

Legacy Transplant Services

Patient Acknowledgment for Living Kidney Donor Evaluation

I, _____, am interested in learning more about living kidney donation.

Living Donor Team Members and their Roles

I understand Legacy Transplant Services (LTS) staff will be working with me during the kidney donation process. My living donor team during includes a:

- living donor coordinator (nurse)
- social worker
- independent living donor advocate
- transplant nephrologist (kidney transplant doctor)
- donor surgeon (doctor who does surgery).

A dietician, a psychologist, and a pharmacist will be available as needed.

I understand that I can ask questions at any time. I can contact my donor team at 503-413-6555 with any questions or concerns.

Right to Opt Out of Donation

I understand that I have the right to change my mind about donation at any time before surgery. My decision will be supported by LTS and will be kept confidential. It will not be shared with the recipient (person who is hoping to get a kidney transplant) unless approved by me.

I am participating in the donor evaluation process of my own free will. I am not being forced or coerced by anyone. I understand it is a federal crime to donate a kidney in exchange for anything of value including, but not limited to, cash, property and vacations.

Communication

I understand that communication between me and staff at LTS will be protected and confidential. The results of my evaluation will be discussed among LTS team members. If I move forward to kidney donation surgery, some of my information will be in the recipient's medical record. This information includes my United Network for Organ Sharing (UNOS) ID number, age, blood type, tissue type, and some test results. The recipient's medical information will not be shared with me.

I understand that if I am considered an increased risk donor per the U.S. Public Health Service (PHS), my recipient must be informed. The recipient must consent to receive a kidney from an increased risk donor. I understand that I am free to stop the evaluation if I do not want the recipient to know about my increased risk status.

Overview of Donation

I understand that kidney transplant is a treatment for kidney disease and is not a cure. The recipient may have other risk factors for illness or death that are not shared with me. The recipient has other options besides receiving my kidney. Their options are hemodialysis or peritoneal dialysis, being on the national wait list with the chance to receive a deceased donor kidney transplant, or receiving a living donor kidney transplant. The recipient could be offered (and accept) a deceased donor kidney before my evaluation is complete.

I understand that any transplant recipient candidate may have an increased likelihood of adverse outcomes. This includes but is not limited to complications, kidney transplant failure, and/or death. I will be given LTS and national outcomes for 1-year transplant patient and transplanted kidney survival. I can access this information and periodically review it on the SRTR website <https://www.srtr.org/>.

I understand that LTS is a Medicare-approved transplant center. If a transplant is not received in a Medicare-approved transplant center, it could affect the transplant recipient's ability to have their immunosuppressive drugs paid for under Medicare Part B.

Living Donor Evaluation Process

I understand that to become a living kidney donor, I must complete a thorough medical and psychosocial evaluation. Testing usually takes place at Legacy Good Samaritan Medical Center (LGSMC). If I live a distance from LGSMC, some of the evaluation may be done at a location closer to my home. The living donor coordinator will schedule and order the appointments and testing in my evaluation.

I understand that I will have appointments with team members. These include the living donor coordinator, a social worker, a transplant nephrologist, and a kidney donor surgeon. The independent living donor advocate (ILDA) is responsible to represent and advise me. The ILDA protects and promotes my interests. The ILDA makes sure the team respects my decisions. The ILDA makes sure my decision is well-informed and not coerced or forced into donating.

I understand that other tests or consults may be added to the evaluation. This will be decided by a transplant physician and/or surgeon. These tests may be needed to determine if I meet LTS criteria and it is safe for me to donate a kidney. I may be turned down for kidney donation at any time during the donor evaluation if I do not meet LTS criteria. LTS staff will explain to me why I am being turned down for kidney donation. Other transplant programs may use different criteria than LTS when evaluating a donor.

I understand that during the donor evaluation I will learn about my health. There is a chance of learning about a new medical condition, genetic finding, reportable infection, or health problem. Health information obtained during the living donor evaluation is subject to the same regulations as all medical records. Some test results must be reported to local, state, or federal public health authorities. Based on these new findings, the team may decide to stop my evaluation. The team may recommend I seek further testing or treatment. Such testing and treatment may not be paid for as part of the donor evaluation but would be at my own expense.

I understand that my current health risks (such as my age, obesity, hypertension or other pre-existing conditions) may impact my suitability as a donor. These risks may impact my outcomes during and after surgery.

I understand that there are risks of complications during evaluation, during surgery, and after donation. I will be given information about the likelihood of potential complications. I will be given information about how long I will stay in the hospital, and my expected recovery in the hospital and at home. The donation surgery and risks will be explained to me by my donor surgeon during our appointment.

I understand that there may be psychosocial stress resulting from surgery. These may include problems with body image, post-surgery depression or anxiety, expenses and loss of income during the recovery time. Other risks for me and the recipient may include depression, post-traumatic stress disorder (PTSD), generalized anxiety, anxiety about my dependence on others, feelings of guilt, and potential changes to my lifestyle from donation. I may experience additional psychosocial stress if the donated kidney fails to work in the recipient, if the recipient experiences any recurrent disease or if the recipient dies. I understand that I will be meeting with a donor social worker and an ILDA who will go over these risks with me.

I understand that I will receive information about expected post-donation kidney function. I will receive information about how chronic kidney disease (CKD) and kidney failure, also referred to as end-stage renal disease (ESRD) might potentially impact a living donor in the future.

I understand most of the donor evaluation, surgery, hospitalization, and surgeon follow-up will be covered by the recipient's health insurance or LTS. There may be some out-of-pocket costs if I have surgical complications or need medicine following discharge. I understand that the living donor coordinator will discuss this with me and will be available to answer any questions I may have during my evaluation.

I understand that donation surgery will be in the hospital – Legacy Good Samaritan Medical Center. I will be cared for by hospital staff under the direction of my surgeon.

Follow-up after Donation

I understand that I will have a follow-up appointment with my surgeon. I may be asked to stay in the Portland Metro area until cleared by my surgeon.

I understand I will be responsible for obtaining the health checks required at 6 months, 1 year, and 2 years after my donation. I can see my primary care provider (doctor) at these times to record my weight and blood pressure, test my blood for creatinine, and do a urine test. This information will be sent to LTS for their required reporting to the United Network for Organ Sharing (UNOS). If I prefer, I can come to LTS to get these health checks done at no charge to me. I understand LTS cannot require me to pay for post-donation testing or exams for follow-up purposes.

Importance of Long-term Health Care

I understand that I should get routine health checks for the rest of my life as recommended for everyone. This will not be paid for by the recipient’s health insurance or LTS.

Let LTS Know of Any Changes

I understand it is my responsibility to notify the LTS office if my contact information changes. This includes any changes in address, phone number, email, and my health status.

Signatures

Patient Signature

Date

Time