



everyday heroes

ORGANIZATIONAL PROFILE



CENTER FOR ORGAN RECOVERY & EDUCATION (CORE)

CORE is one of 57 federally designated not-for-profit organ procurement organizations (OPOs) in the United States, serving nearly five million people in western Pennsylvania, West Virginia and Chemung County, New York. CORE coordinates the recovery and matching of organs, tissues and corneas for transplant within our service region, and works tirelessly to create a culture of donation within the hospitals and communities we serve. CORE's mission is to **Save** and **Heal** lives through donation, ultimately ending the deaths of those on the transplant waiting list, while maintaining integrity for the donation process, dignity for the donors, and compassion for their families. For more information, visit www.core.org or call 1-800-DONORS-7 or 1-800-366-6777.

Contact Information

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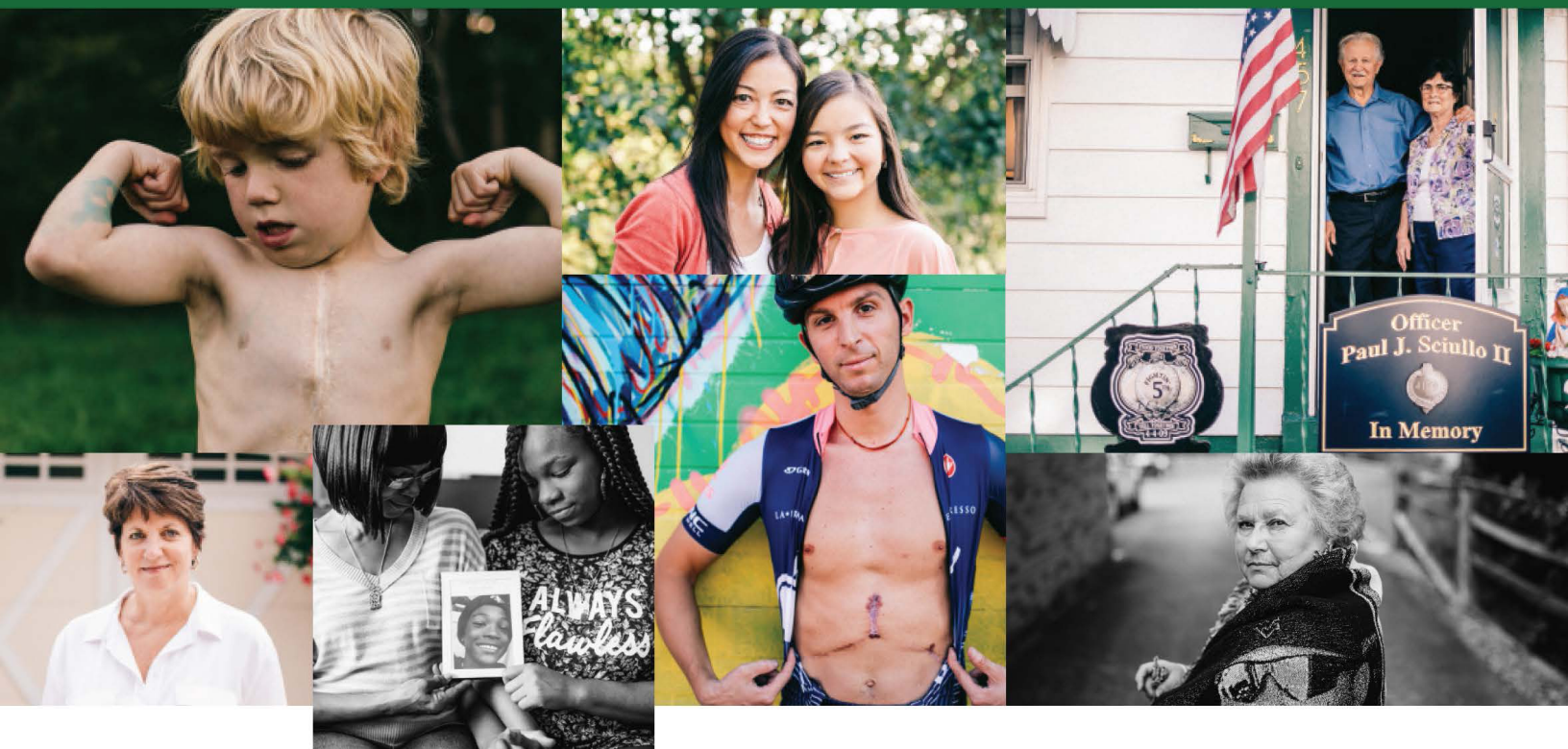
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TRANSPLANT CENTERS

Each of the more than 150 hospitals and health care facilities in CORE's service area act as referral sites for potential donors. Seven of the hospitals also perform organ transplants:

- Allegheny General Hospital
- Charleston Area Medical Center
- UPMC Children's Hospital
- UPMC Hamot
- UPMC Presbyterian
- VA Pittsburgh Healthcare System
- WVU Ruby Memorial Hospital



be a hero. be an organ donor.

Make the pledge for life by registering to become an organ, tissue and cornea donor.

100,000+

the number of people awaiting an organ transplant nationally

every
10 minutes

the rate at which someone new is added to the transplant waiting list

250,000

the number of people awaiting tissue and cornea transplants each day

20

the number of people who will die each day without receiving a transplant

8

the number of lives one individual can save by donating organs

on average
11,000

the number of people who die annually considered medically suitable to donate organs, tissue and corneas, yet only a fraction actually donate

2,600

the approximate number of people awaiting transplantation in CORE's service region

75

the number of lives one individual can heal through tissue donation

UNDERSTANDING CORE'S ROLE

DONATION

Individuals sign up to be organ donors through their state registry, generally through the DMV, or on the national registry at registerme.org. If an individual is not registered as a donor, family authorizes donation.

TRANSPLANT

A patient with end-stage organ failure is put on the national transplant waiting list by physicians who have determined the patient is a good candidate for transplant surgery.

BRIDGING THE GAP BETWEEN DONORS AND RECIPIENTS



CORE is contacted by the hospital when there is a potential donor — someone who has died from an injury to the brain and has been on a ventilator to maintain blood flow to the organs.



CORE evaluates the potential donor to determine if organ donation is an option.



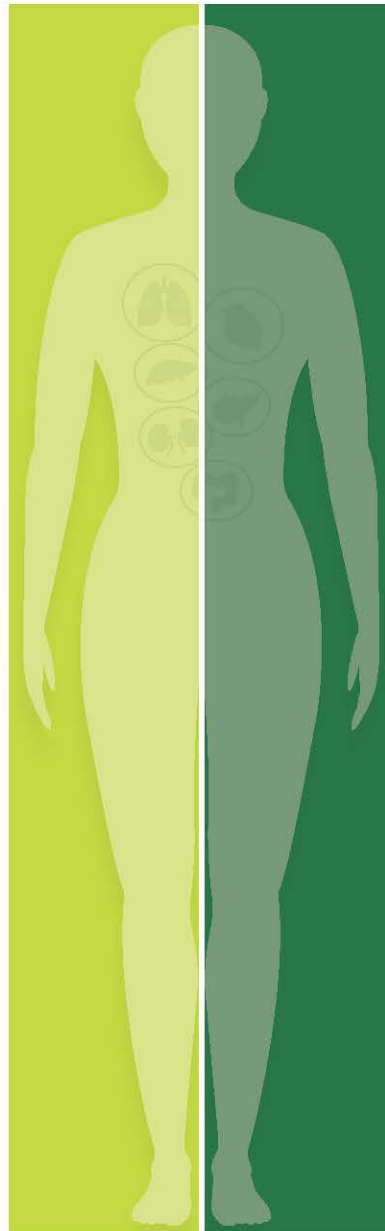
CORE searches the state and national registries to determine if the potential donor is registered.



CORE informs the potential donor's family of the donor's decision or offers the family the opportunity to donate on the donor's behalf.



CORE supports donor families through their grief and helps honor the legacy of their loved ones.



CORE performs necessary diagnostic, blood and tissue typing tests at the hospital or CORE's on-site laboratory.



CORE searches the national transplant waiting list for matching patients.



CORE contacts the transplant centers of the matching recipients to offer the donated organs.



CORE coordinates and oversees the recovery, preservation and transport of organs to recipient transplant hospitals.



CORE works with the funeral home chosen by the donor family to ensure an open casket funeral is possible.



USING THE RIGHT WORDS

Language is very powerful; it can perpetuate misconceptions or offer a space for awareness. Help CORE foster a better understanding of donation and save lives by using the correct donation terminology.

In 2005, the Association of Organ Procurement Organizations (AOPO) standardized appropriate donation terminology. AOPO reasoned that avoiding words and phrases that cause concern among donor families and the general public would increase both understanding and acceptance of the donation process. This terminology is unanimously supported and used by the American Society of Transplantation (AST) and American Society of Transplant Surgeons (ASTS), and has been adopted by the American Journal of Transplantation.

To show respect and sensitivity to those who give the gift of life and their loved ones, we request that only appropriate terms be used when referring to organ, tissue and cornea donation.

APPROPRIATE TERMS | INAPPROPRIATE TERMS

"Recover" organs	"Harvest" organs
"Recovery" of organs	"Harvesting" of organs
"Donation" of organs	"To harvest" organs
"Deceased" donation	"Cadaver" donation
"Deceased" donor	"Cadaveric" donor
"Mechanical" support or "Ventilated" support	"Life" support
Organs, tissue and corneas	"Body parts"
"Brain Death"	"Coma"
"Enhanced" risk	"High" risk



DISPELLING ORGAN DONATION MYTHS

MYTH	FACT
If I'm in an accident and they find my license, medical professionals will not try to save my life.	When you go to the hospital for treatment, paramedics, nurses and doctors focus on saving your life — not somebody else's. CORE is only notified after all life-saving efforts have failed.
Maybe I won't really be dead when they recover my organs.	Although it's a popular topic in the tabloids, in reality, people don't start to wiggle their toes after they're declared dead. In fact, people who have agreed to organ donation are given more tests (at no charge to their families) to determine that they're truly dead than are those who haven't agreed to organ donation. Donation doesn't happen until after brain death has been declared by a physician.
There is no difference between brain death and being in a coma.	Brain death is pronounced when there is a lack of blood and oxygen flow to the brain. Brain death is the medical, legal and moral determination of death. To verify brain death, a series of tests are performed over a period of time, and more than one diagnosis is required before the donor's family is presented with the opportunity to donate. There is no recovery from brain death.
My body will be mutilated and disfigured if I would donate.	Organ and tissue donation will not interfere with traditional funeral arrangements such as an open casket. Doctors maintain the utmost respect for the donor and organs are removed in a routine operation similar to other types of surgeries.
Organs go to people who didn't take care of theirs.	Organs go to people who were born with or developed diseases that have caused organ failure. Less than 5 percent of those waiting need a transplant because of their own behaviors or choices. For those people, they must achieve and sustain sobriety before they can be listed for a transplant.
I am too old to become an organ donor.	No one is ever too old or too young to give the gift of life. Every potential donor is evaluated on a case-by-case basis at the time of their death to determine which organs and tissue are suitable for donation.
I am too sick to donate.	Few illnesses or conditions prevent someone from being a donor. People with diabetes, heart disease, cancer, hepatitis and even HIV have saved lives through organ and tissue donation. At the time of death, CORE reviews medical and social histories to determine suitability for donation. Although someone may not be able to donate blood, it does not always prevent the individual from donating organs and/or tissue.
My religion does not support donation.	All major religions consider organ donation to be an individual decision, or support it and see it as the final act of love and generosity toward others.
Wealthy people are the only people who receive transplants.	Financial and celebrity status do not determine who receives a transplant. A national computer network, maintained by the United Network for Organ Sharing (UNOS), matches organs according to height, weight and blood type, followed by medical urgency and then time accrued on the waiting list. Age, race, gender, religious affiliation or financial status are not factors that determine who receives a transplant.
My family will have to pay for costs related to my donation.	Donors and their families are not responsible for any costs related to donation. All costs are incurred by the organ procurement organization.