



Organ and Tissue Procurement Committee Standards and Best Practices for Interaction Between Medical Examiner/Coroner Offices and Organ and Tissue Procurement Organizations

INTRODUCTION

Regular communication between organ/tissue procurement agencies and medical examiner/coroners should occur in order to facilitate continued improvement of processes and to enhance mutual understanding. The following standards and best practices are suggested to ensure the quality and safety of donated tissues while at the same time ensuring appropriate medicolegal investigation of death:

STANDARDS

- Medical examiners and coroners shall cooperate with procurement agencies to maximize the availability of donated organs and tissues to include prompt completing of autopsy reports when autopsies are performed.
- Tissue procurement shall take place as soon as possible after death.
- The procurement agency shall discuss the possibility of tissue or organ donation with the medical examiner/coroner or their representative prior to approaching the legal next of kin. Any restrictions to procurement shall be delineated at that time. If an authorizing person makes the gift of organ or tissue donation, the medical examiner/coroner will be provided a copy of the document of authorization.
- For medical examiner/coroner cases, the option of an external examination shall be provided to the medical examiner/coroner prior to procurement. Trace evidence can be collected at this time and fingerprints can be taken.
- Full body "as is" photographs shall be taken prior to procurement.
- Collection of samples for toxicological analysis may be deferred to the procurement agency; such specimens shall be labeled in accordance with the medical examiner/coroner office's chain of custody procedure. All agreed upon body fluid samples will be returned to the medical examiner/coroner with the body. Blood and other body fluid samples from the earliest dates in the hospital laboratory shall be reserved for toxicological analysis by the medical examiner/coroner except for the minimal amount necessary for infectious disease testing by the procurement agencies. Procurement agencies shall share testing results to minimize the amount of blood needed for testing.
- At the time of procurement, detailed notes shall be taken describing any evidence of injury or disease encountered during the procedure. Photographs should be taken during

the procedure and provided to the medical examiner/coroner when the body is returned for autopsy following procurement. Any deep venous thrombi or pulmonary thromboemboli encountered should be photographed, then collected, placed in formalin, and returned with the body to the medical examiner/coroner. The procurement agency must notify the medical examiner/coroner immediately if other abnormalities (such as hemopericardium) are found during the procurement procedure.

- If the heart is procured for valves, the medical examiner/coroner shall be provided a report describing the organ at the time of valve procurement. The remainder of the heart shall be returned to the medical examiner/coroner for examination or, with the permission of the medical examiner/coroner, referred to a cardiac pathologist of the medical examiner/coroner's choosing for complete assessment. All reports generated shall be routed to the medical examiner/coroner of record.
- If a suspicious lesion for occult malignancy/infection is discovered during postmortem examination these concerns shall be communicated to the organ procurement/tissue agency immediately so that appropriate decisions can be made related to surveillance of organ recipients (as applicable) and to prevent release of unsuitable tissues.

BEST PRACTICES

- In the event usual mechanical refrigeration is not possible (transportation, power outages, etc.) wet ice bags can be utilized by placing them alongside the body as this is an acceptable alternative form of refrigeration in such situations.
- In the special case of donation after cardiac death (DCD), where arrangements are made for rapid procurement of organs after cardiac arrest, death being pronounced on cessation of cardiac and respiratory function rather than brain death criteria, the medical examiner/coroner or their representative should be notified immediately by the hospital when the organ procurement agency is notified so that efficient and timely medicolegal investigation can take place. An effort should be made to legally allow the medical examiner/coroner investigation prior to death pronouncement in order to avoid HIPAA privacy complications.¹
- When requested by the medical examiner/coroner, the procurement agency should freeze a small piece of heart tissue at -80 degrees.

¹ The Anatomic Gift Act of North Carolina allows such notification and investigation.

APPENDIX

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