



**Oregon Health & Science University  
Hospitals and Clinics  
Clinical Transplant Services  
Liver Transplant Program**  
Mail Code: L590 • 3181 SW Sam Jackson Park Rd.  
Portland OR 97239 -3098 • Tel: 503/494-8500  
•Toll free: 800/452-1369 x 8500 • Fax: 503/494-5292

TR3742



**RIGHTS AND RESPONSIBILITIES OF  
THE TRANSPLANT CANDIDATE**

Page 1 of 1

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

As a patient in the Transplant Program, you have become a member of the Transplant Team. How you fulfill your responsibilities as a member of the transplant team will play a great a role in your success. Your responsibilities begin in the pre-transplant phase and will continue after your surgery for the rest of your life. Medical non-compliance (not following the medical plan provided by your Transplant Team) is a major reason that people lose their transplant, second only to rejection and infection. A successful transplant requires a TEAM EFFORT. You and your family are very important members of the Transplant Team, along with your physicians, nurses, social workers, dietitian, and dentist.

Because this is such an important issue, we want to clearly state your rights and responsibilities after transplant.

I, \_\_\_\_\_, make a commitment to myself, the Transplant Team, my doctor, and my family that I will do my part to take good care of myself and my liver transplant.

1. I will take responsibility for myself by having my lab work drawn as scheduled and checking the results each time.
2. I will make and keep regular clinic appointments with the Transplant Team and my local doctor.
3. I will take my medications every day as prescribed. If I have any problems taking or getting my medications, I will call the transplant office during working hours.
4. I understand that I will be expected to stay in the Portland area (within 1½ hours travel time) for approximately three months after transplant. I will be responsible for housing, meal, and transportation expenses during that time.
5. I know that tobacco is bad for my general health and can increase the risk of heart disease. I will stop the use of all nicotine products immediately.
6. I will maintain total abstinence from all illegal drugs such as cocaine and heroin as I understand they are harmful to my health.
7. If the Transplant Team determines I have a substance use disorder, I agree to participate in a substance use disorder evaluation and whatever abstinence and/or treatment program is prescribed by the Transplant Team.
8. I understand that the changes in my life after my transplant may cause stress. If I find that I am having problems coping with these changes, I will seek help from the Transplant Team.
9. Should I feel I am unable to meet these responsibilities, I will contact the Transplant Team for help.

I accept my responsibilities as an active participant in my care and realize that the items discussed in this agreement are important for my health and for prolonging the health and life of my transplant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_