



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

Mail Code: CB569 • 3181 SW Sam Jackson Park Rd. • Portland, OR 97239-3098
Tel: 503-494-8500 • Toll free: 800-452-1369 x 8500 • Fax: 503-494-4492

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

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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.



OHSU Kidney and Pancreas Transplant Family Education Class – Quiz

OHSU Patient Label

Recipient Name: _____ DOB: _____

Date Recipient Completed Class: _____

Support Person Name: _____

Date Support Person Completed Class: _____

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

OHSU Patient Label

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