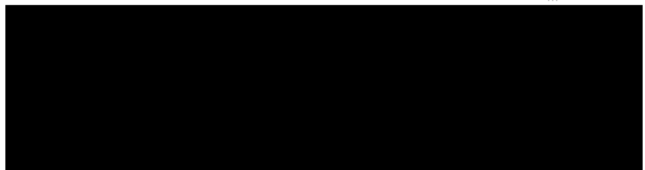


LIFE ALLIANCE
ORGAN RECOVERY AGENCY
UNIVERSITY OF MIAMI



March 20, 2019

VIA SECURE EMAIL

[REDACTED]
Safety Analyst
UNOS Member Quality
[REDACTED]

Re.: Donor [REDACTED]

Dear [REDACTED]

This letter is in response to United Network for Organ Sharing's ("UNOS") March 13, 2019 follow up correspondence advising Life Alliance Organ Recovery Agency ("LAORA" or "OPO") that its management of donor [REDACTED] is being referred to the Membership and Professional Standards Committee ("MPSC") / Policy Compliance Subcommittee ("PCSC") for review. As per your correspondence we are submitting this letter and exhibits for consideration by the PCSC. Please note that we have not attached our prior submissions from February 28, March 1, and March 6, 2019. For ease of reference, we have indented any paragraphs excerpted directly from the donor's medical file, with portions highlighted for emphasis.¹

INTRODUCTION

The OPO treated donor [REDACTED] as a Donation after Circulatory Death ("DCD") recovery pursuant to the donor family's request. Specifically, while the donor was declared brain dead on November 27, 2018, the family requested that they be present in the OR to witness cardiac standstill. This request forced the OPO to adjust its standard process, and advise the staff that at this juncture that neither a pronouncing physician nor a death note is needed. Accordingly, as a result of the family's wishes that they observe cardiac standstill, a DCD match list was run and the organs allocated pursuant to that match run. Subsequently, upon extubation, the donor's legal next of kin (donor's mother), became traumatized, changed her mind about witnessing cardiac standstill and left the OR and instructed the OPO to proceed with organ recovery. At that point, the OPO proceeded to honor the mother's wishes and take the appropriate steps to maximize the gift of life, i.e. recover the organs based on the previous day's brain death declaration. For your convenience please see timeline below.

¹ Please note that excerpts are as they appear in the medical file and as such may contain typographical / grammatical errors.

11/26/2018

- 15:34 - hospital advised OPO that it is awaiting family to withdraw life support. OPO staff arrives onsite to await family's arrival.
- 22:05 - OPO conducted Pre-approach huddle, family was engaged thereafter, family wanted to proceed as DCD and witness cardiac standstill.

11/24/2018

- 10:29 - first physician brain death note.

11/19/2018

- Donor was admitted to hospital.

11/28/2018

- 00:24 - Pre-allocation huddle conducted
- Between 01:53 - 01:56 electronic offers were made for lungs, liver and kidneys as DCD
- 15:40 - OR time out
- 16:10 - Moment of honor, donor was extubated, which caused mother to become emotional, and change her mind about witnessing cardiac standstill. Mother exited the OR and requested recovery. The OPO honored the mother's wishes.

11/27/2018

- 06:00 - Second physician issues brain death note, donor is legally declared brain dead
- 19:55 - OPO engaged the legal next of kin (donor's mother) regarding brain death and donation, the mother understood brain death but insisted on moving forward with donation only if she witnesses cardiac standstill. The OPO honored the mother's request.

DISCUSSION

In light of the brain death declaration on November 27, 2018, i.e. prior to any organ offers being made, the OPO believed that it was not in violation of OPTN policy 2.15.I (DCD Potential Donor Who Converts to Brain Death after an Organ Offer Has Been Made). Specifically, in this case, the brain death occurred before any organ offers were made, and not after. As such, the OPO did not believe this policy applied in this case based on the fact that match run was conducted as if the donor was a DCD. Below are excerpts from the medical record in chronological order:

DCD Approach

██████████
11/27/2018 03:36 EST

DCD Approach Information: Early Interaction implemented? No. Brief synopsis of conversation: DFA ██████████ and I were introduced to LNOK ██████████ (patient's mother), patients 16 year old son "██████████" and a few siblings of the patient, as family advocates from the University of Miami working in conjunction with MSMC. After exchanging pleasantries and hours of family support provided, explanation of WDLS/ME process was discussed. At that point DFA ██████████ and I decided it was appropriate to bridge into the topic of OD. We discussed the benefits of BD and DCD donation, and after much consideration the family as a unit decided that they did not want to wait until BD declaration, and want to be present at time of WDLS, so they have chosen to move forward with **DCD** donation as patient would have wanted to help save others lives. Teddy bears and memory pins were provided to family, as well as my personal number should they want to speak with me for any reason. ██████████ and I were able to continue to offer support until family decided to leave the unit for the evening to rest. Authorization form and UDRAI was completed, family is currently working on completing moment of honor to be read pre-OR. Organs / Tissue / Eye Consented?: Organ (YES), Tissue/eye (NO). Research consent?: yes OTE Restrictions: No tissue and no eye donation or research, for body integrity issues. Time constraints?: Yes, to be in the OR by Wednesday 11/28/18 at noon. Private donation?: no Family notification 4 hour pre / post OR?: yes both. Directed donation?: no Pillars of Essence Aftercare Program?: yes Tree of Life Program?: n/a ME Case?: pending Body Release Form completed?: pending Copy of ID obtained?: No, not available. LNOK Contact (Name, Relationship, Phone Number): ██████████ (mother) ██████████ Funeral Home Information: pending, family is making arrangements to take the body to ██████████ for a family viewing there. Family dynamics / Special instructions not listed above: Mother and sisters have the ██████████ name.

Following the brain death declaration, the OPO engaged the donor family who insisted on witnessing cardiac standstill.

Family Dynamics

██████████
11/28/2018 00:17 EST

Late entry Witnessed conversation between DMC ██████████ and LNOK at 19:55. Mother of patient understands patient is brain dead and has a time of death (notes are not yet published on itx due to corrections pending by MD 1 and 2). Mother of patient wishes to

move forward with organ donation but will only do so if she witnesses asystole. Mother understands gift of life will not be maximized as a result of running a BD potential donor as **DCD** and continuous to firm on her decision for emotional closure. Leadership was made aware during our PM report. Case will be ran as a **DCD** due to family dynamics, despite BD.

On 11/28/2018, the day of recovery, the OPO staff documented the case as brain dead, run as a **DCD** per the family's request.

Clinical Update

██████████

11/28/2018 08:00 EST

S: Brain dead patient s/p MVA-drowning. Family requesting **DCD** due to emotional reasons. See family dynamics note for further details. O/A: Hemodynamically stable Vitals WNL gtt Levophed 1-3 mcg/min Vaspressin 0.01 units/min T4 5 mcg/min MIVF NS 75 mL/hr Latest CMP, PT,PTT, INR of 05:20 continue pending *Trend of Na to be monitored for possible Fludrocortisone 0.2mg daily addition Most recent WBC 11.33 As discussed with MD ██████████ Cefepine to be D/C and replaced with Zosyn 3.375 Q6hrs and addition of Levaquin 750 mg daily. Cultures continue pending GS + and properly covered Respiratory status improved AC 13/450/40%/+5 7.40/41/122/25.4 ABG on 40% CT of chest indicated possible ARDS with a new pneumothorax to the LL measuring 2.1 cm. Finding discussed with MD ██████████ Patient is stable at this time, we will continue to monitor. Patient UOP 75-400 ml over night with one dosage of Albumin 25 + Lasix 40 mg Electrolytes (Mg and Phos) replaced per hospital electrolyte replacement protocol. IR liver biopsy completed at bedside per request of FLCC. OR booked for 12:00PM, per family request. Pending: family update of case

Comments: On-Site

██████████

11/28/2018 09:09 EST

Received report from DMC ██████████ Patient stable, MIVF: 0.9ns 75 ML/HR Levophed 2 mcg/min Vasop: 0.02 units/min Vitals between Normal Limits. Last CMP and U/A documented. Liver Biopsy result pending: we will have the results in 1 hr by Pathology labs report. Huddle with ICU staff **DCD** process was explained to them Plan: Go to OR for Abdominal recovery as a **DCD** Donor. Waiting for family to arrived.

The OPO continued to proceed with the case as a **DCD** until it was time to proceed to the OR. Please find below entries into the medical record from various OPO personnel regarding Pre-OR huddle, AOC note, and coordinator onsite summary, all demonstrating that the OPO planned for a **DCD** recovery.

Pre-OR Time Out

██████████

11/28/2018 12:32 EST

Pre OR Huddle completed @ In attendance: ██████████ AOC, ██████████ LOC, ██████████ LOC, ██████████ OAC, ██████████ DMC, ██████████ S. TC, ██████████ SRC OR set for 14:00 **DCD** Intent: Liver, Kidneys All items on guidelines reviewed. No concerns at this

time. 1. Patient name, hospital, UNOS ID 2. Time of OR: Are they aware of instruments needed? 3. Has the family been notified? Are they planning on coming back to the hospital? if so, is DFA support needed? 4. Is the ACIN uploaded/verified for all surgeons planning to be present in the OR? 5. Organ Alert by the OAC; update UMTB with OR time. 6. Intent to OR for transplant and research, document note in iTx. 7. Is this a shared Tissue donor? If Yes, 6 red tops and 6 lavenders tops need to be drawn, please fill tubes as much as possible. 8. Is Increased Risk form signed by accepting centers? 9. If ME case, are there any restrictions, or special requests/pictures needed? 10. Any positive cultures on iTransplant? 11. Any positive seros on iTransplant? 12. Date and time of last UA. If UA older than 6 hours, order a new one. 13. DMG updated in iTx (Donor Management Goals tab) prior to the OR? 14. Copy of all orders since authorization of the case. 15. Any pending labs or testing? 16. Who is taking photo of organ, vessels, TT materials and blood in packaging box? 17. Reminder to ensure the Organ Donor Related Information Verification form is signed, dated and timed by all surgeons and OPO coordinator prior to incision. 18. Have we reviewed the hospital policy? What is the wait time after cardiac arrest? Has the policy and pause time been reviewed with the pronouncing Physician? 19. Who will be the pronouncing MD? 20. Do we have Heparin and TPA ordered? 21. Has the RN, RT, OR staff and MD (or their designee) been made aware of roles in the OR including waiting 60-90 minutes for pt to expire? 22. Who will be writing death note and is MD aware that it is needed ASAP? 23. Will family be present in OR? If so, who will be responsible for caring for them?

Comments: AOC

██████████

11/28/2018 15:16 EST

Late entry - I was onsite to provide support for withdrawal in the OR. Per DMC ██████████ RT will be extubating, RN will be advising of cardiac standstill time, confirmed by EKG, and DFA ██████████ will be providing family support. There are no needs at this time. I reminded DMC ██████████ to ensure administration of Heparin 5 mins prior to extubation. I then had to leave to another priority case.

Comments: By Phone

██████████

11/29/2018 14:04 EST

Late entry OR 1800 11/28/2018 Summary : We have a meeting with MSMC OR staff, Abdominal team (Dr. ██████████, Dr. ██████████, Dr. ██████████, ██████████ Anesthesia, SRC,s) we discuss the procedure as instructions to be a Withdrawal in the OR per family requested before to go for recovery since this patient was pronounced BD in 11/27/2018 at 0600 am, we did not need to monitor Vitals after extubation in patient pronounced death before, everybody was in agreement and we proceed to WDLS in presence of the family inside the OR. The family was notified by myself and DFA ██████████ before the procedure in details and was in agreement, without complaint. Family was scolded after extubation and moment of honor to the waiting room again without complication or issues. Cross Clamp at 16:19 (Time of Cardiac death). No warm ischemia time. DFA ██████████ support the family before and after OR. Successfully recovery Liver and Kidneys.

The unexpected variable in this case was the donor family's reaction in the OR. Upon extubation, the mother, who is the legal next of kin, became emotionally distraught and was escorted out of the OR by OPO staff members. She then requested that the OPO proceed with immediate recovery. The OPO staff believed that asking the mother for paperwork, or permission to re-intubate in order to be able to re-run the match run list as a brain death would be far to traumatizing and insensitive. Furthermore, it was likely that such a request would have resulted in the family rescinding authorization and depriving the waiting recipients of their life-saving organs. As the donor was previously pronounced brain dead, no pronouncement was needed. In addition, the family had authorized and requested that recovery proceed, albeit orally. Based on the family's request and state of mind, as well as the exigency of the circumstances to maximize the gift of life, the OPO team decided to honor the family's wishes and continue the case as a brain dead donation despite extubation. Below are notes from coordinators involved in this family-driven, unusual case.

Comments: By Phone

██████████ ██████████ ██████████

11/28/2018 19:00 EST

Late entry Mother ██████████ and brother ██████████ arrived at the Hosital just minutes before OR , we briefly gathered in patient's room to make the pertinent arrangements for the WDLs process. When required, we escorted patient's bed to the OR. Personalized Moment of Honor was read and then patient was extubated. We exited the OR and mom became very distraught. I deemed appropriate stay with them for family support and I was able to address their concerns about next steps since they are planning a viewing in ██████████. Around 18:00 mom decided to leave and politely asked me to call them once OR finished. Received a notification from DMC ██████████ with the OR outcomes. A call was placed to Brother ██████████ who was very grateful for our communication.

Family Dynamics

██████████ Betancourt ██████████

11/29/2018 19:42 EST

Addendum to DFA note from 11/28/18 at 19:00 Mother ██████████ and patient's brother ██████████ arrived at the Hospital just minutes before OR time, however, we had enough time to discuss the pertinent arrangements for the WDLs process. Mother had previously requested to receive an explanation about the OD process one more time. I was able to present at length the process and Mrs. ██████████ verbalized understanding. When required, we escorted the patient's bed to the OR and we gathered in a private room waiting for the bunny suits to be ready. While there, Mrs. ██████████ shared with me that she had given birth 12 children but mostly Males, therefore she made a vow to God expecting a Daughter in return, finally she had a daughter and today her daughter was living with God. She mentioned that she understood that her daughter had gone already when she was declared BD, however she would like to be present at the time of the final moment for emotional closure. DMC ██████████ had previously joined our conversation and was able to provide them with more details about the WDLs process. At that point, both mother and brother agreed to leave the OR right after extubation and not to wait until cardiac standstill, as previously requested. We proceeded to get into OR, Personalized Moment of Honor was read and then patient was extubated. We exited the OR quietly, however when we got the private room

mom became very emotional, she shared that she eventually will be fine even though she will need some time to process that she won't see her daughter again. I deemed appropriate to stay with them for family support and I was able to address their concerns about next steps since they were planning a viewing in [REDACTED]. Mother thanked me many times for our support and the way we've turned this tragedy in something marvelous. Around 18:00 mom decided to leave and politely asked me to call them once OR finished. Received a notification from DMC [REDACTED] with the OR outcomes. A call was placed to Brother [REDACTED] who was very grateful for our communication.

Subsequent Corrective Action

Upon receipt of UNOS' February 14, 2019 correspondence, the OPO leadership met on February 14, 2019 and decided to create and implement a policy banning the pursuit of brain dead donors as DCD donors. The decision was based on the rarity, complexity, and the difficult emotional status of the donor family. The decision was conveyed to the OPO's family service team members (See OPO's March 6th submission along with associated exhibits). Furthermore, the OPO family services team members will receive training on how to relay to donor families the OPOs policy of not pursuing BD donors as DCDs.

The newly implemented policy was presented to the OPO staff for input and discussion on March 18, 2019. Please see attached:

- Exhibit A: OPO policy not to pursue BD donor as DCD
- Exhibit B: General Staff Meeting Agenda
- Exhibit C: Clinical Staff Meeting Agenda
- Exhibit D: Staff acknowledgment of new policy in Q-Pulse.

Please note that the leadership on call (LOC) for that particular day is no longer employed by the OPO.

CONCLUSION

This case was a brain dead donor, to be conducted as a DCD per the family's request to be present at the time of cardiac standstill. The family changed their mind in the OR after extubation, which presented the OPO with the challenge of managing incongruent values, which were in this particular case prudence, maximizing the gift, being sensitive and supportive to the family. The OPO chose in this case to be sensitive and supportive of the family, while simultaneously maximizing the gift of donation.

This donation process, like all others, was family-driven. In this case the mother was understandably highly emotional, which led to a deviation from the original plan. At the end, the donor family was supported without additional stress, their wishes were honored, and successful transplantation of organs took place allowing the family the comfort of knowing their loved one saved lives.

As a result of the potential complexities arising from such rare cases, the OPO has adopted a new policy of not pursuing such cases in this manner in the future. The OPO welcomes any guidance from UNOS on how to approach dynamic cases such as this one where an OPO is required to balance a donor family's wishes with maximizing the gift of life.


Please do not hesitate to contact us should you have any questions or require further information regarding the above case.

Regards,



EXHIBIT

A

TITLE: Brain Death Donors as DCD LIFE ALLIANCE ORGAN RECOVERY AGENCY UNIVERSITY OF MIAMI  WORK INSTRUCTION/SOP	Work Instruction Number	SOP-CO-45
	Effective Date	3/18/2019
	Revision Number	1

1.0 PURPOSE

To provide guidance when a donor has been declared Brain Dead, but is under consideration to be conducted as a DCD donation.

2.0 SCOPE

2.1 All donations of Brain Dead patients that might be conducted as DCD donors.

3.0 RESPONSIBILITY

3.1 All Life Alliance personnel.

4.0 DEFINITIONS

- 4.1 AOC -- Administrator on Call
- 4.2 DCD -- Donation after Circulatory Death
- 4.3 LAORA -- Life Alliance Organ Recovery Agency
- 4.4 LOC -- Leadership on Call

5.0 MATERIALS/EQUIPMENT

5.1 N/A

6.0 PROCEDURE/INSTRUCTIONS

- 6.1 In accordance with UNOS policy 2.15I, Life Alliance procedures allowed for a patient who has been declared Brain Dead to be conducted as a DCD donor in limited special circumstances, for example:
 - 6.1.1 Authorizing party has requested to be present in the operating room to witness extubation and/or cardiac standstill.
- 6.2 The Life Alliance Organ Recovery Agency will no longer conduct the donation process from a brain dead donor following DCD protocols.

7.0 DOCUMENTATION/ATTACHMENTS

7.1 N/A

8.0 REFERENCES

- 8.1 P&P-CO-48 *Surgical Recovery Policies and Procedure (DCD Recovery)*
- 8.2 SOP-CO-5 *DCD Perfusion Operating Room Procedure*

EXHIBIT

B

LIFE ALLIANCE
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General Staff Meeting *Agenda (03/18/19)*

Mission Statement:

Provide life-saving organs while caring for the families of organ, eye and tissue donors by turning tragedies into miracles.

- I. Executive Director Report - Dr. [REDACTED]
 - a. **Brain dead donor as DCD**
- II. Medical Director Report – Dr. [REDACTED]
- III. OPO Operations Update – [REDACTED]
- IV. Clinical Update/Donor Family Services Update – [REDACTED]
- V. Surgical Recovery/Allocations Update – [REDACTED]
- VI. Quality Update – [REDACTED]
 - a. CQI
- VII. Finance/Administration Update – [REDACTED]
- VIII. Hospital Development – [REDACTED]
- IX. Community Update –
- X. Human Resources Update –
- XI. I.T. Update – [REDACTED]
- XII. Team Review

EXHIBIT

C

LIFE ALLIANCE
ORGAN RECOVERY AGENCY
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AOC Meeting
3.18.19

- 1) Training Forms
- 2) 24 hour shifts
- 3) QA of the charts
- 4) DFA interviews
- 5) BD as DCD-No longer Doing
- 6) Kudos

Clinical Meeting Agenda
3.18.19

- 1) Apollo Study
- 2) [REDACTED] Case Study-NCH
- 3) Presentation by [REDACTED] [REDACTED] and [REDACTED]
- 4) BD as DCD-No longer doing
- 5) Kudos

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UNIVERSITY OF MIAMI



DRR/DFA Meetings/Training Agenda

Date: 3/18/19

Timeline: 1300-1500 DFA meeting

- 1) APOLLO Study
- 2) Role Plays
- 3) Documentation-Spelling etc
- 4) 6 month letters
- 5) BD as DCD-No longer doing this
- 6) Talk for Success

EXHIBIT

D

SFC OPTN Hearing

Exhibit L.113

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Printed on: Wednesday, March 20, 2019

Document		
Type	Number	Revision
SOP\Clinical Operations	SOP-CO-45	1
Title	Active Date	
Brain Death Donors as DCD	3/18/2019	

Copy Holders		
Person Name	Person Department Organisation	Acknowledged Date
	Administration\Quality	3/19/2019 8:17 AM
	Administration	3/18/2019 3:06 PM
	Operations\Organ Procurement	
	Operations\Organ Recovery\Surgical Recovery	
	Operations\Organ Procurement	3/19/2019 9:02 AM
	Operations\Organ Procurement	3/19/2019 9:08 AM
	Administration\Quality	3/18/2019 12:29 PM
	Operations\Organ Recovery\Organ Allocation	3/18/2019 12:38 PM
	Operations\Organ Recovery\Organ Allocation	
	Operations\Organ Procurement	
	Operations\Hospital Services	3/19/2019 12:39 PM
	Operations\Organ Procurement	3/19/2019 11:31 AM
	Operations\Organ Procurement	3/19/2019 12:42 AM
	Operations\Organ Procurement	
	Operations\Organ Recovery\Organ Allocation	
	Operations\Organ Procurement	3/19/2019 9:50 AM
	Operations\Organ Procurement	
	Operations\Hospital Services	3/18/2019 1:02 PM
	Operations\Organ Procurement	

	Operations\Organ Recovery\Surgical Recovery	
	Operations\Organ Procurement	3/19/2019 8:51 AM
	Operations\Hospital Services	3/19/2019 7:43 PM
	Operations\Organ Recovery\Organ Allocation	
	Operations\Hospital Services	
	Operations\Organ Procurement	3/19/2019 9:00 AM
	Operations	3/18/2019 12:31 PM
	Operations\Organ Recovery\Organ Allocation	3/18/2019 12:41 PM
	Operations\Hospital Services	
	Operations\Organ Procurement	3/20/2019 9:33 AM
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	Operations\Organ Procurement	
	Operations\Organ Procurement	
	Operations\Organ Recovery\Surgical Recovery	
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	Operations\Organ Procurement	3/18/2019 2:52 PM
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	Operations\Organ Procurement	
	Operations\Organ Procurement	
	Operations\Organ Procurement	3/19/2019 10:39 AM
	Operations\Organ Procurement	3/19/2019 7:53 AM
	Operations\Organ Procurement	
	Operations\Organ Procurement	3/19/2019 9:23 AM
	Operations\Organ Recovery\Surgical Recovery	3/20/2019 10:01 AM
	Operations\Organ Recovery\Surgical Recovery	3/18/2019 1:22 PM
	Operations\Organ Recovery\Surgical Recovery	3/20/2019 10:01 AM
	Operations\Organ Procurement	3/19/2019 8:45 AM
	Operations\Organ Recovery\Surgical Recovery	3/18/2019 12:31 PM
	Operations\Organ Recovery\Surgical Recovery	

Operations\Organ Procurement	
Operations\Organ Procurement	3/19/2019 9:06 AM
Operations\Organ Recovery\Surgical Recovery	
Operations\Organ Procurement	
Administration\Quality	3/18/2019 12:59 PM
Operations\Hospital Services	3/18/2019 3:35 PM
Administration\Quality	3/18/2019 1:02 PM
Operations\Organ Procurement	3/19/2019 5:06 AM
Operations\Organ Procurement	3/18/2019 10:27 PM
Operations\Organ Procurement	3/18/2019 6:29 PM
Operations\Organ Procurement	
Operations\Organ Procurement	
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Operations\Organ Procurement	3/19/2019 2:15 PM
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Operations\Organ Recovery\Organ Allocation	3/19/2019 11:24 AM
Operations\Communications	3/18/2019 12:25 PM
Administration	3/19/2019 3:33 PM
Operations\Organ Procurement	3/19/2019 10:31 AM
Operations\Hospital Services	
Operations\Organ Procurement	
Operations\Organ Recovery\Organ Allocation	

SFC OPTN Hearing
Exhibit L.113

Administration\Quality	3/19/2019 10:00 AM
Operations\Organ Procurement	3/19/2019 11:44 AM
Operations\Organ Recovery\Surgical Recovery	3/18/2019 12:17 PM
Operations\Organ Procurement	3/19/2019 9:24 AM
Operations\Organ Recovery\Organ Allocation	3/19/2019 4:49 AM
Operations\Organ Recovery\Surgical Recovery	3/18/2019 10:10 PM
Operations\Organ Procurement	3/19/2019 8:43 AM
Operations\Organ Procurement	3/19/2019 9:05 AM
Operations\Organ Procurement	3/19/2019 8:53 AM
Operations\Organ Recovery\Surgical Recovery	
Operations\Organ Recovery\Surgical Recovery	
Administration\Quality	3/19/2019 10:28 AM
Operations\Organ Recovery\Surgical Recovery	3/20/2019 5:57 AM
Operations\Organ Recovery\Surgical Recovery	3/19/2019 6:14 AM
Administration\IT	3/18/2019 1:09 PM
Operations\Organ Procurement	
Administration\Quality	3/20/2019 6:43 AM
Administration\IT	3/18/2019 1:42 PM