The Funeral Director &
Organ and Tissue Donation

Goal: To provide the funeral service professionals with practical knowledge about organ and tissue donation procedures and organ procurement organizations.

Objectives: After completion, this course should enable you to better understand:
1. Donation for transplant versus donation for medical research and education
2. Final disposition and care required for organ and tissue donation
3. Reimbursement protocols
4. Best practices for organ and tissue donation
5. Regulation and oversight of organ and tissue recovery and banking organizations
6. How to establish / improve communication with organ and tissue organizations

Introduction

There are an increasing number of people that refuse to let life stop at death: anatomical gifts, for transplantation and/or research, enable people to leave a legacy of their physical being. The most commonly thought of method of donation is organ donation through transplant; unfortunately very few potential donors are actually candidates for this type of donation. This is one reason for the shortage of organs for transplantation, as well as a reason to increase awareness through education. The criteria for organ donation is a complex process for a multitude of reasons, however there are other types of donation with much wider parameters, permitting more people to contribute to the well-being or education of others.

In this course we will provide a brief history of organ and tissue donation, as well as distinguish the different ways donations can be facilitated. We will also describe fees and services associated with donations, an area of confusion for many funeral service professionals. Finally we will provide recommended ‘best practices’ for donations, along with how procurement organizations are regulated.
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Important Note: This material is presented for informational and educational purposes only. It is not intended to replace competent professional legal, medical or governmental advice. Anyone involved in the preparation or dissemination of this course shall not be liable for any inappropriate use of the information contained in the course beyond the purposes stated above. The thumbs up symbol is intended to be used as a reference tool. All the information in this course is important, and it should be carefully read. It is the student’s responsibility to follow laws and regulations related to any aspect of this course and its materials.
History of Organ and Tissue Donation

- **1949** The establishment of the U.S. Navy Tissue Bank gave the nation its first bone and tissue processing and storage facility
- **1976** American Association of Tissue Banks (AATB) founded
- **1984** AATB Standards are first published
- **1988** AATB accredits the first tissue bank
- **1993** FDA publishes first regulations for tissue banking
- **2001** FDA requires tissue banking registration for transplant banks
- **2003** First non-transplantable research tissue bank receives AATB accreditation
- **2005** FDA issues final ruling on Good Tissue Practices (GTP’s)
- Currently over 800 transplant organizations have registered with the FDA (fertility labs, eye banks, skin replication facilities, and so on).
- Today it is estimated that over one million tissue transplants are performed annually.

💡 **The National Organ Transplant Act**, passed by Congress in 1984, safeguards the organ donation system. The Act outlaws the sale or purchase of organs, which keeps the system based on altruism. The Act also sets up an organ sharing system to guarantee the fair allocation of organs.

**The Organ Procurement and Transplantation Network (OPTN)**, established by the National Organ Transplant Act, OPTN is a unique public-private partnership that links all professionals involved in the donation and transplantation system.

**United Network for Organ Sharing (UNOS)**. This non-profit group operates the OPTN and coordinates the transplantation of organs for donation.
**2006 Revised Anatomical Gift Act (UAGA).** The first UAGA was enacted in 1968 and revised in 1987. Congress adopted new provisions for this act that standardizes the rules for organ procurement from deceased donors in the U.S.

**Differentiating Between Transplant and Non-Transplant Organ and Tissue Donation**

**Organ Donation for Transplant**

Donation for transplant should take precedence over donation for medical research and medical education. This is due to the increasing need for transplantable organs, their decreased availability, and non-viable organ sources.

Donors that are candidates for organ donation have experienced some type of traumatic event (e.g., irreparable neurological injury, cardiac arrest, auto accident) and must be kept on life support.

Organ donation is possible only when the patient has been diagnosed and pronounced brain dead. This will always occur in a hospital where artificial cardiopulmonary support is available.

At the time the decision is made by the family to donate, the Organ Procurement Organization (OPO) for that region has already been involved and working hard behind the scenes, with the hospital as well as with the family. One of the primary responsibilities of an OPO is to coordinate the donation process. Most large hospitals have an employee of the OPO, the Donor Coordinator on-site, ready and available. Additional responsibilities of the Donor Coordinator may include assisting families with end-of-life considerations, including funeral planning. The emphasis on and urgency regarding organ donation reflects the shortage resulting from the fact that not everyone who signs up meets the criteria for transplant donation.
In cases where a medical examiner or coroner has jurisdiction (for example, when a death is unexplained or the result of other than natural causes) permission for organ and tissue recovery must be obtained from the medical examiner or coroner. It is important to note that medical examiner involvement and/or authorization may vary by state or local laws. Postmortem donation of organs and tissues can proceed only after the authorizing individual or legal next of kin (NOK) has given consent.

**Tissue Donation for Transplant**

Unlike organs, tissue can be stored in refrigeration for an extended period of time for use in burn cases, ligament repair, bone replacement, etc. Tissue donation can happen in conjunction with, or independent of, organ donation. This substantially increases the pool of potential tissue donors to include people who have died in a variety of circumstances and locations. Though not as acute as the organ shortage, there is always a need for tissue and eye donors for transplantation.

Medical uses for donated tissues include:

1. Sclera and cornea: for repair or replacement of diseased or damaged eye tissue, preventing blindness or restoring vision
2. Bone tissue: Preventing amputation, restoring mobility, preventing collapse of bone. It often allows and accelerates healing, while reducing pain and increasing structural strength and mobility
3. Cardiovascular tissues: used for grafts, replacements for impaired heart valves or vessels
4. Connective tissues: used to replace Anterior Cruciate Ligament and Posterior Cruciate Ligament (both are in the knee), rotator cuff, Achilles Tendon; repair damaged cartilage, repair congenital or traumatic facial deformity, and suspension for bladder and uterus
5. Skin and other tissues: used for grafts for burn victims and neurosurgery
6. Nerve grafts
Cornea / Eye Donation for Transplant

Most deceased individuals are potential donors for Cornea and Sclera transplant. Cornea / Eye donations usually happen within 16 hours of death, and are transplantable for up to 14 days after recovery, though most transplants occur within 6 days.

Cornea / Eye recovery can take place at the hospital or funeral home by professionally trained technicians, also known as Procurement Technicians. Cornea donation usually does not disfigure the body and will not change its appearance in a casket. In the case of whole eye donation the eye is replaced with a prosthetic cover. In the vast majority of cases, only those directly involved will know about the cornea and eye donation.

Other types of tissue and bone extraction may require more extensive reconstruction but should not interfere with an open casket funeral arrangement. For example, when a long bone recovery is done from the upper leg (femur), the entire bone is removed and a prosthesis is placed where the femur bone once was. This is customarily done by the tissue bank. Veins and arteries most commonly will be ligated to assist the embalmer.

Dentistry and Donations

The practice of dentistry has been revolutionized by tissue donations. Sclera can repair or replace gum tissue, and bone can be used to build upon that which has been lost due to periodontal disease. This is what allows for the possibility of improved dental implants, which are important in maintaining a patient’s overall good health.

University Medical Schools – Willed Body Programs (WBP)

For decades medical students have been studying the human body for medical education. The word ‘cadaver’ refers only to a body donated for educating medical students. This particular approach to donation has led to some confusion, as there are
people who believe that when they donate to the Willed Body Program (WBP) at their local university, their body is being used for medical research, which may also occur if the consent permits. Although some universities may obtain grants for specific research areas, the donation of bodies to a local university WBP may be for a specific project, medical student education, or for ‘unspecified’ medically controlled purposes. This is a very crucial part of medical school education and it is important that donors and their families understand the process and purpose of all types of anatomical donation.

The donor bodies may be embalmed and may be kept for up to 2 years, and donor names and identities are kept anonymous. Ask any physician about “their cadaver” during medical school, and they will likely tell you how valuable that experience was. Many medical schools have a memorial service at the end of their training, in recognition and respect for such donors.

🔥 There is no charge, for the donor or donor family, to donate to a WBP. However, depending on the school, they may charge the family for the transportation to their facility if the donor does not live within a reasonable radius. Additionally, if the family of the donor would like the cremated remains of their loved one returned to them, there is usually a charge. It is important to note that most universities cremate donor bodies, and scatter or bury all the cremains if not requested for return. The decision to have the cremains returned to the family is best made prior to, but no later than, the time of donation, as this decision may not be able to be reversed.

Most universities have a designated funeral home or Mortuary Transport Service (MTS) in their area that will do the removal, transferring the donor from the place of death to the university, and sometimes do the embalming. Many universities do their own removals, embalming and cremations.
Non-transplantable Organ and Tissue Donation through a Research Tissue Bank (RTB) - (Not Affiliated with a University Medical School Program)

This avenue of donation is the newest form of body donation, as it was introduced in the early-to-mid 1990’s. This process has the broadest parameters for donor acceptance, as no tissue or organs from a research tissue bank are transplanted. It is a completely non-transplantable donation, so donors that have a specific illness or disease are not ruled out by stringent transplant criteria. Acceptance criteria are based on a researcher’s specific needs.

Those that choose to donate in this manner are usually people that have been ill, and are hoping to make a difference in future outcomes for others experiencing the same medical issue. This option is frequently chosen when the disease / disorder is of a genetic nature.

In addition to having an awareness of impending death, research donors usually fall into one or more of the following categories:

1. Have an incurable disease or irreversible condition
2. Are in hospice care
3. Are usually older adults
4. Pre-planned their funeral arrangements
5. Made family aware of their wishes to donate

(All donors should ideally be pre-screened by the eye, tissue, or organ bank as suitability for donation can be very tissue-specific.)

Donor organizations that work in the area of non-transplantable, whole body donation for medical research and education are located across the United States. The donors can be registered either prior to death, or after death by the Authorizing Agent, or the Next of Kin, in accordance with the Uniform Anatomical Gift Act. As noted above, donor acceptance depends upon the researcher’s requirements. The body is initially checked and confirmed for identification at the place of death, when removed by the funeral home or mortuary service. If the person passes away in the hospital or in-patient facility...
they will be wearing an identification bracelet and the identity must be confirmed by the persons doing the removal. If the person passes away at home, an ID bracelet will usually not be worn, and the identification is done by the attending relative/social worker/nurse, etc.

The following processes are general, but not inclusive to every donor. When the donor body arrives at the Research Tissue Bank (RTB), the body is again checked for identification match and research-specific criteria. Once it has been established that the researcher’s criteria matches the donors medical and social history and physical assessment, the requested organs and/or tissue is then procured for the researcher. Some tissue banks require the researcher to undergo approval by the tissue bank. Approval may require the following information: specific purposes for which the tissue will be used, area of research, who will be handling the tissue, and how the final disposition will be handled. Often the remains are cremated and may be returned to the family. In most cases this process takes approximately four weeks. There are exceptions to this time frame, based on family requests and on how the organs/tissue will be used.

Research Contributions

Research being done using human organs and tissue is limitless, with every part of the body subject to study in some form or fashion. The following are a few recent major medical breakthroughs developed using donated organs and/or tissue:

**Heart Disease Deaths Drop by 40 Percent**
Care and treatment of acute myocardial infarction has greatly improved. Today, treating a heart attack is all about speed: get the heart attack patient to the hospital so the blockage preventing blood flow can be eliminated with drugs like the genetically engineered tissue plasminogen activator (also known as tPA) or stents can be placed.
If the problem is a vessel narrowed by buildup of plaque, a tiny flexible tube called a stent can be guided through a major artery into the heart where it is used to open the vessel and allow blood flow to return. Still other patients are sent to surgery, where physicians use sophisticated techniques to sew new vessels into the heart, bypassing diseased arteries (a treatment known as a coronary artery bypass graph, or CABG). The vessels used for this procedure, while usually taken from the patient, can also be donated tissue procured through a transplant tissue bank.

**Stem Cell Research: Laboratory Breakthroughs and Some Clinical Advances**

Probably no area of research has challenged the imagination and ignited the fires of public controversy as that of stem cell research. While the clinical advances with embryonic or adult stem cells are still in their infancy they are nonetheless very promising.

For example, European researchers genetically manipulated bone-marrow cells taken from two 7-year-old boys. They then transplanted the altered cells back into the boys, and apparently arrested the progress of a fatal brain disease called adrenoleukodystrophy, or ALD, also known by the treatment named in the movie, “Lorenzo’s Oil”.

**Minimally Invasive and Robotic Techniques Revolutionize Surgery**

Ten years ago a patient whose kidney was removed would typically be left with a 10-inch scar, but in late 2007 surgeons at the Cleveland Clinic began removing kidneys through a single incision in the patient’s navel. Endoscopic surgery, in a multitude of surgical applications, now allows for minimally invasive procedures with less scarring and shorter recovery. These robotic or endoscopic procedures are learned and practiced on donated cadavers, organs, and tissues.
An Unusual Alternative for Donation – Forensic Anthropology

A Forensic Anthropology Center is a research facility where human remains are studied in order to gain a better understanding of the decomposition process. Bodies are placed in a variety of outdoor settings, within the confines of the study area, and left to decompose. Researchers will then observe and make notations not only about the decomposition process, but also about any impact the environment has on the state of the bodies. This growing area of research is particularly important in forensic anthropology, and the results subsequently can be applied to crime scene investigations. There are four University Forensic Research study locations in the U.S.

The University of Tennessee in Knoxville was the first such facility, started in 1981 and located in Knoxville behind the University of Tennessee Medical Center. It consists of a 2.5 acre wooded plot surrounded by razor wire fencing. Dr. William Bass, as head of the anthropology department and official state forensic anthropologist for Tennessee, was frequently consulted in police cases involving decomposed human remains. The University states that over 1300 people have chosen to pre-register themselves, in addition to the other 60% of donations that are made by family members of individuals who were not preregistered with the facility. There is no return of cremated remains after donation.

Western Carolina University in Cullowhee, North Carolina was the second to come on board in 2006, and is part of the Western Carolina Human Identification Laboratory. About the size of a garage, the facility can hold up to six bodies, which are observed by students and researchers as they undergo natural decomposition. It is located on a small plot in the rural mountain campus. This facility has also been used for cadaver dog training.

Texas State University at San Marcos was the third to open study facilities in 2008. It is known as the Forensic Anthropology Research Facility (FARF) and serves as a resource not only for students of forensic anthropology, but for state and national law...
enforcement agencies as well. The research at FARF is done within a seven acre portion of the 4200 acre Freeman Ranch.

**Sam Houston State University** – Also established in 2008 was The Southeast Texas applied Forensic Science Facility (STAFS), located within the Center for Biological Field Studies, a 247 acre parcel of land adjacent to the Sam Houston National Forest. In addition to studying the effects of decomposition on individual bodies, plans are also being made to use this facility to re-enact mass disasters.

Although the research done at these facilities is aimed at progress in crime scene investigation, the results of studies done here could give deceased victims a voice that they might not otherwise have, and provide closure for families who have lost loved ones because of traumatic events. *This also may be a viable alternative for those whose spiritual or ecological beliefs lead them to want their remains exposed to nature.*

### Funeral Related Fees and Services Associated with Donation

Recovery agencies work with funeral homes to provide reasonable compensation for any specific expenses in preparing a donor body for embalming and/or viewing. The funeral home should not assess the donor family any additional charges resulting from donation. While some types of organ retrievals are covered by federal funds, there is no such federal fee recovery for tissue or eyes.

**Organ Donation for Transplant:** The costs of the actual transplant process are usually paid by the transplant recipient’s health insurance policy, Medicare, or Medicaid. The donor’s family neither pays for, nor receives payment from, organ and tissue donation. Some people who get organ transplants have a hard time affording the cost of the transplant and related expenses, usually associated with lifetime medication that must be taken to prevent rejection.
Donors in this category usually go through a traditional burial or cremation using a funeral home. The families are responsible for their own funeral and/or cremation expenses.

**Eye and Tissue Donation for Transplant:** Corneal transplant, and most tissue transplants, are covered by the patient’s insurance. Medicare and Medicaid currently treat cornea transplant as a ‘pass-through’ expense, perhaps largely due to the high success rate of these transplants.

Individuals who are eye and/or tissue donors may choose burial or cremation, and the family is responsible for the expenses associated with those services.

**Whole Body Program Donations for Local Medical School Education (WBP):** In most cases the university has either contracted with a local funeral home for their removals and/or embalming, or they have funeral directors/embalmers on staff. Most donors for WBP are accepted / approved prior to death, so the WBP has already made arrangements for them. Unlike donations to a Research Tissue Bank (RTB), it is a less frequent occurrence for a body to be accepted into the WBP after death, however this does occur.

Persons donating to the WBP through the universities or medical schools must be cremated. There is no charge for the donation, but in some instances there may be expenses for transportation if the distance is outside an agreed upon area, or returning of cremated remains if it is in a specified manner or container per the family’s request.

**Whole Body Donation Through Research Tissue Banks (RTB):** Currently there are only two research tissue banks that are accredited by the American Association of Tissue Banks (AATB). Both receive donors nationwide, requiring the assistance of a funeral director. This may include: removal from place of death to the funeral home, refrigeration while holding the donor, filing of any applicable transit permits to cross state and county lines, placement of the donor body in a standard combination unit.
(combo unit) with dry ice and/or gel pacs, and then transport to the local airport for flight[s] to the research tissue bank. Pricing for these services is agreed upon between the funeral home and RTB prior to or at time of death. There is no cost to the families who choose to donate in this manner, therefore all initial costs are absorbed by the funeral home until payment is made to the funeral home by RTB. Once the recovery process has been completed at the RTB, the remains are cremated and returned to either the facilitating funeral home or directly to the family at their request.

Donors choosing whole body donation through a RTB must be cremated. There is no cost to the family for the donation, transportation, cremation process or returning of cremated remains.

**Best Practices for Organ and Tissue Donation**

In order to facilitate the organ/tissue donation process and accommodate the specific requirements of a funeral service and burial, the American Association of Tissue Banks (AATB) and the Association of Organ Procurement Organizations (AOPO) [hereafter referred to as recovery agency or agency(ies)], and the National Funeral Directors Association (NFDA) adopted a set of best practices.

Mutual support and recognition of the role each organization plays in the donation process is imperative in order for any of these best practices to succeed. In achieving the goals outlined below, we not only strengthen our individual organizations, but position ourselves to better serve donor families, transplant patients and the communities we serve.

Each organization will promote and educate its members, state associations and others on the contents. This effort is essential if funeral directors, eye and tissue banks, and organ procurement organizations are to successfully meet the goals of the federal
government’s initiative to increase organ and tissue donation throughout the United States.

1. NOTIFICATION

a. The recovery agency(ies) should notify the funeral director handling the funeral arrangements for the donor family as soon as details of the anticipated recovery are known. This notification should follow the consent process for the donation. In the event that a funeral home is not known at the time of consent, this notification will take place as soon as the donor family has determined a funeral home.

b. The recovery agency(ies) handling the donation should, at the time of the initial contact, notify the funeral director of the following:

   i. The nature of the donation;

   ii. The geographic location of the donation recovery;

   iii. The anticipated timing of the donation recovery;

   iv. A contact person or number for the funeral director to call for updates, questions or concerns; and

   v. Next of kin information.

c. Further, the recovery agency(ies) should contact the funeral director as the situation develops or changes, especially as it relates to the pick-up time and/or location of the donor body. This is especially important when a donor body is to be transported to a medical examiner/coroner for tissue recovery, autopsy or other purpose.

d. The recovery agency’s representative will ensure that the medical examiner / coroner has the name and phone number of the funeral director/home (if known), and that the funeral director should be notified when the body is ready for pick-up.

e. Finally, the recovery agency(ies) should contact the funeral director/home when the body is ready for pick-up.
2. DISCLOSURE

a. Once a donor has been medically qualified, the recovery agency’s representative who interviews the donor family should inform them that there are many factors that may impact the timing of the funeral, including the timing of the recovery procedure and/or autopsy that need to be completed.

b. The consent process discussion, or the consent form where applicable, should also include an explanation regarding the impact that the donation process may have on burial arrangements and on the appearance of the body. The family will be encouraged to discuss any particular needs in relation to the timing of the funeral, clothing preferences, and other related issues with their funeral director.

c. Any consent or anatomical gift form signed by a family should be specific in describing the organs/tissues/eyes to be recovered.

3. RECOVERY PROCEDURES

To facilitate the embalming and preparation process, the following procedures are recommended:

a. All involved major arteries should be ligated to ensure the integrity of the vascular system;

b. Replace all recovered bones with prostheses;

c. Contact the funeral director to determine the preferred type of incision closure prior to the completion of the recovery;

d. Consider using a U or Y chest incision rather than a midline opening for the chest;

e. Elevate the head with a head block especially with eye recovery or a prolonged recovery process; and,
f. No facial bone recovery if a viewing (private or public) is planned.

4. REIMBURSEMENT

Every recovery agency should establish a policy regarding compensation of funeral directors if additional time and materials are required to prepare a donor body for embalming and/or viewing. The funeral home should not assess the donor family any additional charges, resulting from the donation.

5. COMMUNICATION / EDUCATION

The most important and essential aspect of a successful relationship between funeral directors and recovery agencies is communication and a better understanding by each of the operational aspects of the other. Therefore, to ensure and facilitate successful organ and tissue donation and the funeral and burial processes for the families we all serve, it is imperative that funeral directors and recovery agencies reach out to each other and establish those lines of communication. By doing so, the issues and concerns of each can be addressed and resolved. This outreach should also include actual visits by each to the other’s place of business. These visits may promote a greater appreciation for each entity’s role and contribute to a strong, lasting relationship.

6. SUPPORT

The NFDA will publicly support, and encourage its members to support the concept of donation. The funeral director should respect the family’s wishes to donate, and use his/her relationship with the donor family to facilitate the donation recovery process. If the funeral director takes exception to a specific donation, he / she should communicate his / her concerns to the tissue bank / organ procurement organization before expressing them to the donor family. Ideally, the funeral director will view donation as an integral part of the donor family’s efforts to deal with the loss, and as an aid in the progression of the grieving process.
All recovery agency members have an obligation to be cognizant of the manner in which
donation and its' effects on the donor body are discussed with families. The recovery 
agency(ies) should refrain from telling families that absolutely no change to the donor's 
appearance is guaranteed. The recovery agency(ies) should also be aware of the timing 
of the donation process and its effect on the funeral service itself.

Regulation and Oversight of Organ and Tissue Organizations

Organ Procurement Organizations (OPO’s): There are 58 organ procurement 
oranizations in the United States. OPO’s are responsible for two main functions within 
their designated service area: 1) increasing the number of registered donors, and 2) 
coordinating the donation process when actual donors become available. OPO’s are 
designated by the Centers for Medicare and Medicaid Services (CMS) and abide by 
CMS regulations. By federal law, all OPO’s must be members of the Organ 
Procurement and Transplantation Network (OPTN). All OPO’s are members of the 
Association of Organ Procurement Organizations (AOPO). Every state has at least 
one OPO, larger states have more than one, and some smaller states share an OPO 
with an adjoining state.

Eye and Tissue Banks for Transplant: Eye and Tissue Banks are required to register 
with the FDA (Food and Drug Administration) for all functions they perform. The FDA 
routinely inspects eye and tissue banks every 12 to 18 months. These inspections 
usually last for several days and are designed to insure safety and prevent 
communicable disease transmission by eye or tissue grafts. In addition to these 
rigorous FDA inspections, most (but not all) eye and tissue banks are accredited and 
inspected by the EBAA (Eye Bank Association of America) and / or the AATB (American 
Association of Tissue Banks) as members of these peer review standard setting bodies.
Additionally, most recovery technicians hold and keep current a Certified Tissue Bank Specialist (CTBS) or a Certified Eye Bank Specialist (CEBT) registration attesting to a level of proficiency and passing of an exam.

**University Medical School Willed Body Programs (WBP):** These programs operate within their own university system and have oversight only by their governing board of directors. Some universities have oversight by their state’s Anatomical Board, however they are not required to be AATB accredited nor have an FDA license or registration.

**Non-Transplantable Research Tissue Banks (RTB):** This area of tissue banking and recovery has the least oversight. There is no federally required accreditation, regulation and/or licensing for this group. IT IS IMPORTANT TO NOTE THAT, WHETHER ON A FEDERAL, STATE, OR LOCAL LEVEL, REGULATIONS ARE SUBJECT TO CHANGE AT ANY TIME. Ohio, Oklahoma, New Jersey, Virginia and the District of Columbia require tissue banks to be licensed by the state and accredited by the AATB. New Jersey Law has elements similar to the new AATB standards for testing, tracking, and disposition, but also requires that all tissue banks be non-profit. Oregon requires tissue banks to be registered with the state, but there are no statutory standards. Arizona has legislation requiring all tissue banks to be AATB accredited.

There are more than 100 research tissue banks currently operating in the United States. Currently only two are AATB accredited; one is Science Care (which is for profit) and the other is LifeLegacy Foundation (which is not-for-profit).

**What Funeral Homes and Donor Families Should Know About Donation

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**What Funeral Homes Should Know:**

- The gift of donated tissue or organs **will save or improve lives**: 6 to 8 lives saved for a full organ donor; 50 or more lives saved or enhanced for a full tissue donor. If donation adds extra expense to funeral costs, the tissue and organ bank, upon receipt of an itemized bill, will cover reasonable expenses related to
donation. Banks do not want you or the family to incur any expense for the
donation of life saving or life enhancing transplants.

• Organ banks are federally designated for a specific region. Eye and Tissue
banks are FDA registered, and also may be evaluated by accreditation status
with EBAA (Eye Bank Association of America) and AATB (American Association
of Tissue Banks).

• Should you ever encounter problems with any bank due to their recovery
technique or any other issue, contact the bank director. Please do not fail to let
them hear your concerns. If they do not hear from you how can they improve or
fix a problem?

• If a tissue bank is consistently leaving you with problems due to sloppy
recovery techniques or repeated failure to communicate, don’t just fume about it,
let them know! Talk to the manager about it. If for some reason they do not
respond, consider bringing it to the attention of the hospital where the patient
died.

• Know that the tissue bank works under pressure just like you. Unrefrigerated
tissue must be recovered within 12 hours of the time of death. Within that
timeframe a lot of steps must be completed:

  o The hospital must report the death to the organ/tissue organizations.
  o The hospital will have to communicate needed medical information to
determine donor suitability for patient safety.
  o The family will make the decision to donate and complete medical/social
    history questions over the phone.
  o The donor will have to be transported to a recovery site. This may take
    place at a location other than the hospital or the funeral home, and
    transport will be involved.
  o Recovery may take up to eight hours, depending on the tissues that are
    being donated.
  o If donation occurs at a location other than the hospital the donor will then
    be transported to the funeral home for your services.

Within these steps communication between the tissue bank and the funeral home
is very important. The more the funeral home and the tissue bank communicate
and understand each other’s processes and needs, the better the working
relationship will be.
What Donor Families Should Know:

- That every gift of organs or tissue, however limited, can make a huge difference in the life or lives of recipients

- *Becoming a donor should not impact whether you can have an open-casket funeral*

- Don’t assume your loved one is too sick to become a donor: even patients with cancer may be able to donate corneas, and a disease that may keep your loved one from donating one organ or tissue may not rule out donation of another.

- There is no cost to the donor family for donation. Should any bill arrive in error, contact the organ or tissue bank immediately.

- Organ banks are federally designated for a specific region. Eye and Tissue banks are FDA registered, and also may be evaluated by accreditation status with EBAA (Eye Bank Association of America) and AATB (American Association of Tissue Banks).

- If you would expect to receive a transplant should you or a loved one ever need such medical care, know that this can only happen when individuals and families choose to donate so others can benefit.

Closing Comments

The assistance and expertise of a funeral director is the common thread for every donor. Whether the donor comes to the funeral home for embalming after organ/tissue donation, or simply to be taken to a local university or airport, all involve and need the care and assistance of you, the funeral director.

It is important to understand that everyone is working for the wishes and common good of the donors and the donors’ families. Take the opportunity to educate the procurement technicians on the intricate and detailed work required by you, the funeral director and embalmer, to get the donor body back in a condition that can be embalmed and/or presented to the families after procurement has taken place. Try to open a conversation with them about how the situation could be improved, for both the recovery agency and the funeral home. Understanding the details and facts associated with each different donation process should empower the funeral director to do so.