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## Addendum to the Update

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April 25, 2017

## **Addendum**

### **Typos**

This addendum serves several purposes. One is to alert the reader that we have removed several typographical errors from the posted text.

Because there is no impact on content, we have gone ahead and changed our update, as posted on the internet, to incorporate these corrections without indicating change by change what the corrections are. Readers, we are confident, are not that interested in reading about the typographical errors we have made and would be happy just to have a text without them.

### **Detail**

Second, though the text has a wealth of detail, here we want to add even more. The purpose is to forestall quibbling over technicalities.

#### **1) The difference between regional and national hospitals**

The labelling of hospitals as regional or national is our own. The Government of China does not describe its hospitals in this way. Some of its hospitals have the word "national" in the name. Our list of national hospitals is not limited to those which describe themselves as national.

We used the approved and designated lists published by the Ministry of Health in 2007. From those lists, we grouped together the first and second tier of transplant centres. We then, in the chapter "Exploring Total Transplant Volume", tabulated transplant capacities for the hospitals in that group.

The first tier was the 89 transplant centres selected from over 1,000 candidates and approved by the Review Expert Team of the Human Organ Transplantation Skills Clinical Application Committee,

authorized by the Ministry of Health. We referred to these 89 as "national level hospitals".

The second tier contained 75 hospitals designated to perform organ transplants, which were issued 18-month temporary permits. We referred to these as "regional level hospitals". Their permits were to be reviewed in 2009, but the review was postponed to 2010. During this period, these hospitals continued to perform transplants.

In 2010, 69 of the 75 designated hospitals received permanent approval. 6 were not renewed. However, 6 other transplant centres which were not in the 2007 list also received approval in 2010, suggesting that hospitals not given approval or permits in 2007 had also been carrying out organ transplants after 2007. As of 2010, a total of 164 hospitals were approved to conduct organ transplants.

On August 8, 2013, the National Health and Family Planning Commission (successor to the Ministry of Health) published a list of 165 hospitals approved to conduct organ transplants, including Wuhan University Zhongnan Hospital Human Organ Transplant Centre, which performs transplants from donations after cardiac death (DCD). Four more DCD transplant hospitals were added to the list by the beginning of 2014, bringing the number of approved hospitals to 169.

## **2) Sun Yat-Sen University**

The Third Affiliated Hospital of Sun Yat-Sen University was listed twice in the Ministry of Health's 2007 list - once for kidney transplants and another time for liver. If we count this as one hospital, the number of national transplant centres would be 88 instead of 89, and the total number of approved transplant centres would be 163 instead of 164 hospitals. Since the Ministry itself used the 164 number, we kept it ourselves, even though, objectively, it is a double counting.

## **3) Included military hospitals**

On page 17 of the update, we wrote, "The Ministry of Health on May 23, 2007 announced a list of 87 transplant hospitals ..." The Ministry of Health described the same hospitals differently in

2007 and 2010.

The 2007 list contained the People's Liberation Army General Hospital (the People's Liberation Army Hospital 301) along with its clinical divisions. The 2010 list set out two of the clinical divisions separately as People's Liberation Army Hospital 309 and People's Liberation Army Hospital 304. The count for the 2007 list of hospitals, using the 2010 description of those hospitals, is 89, not 87.

We also referred to "temporary permits to 77 designated transplant centres with weaker qualifications". These are the regional transplant centres. We arrived at the figure of 77 transplant centres by subtracting the number of national transplant centres, 87, from the total of approved hospitals 164. If we shift to 89 for the number of national transplant centres, the figure for designated regional transplant centres becomes 75.

#### **4) Additional military hospitals**

We stated at page 18 of our update:

"This report focuses on the 164 hospitals which received approval from the Ministry of Health in 2007, so that we can categorize their qualifications as either national or regional level. If we exclude the 18 heart and lung transplant centres, 146 transplant centres remain. These included 23 national-level military and armed police hospitals that were among the first batch approved in 2007."

We arrived at the figure of 23 by tabulating hospitals with military and armed police names. However, some hospitals with civilian names were and are, nonetheless, military institutions. That is true of the Nanfang Hospital of Southern Medical University and Zhujiang Hospital of Southern Medical University, allocated to the Guangdong provincial government in August 2004. That is also true of the Wuhan General Hospital, which belongs to the Guangzhou Military Command.

#### **5) Additional regional hospitals**

As indicated, we based our labelling of hospitals as national or regional on the Government of China list on which they were found. We were working from three different Government of China hospital lists, from 2007, 2010 and 2013. We labelled all hospitals in the 2007 approved list as national and all hospitals in the 2010 designated list as regional.

We went through the 2013 list, transferring our classification information from the previous lists. In doing so, we inadvertently, in the 2013 list, labelled three hospitals as national liver and kidney civilian transplant centres which we had previously labelled as regional liver and kidney transplant hospitals. They were

- 1) Wuxi People's Hospital
- 2) The People's Hospital Affiliated with Wuhan University and
- 3) Guangdong Second People's Hospital.

## **6) Reclassification summary**

The update provides that there were these kidney and liver transplant centres: 58 national civilian, 23 national military, and 65 regional. Once we reclassify 3 national civilian as military the totals become: 55 national civilian, 26 national military, 65 regional. When we reclassify 3 national civilian as regional, the totals become 52 national civilian, 26 national military, 68 regional. When we add the heart and lung transplant centres (11 national civilian and 7 regional), the totals become 63 national civilian, 26 national military, 75 regional.

In Table 10.5 on page 361 and Table 10.6 on page 363, the 55 national-level civilian transplant centres would become 52. The 23 national-level military transplant centres would become 26. In Table 10.5, total transplants (in thousands) becomes 266 for national civilian transplant centres and 133 for national military transplant centres. In Table 10.6, total transplants (in thousands) become 531 for national civilian transplant centres and 266 for national military transplant centres. The calculated total volume of transplants remains unchanged, despite the changes in classifications, since the decrease in volume in one category leads to a corresponding increase in the other.

In the table on page 361, we updated the count of national civilian transplant centres from 55 to 52 and the corresponding total (in thousands) from 281 to 266. We also update the count of national military transplant centres from 23 to 26 and the corresponding total (in thousands) from 118 to 133. The total and annual transplant volumes in the table remain unchanged.

In the table on page 363, we updated the count of national civilian transplant centres from 55 to 52 and the corresponding total (in thousands) from 562 to 531. We also updated the count of national military transplant centres from 23 to 26 and the corresponding total (in thousands) from 235 to 266. The total and annual transplant volumes in the table remain unchanged.

## **7) Guangzhou hospital**

Under "405 Large-Scale Non-Approved Hospitals (Mostly 3A-Classified)" in Chapter 6, we listed the Guangzhou Economic and Technology Development Zone Hospital on page 258. As a Class 2 hospital, it should instead be classified under the category of "161 Medium-Scale and 'Alternative' Transplant Centres."

## **8) Death penalty numbers**

The text at page 385 states: "Although the figures by different organizations with different methodologies varied, their conclusions and time trends are similar—the actual figure of the prisoners executed is believed to be much higher than China's official data, and the overall average figure of the prisoners sentenced to death before 1999 remains consistent with that after 1999, when the persecution of Falun Gong began."

The reference to official data here is meant to refer to the total of the publicly available reports of individual executions. China, as noted, does not publish aggregate death penalty statistics. As well, the phrase "death before 1999 remains consistent with that after 1999" should instead be "death after 1999 remains similar to or lower than that before 1999". The second formulation addresses more exactly the position we intended to take. Death penalty executions did not go up after 1999 and could not explain the increase of transplant volume. But death penalty

executions did go down after 1999, making the official death penalty executions explanation for transplant volumes increasingly implausible.

## **Clarification**

Third, we want to clarify some statements we made. As sometimes happens when a writer is immersed in detail, we on occasion wrote telegraphically. We know what we meant but, because of ellipsis, the reader may be puzzled. We have attempted to identify what may be cryptic passages and to elaborate them.

As well, generally, throughout our report, we understated our case. Sometimes, on reflection, we went overboard. So, we have been more specific here.

1) In the description of Qilu Hospital Shandong University, we stated that "The transplantation department has over 170 open beds". We should have stated "The General Surgery department has over 170 open beds". These are beds which are available for liver transplantation patients, but which also could be used for other surgery patients.

In the introduction to Chapter 5 (page 166), we wrote, "This category includes 20 armed forces and 48 civilian transplant centres" and "A full summary of the 68 hospitals ..." As may have been apparent, we point out that these 68 hospitals are liver and/or kidney transplant centres; in total there are 75 regional-level transplant centres.

2) At page 218 we wrote:

"In 1993, he received further training in kidney transplantation at the Xinqiao hospital of the People's Liberation Army the website stated that Wang has experience in managing more than 1,400 kidney transplants. in that case, why is his 2016 total 400 fewer than that of 2014?"

The punctuation first of all needs correcting. The text, once punctuation is corrected, would read

"In 1993, he received further training in kidney transplantation at the Xinqiao hospital of

the People's Liberation Army. The website stated that Wang has experience in managing more than 1,400 kidney transplants. In that case, why is his 2016 total 400 fewer than that of 2014?"

Beyond that, what is now the second two of the three sentences just quoted needs elaboration. There is a discrepancy between Wang Guangce's reported kidney transplant career volume for 2014 and 2016. His career total posted in 2014 was 1,400 kidney transplants. His career total posted in 2016, on the present day website, is 1,000. The question remains: Why is his 2016 career total 400 fewer than his 2014 career total?

3) At page 271 we wrote:

"There, Huang Jiefu performed a liver transplant for a local Communist Party official, at The First Affiliated Hospital of Xinjiang Medical University. He first planned to conduct an allogeneic transplant, for which a donor liver had been made available. Upon inspecting the patient's body cavity, Huang found that an autologous transplant would be suitable. "

This was a much reported event in China and the reports are, in their detail, not consistent. We have made more of an effort since the Update was released to determine which of these reports is more accurate. We would now describe this event this way:

"There, Huang Jiefu performed an autologous liver transplantation for a male patient, at The First Affiliated Hospital of Xinjiang Medical University. He first planned to conduct a bile duct cancer surgery but, upon inspecting the patient's body cavity, Huang found that an autologous transplant would be suitable."

4) In Chapter 11, at page 381, we wrote: "The corpses used in the body exhibits had been plastinated within two days of death." The endnote in support is numbered 1956 <sup>1</sup>. A literal translation of the endnote text is "fresh corpses" instead of "within two days of death." We chose to write "within two days of death" because that is the outer limitation of freshness for organs for a dead person. <sup>2</sup>

5) At page 392, we wrote: "There were also 300 forced labour camps before the laogai system

was abolished at the end of 2013." This instance of "laogai" should instead be "laojiao," which refers to labour camps only. The other components of the laogai system (prisons, detention centres, black jails, etc.) were not abolished in 2013.

6) In Chapter 12 at page 398, we wrote: "New capabilities and techniques have emerged and been extensively spreading, allowing live organ transplantation in China to grow into a large, industrialized operation in less than two decades." In this statement, we understated our own case. Huang Jiefu has said that the change occurred "in just a few years" or "in just six to seven years".<sup>3</sup>

### **Additional findings**

A fourth purpose of this addendum is to inform the reader of additional, corroborative, findings we have made since the update was written.

1) For the First Affiliated Hospital of Sun Yat-Sen Hospital in Chapter 4 on page 70, we wish to add that in 1998, the hospital's transplant surgery department was formed through the merger of its former abdominal transplant surgery department and former urologic surgery department's kidney transplant group. Huang Jiefu was the director of the transplant department before becoming Vice Minister of Health in November 2001. At the time, the department had more than 10 doctors, including 3 professors, 2 doctoral advisors, and 4 associate professors and associate chief physicians.

Upon its formation, the department moved into a new ward with 40 formal beds and was equipped with amenities such as central air conditioning, televisions, and en suite bathrooms. In addition, the department had access to 50 mechanized beds from blood purification, dialysis, kidney disease, an intensive care unit, and other specialized areas.<sup>4</sup>

2) Under "Xi'an High-Tech District Hospital" on page 257, we wish to add that in September 2012, during the tenth anniversary of its urologic surgery department, the hospital published an article describing the efforts it put in to achieve annual revenues of 10 million RMB, a number

"comparable to that of the urologic surgery department of the First Affiliated Hospital of Xi'an Jiaotong University and Xijing Hospital of the Fourth Military Medical University." What they called this "glorious achievement" came just five years after its establishment.<sup>5</sup>

3) We wish to supplement "Multiple Transplants Conducted Simultaneously" on page 272 of the update with this additional case study:

### Union Hospital "Reinstalls" 4 Hearts in 22 Minutes

武汉晚报 2013年6月26日 星期二 责编:李俊 美编:王颖 深度·关注 05

## 200 医务人员争分夺秒创造全国纪录 协和 22 分钟内“重装”4 颗心

6月21日下午13点47分至14点09分,4颗捐献的心脏,相继在4位终末期心脏病人体内重新“安装”。昨天,武汉协和医院外科宣布,这4台同时进行的换心手术圆满成功。4位患者术后恢复良好,创造了全国纪录。据了解,同时进行4台换心手术在国内尚属首次。

**四台换心手术同时开始**

6月20日上午,协和医院心外科接到通知,有4个“换心”捐赠心脏。一次有4个供体,心外科的医生还从未一次碰到。2009年7月,该科曾同时给两位病人安装过心脏。

失去一个供体,就意味着失去一个生命。当天下午,该院召开了以心外科为首席,麻醉科、手术室、ICU、重症医学科、护理部、心脏移植委员会、血液科、输血科、检验科、放射科、超声科、介入科、体外循环科、手术室、消毒供应中心等科室人员参加的专题会议,确定了4台换心手术实施方案。

接到命令,心外科团队出动,包括13名教授、17名副教授,参加手术的人多达200多人。分成4组各自独立完成供体的选择、麻醉、血液保障等工作。

当天晚上11点,医护人员完成这4颗心脏与4位终末期心脏病人的血型匹配及配型后,连夜将心脏移植。

6月21日10点45分,4颗捐献的心脏,相继移植到协和医院手术室,11点40分,以心外科主任董志忠为首席的专家团队,分赴4个病区同时进行了4台心脏移植手术,每例都由一位医生主刀。

**4 颗心脏同时“重启”**

同时移植4位患者是我国心脏移植首例,病情危重,年龄最大56岁,最小6岁。如不及时进行换心,随时都有生命危险。

短短22分钟,4颗捐献的心脏,相继在4位终末期心脏病人体内重新“安装”。这种在4台同时进行4台心脏移植手术全部成功。

目前四位患者恢复良好,心率、血压、呼吸均正常,无并发症,ICU病房进行常规的康复治疗。

**不为创纪录只为抢时间**

四台换心手术,为时仅22分钟。对此,协和医院心外科主任董志忠称,比争不为创纪录,只为抢时间。

董志忠说,目前,我国换心手术及心脏移植的病例数远远落后于发达国家。据世界卫生组织统计,100个人只有1个人有机会等到。而心脏移植的排期和等待时间,最长可以达到3年以上。如果手术不成功,患者可能只能存活24小时。如果手术同时成功,患者可能存活一年以上。一位患者失去了生的希望。因此,换心手术只有在强大技术力量支撑下才能成功。

据了解,我国每年心脏移植患者超过1000例,每年超过200万人死于终末期心脏病。

目前,全世界每年有3000多例心脏移植手术,存活最长的已53岁。我国心脏移植手术,存活最长的仅33岁。我国心脏移植手术480多例,经过20多年的发展,我国心脏移植手术已日趋成熟,病人术后5年的存活率达70%。

几位“换心人”正在ICU病房进行后期的康复治疗。

### 4 位“换心人”档案

**干重30年不休息致心脏** 董志忠,心外科主任,一个月前被查出主动脉夹层手术。

53岁的“换心人”李磊,是河南驻马店一中学的校长,不爱做家务,他是个“工作狂”,干重30年,身体越来越差,心脏越来越差。

2011年李磊在体检时发现患有轻度冠心病,在五一小长假假期,今年2月病情加重,出现胸闷气短、心累、下腿浮肿。

**为给父亲换心女儿夙夜 8 年未眠** 来自湖南常德的56岁周姓患者,女儿周女士湖南怀化大学,湖南医学院读医学专业,周女士为女儿,每天吃素食,在手术工地现场吃鸡蛋,睡了16万父亲。

According to a June 26, 2013 report by the Wuhan Evening News, 200 medical staff at Wuhan Union Hospital re-installed four heart transplants within 22 minutes. <sup>6</sup>

In the morning of June 20, Union Hospital's Cardiac Surgery Department received notice that four "donor hearts" were available for transplant. The department had previously performed heart transplants for two patients simultaneously in July 2009.

The same afternoon, the hospital's vice president Hu Yu gave the order to perform four heart transplants simultaneously and mobilized personnel in primarily the cardiac surgery department but also in the anaesthesiology, operating rooms, ICU, blood centre, and nursing departments. More than 200 medical personnel, including 13 professors and 17 associate professors from the cardiac surgery department, split into four teams, each of which independently completed donor

selection, procurement, matching, and transplantation.

On June 21 at 10:43, four hearts were simultaneously transported to operating rooms at Union Hospital. At 11:50, led by Professor Dong Nianguo, director of the cardiac surgery department, four specialist teams began performing four heart transplants at the same time. In the 22 minutes between 13:47 and 14:09, the four hearts were beating again in four end-stage heart disease patients.

On June 24, the Wuhan Union Hospital Cardiac Surgery Department announced that these four transplant surgeries were successful and had set a national record.

4) In addition to the types of transplants mentioned on page 277 of the update, we have found complete transplant price lists published on some hospitals' websites. These lists include a full range of organ, tissue, and cell transplants. One can see that many types of transplants have become routine procedures. The surgery fees are set at extremely low levels.

We give two examples. The fees charged are per operation, covering only the transplant surgery (doctors' fee) and exclude organ and procurement costs.

The First Affiliated Hospital of Chongqing Medical University published a notice titled "Chongqing City Medical Service Prices (Trial)," issued by the Chongqing Pricing Bureau and the Chongqing Health Bureau on March 26, 2004. We found these transplant surgery prices among many other surgery prices:<sup>7</sup>

Table 1 "Chongqing City Medical Service Prices (Trial)" from 2004

Transplant Surgery Type	Service Fee (RMB)
Corneal transplant	1,100
Simultaneous penetrating keratoplasty (PK), cataract removal and intraocular lens implantation (triple procedure)	1,500
Lung transplant (excluding organ and storage/transportation)	5,000
Lung resection	1,900

Heart transplant	5,000
Heart and lung transplant	6,500
Kidney transplant	2,800
Spleen transplant	2,200
Small intestine transplant	3,000
Pancreas transplant	5,000
Bone graft	650
Liver transplant	1,500
Transplanted liver resection + new transplant	16,000
Combined organ transplant	17,000
Bone marrow transplant	2,700
Peripheral blood stem cell transplant	2,800

The First Affiliated Hospital of Inner Mongolia Medical University was set to implement the "Inner Mongolia Autonomous Region Medical Service Prices (Trial) 2012 Edition" on April 30, 2016. We searched its database and found these transplant surgery prices among many other surgery prices:

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Table 2 "Inner Mongolia Autonomous Region Medical Service Prices (Trial) 2012 Edition"

Transplant Surgery Type	Service Fee (RMB)
Penetrating Keratoplasty (PKP), Extracapsular Cataract Extraction (ECCE), and Intraocular Lens (IOL) Implantation (all three combined)	1,100
lung transplant	3,000
liver transplant	3,000
corneal transplant and retinal reattachment	1,000
corneal transplant	600
multi-organ transplant	5,000
peripheral blood stem cell (PBSC) transplant	2,500
small bowel (intestinal) transplant	2,000
heart-lung transplant	5,000
heart transplant	4,000
pancreas transplant	2,500
post-transplant hepatectomy + re-transplant	4,000
allogeneic spleen transplant	2,000
allogeneic kidney transplant	2,000
heterotopic allograft and pancreatectomy	800

5) Regarding the "New Ministry Approval System" in Chapter 7 on page 301, we wish to add this:

We had already found that at least 75 non-approved hospitals, already listed in Appendix I, were issued permits for pilot runs of transplants from donations after cardiac death (DCD) starting in 2011. We observe here that, because the pilot program requires hospitals to meet a certain threshold for survival rates for transplants performed in the past five years, it is apparent that these 75 hospitals continued to perform non-DCD transplants after 2007.

We also had already found that some hospitals that had already been approved for transplants by the Ministry of Health applied and were approved for DCD pilot programs as well. A list of these hospitals can also be found in Appendix I. We observe here that this approval allowed them to expand the number of transplant types they could carry out and potentially disguise otherwise unexplained sources of organs.

6) At page 375, for the text which begins "Wang Lijun also presided over a major ..." we now provide a screenshot as the evidence and a reference, because both the original and backup links in the original text are no longer accessible.

Figure. A brief introduction of Wang Lijun's "On-Site Psychological Research Centre" at a seminar.

**现场心理研究中心简介** 注射药物后器官受体移植课题组

"注射药物后器官受体移植"课题组，协作单位北京大学、中国医科大学、锦州医学院、解放军205医院，其中博士后3人，博士2人，硕士研究生4人，研究中心主检法医师5名，副主任法医师3名，主任法医师1名。

**The research team on transplants with organs extracted after lethal injections**  
**Cooperative units:**  
Peking University, China Medical University, Jinzhou Medical School and the People's Liberation Army No. 205 Hospital

**现场心理研究中心简介** 无创伤解剖课题组

"无创伤解剖"课题组，协作单位瑞士虚拟解剖基金会，伯尔尼大学法庭科学研究所，奥地利格拉茨医科大学、中国医科大学、锦州医学院、解放军205医院，其中瑞士医学博士3人，奥地利博士2人，研究中心博士后2人，博士3人，硕士研究生6人。

**The research team on atraumatic dissection**  
**Cooperative units:**  
Swiss Virtual Dissection Foundation, the Tribunal Science Institute of University of Bern in Switzerland, Medical University of Graz in Austria, China Medical University, Jinzhou Medical College, and the People's Liberation Army No. 205 hospital.  
**The team** included five Swiss medical doctorates, two Austrians doctorates, 11

## Corrections

Fifth, when we were transcribing from one version of our text to another or from the source to our text, transcription errors on occasion crept in. On occasion also, our translators committed translation errors.

1) At page 348, we wrote "On October 10, 2011, the Central Propaganda Ministry, the Ministry of Health ..." This date should instead be May 10, 2011. The error occurred when transcribing from the source.

2) At page 254, we wrote that "the total transplant volume of many medium and small transplant institutions comprised 80% of the total in China. The large transplant centres made up the other 20%" We should instead have stated, "medium and small transplant institutions made up 80%

of the total number of transplant centres and produced about half of all transplants in China."

3) At page 272, we stated that No. 474 Hospital of Lanzhou Military Command could carry out 12 kidney transplants at once. A direct translation of the source shows that it can perform "12 kidney transplants consecutively at once." While that wording does not explicitly state that the transplants are performed simultaneously, it still validates the centre's significant transplant capacity.

4) At page 372, we listed 53 transplants reported in a medical journal for Jintan Hospital of Traditional Chinese Medicine in Jiangsu. This number should instead be 52. The number 53 was transcribed incorrectly from the referenced source.

## **Glossary**

A sixth purpose of the addendum is to address the omission of a glossary we promised to provide.

In the update, we wrote:

"Nonetheless, when dealing with a specialized medical field, such as organ transplantation, it is impossible to avoid all technical terms. We have, accordingly, provided a glossary."

On reflection, we decided that the provision of a glossary is superfluous. While we do not expect every reader to be familiar with every medical term used in the update, there are excellent medical dictionaries online. We refer the reader to any one of these online medical dictionaries for medical terms with which the reader is not familiar. For instance, there is this link:

<http://medical-dictionary.thefreedictionary.com/>

## **Endnotes**

We checked the endnotes to make sure the links worked. In some cases, they did not. So we corrected the links to ensure that they did work. We also moved some endnote placements in the text, so that the endnotes more directly linked to the text for which references were given. Our translators went over the endnote translations and, in some cases, replaced them with better

translations. We also added some endnotes to make the references more complete.

### **Figures and tables**

We had originally run one numbering series, combining numbers for figures and tables. So, for instance, the first table in chapter nine, which followed the first figure, was table 9.2 and not table 9.1. For the text as now posted, we have separated the two numbering series so that figures and tables each of have their own are numbers independently one set from the other.

### **Formatting**

We made a variety of formatting changes, to make the text look more presentable. These formatting changes were not accompanied by changes in content. So, aside from drawing to the attention of the reader that they were made, we did not feel it necessary to set out exactly what those changes are.

## ENDNOTES

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- <sup>1</sup> 「Händler des Todes」  
 spiegel.de 2004-1-19 Von Röbel, Sven und Wassermann, Andreas  
<http://www.spiegel.de/spiegel/print/d-29725567.html>  
<https://web.archive.org/web/20121023025128/http://www.spiegel.de/spiegel/print/d-29725567.html>  
 «明鏡週刊» 2004年1月19日「死亡交易」
- <sup>2</sup> Baidu Works Collection - Forensic - Postmortem Interval/fresh  
<http://wenku.baidu.com/view/668a3f69b84ae45c3b358ca1.html>  
<https://archive.is/rYLy5>  
 法医-死亡时间推断 百度文库
- <sup>3</sup> Huang Jiefu: Stopping Use Organs From Death-Row Inmates CCTV 2015-01-11  
<http://news.cntv.cn/2015/01/11/VIDE1420988398831635.shtml>  
 CCTV 《面对面》黄洁夫：停用死囚器官. 2015/01/11
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