



**Clinical Transplant Services  
Kidney/Pancreas Transplant Program**

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**OREGON HEALTH & SCIENCE UNIVERSITY  
TRANSPLANTATION MEDICINE  
LABORATORY OF IMMUNOGENETICS AND TRANSPLANTATION  
CONSENT FORM**

I, \_\_\_\_\_, a patient at Oregon Health & Science University Hospital, understand that blood and tissue samples may be obtained before, at the time of, or after my transplant or organ donation and used to confirm tissue matching or to monitor my clinical course. Some of these samples might also be stored by the Laboratory of Immunogenetics and Transplantation and used later for clinical or research purposes. These samples are identified with my name and/or medical record number.

I also understand that clinical information about my transplant or organ donation (such as results of laboratory testing and dosages of the drugs prescribed by my doctors as well as basic information about myself, such as my age, race and past medical history) will be stored in my medical record and in the transplant database and used to manage the clinical course of my transplant. This information might also be used to conduct research on outcomes of transplantation.

I hereby give consent for the clinical information about me and my transplant and for my blood and tissue samples to be stored, labeled with my name or other identifier, and used for clinical or research purposes.

I understand that any published material resulting from research on my information or blood or tissue samples will not contain any identifiers (name, social security number, etc.) that can connect me directly with the results of these studies.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date