OHSU Transplant Patient and Family Education Class

To access the class:
https://www.ohsu.edu/transplant/kidney-pre-transplant

This is required for all transplant candidates. The recipient and their support person must view the class. The recipient must complete and return all of the following:

1. **Informed Consent** for the Potential Kidney and/or Pancreas Recipient Evaluation.
   a. This needs to be signed by the recipient and their support person.

2. OHSU Transplantation Medicine **Laboratory of Immunogenetics and Transplantation Consent Form**.
   a. This needs to be signed by the recipient and their support person.

3. **Rights and Responsibilities** of the Transplant Candidate.
   a. This needs to be signed by the recipient.

4. Transplant Class **Quiz**.
   a. Completed by the recipient with help of their support person.

**Please mail these items to the address below or fax it to:**
OHSU Kidney/Pancreas Transplant Program
Mail code: CB569
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
Fax: 503-494-4492

We recommend you keep a copy of these documents for yourself.
Name: ___________________________________________  DOB: ___________________

Read the questions below and circle your answer(s).

1. Which of the following are risks of transplant?
   a. Infection
   b. Cancer
   c. Diabetes
   d. Heart disease
   e. All of the above

2. Kidney transplant is a cure for my kidney disease.
   a. True
   b. False

3. I will be added to the waiting list when the following are completed:
   a. I complete my “to do list”
   b. I submit a lab draw to the transplant office
   c. My insurance authorizes it
   d. I am registered with UNOS
   e. All of the above

4. I need to keep my transplant coordinator informed of the following:
   a. Insurance changes
   b. Dialysis changes
   c. Hospital visits, traumas, or surgeries
   d. Change in my phone number or address
   e. All of the above
5. When can my donors start the process?
   a. As soon as I complete this class
   b. When I have been accepted as a candidate
   c. When my transplant coordinator tells me they can
   d. Once I am on the waiting list

6. Once I am on the waiting list, I no longer need to do anymore testing.
   a. True
   b. False

7. The most common reason a transplant stops working is:
   a. Bad luck
   b. Not following the instructions of the transplant team
   c. Return of original kidney disease
   d. Surgical complications

8. I need to take my medications and attend lab and clinic visits exactly as prescribed by the transplant team.
   a. True
   b. False