information will help you understand some of the feelings you may be experiencing. It is important to remember that grief is different for everyone; there are no set timetables or stages that we must follow. However, there are common emotions associated with grief that may be helpful for you to understand.

Shock

You may feel dazed and stunned, especially because you are experiencing the unexpected and sudden death of your loved one. This feeling is nature's way of protecting you from the overwhelming reality of what just happened.

Confusion

It may be hard for you to focus; disconnected thoughts race through your mind and it may be hard to complete tasks.

Anxiety

You may fear that you or others you love will die, too. You may feel that you will not be able to deal with everyday realities such as work or caring for your family. You may even panic as you think through the repercussions of this death.

Anger

Anger is normal in most grief experiences, but especially so in an unexpected death. We look for someone or something to blame, either for the tragic event itself, or for the inability to make your loved one better.

Guilt

At times we direct our anger and blame toward ourselves. We might be flooded with thoughts of "if only"? If only I had been there. If only I had been watching more closely. If only I had died instead. Often times these thoughts are not logical, but they are a part of our feelings.

Sadness

Sadness comes in doses and we experience it over time. Your body, mind and spirit need time to allow you to embrace the depth of your loss. You may feel tired or have trouble sleeping. Your body reacts to your loss as well. Be patient with yourself.

When someone you love dies, you must mourn if you are to heal. But healing also requires the support and understanding of those around you as you embrace the pain of your loss. We wish you peace and healing in the time that lies ahead.

Planning a FUNERAL

Funerals and Obituaries:

Arrangements for your loved one's funeral can be made after you leave the hospital. Family, friends, or hospital staff can help you choose a mortuary. If you need help finding a funeral home, we suggest that you ask family and friends who have experienced the death of a loved one for advice. It may be helpful to have a family member or close friend accompany you. Remember that you do not have to choose the first funeral home you talk to or visit. You can call or visit a number of facilities and then choose the one that best suits your needs. You may wish to take the following with you to the mortuary.

- Your loved one's name, date and place of birth, Social Security number, occupation, parents' names and (if a veteran) proof of military service.
- List of relatives and their relationship to the deceased.
- A list of individuals who may wish to be pallbearers or speak at the service.
- Clothing your loved one will be buried in.

Other things to consider:

- Write an obituary — include personal information, personal comments, and the time and place of services.
- You may choose to display a Donate Life symbol in the obituary. There is no charge for the symbol itself, however DonorConnect does not cover the rest of the cost of the obituary. Most newspapers in Utah and Idaho are participating in this program that honors organ, eye, and tissue donors. Ask your funeral director or local newspaper for more information.
- Obtain extra copies of the death certificate for: each individual life insurance policy claim, property transactions, bank accounts, Social Security and SSI benefits, pension claims, etc.
- Arrangements for food or a reception after the service.
- If flowers are to be omitted, decide on an appropriate memorial to which gifts may be made (a church, charity, school, or library).

MEDICAL EXAMINER/CORONER INFORMATION:

A Medical Examiner or coroner may investigate the death.

In some cases, the Medical Examiner or Coroner will order an autopsy to determine the cause and manner of death. On rare occasions, donation may not take place because the organs and tissues are needed for a complete investigation.

If an autopsy is required, there may be a slight delay in the release of the body to the funeral home.

How to obtain a Death Certificate?
Death Certificates are issued by the county health department. Certified copies can be ordered through the funeral home or purchased from the county health department.

CHECKLIST

of things to do:

FAMILY CHECKLIST:

Many people have suggested that it is useful to have a checklist to help determine what they might be faced with during the first several days and weeks following the death of a loved one.

Family members and friends can help with the following:

- Making a list of family, friends, employers, and business colleagues to be notified by phone.
- Notifying children's schools.
- Answering the phone or door and keeping a record of all calls and people visiting.
- Coordinating food for the family for the next few days.
- Coordinating special needs of the household such as childcare, cleaning, grocery shopping, etc

You may need to do the following:

- Contact your bank concerning any existing accounts.
- Notify life insurance companies, creditors, credit card companies, and automobile insurance company of the death.
- Contact your local social security office, if you are eligible for benefits and to report the death.
- Close social media accounts or turn them into tribute pages.
- If the deceased was living alone, notify utilities and landlord; tell the post office where to send mail; take precautions against theft.



BEREAVEMENT *Support Services*

If you would like assistance identifying resources for areas not listed, please call DonorConnect (801) 478-7333 or send e-mail to donorfamily@donorconnect.life.

General Resources:

www.whatsyourgrief.com

<https://widowedparent.org/>

<https://ModernLoss.com>

<https://Grief.com>

www.psychologytoday.com/us/conditions/berereavement

RESOURCES TO HELP *Grieving Children and Adults*

The Bradley Center: Support available for children ages 5-teens, and their parents. Located in the American Heritage School, 11100 S Redwood Rd, South Jordan, Utah. Call **801-302-0220** or www.bradleycentergrief.org/ for more information.

The Sharing Place for Grieving Children: Support available for ages 3 ½ and to teens. Children support groups and support group available for adults who have a child in the program. 1695 East 3300 South, Salt Lake City, Utah 84106. Call: **801-466-6730** for more info or www.thesharingplace.org.

A Center For Grieving Children: Support for children ages 3-19 and adults. Family Summit Foundation:1716 East. 5550 South, #18, South Ogden, Utah 84403. Call: **801 476-1127** or www.familysummit.com for more info.

Primary Children's Hospital: They offer groups for children who have lost a loved one and for adults who have lost a child. 100 Mario Capecchi Drive, Salt Lake City, Utah 84113. Call: **801-588-3483**.

Caring Connections University Of Utah, College Of Nursing: Groups addressing different types of loss. Groups available along the Wasatch Front. Call: **801-585-9522** or <http://www.nurs.utah.edu/practice/caringconnections/> for more info.

Compassionate Friends Of Bereaved Parents: www.compassionatefriends.org, Search by city.

Canary Garden: 43 North 100 East, American Fork, UT 84003. Call: Julie Bolton **801-636-3602** (ages 3-18 and parents/caregivers)

Utah Valley Medical Center: 1034 North 500 West, Provo, Utah 84604. Contact: **801-373-7850 ext. 4137**

Leavitt's Chapel of Flowers Mortuary: 836 36th Street, Ogden, Utah 84403. Call: **801-394-5556**.

Meyer's Mortuary, Ogden, Utah: Call: **801-389-7150**.

Ogden Regional Medical Center: 5475 South 500 East, Ogden, Utah 84405. Call: **801-479-2080**

Developmental Stages FOR CHILDREN

Infants - newborn to 1 year old:

Babies can miss and yearn for the sound, smell, sight or feel of a mother or primary caregiver. Babies who are grieving may become agitated, rock, thrash, cry or knock their heads. They may have difficulty eating and sleeping. They may become sick with colds or indigestion.

How to Help:

- Give a lot of physical contact and reassuring attention to the baby.
- Maintain a baby's routine for physical needs (i.e. feeding, sleep schedules, walks, and play-time).
- Hold the baby gently while the baby is agitated and crying. While the baby cries, you can say in words or in your touching and hold of the baby, "I love you. I am sorry it hurts. I will be here for you."
- Avoid saying things like, "It will be alright. You don't have to cry because I am here." Let the child cry until finished and slowly comes to a place of peace.

The Young Child – 2 to 5 years old:

A young child understands the depth and profundity of the event when someone has died, even though this child may not understand what death means. Include a young child in the processes surrounding a death in the family and keep her/him close.

How to Help:

- Use simple, truthful words about the death with the young child.
- Allow the child to ask questions over and over and answer the questions as best you can. When you do not know the answer, say so.
- Allow the child to make choices to be involved in the dying process, the viewing, the service and any other opportunity to learn about what has happened.
- Maintain structure and routine.
- A child may have sleep disturbances including night sweats and scary dreams from which they may wake up crying. Hold the child and let the child come to his/her own conclusion of the tears.
- A child may re-enact aspects of the death in his/her play. Allow for this and perhaps encourage the play by joining in. A child's play is a child's way to communicate thoughts and feelings.
- Tolerate a child's temporary need to become "younger." A child may lose ground with potty training. A child may return to sucking fingers/pacifiers. A child may become clingy or want to sleep with others. Allow for this process and, when it is the right time, gently challenge the child to regain the lost ground.
- Recognize that children's anger and sadness over daily frustrations may be more intense because it includes the feelings of their grief.

IN GRIEF

Hold and love the child as best as you can and allow him/her to cry their way through it.

- Give a young child outlets for the big energy of their grief (active play, throwing pillows, yelling and sports).
- Allow a child to have free and joyful fun. Children have a wonderful sense of taking breaks from grief. Learn from them and try to do so yourself.

School Aged Children – 6 to 10 years old:

A school-aged child is still a very physical creature, processing the important events of his/her life through the body and in his/her play. Language is growing as a tool for the expression of feelings and the gaining of understanding.

The family is the basis of security for a school-aged child and the major environment within which the child learns how to grieve and express his/her grief. However, peer relationships and the school environment are becoming important influences in the child's discovery of his/herself.

How to Help:

- Continue to answer children's questions honestly and repetitively, as they may need to hear the same information many times.
- Offer to include the child in the significant processes surrounding a death in the family. Always ask the child whether he/she wants to be involved in these processes and how.
- Clarify when a child's confused thinking inhibits the child's understanding of the death.

For example:

- *Death is not a punishment for a child's bad behavior.*
- *Death is not a monster that comes to get you.*
- *Death is not something that usually happens again and again in the same family.*

- Lower your expectations, if need be, of the child at school, because grief takes tremendous physical and emotional energy. Work with school officials to tailor a child's workload.
- Read books/ stories about grief out loud with a child.
- Encourage art, music, dance, singing, crafts and other expressive processes.
- Create a big energy corner of your house for the expression of the big energy of grief.
- Encourage sports and active play in order to lessen a child's anxiety and physical tension as a result of grieving.
- Share your grief with a child. This helps model for a child how to grieve. Do not share your grief with a child if you need the child for your own support. Seek your support from other adults.
- Lots of hugs and holding helps.
- Find peer support groups for your child and for you.

Pre-Adolescent Children – 10 to 13 years old:

Language plays a large part in the pre-adolescent's grief, although the non-cognitive processes are still a primary source of integration.

The pre-adolescent swings back and forth between the family and peer relationships for his/her primary source of support.

Emotions are heightened in the pre-adolescent's life by the onset of puberty. Emotions are often perceived as a threat to this child because they represent being younger, a state the pre-adolescent is struggling to overcome.

How to Help:

- Expect a child of this age to be in battle with his/her emotions. Respect this child's efforts to control or conceal his/her vulnerability. Be available but don't push.
- Expect that the pre-adolescent may feel physically ill (i.e. headaches, stomachaches, colds).
- Encourage peer relationships and involvement. Look for peer support groups.
- Answer questions honestly and thoroughly. Be as accurate, detailed and scientific as you can if the child asks for information.
- Encourage physical outlets for the child.
- Let the child dissolve in your lap like a baby if he/she needs this type of comfort.

Adolescent Children - 13 to 19 years old:

The peer group is the primary source of support for a teenager in grief. The family remains a significant resource, but the teen is ambivalent about dependency on the family as he/she is asserting independence.

Teens are quickly developing their reasoning powers and use discussion as a primary form of learning and processing the significant events of their lives. They are beginning to consider concepts such as death in a more philosophical way rather than considering it a personal assault.

How to Help:

- Be honest with the information and with your feelings about death.
- Be available to the teen for discussion and expression of feelings, even if the teen does not take you up on the offer. Remind the teen of your availability regularly.
- Expect to hear a teen discuss the death amidst larger issues such as the meaning of life, the unfairness in the world, etc.
- Encourage peer support for the teen.
- Expect that you may not know much about what the teen is processing about the death.
- Allow the teen his/her defensive behavior in hiding grief, as long as it doesn't hurt his/herself or others.
- Be aware that the teen may exaggerate the importance of the person who has died. Strong feelings may seem out of proportion. Allow for and accept these emotions.
- Encourage a teen to have relationships with other adults.
- Expect periods of prolonged sleeping and inactivity, as well as periods of highly charged and frenetic behavior.
- Expect eating habits to fluctuate. Provide a structure for eating appetizing foods.
- Provide assistance in getting a teen involved in physical outlets for his/her grief (i.e. sports, dancing, working out, etc.).
- Provide assistance in getting a teen involved in expressive outlets for his/her grief (i.e. choir, drama, crafts, etc.).
- Watch for drug and alcohol use and get professional help immediately if you suspect a problem.



Child Speak FOR DEATH AND MOURNING RITUALS

Children are very literal and yet have a rich fantasy life. Language skills are still developing long into adolescence and young adulthood. They also learn myths from other kids in the neighborhood, their family, and their schools. Keep this in mind when you are trying to explain death and mourning rituals. Use simple and honest language and try to let them lead with questions they have.

Ashes: What is left of a dead body after cremation, is white or grey in color and looks and feels like tiny rocks or chunky sand. (Also called “cremains”).

Burial: Placing the body (inside a casket or urn) into the ground at a special place called the cemetery.

Casket: A special box (usually 4 sides) for burying a dead body. (In movies, it can be called a “coffin”).

Cemetery: A place where many dead bodies and ashes are buried. (One child called it the “people park” because it often looks like a park with grass and trees.)

Cremation: The process of turn-

ing a dead body into ashes. The body is placed in a special box at the crematorium, and it is heated until it turns into ash.

Dead: When a person’s body stops working. It doesn’t see, hear, feel, eat, breath, etc. anymore.

Funeral: A ceremony where friends and family get together for a time to say goodbye to and remember or share memories of the person who died. Sometimes the body can be viewed at the ceremony.

Funeral Home: A place where bodies are kept until they are buried or cremated.

Grave: The body is buried at the cemetery.

Headstone: The sign that marks the place where the body is buried, or ashes are placed. It is often made of stone or metal and may be engraved with the person’s name, date of birth and date of death. The ‘head’ is not placed inside the stone (also called the grave marker).

Hearse: The special car that takes the dead body in the casket to the grave (often at the cemetery).

Memorial Service: See Funeral for definition of ceremony. Usually the body is not viewed at this ceremony (also can be called a ‘celebration of life’).

Obituary: A short article in the newspaper that tells about the person who died.

Pallbearer: The people who help carry the casket at the funeral.

Scattering: When the ashes of the cremated body are emptied onto a special place (in the air, water, or on the ground). Can be a ceremony with family and friends.

Urn: A special container that holds and protects the ashes of the cremated body.

Viewing: The time when people can see the body of the person who died and say goodbye.

**Adapted from Wolfelt, A.D. (1996), Healing the Bereaved Child: Grief gardening, growth through grief, and other touchstones for caregivers. Companion Press, Fort Collins, CO. Info provided by OneLegacy Donor Family Aftercare, Los Angeles, CA..*

DISCLOSURES:

Organ Donation:

Donation gives one person the chance to save lives. Even with advances in medicine and technology, there is no substitute for a human organ. People suffering from organ failure die every day because there are more people waiting than there are organs available. When donor families give the gift of life, they are comforted knowing some good has come from their loss.

Organs for life-saving transplants include heart, lungs, liver, pancreas, kidneys, and intestines. Organ recovery can only take place after a person who is on a ventilator has been declared dead.

Tissue Donation:

All tissues are recovered in accordance to professional standards, national policies, and regulatory laws by specially trained technicians in a way that is similar to a surgical procedure. Incisions are made, and the tissues removed. Prosthetics are put in place of the bones or tissues that are removed to minimize any change in appearance. The incision areas are then closed with sutures, similar to a surgical procedure.

Biopsies:

In some cases, a biopsy (the removal and examination of tissue, cells and/or fluid) may need to be performed to ensure the organs and/or tissues are healthy for transplant. A biopsy may be taken from skin, bone, connective tissue, and/or organs.

International:

Due to the need of transplantable corneas and tissues in other parts of the world for humanitarian reasons, DonorConnect is increasing its efforts to meet this demand. Due to various factors (such as age) donation would be possible to benefit people in other countries. We are committed to delivering the highest level of care and service to our donors, their families, recipients, and medical professionals.

Other Agencies:

In order to benefit the greatest number of recipients, both non-profit and for-profit organizations may be involved in the process. This may include agencies that recover, process, and distribute tissues as well courier/transport services.

Transplant Purposes Only:

You may direct your gift of donation to be used for transplant purposes only. If the organs, eyes and tissue cannot be used for transplantation they will be handled according to state regulatory law.

Transmissible Disease Testing:

Part of the donor evaluation process requires transmissible disease testing. These tests are performed to ensure the safety of transplant recipients. Positive results will be reported to the State Department of Health Services, as required by law.

For Questions
REGARDING
DONATION:
1-801-521-1755

