



Clinical Transplant Services
Kidney/Pancreas Transplant Program

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Title: Informed Consent for the Potential Living Kidney Donor Evaluation

As a potential living kidney donor, I have read the information provided and talked with the Independent Living Donor Advocate or Transplant Coordinator. I understand the following:

- 1. I may opt out of this process at any time. If I opt out, my recipient will be told that I am not an acceptable donor.
2. I may consult with the independent living donor advocate at any time in the process.
3. Communication between the transplant center and me will remain confidential.
4. The evaluation process will include medical and psychosocial evaluations.
5. The surgical procedure and operative risks have been presented to me.
6. There are potential medical, financial, and psychosocial risks to donation.
7. My kidney function will be reduced by donation. Most donors experience a 25%-35% decrease in kidney function.
8. Future health problems related to donation may not be covered by my insurance.
9. My ability to obtain health, life and disability insurance may be affected by the medical evaluation or donation.
10. Kidney transplantation is one treatment for end-stage kidney disease. It may improve the quality and length of a recipient's life.
11. There are alternative treatments available for the recipient.
12. National and OHSU-specific outcomes for recipients are available at http://www.ustransplant.org/csr/current/csrDefault.aspx and were included in my education packet. Donor outcomes are being collected.
13. If the transplant is not done in a Medicare-approved transplant center, it could affect the recipient's ability to have their immunosuppressive medications paid for under Medicare Part B. OHSU is a Medicare-approved transplant center.
14. My donated kidney will be transplanted only into my intended recipient.
15. Additional vessels may be removed at the time of my surgical procedure but can only be used for the transplant surgery or a surgical modification in the original intended recipient of my donated kidney.
16. Certain basic information regarding me (such as my name, age, blood type, tissue typing, whether I have had certain viruses) will be included in my recipient's medical record for the purpose of his/her ongoing medical care. This information will also be provided to the regulatory agency that oversees transplantation (UNOS) as will data at the time of my donation and mandatory follow-up testing.
17. Health information obtained during my evaluation will be subject to the same regulations as regular medical records and may not be additionally protected. Any infectious disease or malignancy (cancer) discovered during mandatory follow-up that could affect my recipient's care will be disclosed to my recipient, the transplant center and to UNOS. It will also be reported to local, state or federal health authorities if required.
18. The sale or purchase of human organs is a federal crime. It is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organs for valuable consideration for use in human transplantation.
19. OHSU is required to submit living donor follow-up forms addressing the health information of each living donor at 6, 12 and 24 months after donation. I commit to follow-up testing at those time points. OHSU will pay for this testing if my insurance will not. After two years, monitoring is recommended every 1-2 years; this ongoing testing is not covered by the donor program.
20. I have been provided with the telephone number to report concerns or grievances through the OPTN.

By my signature below, I indicate that I have read and understand the informed consent information for the living kidney donor. I consent to proceed with the living kidney donor evaluation process.

Potential living kidney donor signature

Date/time

Witness/relationship to potential donor
Informed consent

Date/time

Donor printed name
Potential kidney recipient