

Transport logistics

Module — 8

Version 3.0 — February 2026

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1.0

Summary

Swisstransplant acts as a clearing house in the organ donation process between the hospital that identifies/cares for the organ donor and the transplant centre that treats the organ recipient.

All transport in the organ donation process (e.g., transfer of a potential donor to a procurement hospital, travel by coordinators, transport of procurement teams and organs) is organized in consultation with Swisstransplant.

The choice of transport (taxi, ambulance, helicopter, jet) depends on the urgency of the situation, the maximum ischemia time of the organ, the distance, but also, for example, on road conditions (traffic volume, weather).

Most transports are organized through the AAA¹ operations centre. This ensures high efficiency and short response times in the event of problems or delays.

The "Transport logistics" module below covers the detailed processes, responsibilities, and roles involved in organizing and carrying out the transportation of:

- Potential organ donors
- Repatriation of the body
- Relatives when the organ donor is transferred
- Donation coordinators
- Blood, cell/tissue samples, specific material
- Procurement teams
- Organs
- Organ donation boxes
- Perfusion machines

All persons involved in the above-mentioned transports are subject to confidentiality without exception. For data protection reasons, only information that is necessary for smooth transport may be disclosed.

¹ AAA Alpine Air Ambulance, Swisstransplant's logistics partner for air and ground transport

2.0

Transport of potential donors to a transplant hospital

If the facilities at a detection hospital do not allow organs to be procured, the potential donor may be transferred to a procurement hospital with the consent of their next of kin.

2.1 Time of transfer

According to the legislation of some cantons, the potential donor may only be transferred before death has been certified. For this reason, formal certification of death should only be carried out at the organ procurement hospital.

2.2 Responsible specialists and accountabilities

The transfer arrangements for the donor are determined in consultation with the physician responsible for the donor's treatment. The physician may consult with the physician in charge at the organ procurement hospital and the medical advisor at Swisstransplant.

The referring physician at the detection hospital is therefore responsible for:

- For choosing the mode of transport: ambulance or helicopter
- For transmitting all information about the donor to the emergency services and the physician responsible at the destination hospital
- In cooperation with the team on site and the donation coordinator, he or she ensures that the donor's relatives are cared for.

The rescue or emergency physician must:

- Be able to manage complex, unstable situations
- Ensure that the medical equipment for transport is available

2.3 Organization

Transport is organized by the physician or treatment team in the intensive care unit of the transferring hospital (detection hospital) in collaboration with the donation coordinator and, if desired, with the National Coordination Office of Swisstransplant.

2.4 Handover procedures

When registering the transport and handing over the donor to the emergency services team, the following information is provided to ensure safe and smooth transport:

- Current status of the donor
- Installations
- Current medication

- Ventilation parameters
- Any other important information

Handover of the following documents:

- Medical transfer report
- Copy of important examination findings (X-ray, CT, echocardiogram, abdominal sonography, coronary angiography, etc.)

2.5 Documentation

Transportation details (departure point, arrival point, means of transport) are recorded by the National Coordination Office in the online documentation tool SLIDS². Departure and arrival times are documented in SLIDS by the AAA³ operations centre. The times of transports not organized by AAA are documented by the National Coordination Office.

2.6 Cost coverage

The costs of transporting the potential donor are covered by the Swisstransplant transport fund, unless they are covered elsewhere.

The aim is to ensure that the hospitals that detect the donor and the donor's relatives do not incur any additional costs.

3.0

Transfer of the body after organ procurement

If the donor was transferred from the detecting hospital to a procurement hospital for organ procurement, the transfer of the body after organ procurement is organized in agreement with the relatives. In consultation with the relatives and the donation coordinator, the body may be transferred to the hospital where the donor was originally treated or to a funeral home at the location of the detecting hospital (in Switzerland/near the border).

3.1 Time of transfer

After organ and tissue procurement has been completed, provided that no forensic examination is planned.

² SLIDS: Swisstransplant logistics and invoice documentation system

³ AAA: Alpine Air Ambulance

3.2 Responsible specialists and accountabilities

The transfer arrangements for the body are determined by the donation coordinator in consultation with the next of kin.

The donation coordinator, in cooperation with the treatment team at the intensive care unit of the detecting hospital or the funeral home, is responsible for:

- Clarifying the destination of the transfer
- Organizing transport (hearse)
- Informing the National Coordination Office about the transport

The National Coordination Office is responsible for:

- Documenting the transport in SLIDS

3.3 Documentation

Complete documentation of the transport is carried out by the National Coordination in the online documentation tool SLIDS.

3.4 Cost coverage

The costs for the return transport of the body to the detection hospital or undertaker's, are covered by the Swisstransplant Transport Fund. A dignified transfer should be guaranteed at all times.

3.5 Transfer of the body abroad

If a patient from abroad is considered a potential organ donor in Switzerland due to a change in the treatment goal, the transfer of the donor's body after death is organized in agreement with the relatives.

The costs of transporting the body back to a country close to the border are covered by Swisstransplant. The area close to the border extends to a distance of up to 50 km from the Swiss border. Costs for journeys further afield will only be covered by Swisstransplant after prior consultation. A special coffin is required for the cross-border repatriation of the body, which can be sealed if necessary.

If, at the request of the relatives, the change in treatment is to take place in the home country, the costs of the transfer are covered by the patient's health insurance.

4.0

Transport of relatives

If the donor is transferred from the detecting hospital to a procurement hospital for organ procurement, transportation for relatives to accompany the donor can also be arranged.

4.1 Responsible specialists and accountabilities

The transport of relatives of potential organ donors is organized in consultation with the relatives, the donation coordinator, and the National Coordination Office.

The donation coordinator in the detection hospital is therefore responsible for:

- Organizing transport in consultation with the national coordination centre
- Informing the donation coordinator at the procurement hospital (if this is a different person) about the arrival of the relatives

The national coordinator is responsible for:

- Documenting the transport in SLIDS

4.2 Documentation

The National Coordination Office records the transport (departure point, arrival point, means of transport) in the online documentation tool SLIDS. The departure and arrival times are documented in SLIDS by the AAA operations centre. The times of transports not organized by AAA are documented by the National Coordination Office.

4.3 Cost coverage

The costs of transporting relatives from the detection hospital to the collection hospital and back are covered by the Swisstransplant Transport Fund, unless they are covered elsewhere.

5.0

Transportation of donor coordinators

The role of donation coordinator can be assumed by a treating physician, a qualified nurse, or a FOGS until the patient enters the operating room. From that moment on, it is essential that a specially trained donor coordinator takes over the specific tasks during the procurement operation. In all networks, donor coordinators from the responsible network hospitals can travel to peripheral donor hospitals and coordinate the organ donation process on site. Donor coordinators also travel to peripheral hospitals for donor evaluation.

5.1 Responsible specialists and accountabilities

The transport of donor coordinators is organized in consultation with the National Coordination Office. For legal reasons, transport must be carried out exclusively by officially licensed passenger transport companies or by private vehicle (taxi companies, AAA, train).

The donor coordinator is therefore responsible for:

- Organizing their transport in consultation with the National Coordination
- Informing the teams at the collection hospital of the arrival time

The National Coordination is responsible for:

- Documenting the transport in SLIDS

5.2 Documentation

The National Coordination Unit records the transport (departure point, arrival point, means of transport) in the online documentation tool SLIDS. The departure and arrival times are documented in SLIDS by the AAA operations centre. The times of transports not organized by AAA are documented by the National Coordination Unit.

5.3 Cost coverage

The costs for transporting the donation coordinator from the central hospital to the peripheral network hospital and back are covered by the Swisstransplant Transport Fund in the following amounts:

Taxi	Actual costs as agreed with AAA
Train	Based on half-fare 1st class
Private vehicle	CHF 0.70/km

The costs for transporting donor coordinators are also covered by Swisstransplant if, following a donor evaluation, no donation ultimately takes place.

6.0

Transport of blood, cell, and tissue samples

Specific tests (e.g., HLA, serology, certain biopsies, etc.) are performed at a transplant centre. In the further process, it may also be necessary to transport material for procurement, conditioning, packaging, and shipping of organs from a transplant centre to the procurement hospital.

6.1 Responsible specialists and accountabilities

The transport of blood, cell, and tissue samples and specific material is organized in consultation between the donation/transplant coordinator and the National Coordination Office.

The donation/transplant coordinator is therefore responsible for:

- Informing the National Coordination Office about the planned transport
- Informing the responsible laboratories in the transplant centre (depending on local circumstances)
- Transporting the material to or from the emergency entrance

The National Coordination Office is responsible for:

- Organizing transport with the emergency operations centre
- Informing the relevant laboratories in the transplant centre (depending on local circumstances)
- Documenting transport in SLIDS

6.2 Choosing the mode of transport

Urgency, road conditions, and estimated transport time are decisive factors in choosing the mode of transport:

- Taxi
- Ambulance with blue light capability only in consultation with the National Coordination Centre (see also chapter 10.0)
- Blood for cross-matching: transport by taxi

6.3 Organization

Transport is organized in consultation between the donation coordinator, possibly the transplant coordinator, and the National Coordination Office via the operations centre.

If the blood for HLA typing is sent from the collection hospital to a transplant centre, the taxi can take the donation coordinator on the way there or back.

6.4 Handover procedures

Transport is always carried out from emergency room to emergency room between hospitals.

6.5 Documentation

The transport (departure point, arrival point, means of transport) is recorded by the National Coordination Office in the online documentation tool SLIDS. The departure and arrival times are documented by the AAA Operations Centre in SLIDS.

6.6 Cost coverage

The costs for the transport of blood, cell, and tissue samples and materials are covered by the Swisstransplant transport fund.

Transportation costs for materials or personal items forgotten by the procurement teams are billed to the transplant centres.

7.0

Transportation of procurement teams to the organ procurement hospital

Transport of procurement teams is generally carried out from hospital to hospital. Since arrival at the procurement hospital can in most cases be planned hours before the procurement, transport is usually carried out by road. The National Coordination Office coordinates with the transplant coordinators of the retrieval teams and the donor coordinator at the retrieval hospital to enable air transport in urgent situations, in the event of unfavorable road conditions (ice, snow, traffic jams), or for long distances (> 2.5 hours of ground transport).

7.1 Responsible specialists and accountabilities

The transport of procurement teams to the procurement hospital is organized in consultation between the transplant coordinator on duty at the transplant centre and the National Coordination Office.

The National Coordination is responsible for:

- For organizing transport with the operations control centre
- Informing the procurement team about the mode of transport and the planned departure and arrival times
- Informing the procurement hospital about the planned arrival time of the procurement team, the mode of transport, and the number of people in the team
- For documenting the transport in SLIDS
- For assignments abroad: forward passport copies to the AAA operations centre.

The donation coordinator is responsible for:

- For receiving the procurement team at the organ procurement hospital

The transplant coordinator of the retrieval team is responsible for:

- For providing the National Coordination Office with the number of people in the procurement team
- For assignments abroad: forwarding passport copies to the National Coordination Office
- For coordination and consultation within the procurement team

7.2 Choosing the mode of transport

Urgency, road conditions, and estimated transport time are decisive factors in choosing the mode of transport:

- Taxi/ambulance in consultation with the National Coordination Centre: Regulations regarding the use of blue lights are listed in the chapter 10.0 .
- Helicopter or jet in consultation with the National Coordination Centre in medically urgent situations, in the event of unfavorable road conditions, or for long distances (> 2.5 hours).
- For imports from abroad, the means of transport is determined on a case-by-case basis.

7.3 Organization

Transport is organized in consultation between the National Coordination Office and the transplant coordinator of the procurement team via the operations centre.

7.4 Documentation

The National Coordination Office records the transport details (departure point, arrival point, means of transport) in the SLIDS online documentation tool. The departure and arrival times are documented in SLIDS by the AAA operations centre. The times of transports not organized by AAA are documented by the National Coordination Office.

7.5 Cost coverage

The costs for the transport of retrieval teams are covered by the Swisstransplant transport fund.

7.6 International transport

In addition to passports, either a UK ETA or – depending on the nationality of the procurement surgeon – a visa is required to enter the United Kingdom. These must be applied for before the start of the journey (the responsibility lies with the procurement surgeon).

8.0

Transport of retrieval teams and organs to the transplant centre

The organs procured are transported from the organ procurement hospital to the responsible transplant centre, either accompanied by the procurement team or unaccompanied. The focus is on achieving the best possible outcome for the recipients, taking into account the balance between medical benefits and costs.

For unaccompanied organs, transport is always organized from emergency room to emergency room.

In view of the maximum tolerated ischemia times for organs, the duration of transport per organ is defined as follows:

Organ	Max. ischemia time	Max. transport time
Heart	4 hours	2.5 hours (with OCS 8 hours)
Lungs	6–8 hours	3 hours
Liver	12 hours with DBD, 8 hours with DCD	4 hours for DBD, 3 hours for DCD
Kidney	24 hours	20 hours
Pancreas / Islets	8 hours	3 hours

8.1 Responsible specialists and accountabilities

The transport of organs is organized in consultation between the transplant coordinator of the recipient hospital and the National Coordination.

The National Coordination is responsible for:

- Organization of transport with the operations centre
- Informing the transplant centre of the planned departure and arrival times of the organ/team and the mode of transport
- Documentation of transport in SLIDS

The transplant coordinator at the recipient hospital is responsible for:

- Informing and coordinating the transplant team
- Receiving the organ/retrieval team at the transplant centre or, if not present, informing the relevant responsible authority
- Transporting the recipients to the transplant centre

The donor coordinator is responsible for:

- The information/confirmation of the departure time of the organs or the team to Swisstransplant National Transplant Coordination or the transplant centre

8.2 Choosing the mode of transport

The choice of transport method depends on the expected transport time, road and visibility conditions, the maximum tolerated transport time, and the urgency. The transport methods were discussed and approved in the respective organ working groups.

Heart and lungs:

- If the expected transport time is < 90 min, transport is carried out in an ambulance.
- If the expected transport time is > 90 min, the use of a helicopter is justified.
- Use of a jet only in consultation with Swisstransplant's medical advisor.

Heart OCS

- Domestic transport is generally always carried out by ground transport.

Liver

- Liver: Transport is generally always carried out by ambulance.
- If the procurement team accompanies the organ, transport is always by ambulance for an expected transport time of up to 2.5 hours. For longer transport times, the use of a helicopter/jet is evaluated in consultation with SWT staff.
- For DCD livers for urgent recipients, if the estimated transport time is >90 minutes, the use of a helicopter/jet is evaluated in consultation with SWT staff.

Kidneys and pancreas:

- Transport is generally always by taxi.

The means of transport for imports from abroad is decided on a case-by-case basis.

Specific regulations on the use of blue lights when traveling by ambulance can be found in the chapter "10.0 ."

8.3 Organization

Transport is organized in consultation between the National Coordination Office and the transplant coordinator of the transplant centre via the AAA operations centre.

8.4 Documentation

The National Coordination Office records the transport details (departure point, arrival point, means of transport) in the SLIDS online documentation tool. The AAA Operations Centre documents the departure and arrival times in SLIDS. The National Coordination Office documents the times of transports that are not organized by AAA.

8.5 Cost coverage

The costs of transporting organs and returning organ procurement teams are covered by the Swisstransplant transport fund.

Transportation of recipients: Costs covered by transplant centres/health insurance

9.0

Transport of organ donation boxes and perfusion machines

9.1 Responsible specialists and accountabilities

Return transport of perfusion machines is organized in consultation between the transplant coordinator at the recipient hospital (at the OCS with the cardiac technician at In-selspital) and/or the donor coordinator and the National Coordination Office.

The National Coordination is responsible for:

- Organizing OCS transport with the AAA operations centre
- Organizing Lifeports transport with Swissconnect
- Informing the donor hospital of the planned pick-up time
- Documenting the transport in SLIDS

The transplant coordination team at the recipient hospital is responsible for:

- Informing the National Coordination Centre when the OCS or Lifeports are ready for collection.
- Organizing the shipment of used or surplus organ donation boxes to DIPIUS SA for inspection

9.2 Choosing the mode of transport

- **Vitalpack Evo**
Pickup and delivery with DHL if necessary
- **LifePort Kidney Transporter**
LifePort boxes are transported back to the donor hospital via Swissconnect. Swisstransplant organizes these transports. Exceptions must be approved by the National Coordination Office.
- **Liver boxes**
Liver boxes are the property of the transplant centres. They are not returned via Swisstransplant. Consequently, the receiving centre itself determines the means of transport.

9.3 Organization

- **Vitalpack Evo**
The Vitalpack boxes remain at the transplant centre/procurement hospital and are not reprocessed after each use, but are cleaned on site in accordance with the instructions [1]. After 20 uses, or if there is too much stock, they are returned to Dipius SA and inspected. The transplant centres organize these transports themselves via Dipius SA.

- **LifePort Kidney Transporter**
The return transport of used LifePorts is organized by the National Coordination Office and takes place in consultation with the transplant coordinators of the transplant centre and the donor coordinators via Swissconnect.
- **Liver boxes**
Internal centre procedure

9.4 Documentation

LifePort and OCS transports (departure point, arrival point, means of transport) are recorded by the National Coordination Office in the online documentation tool SLIDS. Departure and arrival times are documented by the AAA Operations Centre in SLIDS. The times of transports not organized by AAA (such as Swissconnect) are documented by the National Coordination Office.

9.5 Cost coverage

The costs for transporting organ donation boxes (excluding liver boxes) and perfusion machines are covered by the Swisstransplant transport fund.

10.0

Use of blue lights

The DETEC⁴ regulates the use of blue lights and alternating sirens. An information sheet [2] from FEDRO⁵ dated January 7, 2021 describes the conditions under which these may be used and provides information on the rights and obligations of drivers and vehicle owners. Vehicles that announce their presence with blue lights and alternating sirens have right of way over other vehicles. This is stipulated in Art. 27 para. 2 SVG (Road Traffic Act) and Art. 16 para. 1 VRV (Traffic Regulations Ordinance).

Organ procurement in external hospitals is complex in terms of organization and poses a risk factor in terms of time in the organ donation process. Procurement teams must be at the destination hospital at a specific time so as not to delay the procurement process. It is therefore essential that the teams arrive as close to the scheduled time as possible in order to ensure the coordination of the procurement logistics.

According to ASTRA, blue lights and alternating sirens may only be used for as long as the operation is urgent and traffic regulations cannot be complied with (Art. 16 para. 3 VRV). The emergency call must also have been ordered.

Blue lights may only be used in the following exceptional cases:

- If there is a risk of donor organs being lost
- If special traffic situations (traffic jams, diversions, etc.) make it impossible to arrive on time
- If the recipient's condition is critical

Exceptions can only be approved after consultation with Swisstransplant (see above for reasons). Feedback on the use of blue lights and the reasons for this must be provided to the AAA operations control centre.

11.0

Contact addresses

AAA is the partner for organizing all transports. Swisstransplant organizes all transports with the AAA operations control centre. The latter plans and coordinates all transports in Switzerland and abroad with the National Coordination Office.

Ground transport

In accordance with the agreement between Swisstransplant and AAA, AAA organizes ground transport.

⁴ UVEK: Federal Department of the Environment, Transport, Energy and Communications

⁵ ASTRA: Federal Roads Office

Air transport

AAA carries out air transport.

11.1 Swisstransplant – National Allocation Service

The National Coordination Office is available 24 hours a day on +41 58 123 80 40.

11.2 AAA

AAA, Alpine Air Ambulance AG, is a Swiss air ambulance company. It specializes in patient transport by air and on the ground.

The operations centre is available 24 hours a day at +41 44 813 10 10.

11.3 Swissconnect

Swissconnect is a national, sustainable courier network for express logistics. Transport of empty Lifeports and blood samples as part of the KPD program: Transport orders can be placed Mon-Fri 8:00 a.m.-6:00 p.m. and Sat/Sun 9:00 a.m.-4:00 p.m. via www.portal.swissconnect.ch

11.4 DIPIUS SA

Return of used and order of cleaned and reconditioned organ donation boxes.

Available during office hours at: +41 26 470 47 47, info@dipius.ch

12.0

Billing terms

12.1 Transports organized by AAA

Invoices for all transports organized by AAA will be sent directly to AAA:

AAA Alpine Air Ambulance
P.O. Box 233
CH-8058 Zurich Airport

12.2 Transports not organized by AAA

Invoices for transports organized in special situations and with prior agreement with the National Coordination Office are sent directly to Swisstransplant:

Swisstransplant
Accounting
Effingerstrasse 1
CH-3011 Bern

12.3 Questions about billing

If you have any questions about billing, please contact the Swisstransplant billing office on +41 58 123 80 23 during office hours.

Please do not send invoices to the relatives of donors.

If you have any questions about the reimbursement of transport costs, please contact Swisstransplant:

- During the donation process with the National Coordination Office: +41 58 123 80 40
 - During the invoicing process with Swisstransplant's accounting department: +41 58 123 80 23
-

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- [1] Swisstransplant Extranet, Arbeitsdokumente Procurement, «Factsheet Vitalpack EVO»
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<https://www.astra.admin.ch/dam/astra/de/dokumente/fahrzeuge/merkblaeter/merkblatt-verwendung-blaulicht.pdf>

Changes

Date	Version	Changes
February 2026	3.0	<p>Module title adjusted.</p> <p>Entire module: Changes/corrections to improve readability.</p> <p>Chapter 3.5: Former "Instruction on the transfer of the body abroad" fully integrated into the module.</p> <p>Chapter 5.3: Ambulance journeys for the transport of donor coordinators procured.</p> <p>Sections 7.2/8.2: Reference to situational determination of means of transport for imports from abroad added.</p> <p>Chapter 8: Max. transport time for heart: OCS added</p> <p>Chapter 9: Perfusion machines added</p> <p>References: Revised and updated</p>
December 2023	2.2	Correction
February 2023	2.1	Correction
December 2020	2.0	Revision
March 2018	1.2	New logo
March 2015	1.1	Address and Phone numbers Swisstransplant
August 2014	1.0	Original version

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CNDO

Nationaler Ausschuss für Organspende
Comité National du don d'organes

