DESIGNATED TISSUE REQUESTOR WORKSHOP

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank.

DONOR ALLIANCE
Organ Donation Services
www.DonorAlliance.org

Rocky Mountain Lions Eye Bank
www.Corneas.org
AGENDA

• Overview of recovery organizations, the Donor Registry and UAGA law
• Designated Requestor background and your role
• Understanding tissue gifts
DONOR ALLIANCE

• Federally Designated Organ Procurement Organization (OPO) for CO & WY
• Facilitates the recovery of organs and tissues for transplantation
• www.donoralliance.org
ROCKY MOUNTAIN LIONS EYE BANK

• Responsible for recovery and transplantation of eye tissue in CO & WY
• Independent organization sponsored by Lions Clubs of CO & WY
• www.corneas.org
RMLEB’S MISSION

• To fulfill the wishes of eye donors and their families to help another overcome blindness through transplantation and research

• Dedicated to our mission, will do whatever we can to fulfill the donor’s wish
**DESIGNATED REQUESTOR**

• **CMS Conditions of Participation for Hospitals**

Only an OPO staff member or a trained, designated requestor may approach the family of a potential donor for authorization for organ, tissue or eye donation. *This regulation recognizes that training and skill are required to guide a family through this crucial decision.*

• **Hospital Policies have designated who are to be trained as Designated Requestors**
AUTHORIZING PERSONS HIERARCHY

1. Medical Power of Attorney/Agent
2. Spouse (includes common law in CO)
3. Adult Child
4. Parent
5. Adult Sibling
6. Adult Grandchild
7. Grandparent
8. Adult exhibiting special care and concern
9. Court appointed guardian
10. Person authorized to arrange for final disposition of the body

*HRSA. 2012 National Survey of Organ Donation Attitudes and Behaviors
TISSUE APPROACH STEPS

Death
Referral/Eligibility
Screening

Donor
Alliance/RMLEB
DNA with Family

Designated
Requestor
Approach/or-
Registry Info Given

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank.
HEART VALVES

Matthew

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank.
Rocky Mountain Lions Eye Bank

• The Rocky Mountain Lions Eye Bank’s mission is to fulfill the wishes of eye donors and their families to help another overcome blindness through transplantation and research.
NON-REGISTRY APPROACH

1. Introduction/Condolences
2. Before the Pause (BTP)
   • Tell about opportunity to help others
   • Description of chosen tissue to present and who it helps
   • Address the three common concerns
3. Ask the Question
4. Clarify any Concerns
5. Authorization Form if “Yes”
Non-Registered Approach

1. Introduction and Condolences

- Introduce; Clarify who you’re speaking to, Here to help; Condolences; Offer Assistance/Answer Questions
2. Explanation of Tissue Donation Opportunity

• Before the pause, tell about the opportunity to help others
• Explain one tissue eligible to donate
• Address three common concerns (myths)
3. Asking the question

- This is Legal NOK’s choice
4. Clarify any concerns

- Is it just that one tissue presented that is of concern? Are others acceptable?
- Or is there something specific that they are finding difficult that can easily be addressed?
- If not, the family should be respected of their decision of “No” and thanked for their time.
5. Family is interested

- Go through all eligible tissues for authorization and move on to complete authorization form
- Inform family of next steps
- Do not use if the patient is a registered donor.
- Authorizing person must be physically present to sign. If not, seek guidance from the Donor Information Line.
- Family must undergo a recorded phone conversation if the authorization form is not correctly completed.
- Confirm the full, legal name of donor which should be handwritten.

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank.

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**Authorization for the Donation of Tissues**

<table>
<thead>
<tr>
<th>Numbers indicating order of priority</th>
<th>My relationship is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Power of attorney / Agent</td>
<td>1. Parent</td>
</tr>
<tr>
<td>2. Spouse</td>
<td>2. Adult sibling</td>
</tr>
<tr>
<td>3. Adult child</td>
<td>3. Adult grandchild</td>
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<tr>
<td>5. Adult sibling</td>
<td>5. Court appointed guardian</td>
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<tr>
<td>6. Adult grandchild</td>
<td>6. Adult child</td>
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<tr>
<td>7. Grandparent</td>
<td>7. Adult grandchild</td>
</tr>
</tbody>
</table>

I, ___________________________, am legally authorized to make the gift of donation for ___________________________.

(self-legalese of authorizing person)

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[Form fields for patient information and authorization signature]

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www.DonorAlliance.org  www.corneas.org
For use under the Revised Uniform Anatomical Gift Act. Do not use this form if patient is a registered donor.

Authorization for the Donation of Tissues

I, __________________________, am legally authorized to make the gift of donation for __________________________.

My relationship to the potential recipient is __________________________.

Numbers indicate order of priority

☐ 1. Medical Power of attorney / Agent
☐ 2. Spouse
☐ 3. Adult child
☐ 4. Parent
☐ 5. Adult sibling
☐ 6. Adult grandchild
☐ 7. Grandparent
☐ 8. Adult exhibiting special care/concern
☐ 9. Court appointed guardian
☐ 10. Person authorized to arrange for final disposition of the body

• Verify the authorizing person is highest priority. Select only one.

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank
In this presentation, the following rules apply:

- **When the tissue is NOT an ELIGIBLE option per the Donor Information Line**, mark as **Not Eligible**.
- For each eligible item mark “YES” or “NO.” Every tissue should have a mark in **ONE** box.
- Always mark the “other” boxes as **Not Eligible**.
- Always mark the RESEARCH question.

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### Tissue Eligibility

<table>
<thead>
<tr>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Tissue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart for Valves and Associated Anatomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Body Bone / Soft Tissue</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lower Body Bone / Soft Tissue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertebal segments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Grafts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training. 

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Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank.

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www.DonorAlliance.org www.corneas.org
DISCLOSURES

• In making this gift, you declare that you have no knowledge that the donor made a verbal or physical donation.

• The gift of organs, heart, liver, lungs, skin, bone, and peripheral tissue is made to Donor Alliance, a non-profit organization. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.

• The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation, and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

• Organs and tissues may be transplanted locally, regionally, nationally, or internationally.

• All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and the Rocky Mountain Lions Eye Bank. In making this gift, the donor’s state will not receive monetary compensation or valuable consideration for the gift.

• Donor Alliance and the Rocky Mountain Lions Eye Bank will make every effort to maintain any visual changes to the body and to minimize any delay in the external appearance.

• A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at our request.

• Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infections, diseases, medical and/or appropriate tissues. Such samples may be saved for future testing. Medical information and the relevant records which may include photographic or written images from medical exams are destruction or the medical suitability of donated organs and/or tissues.

• This information may be copied, released, and/or used by others as necessary for organ recovery.

• Must be read with the authorizing person.

• The disclosures are not choices.
• Authorizing person to sign/print name and complete date and time.
• It is important to circle am/pm.
• Authorizing person’s contact information.
• Witness is not necessary.
• You must sign as the designated requestor.
• Donor number will be blank

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank

www.DonorAlliance.org www.corneas.org
Take a break!
REGISTRY APPROACH

1. Received the Registry Verification Form?
2. Find the right person to speak with
3. Posing the question – “Were you aware…?”
4. Someone from recovery agency will be calling soon
5. Two phone numbers
6. Call back to the Donor Information Line
Registered Approach

1. Introduction and Condolences

- Introduce; Here to help; Condolences; Offer Assistance/Answer Questions
2. Ask if they were aware their loved one signed up on the Donor Registry

- Ensure you have a copy of the registry verification form to provide to the family.
- Be ready to explain what the registry is if the family does not know what you are referring to.
- Express understanding and normalize if they do not know their loved one was registered.
3. Obtain Contact Information and Notify Donor Information Line

- Obtain two phone numbers where the legal NOK can be reached within the next few hours.
- Inform legal NOK someone from the donation organization will be calling soon to give them more information.
- If any concerns, assure them that the correct person with more information will be in touch with them shortly.
- Call the Donor Information Line and relay the two contact phone numbers, inform them of family’s initial response and any timeframes or questions they may have expressed.
Role Play
DESIGNATED REQUESTOR WORKSHOP
AGENDA

1. Verification:
   a. Referral
   b. Registry status
   c. Eligibility

2. Non-registered Family Approach Review
   a. Introduction and Condolences
   b. Explanation of Tissue Donation Opportunity using “Before the Pause”
   c. Ask the Question
   d. Clarify Any Concerns
   e. Authorization Form
      i. Completing it
      ii. UAGA and Good Faith Law

3. Registered Donor Family Notification Review
   a. Introduction and Condolences
   b. Notification
   c. Contact Information and Best Timing

4. Instructor Role Play

5. Student Role Play

6. Questions and Survey
Authorization for the Donation of Tissues

I, ______________________________ (full legal name of authorizing person), am legally authorized to make the gift of donation for ______________________________ (full legal name of donor). My relationship is:

Numbers indicate order of priority

☐ 1. Medical Power of Attorney / Agent
☐ 2. Spouse
☐ 3. Adult child
☐ 4. Parent
☐ 5. Adult sibling
☐ 6. Adult grandchild
☐ 7. Grandparent
☐ 8. Adult exhibiting special care/concern
☐ 9. Court appointed guardian
☐ 10. Person authorized to arrange for final disposition of the body

I hereby authorize the donation of his/her:

<table>
<thead>
<tr>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Tissue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Vertebral Segments</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heart for Valves and Associated Anatomy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Skin Grafts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Upper Body Bone / Soft Tissue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Other:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lower Body Bone / Soft Tissue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Other:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training. □ YES □ NO

DISCLOSURES

• In making this gift, you declare that you have no knowledge that the donor made a refusal to donate.

• The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance, a non-profit organization. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.

• The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

• Organs and tissues may be transplanted locally, regionally, nationally, or internationally.

• All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.

• Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.

• A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.

• Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.

• For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

Authorizing Person’s Signature: ___________________________ Printed Name: ___________________________ Date: ___________ Time: _______ a.m. / p.m.

Telephone: ___________________________ Alternate Phone: ___________________________ Email Address (optional): ___________________________

Mailing Address: ___________________________ City, State, Zip: ___________________________

Witness Signature: ___________________________ Witness Printed Name/Relationship: ___________________________

The authorization for donation was explained and witnessed by: ___________________________ Designated Requestor Signature

Printed name/Title: ___________________________ Institution: ___________________________

Donor Number________________
1. **INTRODUCTION AND CONDOLENCES**  
Note: Introduce; Clarify who speaking to (correct person in hierarchy?), Here to help; Condolences; Offer Assistance/Answer Questions

2. **EXPLANATION OF TISSUE DONATION OPPORTUNITY**  
Note: Before the Pause (BTP) - Tell about opportunity to help others; one tissue for explanation; address three common concerns (myths): no cost to donate, won’t delay funeral arrangements, can still have open casket or viewing

3. **ASKING THE QUESTION**  
Do you want to authorize donation on your loved one’s behalf? Does this sound like something s/he would have wanted to do? Note: This is the Legal Next Of Kin’s choice...
4. **CLARIFY ANY CONCERNS**

Note: If family is hesitant, is it just the tissue presented that is of concern and are others acceptable? Or is there something specific that they are finding difficult that can be easily addressed? If not, family should be respected of their decision of “No” and thanked for their time. Call Donor Information Line with family decision.

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5. **FAMILY IS INTERESTED**

Note: Go through all eligible tissues for authorization and move on to completing authorization form. Inform family of next steps: Provide copy of authorization form to family. Ask for two phone numbers where family can be reached. Tell them to expect a call within a couple hours. Call Donor Information Line with decision and phone numbers.

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1. INTRODUCTION AND CONDOLENCES

Note: Introduce; Here to help; Condolences; Offer Assistance/Answer Questions

2. ASK IF THEY WERE AWARE OF THEIR LOVED ONE SIGNING UP ON THE DONOR REGISTRY

Note: Ensure you have a copy of the registry verification form to provide to the family. Be ready to explain what the registry is if the family does not know what you are referring to. Express understanding and normalize if they do not know that their loved one was registered.

3. OBTAIN CONTACT INFORMATION and NOTIFY DONOR INFO LINE

Note: Obtain Two phone numbers where the family can be reached within the next few hours. Inform family that someone from the donation organization will be calling to give them more information. If any concerns or questions, ask the family to write them down. Assure them the correct person with more information will be in touch with them shortly.

Call Donor Info Line: Give them the two contact phone numbers, Inform them of the family’s initial response, Let them know of any expressed timeframes or questions of the family.
Eye & Tissue Donation Process

**patient death occurs**

Report the death to the coroner if reportable by state law or hospital policy. Donor Alliance/RMLEB will interact with the coroner if the patient becomes a donor.

Call the Donor Information Line

1-800-448-4644 or 1-303-321-0060

Provide info and answer questions for pre-screening for donor eligibility.

Donor eligible following pre-screening

**NO**

Proceed with hospital after death care.

**YES**, and is REGISTERED DONOR

Designated Tissue Requestor informs the authorizing person:

- Their loved one has already made the decision to be a donor through the donor registry.
- Someone from the recovery agency will be contacting them soon.
- Obtain a phone number where they can be reached.

Call the Donor Information Line with the Authorizing Person’s phone number and temperament of the family.

1-800-448-4644 or 1-303-321-0060

Proceed with hospital after death care.

**YES**, is eligible for EYE TISSUE and is NOT on the donor registry

If initial screening indicates the potential for bone, heart valves, and/or skin options, a Donor Alliance coordinator will call for further screening. Donor eligible for other tissues following in-depth screening.

**NO**

Designated Tissue Requestor offers EYE TISSUE option to Authorizing Person.

**YES**

Designated Tissue Requestor offers donation options to the Authorizing Person.

Donation authorized?

**YES**

Designated Tissue Requestor

- Read/Sign “Authorization for the Donation of Tissues” with the Authorizing Person.
- Inform the Authorizing Person that Donor Alliance/ RMLEB will be contacting them for more information.
- Obtain two phone numbers where the Authorizing Person can be reached.

Call the Donor Information Line with the Authorizing Person’s decision

1-800-448-4644 or 1-303-321-0060

Proceed with hospital after death care.

**NO**
The person named below has listed himself/herself in the Donor Registry. This is a legal authorization to donate all eligible organs and tissues upon his/or her death for transplantation. **No other authorization or signature is necessary.**

<table>
<thead>
<tr>
<th>Driver's License/ID number</th>
<th>Renewal Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td>Source</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Referral #</td>
</tr>
<tr>
<td>Residential address:</td>
<td></td>
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<tr>
<td>Exceptions:</td>
<td></td>
</tr>
</tbody>
</table>

**DISCLOSURES**

- The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance*, a non-profit organization, or to the appropriate organ procurement organization or tissue bank, for the purpose of transplantation, therapy, research or education. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.

- The gift of eye tissue for the purpose of transplantation is made to the Rocky Mountain Lions Eye Bank*, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

- Organs and tissues may be transplanted locally, regionally, nationally, or internationally.

- All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.

- Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.

- A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.

- Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.

- For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

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*In the Wyoming counties of Sweetwater, Lincoln and Uinta, the recovery agencies are Intermountain Donor Services and the Utah Lions Eye Bank of Salt Lake City.

RMLEB PR-CONS-004-4
DA Form #: SD100.03.xx1
Revised 02/28/19
DESIGNATED REQUESTOR
TISSUE GIFTS

Determine which tissue/s the decedent is able to give prior to family discussion. This worksheet will help you remember how to speak about the different tissues a decedent is eligible to donate.

<table>
<thead>
<tr>
<th>EYE TISSUE</th>
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<tbody>
<tr>
<td><strong>Description:</strong></td>
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<tr>
<td><strong>Who it helps:</strong></td>
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<td><strong>Other notes:</strong></td>
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<tr>
<th>BONE/SOFT TISSUE</th>
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<td><strong>Description:</strong></td>
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<td><strong>Who it helps:</strong></td>
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<td><strong>Other notes:</strong></td>
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<th>HEART FOR VALVES</th>
<th>Description:</th>
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<th>VERTEBRAL SEGMENTS</th>
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There is no waiting list for most tissue transplants, and tissues are available when someone needs them. Additionally, some donations can be preserved and transplanted for up to five years. Donated tissues can be used to help and heal people in several different and meaningful ways:

**EYE TISSUE**

Every day, donated corneas help restore sight to individuals suffering from corneal blindness or trauma to the eye. Tens of thousands of corneal transplants are performed in the U.S. every year.

**HEART FOR VALVES/ANATOMY**

Donated heart valves can replace damaged ones, allowing the heart to function again. When used in young patients, these donated heart valves can actually “grow” with the recipient and reduce the need for repeated surgeries.

**BONE/SOFT TISSUE**

Bones and soft tissue, such as tendons, can be used to replace or reconstruct tissue destroyed by tumors, trauma or infection and saving limbs that would otherwise be amputated.

Other soft tissue, such as donated veins can be used in patients who require coronary artery bypass surgery, a routine procedure that saves thousands of lives and allows these individuals to return to their normal lifestyles. For individuals suffering from diabetes or other diseases that cause a decrease in the blood flow, surgeons may use donated veins to repair damaged vessels and restore blood flow — in many cases saving a recipient’s leg from amputation.

**VERTEBRAL SEGMENTS**

Often used for dental implants and facial reconstructive surgery.

**SKIN GRAFTS**

Donated skin is critically needed for patients suffering from burns or trauma and used as a bandage to protect the body from infection and promote healing. Donated skin is also used for cleft palate repair or mastectomy reconstruction.