



TR3762



**INFORMED CONSENT FOR THE
POTENTIAL LIVER RECIPIENT
EVALUATION**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

As a potential liver recipient, I have received Transplant Education and had an opportunity to have my questions answered. I have been provided with information regarding the following:

1. I have the right to refuse a transplant at any time during this process.
2. The risks and benefits of transplant. Potential risks can be medical or psychosocial.
3. There are alternative treatment options for end-stage liver disease.
4. The pre-transplant evaluation process at OHSU, including medical and psychosocial evaluations.
5. OHSU's absolute and relative contraindications to liver transplant.
6. Possible organ donor risk factors including 1) donor's history, 2) condition or the age of organ, 3) potential risk of contracting HIV or other infectious diseases if the disease isn't detected in an infected donor can affect the success of the graft or my health.
7. UNOS allows me to transfer my waiting time seniority to anywhere in the US.
8. UNOS allows programs to participate in multiple listings, which means you can be listed at multiple centers. OHSU does not routinely participate in multiple listings.
9. Data at the time of listing and after transplant is reported to UNOS for regulatory purposes.
10. The surgical procedure including surgical risks and the hospital course including recovery, post-operative plans, and supports.
11. I will be on immunosuppressive (antirejection) medication for as long as I have the transplant.
12. The most current National and OHSU-specific outcomes from the SRTR center-specific report, including OHSU 1 year actual and expected patient survival, OHSU 1 year actual and expected graft survival, and National 1 year patient and graft survival for a liver transplant.
13. If the transplant is not done in a Medicare-approved transplant center, it could affect my ability to have my immunosuppressive (antirejection) medications paid for under Medicare Part B. OHSU is a Medicare-approved transplant center.

By my signature below, I indicate that I have read and understand the informed consent information for the potential liver recipient. I would like to proceed with the liver recipient evaluation process.

Potential Liver Recipient Signature

Date

Witness Signature

Date

Witness Printed Name