Ways to Keep Your Expectations From Making You Crazy This Christmas

Christmas is a wonderful time! Everyone is full of good cheer, the milk of human kindness and 20 pounds of candy. All gifts are given with love, are exactly the right size, are exactly the right color, or exactly the right thing for exactly the price you could afford. Right?

Well, if YOUR Christmas seems to fall short every year, here are some ways to keep your sanity and enjoy the unexpected joys that the season brings.

1. News Flash! You are not perfect! Nor is your family! Give up the myth that they should be!

2. Don’t make the season complicated! Simplify! While elaborate decorations may appeal to your decorating ego, putting them up takes time and energy that may be best spent elsewhere this Christmas.

3. Everything doesn’t have to be homemade. Pies, cakes and cookies are perfectly acceptable if they are bought at a bakery. And your children just might celebrate if you decide not to make that knitted scarf this year!

4. Relax. Take time out from the hustle and bustle to just sit with a cup of tea or cocoa and read. Or take a long hot bath. If you take some time for yourself, you will be better able to cope with the holiday chaos.

5. Let other people pitch in. You are not the only one who can do Christmas! Ask someone to do tasks you usually do, such as make the eggnog or cookies. And then LET THEM DO IT – even if they don’t do it just the way you want! Don’t constantly look over their shoulder.

6. Don’t make the season an ordeal for your children by expecting perfect behavior. Children can easily be overloaded with the food, sights, expectations and social whirlwind of the season. Again, simplify for their sake — and yours!

7. If you can’t afford to pay cash for a gift, wait until next year to buy it. Save for the gift in the meantime. The short term thrill of buying the gift will be more than overpowered by the struggle to pay it off months into the New Year.

8. Get out of the house and walk when...
you begin to feel stress. It will help you calm down and keep off those extra pounds. And it will give your family a break from you!

9. Don’t do guilt – to yourself and others. Don’t use your expectations of the season as a weapon against your friends and family. Enjoy what comes this season. It may not be what you expected – it may be better!

And remember – love doesn’t come wrapped in paper, or tied with a bow. You can’t get it for $19.95 if you call now or for two easy payments of only… you name the price. But love is but in the corners of a small child’s smile, the twinkle of a father’s eye or the drape of an arm across your shoulder. If you are expecting something else, you just might fail to recognize it! How crazy!

(continued from page 1)
Give the Gift of Life with Organ Donation

Frequently Asked Questions About Organ and Tissue Donation

1. How does a person become an organ donor?

In Nebraska you can become an organ, eye and tissue donor in any one of three ways:
1) by signing up on the Nebraska Donor Registry at www.nedonation.org
2) by consenting to become a donor at the Department of Motor Vehicles when applying for or renewing your driver’s license or state identification card, or
3) by signing an organ donor registration card.

People who have already indicated their wish to be an organ donor on their driver’s license are automatically entered into the state donor registry.

2. Does my family have to give consent for me to be a donor?

No. First Person Legislation, passed in September 2003 in Nebraska, allows a person to make the decision regarding organ donation for himself/herself and does not require additional consent, except for minors. Minors can register as donors, but their parents or guardians will be asked to give consent for donation. The First Person Consent law ensures that your wish to donate organs will be honored and that your donation cannot be revoked by anyone else. Even though consent from family members is no longer required, it is important to let your family members know your wishes regarding donation so they will understand and support your decision.

3. If I have agreed to donate my organs and tissues in the event of my death, will medical professionals still take every step to save my life?

Yes. First and foremost, medical professionals are life-savers. The team of physicians that provides care to irreversibly brain-injured patients is separate and distinct from the teams who remove organs and provide care to the organ transplant recipients. Supporting this concept, the Uniform Anatomical Gift Act states: “the physician who certifies death... shall not participate in the procedures for removing or transplanting...”. This assures that there is no conflict of interest for the physician caring for the patient.

4. Can I sell my organs and/or tissues?

No. Federal Public Law 98-507 prohibits the buying or selling of organs and tissues.

5. If I am an organ donor, can I still have an open casket funeral?

Organ and tissue donation should not interfere with funeral plans. An open casket service is still possible.

6. What organs and tissues can be donated for transplant?

Heart, lungs, kidneys, liver, pancreas and small bowel. Tissues include eyes (corneas), tendons, veins, heart valves, skin and bone.

7. Are there age limits for organ donation?

There is no age limit to register as a donor. Your medical condition at the time of death will determine which organs and tissues can be transplanted. Each potential donor is evaluated on an individual basis. The oldest cornea donor used for research in Nebraska was 104 years old.

8. I have poor eyesight. Can I still donate my eyes?

Yes. Poor vision is usually a disease of another part of the eye other than the cornea. Your cornea may be suitable for transplantation. If you have diabetes, retinal disease or other eye diseases, your eyes can still be valuable for research.

9. Is there a cost to the donor family?

No. There is no cost to the donor’s family or estate for organ and tissue donation.

10. Does my church support organ donation?

All major religions in the United States support organ and tissue donation as a final act of compassion and generosity. We encourage you to talk to your religious advisor for specifics of your church beliefs.

For more information call Nebraska Organ and Tissue Donor Coalition 800-718-LIFE or (402) 559-3788
Holiday Safety Tips

Trees
- When purchasing an artificial tree, look for the label “Fire Resistant.”
- When purchasing a live tree, check for freshness. A fresh tree is green, needles are hard to pull from branches and when bent between your fingers, needles do not break. The trunk butt of a fresh tree is sticky with resin, and when tapped on the ground, the tree should not lose many needles.
- When setting up a tree at home, place it away from fireplaces, radiators or portable heaters. Place the tree out of the way of traffic and do not block doorways.
- Cut a few inches off the trunk of your tree to expose the fresh wood. This allows for better water absorption and will help to keep your tree from drying out and becoming a fire hazard.
- Be sure to keep the stand filled with water, because heated rooms can dry live trees out rapidly.

Lights
- Before using lights outdoors, check labels to be sure they have been certified for outdoor use. To hold lights in place, string them through hooks or insulated staples, not nails or tacks. Never pull or tug lights to remove them.
- Check all tree lights—even if you’ve just purchased them—before hanging them on your tree. Make sure all the bulbs work and that there are no frayed wires, broken sockets or loose connections.
- Plug all outdoor electric decorations into circuits with ground fault circuit interrupters to avoid potential shocks.
- Turn off all lights when you go to bed or leave the house. The lights could short out and start a fire.

Decorations
- Use only non-combustible or flame-resistant materials to trim a tree. Choose tinsel or artificial icicles of plastic or nonlead coated wire.
- Never use lighted candles on a tree or near other evergreens. Always use non-flammable holders, and place candles where they will not be knocked down.
- In homes with small children, take special care to avoid decorations that are sharp or breakable, keep trimmings with small removable parts out of the reach of children to avoid the child swallowing or inhaling small pieces, and avoid trimmings that resemble candy or food that may tempt a young child to eat them.
- Remove all wrapping papers, bags, paper, ribbons and bows from tree and fireplace areas after gifts are opened. These items can pose suffocation and choking hazards to a small child.

Toy Safety
- Select toys to suit the age, abilities, skills and interest level of the intended child. Toys too advanced may pose safety hazards for younger children.
- Before buying a toy or allowing your child to play with a toy that he has received as a gift, read the instructions carefully.
- To prevent both burns and electrical shocks, don’t give young children (under age ten) a toy that must be plugged into an electrical outlet. Instead, buy toys that are battery-operated.
- Children under age three can choke on small parts contained in toys or games. Government regulations specify that toys for children under age three cannot have parts less than 1 1/4 inches in diameter and 2 1/4 inches long.
- Remove strings and ribbons from toys before giving them to young children.
- Watch for pull toys with strings that are more than 12 inches in length. They could be a strangulation hazard for babies.

Food Safety
- Bacteria are often present in raw foods. Fully cook meats and poultry, and thoroughly wash raw vegetables and fruits.
- Be sure to keep hot liquids and foods away from the edges of counters and tables, where they can be easily knocked over by a young child’s exploring hands.
- Wash your hands frequently, and make sure your children do the same.
- Never put a spoon used to taste food back into food without washing it.
- Always keep raw foods and cooked foods separate, and use separate utensils when preparing them.

Be safe this holiday and really enjoy the season.
Research Studies at University
Nebraska Medical Center

ADHD research study for 12- to 17-year-olds
A pharmaceutical company is studying an investigational medication in boys and girls, ages 12-17, who experience symptoms or have been diagnosed with ADHD. Symptoms of ADHD may include: Inattentiveness or making careless mistakes, fidgeting or squirming, difficulty organizing tasks, easily distracted, interrupting, forgetfulness or losing things. To find out if your child is eligible for this study call (402) 552-6239.

Participants needed for child and teen depression study
Is your 7 to 17 year-old often sad, unhappy or in a bad mood? Do these symptoms sound like your child or teenager:
- Trouble sleeping or staying asleep;
- Change in appetite;
- Loss of interest or motivation;
- Decreased energy;
- Feelings of emptiness or worthlessness?
If this sounds like your son or daughter, the UNMC Department of Psychiatry is conducting a study of an investigational medication for child and teen depression. Study evaluation and medication are provided at no cost to those that meet eligibility requirements. Call 402-552-6340 or 402-552-6240 to learn more about this clinical research study.

Participants needed for infant nutrition study
The Center for Human Nutrition is enrolling 0 to 18 day old infants who are exclusively formula fed or exclusively breast fed. This study will last approximately four months with five visits. For more information, please contact Nancy Murray at 402-559-5500.

ADHD study for 4 and 5 year olds
Is your child unable to sit still? Does he or she have trouble following directions or paying attention? If your son or daughter is 4 or 5 years-old and exhibits these behaviors, call to learn more about a research study and how your child may be eligible for an evaluation and study medication at no charge. For information, call (402) 552-6239.
Top 10 reasons people don’t give blood.

1. I don’t like needles / I am scared of needles / I am afraid to give blood... Nearly everyone feels that way at first. However, most donors will tell you that you feel only a slight initial pinch, and 7-10 minutes later, you are finished and headed for the canteen. If you take the time (and courage) to make one donation, you’ll wonder why you ever hesitated.

2. I am too busy... The entire process takes about an hour, and the actual blood donation time is only 7-10 minutes. If you stop to think that an hour of your time could mean a lifetime for a premature baby, someone with cancer undergoing chemotherapy, or someone who’s had an accident, you might decide that you can make the time to give the gift of life.

3. No-one ever asked me... I didn’t realize my blood was needed... Consider yourself asked! There is simply no other way to supply the blood needs of hospital patients but for the generous donations of people like you. Every two seconds someone in America needs blood. More than 38,000 donations are needed every day in communities across the U.S.

4. I already gave this year... You can give every 56 days. Many donors give 5 times a year!

5. I am afraid I’ll get AIDS... It is not possible to get AIDS by donating blood to the American Red Cross. A new sterile needle is used for each donor and discarded afterwards.

6. My blood isn’t the right type... Every type of blood is needed daily to meet patient needs. If you have a common blood type, there are many patients who need it, so it is in high demand. If you have a less common blood type, there are fewer donors available to give it, so it is in short supply.

7. I don’t have any blood to spare... The average adult body has 10-12 pints of blood. Doctors say that healthy adults may give regularly because the body quickly replaces the blood you donate.

8. I don’t want to feel weak afterwards... Donating blood should not affect adversely a healthy adult because your body has plenty of blood. You will donate less than one pint, and your body, which constantly makes new blood, will replace the donated volume within 24 hours. Most people continue their usual activities after donating.

9. They won’t want my blood (I am too old / I’ve had an illness)... If you have doubts, check with your physician. The qualified staff on duty at a blood drive or donor center will also review your medical history with you. There is no upper age limit to donate blood with the American Red Cross, and a great many medical conditions do not prevent you from donating blood, or may have done so only temporarily in the past.

10. I have a rare blood type, so I’ll wait until there is a special need... Blood that is rare or special is almost always in short supply. There is a constant need for these blood types in order to avoid having to recruit specific blood types in a crisis.

Give the Gift of Life
Donate Blood
Top 10 reasons people to give blood.

1. You will get free juice and cookies.
2. You will weigh less — one pint less when you leave than when you came in.
3. It's easy and convenient — it only takes about an hour and you can make the donation at a donor center, or at one of the many Red Cross mobile blood drives.
4. It's something you can spare — most people have blood to spare... yet, there is still not enough to go around.
5. Nobody can ask you to do any heavy lifting as long as you have the bandage on. You can wear it for as long as you like. It's your badge of honor.
6. You will walk a little taller afterwards — you will feel good about yourself.
7. You will be helping to ensure that blood is there when you or someone close to you may need it. Most people don't think they'll ever need blood, but many do.
8. It's something you can do on equal footing with the rich and famous — blood is something money can't buy. Only something one person can give to another.
9. You will be someone's hero — you may give a newborn, a child, a mother or a father, a brother, or a sister another chance at life. In fact, you may help save up to three lives with just one donation.
10. It's the right thing to do, and it's a present you don't have to pay a penny for to give.

What can you expect after blood donation?

After donating you sit in an observation area, where you rest and eat a light snack. After 15 minutes, you can leave. Wait at least four hours before removing the bandage from your arm.

For 24 hours after your blood donation:
- Drink extra fluids
- Avoid lifting with the arm used during your donation
- Avoid strenuous exercise
- Avoid taking aspirin or ibuprofen (Advil, Motrin)

You may experience an upset stomach or feel light-headed or dizzy after donating blood. These symptoms usually go away after eating a meal and drinking fluids.

You might notice a bruise at the needle-stick site. You may also feel some pain, which usually lessens if you take an over-the-counter pain medication (acetaminophen). Contact the blood donor center or your doctor if you:
- Continue to feel nauseated, lightheaded or dizzy after resting, eating and drinking
- Notice a raised bump, continued bleeding or pain at the needle-stick site when you remove the bandage
- Feel pain or tingling down your arm, into your fingers
- Become ill with signs and symptoms of a cold or flu, such as fever, headache or sore throat, within four days after your blood donation. Bacterial infections can be transmitted by transfusion, and it's important to let the blood donor center know if you become ill so that your blood won't be used.

What are the risks?

Blood donation is safe. New, sterile disposable equipment is used for each donor, so there's no risk of contracting a blood-borne infection by donating blood. Also, blood donor centers strictly enforce screening guidelines and eligibility requirements to make sure that donating will not harm the donor.

If you're a healthy adult, you can usually donate a pint of blood without it endangering your health. Within 24 hours of a blood donation, your body replaces the lost fluids. And after several weeks, your body replaces the lost red blood cells.

Donate by calling the American Red Cross
(402) 341-2723
What is Home Health Care?

Home Health Care is skilled nursing care and certain other health care services that you get in your home for the treatment of an illness or injury. This page explains Medicare’s basic home health benefit and gives you information about where to get more information and help.

How Can I Get Care at Home?

To get Medicare home health care:

1. Your doctor must decide that you need medical care in your home, and make a plan for your care at home; and
2. You must need at least one of the following: intermittent (and not full time) skilled nursing care or physical therapy or speech language pathology services; and
3. You must be homebound. This means that you are normally unable to leave home. Being homebound means that leaving home is a major effort. When you leave home, it must be infrequent, for a short time, or to get medical care; and
4. The home health agency caring for you must be approved by the Medicare program.

You must meet all four of these conditions for Medicare to cover home health care. The plan of care is described:

Skilled nursing care on a part-time or intermittent basis. Skilled nursing care includes services and care that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).

Home health aide services on a part-time or intermittent basis. A home health aide does not have a nursing license. The aide provides services that support any services that the nurse provides. These services include help with personal care, such as bathing, using the toilet, or dressing. These types of services do not need the skills of a licensed nurse. Medicare does not cover home health aide services unless you are also getting skilled care such as nursing care or other therapy. The home health aide services must be part of the home care for your illness or injury.

Physical therapy, speech language pathology services, and occupational therapy for as long as your doctor says you need it. Medicare covers these types of therapy:

1) Physical therapy, which includes exercise to regain movement and strength to a body area, and training on how to use special equipment or do daily activities, like how to get in and out of a wheelchair or bathtub.
2) Speech language pathology services, which includes exercise to regain and strengthen speech skills.
3) Occupational therapy, which helps you become able to do usual daily activities by yourself. You might learn new ways to eat, put on clothes, comb your hair, and new ways to do other usual daily activities. You may continue to receive occupational therapy even if you no longer need other skilled care.

Medical social services to help you with social and emotional concerns you have related to your illness. This might include counseling or help in finding resources in your community.

Certain medical supplies, like wound dressings, but not drugs or prescriptions.

Medical equipment. Medicare usually pays 80 percent of the approved amount for certain pieces of medical equipment, such as a wheelchair or walker.

Medicare will cover any of these kinds of therapy for as long as you are eligible and your doctor says you need them. The Original Medicare Plan covers these home health care services:

Medicare Services Covered:

| Part-Time or Intermittent Skilled Nursing Care |
| Part-Time or Intermittent Home Health Aide Services |
| Physical and Occupational Therapy |
| Speech Language Pathology Services |
| Medical Social Services |
| Medical Supplies (not drugs or biologicals) |
Do you know what home care can do for you?

- It’s used as a teaching tool with new medications, diagnosis, and therapies in the home.
- It provides a liaison between you and your doctor for more informed health care.
- It can help you maintain your independence while living at home with the help of our skilled nurses.

Did you know that you don’t have to be hospitalized to receive home care?

Home nursing is an intervention to help prevent recurrent hospitalization.
Ask your doctor.

Louis H. Primary Home Care Client
- I like the care given by the nurses and the attention given to all the details involved.

Mary K. Primary Home Care Client
- I love my nurse! It’s nice to have somebody to help you when you need it the most.

Marquita W. Home Health Aide
- This company gives great care and helps people to keep their independence. We’re very flexible and we do our best to get our clients the service they need when they need it.

Yvonne B. Home Health Aide
- It’s a great company to work for. It’s an interesting job where you get to meet all kinds of people. I’ve truly enjoyed my 5 years working for this company.

Primary Home Health Care
Medicare / Medicaid Certified – Other Insurances Accepted
Bonded / Insured Staff

(402) 345-1350
The Gift of a Bone Marrow Transplant

What is a bone marrow transplant?
Bone marrow transplant is a life-saving treatment for people with leukemia, lymphoma and many other diseases. First, patients undergo chemotherapy and sometimes radiation to destroy their diseased marrow. Then a donor’s healthy blood-forming cells are given directly into the patient’s bloodstream, where they can begin to function and multiply.

In order for a patient’s body to accept these healthy cells, the donor’s tissue type needs to match the patient’s type as closely as possible. Patients who do not have a suitably matched donor in their family may search the NMDP Registry for an unrelated bone marrow donor or cord blood unit.

How do I become a bone marrow donor?
You can join the NMDP Registry. Doctors around the world search our Registry to find donors for their patients. If a doctor selects you as a suitable match for a patient, you may be asked to donate bone marrow or circulating blood cells. Patients need donors between the ages of 18 and 60 who meet health guidelines and are willing to donate to any patient in need.

Why is there a cost associated with joining the Registry?
When you join the NMDP Registry, you may or may not be asked to pay the costs of your tissue typing. Costs depend on resources and support available. Your tissue type is used to match you to patients and is identified by testing a sample of your blood or cheek cells. On average, the tissue typing to add each new donor to our Registry costs $52. Sometimes, a sponsor may cover all or part of these tissue-typing costs. Other times, there is no sponsor to cover the costs, and donors are asked to pay the tissue-typing cost when they join. We count on people like you to help offset these costs. Any contribution you make to pay for tissue-typing costs is appreciated and tax deductible.

What is my commitment if I join?
When you join the NMDP Registry, you make a commitment to:
Be listed on the Registry until your 61st birthday, unless you ask to be removed. Consider donating to any searching patient who matches your tissue type. Keep us updated if your address changes, you have significant health changes or you ever change your mind about being a donor. Respond quickly if you are contacted as a potential match for a patient. You have the right to change your mind about being a donor at any time. Donating is always voluntary.
If you decide you do not want to donate, let us know right away. That way we can continue the search for another donor without dangerous — even life-threatening — delays for the patient.

Why does a person have to be 18 to be a donor? Can’t my parent sign the consent for me?
The NMDP requires volunteer bone marrow donors to be between the ages of 18 and 60, which is standard medical practice. An individual must be 18 to donate because marrow donation is a surgical procedure and the person undergoing the procedure must legally be able to give informed consent. A guardian or parent cannot sign a release or give consent because unrelated bone marrow donation is a voluntary procedure and is not beneficial or life-saving to the donor.

If I’m over 60, why can’t I join?
The age limit is not meant to discriminate. The NMDP must use chronological age to determine eligibility to protect the safety of the donor and provide the best possible treatment for the patient. With age comes a small increase in the risk of side effects from anesthesia.

If I join the NMDP Registry, how likely is it that I will donate to someone?
We cannot predict the likelihood because there is so much diversity in tissue types. You may never be identified as a match for someone needing a transplant. Or, if yours is a common tissue type, you may be identified along with a number of other potential donors who match a patient. The patient’s doctor decides which donors will be contacted. If we call to say you are a match for a patient, you may be the one who can save the patient’s life.

Why is there a need for donors to join the NMDP Registry?
On any given day, more than 6,000 men, women and children desperately search the National Marrow Donor Program (NMDP) Registry for a matching bone marrow donor or cord blood unit. These patients have leukemia, lymphoma and other life-threatening diseases that can be treated by a bone marrow or cord blood transplant. Even with a Registry of millions, there are many patients waiting and hoping, unable to find a match. Donors with diverse racial or ethnic backgrounds are especially needed.

Does race or ethnicity affect matching?
Racial and ethnic heritage are very important factors. Because tissue types are inherited, patients are most likely to match someone of their own race or ethnicity. Today, there simply aren’t enough registered donors of diverse racial and ethnic heritage. Adding more diverse donors increases the likelihood that all patients will find a life-saving match. Donors of these backgrounds are especially needed:

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- Mixed heritage
Myths & Facts about Bone Marrow Donation

Learn the facts about bone marrow donation to help you make an informed decision about joining the National Marrow Donor Program (NMDP) Registry.

**MYTH:** Bone marrow donation is painful.
**FACT:** Bone marrow donation procedures are done under general or regional anesthesia so the donor experiences no pain during the collection procedure.

**MYTH:** Pieces of bone are removed from the donor.
**FACT:** Bone marrow donation involves transplant of the liquid marrow found inside of the bone. No pieces of bone are removed from the donor. During a surgical procedure in an operating room, special, hollow needles are used to withdraw liquid marrow from the donor’s pelvic bones.

**MYTH:** No anesthesia is used for bone marrow donation.
**FACT:** Bone marrow donation procedures are always done when the donor is under general or regional anesthesia.

**MYTH:** All bone marrow donations involve surgery.
**FACT:** Some donations involve surgery and some do not. Donors may be asked to donate marrow, which is a surgical procedure, or peripheral blood stem cells (PBSC). PBSC donation is a non-surgical procedure done in a blood center or outpatient clinic.

PBSC donation involves removing a donor’s blood through a sterile needle in one arm. The blood is passed through a machine that separates out the cells used in transplantation. The remaining blood is returned through the other arm. The patient’s doctor will decide what type of donation is best for the patient.

**MYTH:** Bone marrow donation involves a lengthy recovery process.
**FACT:** Marrow donors can expect to feel some soreness in their lower back for a few days or longer. Donors also have reported feeling tired and having some discomfort walking. Most donors are back to their usual routine in a few days. Some may take a few weeks before they feel completely recovered.

PBSC donors report varying symptoms including headache, bone or muscle pain, nausea, insomnia and fatigue. These effects disappear shortly after donating.

**MYTH:** Bone marrow donation weakens the donor.
**FACT:** A donor’s marrow is completely replaced within four to six weeks. After donating, most donors are back to their usual routine in a few days.

What is the donation process like?

Adult donors may be asked to donate in one of two ways:

1. **Bone marrow donation** is a surgical procedure done under general or regional anesthesia so the donor experiences no pain during the collection process.
2. **Peripheral blood cell (PBSC) donation** involves removing a donor’s blood through a sterile needle in one arm. The blood is passed through a machine that separates out the cells used in transplants. The remaining blood is returned through the other arm.

Can I get tested for a specific patient or family member?

When you join the NMDP Registry, you make a commitment to consider donating to any searching patient who matches your tissue type. As a volunteer, you are never under any legal obligation to donate and your decision is always respected. However, because a late decision not to donate can be life-threatening to a patient, please think seriously about your commitment before deciding to join our Registry.

You can request a copy of your own tissue typing results after you join the NMDP Registry. However, if you want to be tested only for a specific patient, you will need to have your tissue typing test done privately. You can contact the patient’s transplant center or transplant doctor for more information.

For Information on Bone Marrow Transplant Donation call:

Ira Combs RN BS at 559-3813
Happy Holidays from
UNMC
University of Nebraska Medical Center
Vice –Chancellors office on Research
And
University of Nebraska Medical Center
Center for Reducing Health Disparities
College of Public Health