Breathing normally seems so effortless and automatic, but for someone with end-stage lung disease, the breath of life becomes a daily struggle. Jordan Huttinga was only 25 years old when he was transferred emergently to the University of Michigan. The prognosis was not good with severe end-stage pulmonary fibrosis. He was working full-time only three months before and was able to walk up a flight of stairs just a few weeks earlier. Now, he was intubated and dependent on not only a mechanical ventilator, but extracorporeal membrane oxygenation, or ECMO, a specialized machine partially pioneered at the University of Michigan which allows his blood to be oxygenated artificially, taking over the function of his diseased lungs.

That first night it was unclear if he was going to recover enough to even be evaluated for a lung transplant, his only hope for survival. However, over the next few days, his vital signs stabilized and he was alert, signaling to his family. He was at a critical point. If he remained bedbound, on a mechanical ventilator, his body would become too weak and deconditioned to benefit from a lung transplant. Fortunately, he was a candidate for a new procedure called ambulatory ECMO, a specialized form of ECMO that is available only at a few lung transplant centers, including the University of Michigan.

The use of a special device placed in the neck, with the deoxygenated and oxygenated blood traveling through a single cannula (tube), avoids any cannulas in the groin allowing the patient to pedal at the bedside and walk, which are critical to avoid deconditioning.

He was taken off mechanical ventilation (extubated) two days after initiation of ambulatory ECMO. He completed an urgent transplant evaluation and was listed for transplant in one week. Fortunately, donor lungs became available within 10 days.
Performing a transplant in such a complicated patient requires the coordination of a number of teams including thoracic surgery, anesthesia, perfusion, and ECMO specialists as well as the intensive care team and pulmonary medicine. In part, due to the exercise he was able to do before the transplant with ambulatory ECMO, his postoperative course was uncomplicated. He was transferred to the floor one week later, and a few days afterwards, he was admitted to the inpatient rehabilitation service where he underwent intensive physical therapy. He was discharged home less than one month after his transplant.

At the University of Michigan, we have successfully bridged several patients to lung transplant using ambulatory ECMO and have presented our experience at the International Society of Heart and Lung Transplantation. Lung transplants are among the most rewarding procedures that we do as surgeons. It is truly wonderful to see a patient after their transplant and to hear the joy in their voices at just being able to enjoy the breath of life every day. Jordan continues to do well and six months after being transferred to the University of Michigan in critical condition on ECMO, he was breathing comfortably holding his beautiful, newborn baby girl.

– Jules Lin, MD

Did you know the University of Michigan Transplant Center sees pre-transplant patients in our kidney transplant outreach clinic in Kalamazoo? More than two years ago, we began seeing patients in Kalamazoo for kidney evaluations and for pre-kidney transplant appointments. We bring our own University of Michigan nephrologist, surgeon, social worker, nurse coordinator, medical assistant and clerical staff to the clinic in Kalamazoo where we see patients on the second Thursday of each month.

The U-M Kalamazoo Clinic has been a great success, not only by attracting additional patients to our transplant program, but patients and their families have found the clinic convenient and efficient. The success of this clinic has led the Transplant Center to reach out to other areas around the state.

In January 2013, we will begin seeing patients for kidney transplant evaluations and pre-kidney transplant appointments in Midland on the fourth Thursday of every month. We are hoping this clinic will increase access for patients with kidney disease in mid-Michigan and reduce travel time to Ann Arbor.

Our liver transplant program is also establishing an outreach clinic in partnership with Saint Mary’s Health Care in Grand Rapids and the University of Michigan Hepatology, Liver Tumor and Liver Transplant programs. This clinic will open in early 2013 and aims to provide treatment for advanced liver disease and liver tumors to patients on the west side of the state.

– Stacy Brand

The Breath of Life continued from page 1
Scott Sedam loves to take to the sky, and he truly loves to give back to the Transplant Center. Scott grew up flying with his Dad, a former fighter pilot, and by the age of 29 he had earned his own pilot’s license. He dreamed of owning his own airplane but that dream wasn’t to come true until he was in his 40’s. Scott bought his Rockwell Commander single engine airplane in the summer of 2001 and within months he began dialysis. This turn of events, while unexpected, did not leave Scott out of the flying picture. He spent his time on dialysis studying for his instrument rating – the next step in his flying career. Scott was fortunate to receive a kidney from a family friend. She is from Canada and asked that Scott from that day forward wear a Canadian maple leaf pin every day. Scott proudly wears the gold maple leaf and whenever anyone asks him if he is Canadian, or why he wears the pin, he uses the opportunity to start a conversation about organ donation.

About 5 years after his transplant, Scott found himself flying his plane mostly for business. Scott is a former executive with Pulte homes who now owns TrueNorth Development, a consulting group working with building industry clients throughout North America, Mexico and Australia. Scott’s parents were both teachers and they instilled in him the importance of volunteering and giving back. He decided to combine his love of flying with his desire to show his gratitude for his transplant and second chance at life.

Scott became a pilot for Wings of Mercy – taking flights for both its east and west Michigan divisions. Wings of Mercy pilots volunteer their time and their airplanes and are reimbursed by Wings of Mercy only for the fuel. After being approved by the chief pilot, volunteer aviators like Scott are paired with volunteer co-pilots on every flight. Pilots cannot apply to be Wings of Mercy volunteers unless they have recorded over 1,000 hours of flight time.

Now celebrating ten years since his transplant, Scott has flown many patients to and from hospitals throughout the Midwest to get them to medical appointments and follow-up visits. Of course, some of his favorites are transplant patients. As Scott points out, a patient driving from Marquette to Ann Arbor would be on the road for up to 12 hours and he can make the trip in less than 3 hours.

Scott’s very first volunteer patient flight in his airplane was to take a young girl from Michigan to see her doctor in Pennsylvania. When she saw the plane, she called it the “Green Angel” and the name stuck. Another memorable flight in the Green Angel was to bring a patient home from Chicago. It was a typical mid-winter rainy, dark, dreary day but the Green Angel got the instrument clearance to fly up through and above the cloud deck. When they broke through into the sunshine, his passenger began shrieking that it was “the most beautiful sight” she had ever seen.

It is moments like that which keep Scott busy flying Wings of Mercy flights at least once a month, even while running his growing business. He is grateful every day for his donor, his transplant surgeon Dr. Campbell, and his nephrologist, Dr. Luan at the University of Michigan Transplant Center. As Scott put it: “This is just what you do. I have been returned to health and I have this airplane and I want to give back any way I can. It makes perfect sense to me.”

– Bob Garypie
Most of us depend on many computer systems every day and the idea of using computers in healthcare has been in the news a great deal in recent years. Many people don’t know that the University of Michigan Transplant Center is home to one of the most unique patient care computer systems in use today. Even more impressive is that it has been around for many years and was the first of its kind in many ways.

The Organ Transplantation Information System (OTIS) at our Transplant Center was the brainchild of Dr. Bob Merion and computer programmer Jim Dean. Jim had been working on a surgery patient database since 1985 when in 1989 he and Dr. Merion proposed a unique way to keep track of transplant patients using a specialized computer database. At that time the Transplant Center employed just 3 coordinators and a handful of others. The idea of providing each employee with a computer tied to a database of information about transplant patients was viewed as somewhat extravagant and hard to envision, yet the proposal was approved.

By August of 1990 the first version of OTIS was born. Jim is the first to point out that OTIS was created, and continues to this day, to be a system that is constantly revised and modified in response to the staff who use it. Since 1990, it has undergone over 250 significant revisions and grown to require 3 full time programmers to maintain it.

Transplantation is different from other kinds of medicine in many ways. Because patients are treated before and after transplant and because transplant patients have a lifetime relationship with the Transplant Center, the vision for OTIS has always been to give caregivers an easy-to-use way to see the big picture of a patient’s experience and needs, with the ability to delve into minute details with minimum effort. Jim’s idea to create a visual timeline using icons to identify critical points in the transplant journey was a breakthrough. The visual timeline turned out to be a very innovative yet extremely complicated piece of software to write. It stands as one of greatest achievements of Jim’s career.

For fourteen years, OTIS grew and served the Transplant Center in ways not often seen or understood by our patients. But, in 2004, OTIS had grown so large and robust that it maxed out the computers that it ran on. It became apparent that this system, which is one of the gems that distinguishes us as a premiere Transplant Center, needed to be drastically updated. A decision was made to rewrite the OTIS software using improved yet conceptually different architecture. A year of preparation led to a three-year project to rewrite OTIS from the ground up and migrate all of the data about our patients to the new system.

The second generation OTIS is today ahead of its time in many respects and will serve us for many years to come. It tracks every event in the life of the transplant and the transplant patient. This allows our staff to see a clear picture of any patient’s journey and a precise picture of his or her situation today, including any trends in lab values that could indicate a need for some sort of intervention.

OTIS has many unique features designed to help keep our patients healthy. One example is an automated process where OTIS scans all lab results performed anywhere in our health system, looking for our transplant patients. Regardless of who ordered a lab test to be done, if a test is done for one of our patients, OTIS picks up the result and puts it in the patient’s OTIS file.

continued on page 5
This important function occurs every ten minutes, so that transplant clinicians always have the most up-to-date information about our patients.

Today, OTIS remains a brilliant and critical hub of information about every one of our transplant patients. The information it can store and display is vast and thorough and is presented to users in a way that is especially useful. Jim Dean and his staff built the system by following our doctors, nurses, and other specialists in clinics and in the hospital. They watched the ways that information was accessed and learned about what was most important to everyone involved. As such our staff can spend more time tending to patients and less time tending to computers and paperwork than ever before.

Jim Dean retired from the Transplant Center in November of 2012. He leaves OTIS in the very capable hands of computer professionals that he has worked with for years. He also leaves the legacy of a patient information system designed and built in concert with the people who use it every day, which is why it is the best transplant center computer system in use anywhere today. It was the first transplant-specific patient information system anywhere, the first patient care database anywhere to be securely linked to the world wide web, and one of the greatest success stories in the realm of computerized medical records anywhere in the world.

– Bob Garypie

Wolverines For Life Creates Biggest Donor Drive Ever at U-M

On Sunday, November 4th, Wolverines for Life presented the second annual Be a Hero at the Big House donor drive, the biggest organ, tissue, blood and bone marrow drive in Michigan. At the Jack Roth Stadium Club at Michigan Stadium, over 800 people attended to do their part to help save lives. The final results included the collection of over 260 pints of blood, 110 people added to the organ donor registry and 96 screened as potential donors by the Be the Match national bone marrow registry program and added to the marrow registry.

Wolverines for Life, is a collaboration between the University of Michigan Health System and other University of Michigan groups, schools and departments, along with the American Red Cross, Be the Match/National Marrow Donor Program, Gift of Life Michigan and the Michigan Eye-Bank.

The event’s totals counted toward U-M’s annual challenges against Ohio State for organ donation registrations and blood donation collection.

The annual Wolverine-Buckeye challenge allows people to sign up as organ donors and have their pledge tallied for their favorite school. U-M co-sponsors the Wolverine-Buckeye Challenge with Gift of Life Michigan. U-M was the winner of this challenge for the 3rd year in a row, by registering 121,780 organ donors compared to OSU at 68,397.

You too can support Wolverines for life! Contact Holly Eliot at heliot@umich.edu or 734-764-4141 if you’re interested in volunteering or becoming a member of the team.

– Melissa Goodson

Learn more about Wolverines For Life at the website: www.wolverinesforlife.org and on Facebook at www.facebook.com/WolverinesForLife
2013 Transplant Center Events

Bowling for Camp Michitanki
Saturday, March 16th
2pm Registration, 3pm Bowling
$25 per adult, $12 children under 12
Colonial Lanes
Ann Arbor, MI

Join us for a fun-filled day of bowling, all-you-can-eat pizza, salad, soda, cookies and more.


The Transplant Physicians are the Waiters!
Dinner at Zingerman’s Roadhouse
Tuesday, June 4 at 6:30pm
Zingerman’s Roadhouse
2501 Jackson Road
Ann Arbor, MI

Join us for a four course meal, served to you by your Transplant Physician. More details and tickets will be available starting in March, 2013.

10th Annual Camp Michitanki Golf Classic
Tentative Date: Sunday, July 14th

Our Camp Michitanki Golf Classic is a favorite of golfers. This is a first-class event that draws golfers back year after year. The scramble format allows golfers of all abilities to come and enjoy the day on a pristine championship course. All proceeds benefit our Camp Michitanki, sending transplant recipient children to summer camp!

11th Annual Vita Redita Gala Dinner and Auction
Tentative Date: Saturday, September 28

Latin for Life Restored, the event that started as the dream of a small group of Transplant Center supporters has grown to become one of Ann Arbor’s most elegant and highly anticipated parties of the year.

Besides gourmet appetizers, strolling dinner, premium bar and an extravagant dessert bar, it also includes a fantastic silent and live auction and live music. The Vita Redita is known to be an over the top, classy event in support of the University of Michigan Transplant Center. Look for more details to come!

Current information about our upcoming events is always available at http://www.facebook.com/UMTransplantEvents

Questions, sponsorship inquiries, or ideas please contact: Transplant Center Events Office at 734-232-0594.
Helping our Pediatric Patients Transition to Healthy Adulthood

Adherence to immunosuppressant medications is a critical factor in health outcomes among pediatric liver transplant recipients. Nonadherence is most common among adolescents, with prevalence rates approximately 4 times higher than in adult transplant recipients. Poor medication adherence is a leading cause of rejection and graft loss in adolescent transplant recipients. The enhancement of medication adherence will improve the health outcomes of pediatric transplant recipients; yet, there are no evidence-based interventions that target medication adherence in pediatric transplant recipients. There is an urgent need to develop and test strategies to improve medication adherence in this population.

Interventions targeting medication adherence in adolescents with other chronic illnesses have been moderately effective. Yet, there are often challenges associated with participation in adherence promoting interventions, such as time and access constraints. Web-based and cellphone interventions are increasingly being used to meet needs of individuals who have difficulty accessing traditional care. Emerging evidence suggests that interventions delivered using web-based and cellphone technology are met with high satisfaction and have improved medication adherence in adolescents and young adults with other childhood diseases. Tailored interventions allow for the provision of behavior change information that is adapted to fit the unique characteristics, motivation and behavioral patterns of an individual. Given the significant risks associated with nonadherence in adolescent transplant recipients, it is critical that tailored interventions be tested in this population.

Researchers are now studying various technological innovations to help adolescents improve their medication adherence. Dr. Emily Fredericks, a pediatric psychologist working in the Pediatric Liver Transplant Program, received a grant from The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to design and evaluate a program for adolescent and young adult liver transplant recipients to improve adherence. The iSTART program (Individualized Self-management Training for Adolescent/Young Adult Recipients of Transplant) involves tailored educational, motivational, and behavioral strategies delivered using text messaging and web-based applications to reduce the time and access constraints often encountered with transitional adherence interventions.

The intervention is designed to address adherence barriers such as motivation, problem-solving issues, deficits in communication skills and gaps in disease-related knowledge. The interventions are tailored to the individual adolescent, meaning that the information participants receive via text messages on the secure website, are personalized based on information they provide when enrolling in the intervention. Adolescents receive daily motivational messages as well as medication reminders, and also have access to additional information related to transplant, including patient testimonials, and health care transitions on the iSTART website. Dr. Fredericks and her research team are currently pilot testing the intervention. For more information about the iSTART program, please contact Dr. Fredericks at emfred@med.umich.edu.

– Emily Fredericks, PhD
Medical Students Shadow Transplant Surgeons

As president of the two-year-old Wolverines for Life medical student chapter, I am constantly seeking out ways to expand our efforts. For this reason, when asked by an eager new medical student whether or not we provided special shadowing opportunities, I jumped on the idea of creating a program. Straight away, I sent an email to Dr. Englesbe and thus was born the WFL Transplant Shadowing Program.

The overall goal of the WFL student chapter is not to create transplant surgeons, but to empower students to make a difference from day one of medical school by raising awareness (both within one’s self and throughout the community) of the various types of life-saving donations. That being said, I imagine the chance to observe a transplant surgery would only increase one’s passion for our cause while also opening his or her eyes to a possible career in the field.

After countless emails with the Transplant Center’s Deb Richards, Darlene Elam, and Angie Sullivan along with my VP Catherine Nosal (a fellow M2), the WFL Transplant Shadowing Program found solid ground. Within the program, medical students who are involved with WFL can partake in up to three shadowing opportunities per year. In the OR, students get to scrub in (often for the first time!) and observe living donor nephrectomies and/or kidney transplants. In the clinic, students can shadow a physician on Fridays in either the Liver Clinic in Taubman or the Liver Tumor Clinic in the Cancer Center. Lastly, students can attend a multidisciplinary evaluation meeting in which professionals from a variety of fields work together to discuss who should be listed for transplant. Students have three options of meetings to attend: kidney/pancreas, liver, or pediatric cases. While the program is open to medical students of all years, these experiences serve as a unique opportunity for M1s and M2s to gain exposure early on to this inspiring field. Everyone involved is extremely appreciative of the welcoming support the transplant team has provided.

As the year comes to an end, other highlights of our student chapter events include a medical campus bone marrow drive, a Gift of Life tour, organ donation drives on the undergrad and medical campus, and both volunteering at Be a Hero at the Big House and painting The Rock in its honor! We even ran an inter-class competition within the medical school to register students as Michigan organ donors. Special thanks Dr. Sonnenday for speaking at our lunch talk where we had both a lung transplant recipient and living kidney donor share their experiences with medical students and to Holly Elliot and Anne Murphy for their constant WFL student chapter guidance and support! We are so thankful to be part of the Transplant Center community and look forward to the years to come.

– Jessica Bloom, Second year student
University of Michigan Medical School
Trauma Team Calls on Transplant Surgeons for Rare Emergency Surgery

Maxwell Bontekoe’s liver was ripped apart and he was bleeding to death. The 13-year-old had been riding a dirt bike on the family’s property in Deerfield Township and collided with his brother.

He arrived at the emergency room at C. S. Mott Children’s Hospital in grave condition, with extensive damage to his liver, spleen, kidneys and lungs. Most critical were the injuries to his liver. Two of the veins coming out of the liver were completely torn and the other was damaged. It was a fatal injury in a very hard area for surgeons to repair.

U-M surgeons were able to take out Maxwell’s liver, repair it and successfully transplant it back into the young man’s body. In the past, people have survived just days after this kind of surgery in a trauma case. Max has survived longer than anyone in the world who has undergone this procedure. It’s been more than a year – and he’s thriving.

A team of trauma surgeons led by Dr. Ronald Hirschl worked with a team of transplant surgeons led by Dr. Shawn Pelletier. Hirschl says Maxwell needed 50 units of blood and the surgery began at 10 p.m. and didn’t end until 6 a.m. the next day.

“We have a group of services here that are used to handling very complex problems and people whose mindset is to try new things. You put them together, working as a team, and we can accomplish things like this,” says Hirschl.

Jacob Bontekoe, Maxwell’s dad, says his son has had 20-plus surgeries since the accident in August 2011. He wasn’t able to go home from the hospital February 2011. But now he’s doing well, is back to school and getting good grades.

The Bontekoes have been great promoters of our transplant program. They were featured on WDIV-TV, Channel 4 in Detroit, in summer 2012 and on Fox2 Detroit in December. Max also is among the patients in our Wolverines for Life video:
http://umhealth.me/thankyouuMich

– Mary Masson

Max Bontekoe and “Buddy,” the American Red Cross mascot, at the 2012 Be a Hero at the Big House donor drive at Michigan Stadium
Viral Video of Thanks

A simple message of thanks from grateful U-M patients grabbed attention this fall from celebrities, organ donation advocates and U-M fans, staff and students across campus.

The “Thank You” video, produced for Wolverines for Life’s annual awareness efforts, has been viewed more than 12,000 times on youtube.com (http://umhealth.me/thankyouumich).

The 2.5 minutes of joy was shared widely on Facebook, mostly notably by Ellen DeGeneres (more than 10,400 likes!), Charles Woodson (701 likes!), and one of our patients with a big social media following: a heart transplant recipient from Japan, Saho Kikuchi, (1,572 likes). It also was posted by campus leaders, our Wolverines for Life partner organizations and numerous U-M Facebook pages, including our main campus page.

It was shared widely on Twitter, including a post from Ora Pescovitz, Executive Vice President for Medical Affairs; Dana Jacobson, a former ESPN commentator; and numerous U-M groups including the Health System social media sites and others like the Kellogg Eye Center, U-M Daily Dose, U-M LSA; Michigan Students; Leaders and Best; U-M Flint; Support Brady Hoke and The Michigan Insider; and numerous organ donation advocates.

The video set two new records for views on our University of Michigan Health System channel: on 10/1/12, when we first launched the video, we had 3,798 views, the highest one-day views in the life of our youtube channel. But on 10/19/12, when Ellen posted the link, that record was broken again, when we had 3,820 views on our channel.

We believe this short, joyful film helped raise awareness and helped Wolverines for Life once again beat Ohio State in the annual fall Wolverine-Buckeye Challenge.

– Mary Masson

Dr. Samaniego Appointed Director of New Adult Transplant Clinic

In 2011, The University of Michigan Health System announced plans to consolidate the majority of organ transplant related outpatient services in a centralized clinic on the first floor of Taubman Center. Construction plans are complete and this 34 exam room facility is set to open its doors in July of 2013. The transplant ACU will combine medical and surgical pre- and post-transplant clinics and procedural space in a state-of-the-art practice for transplant and potential transplant patients.

Millie Samaniego, M.D. was appointed Director of the Transplant Clinic Ambulatory Care Unit (ACU), effective November 1, 2012. Millie is Professor of Internal Medicine and Medical Director of Kidney and Kidney Pancreas Transplantation, and joined the University of Michigan in 2009. Millie is an outstanding clinician, and a world leader in the study of antibody-mediated rejection of organ transplants, and is co-Director of the Michigan Sensitized Candidate Program, a Destination Program at the University of Michigan Health System.

Her clinical and administrative skills will be utilized in partnership with the transplant community in commencing this new ACU. Samaniego stated, “I view this appointment as both an honor and a challenge. Our goal is to make the University of Michigan Transplant ACU a model for the whole country to follow. We hope to share a vision and develop a system in which efficient, cost-effective and superb medical care are not only goals but expectations. I look forward to working with all members of our outstanding Transplant Center team, from clerical staff to surgical, medical and administrative leadership, to achieve this end.”

Dr. Millie Samaniego
Remembering Pat Sullivan

In liver transplant, we have undergone many changes in the past six months. Most recently the liver nurses and coordinators have moved to their new offices where we enjoy having windows and a more quiet work environment. We continue to try to master using the new computerized documentation system introduced in August. There have been a few people who have left or changed areas in transplant requiring replacements. The most notable change was the unexpected death of one of the post liver transplant nurses, Pat Sullivan in May 2012.

In 1988, Pat and her good friend, both from Toledo, decided to work together at the University of Michigan. Pat worked in the SICU (Surgical Intensive Care Unit) for many years. Quite a few of our liver transplant patients had the good fortune of having Pat as their nurse right after their surgery. Pat then spent time caring for patients in what is now known as IR (Interventional Radiology). She then found her way to the post liver transplant area where many patients got to know her well. Pat’s assigned patient caseload changed several times over the years allowing her to impact the lives of many liver transplant patients.

I just finished going through the big collection of cards, letters and emails from patients and various staff who have worked with Pat over the years, which we received following her death. The sheer volume of these communications is a tribute to her positive impact. It was heartwarming to have our patients share their stories about how the loss of Pat effected them, while also extending their sympathies to our loss as her colleagues. They repeatedly mentioned how caring and supportive she was and how she made a difference in so many lives. She ALWAYS gave 100% and went the extra mile without a second thought. She was always honest and forthright. Her loyalty ran deep to her patients, their families, her colleagues and friends.

Pat continues to permeate our work lives and our hearts. We have many fond memories and “Pat-isms” that live on such as her pronunciation of Michigan as “Mitchigin”, “yuse guys” and her favorite line to end any conversation “I’m gonna let you go now.” We loved to tease her about her loyalty to OSU by calling her a “Bucknut” as I write this on the eve of the big game this year. Pat, we miss you, but will never forget you!

— Libby Ford, RN

U-M Transplant Social Worker Cindy Brown Receives Award

Please join us in congratulating Cindy Brown, MSW, Living Donor Advocate and Transplant Social Worker, on receiving the Social Work Department 2012 Teacher of the Year Award. In addition to her day to day work in the Transplant Center, Cindy teaches a course on the Psychosocial Impacts of Chronic Illness.

Thank you, Cindy, for all that you do on behalf of our patients and families and for your commitment to excellence in teaching. Congratulations!

— Anne Murphy
Get Your Donate Life License Plate

MICHIGAN

Donate Life license plates are brand new this year. All proceeds from the sale of the plates go to the Thomas Daley Gift of Life Fund to promote organ, tissue and eye donation. The fund is named after state Rep. Kevin Daley’s son, Thomas, who became an organ donor in early 2011 and saved the lives of four critically ill Michigan residents.

The plate costs only $35 and is renewable for $10. To order, go to Michigan.gov/SOS and click on Owning a Vehicle, then License Plate Store. Or visit any SOS office. You don’t have to wait for your current plate to expire, and you’ll receive your new plate in the mail within 14 days. Your support will help this effort to endure: if 2,000 Michigan residents purchase the plate by next August, it will continue to be available.

– Holly Eliot

To learn more about giving to the Transplant Center, please contact:

Bob Garypie
University of Michigan Transplant Center
300 North Ingalls St., Room 2C40
Ann Arbor, MI 48109-5451
Phone: 734-936-3460
Email: rgarypie@umich.edu

If you no longer wish to receive this publication, please contact us at 734-763-5665 or email rgarypie@umich.edu

Executive Officers of the University of Michigan Health System: Ora Hirsch Pescovitz, M.D., Executive Vice President for Medical Affairs; James O. Woolliscroft, M.D., Dean, U-M Medical School; Douglas Strong, Chief Executive Officer, U-M Hospitals and Health Centers; Kathleen Potempa, Dean, School of Nursing.

Regents of the University of Michigan: Mark J. Bernstein, Julia Donovan Darlow, Laurence B. Deitch, Shauna Ryder Diggs, Denise Ilitch, Andrea Fischer Newman, Andrew C. Richner, Katherine E. White, Mary Sue Coleman, ex officio.

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388. For other University of Michigan information call 734-764-1817.

© 2013, The Regents of the University of Michigan