

**ABBOTT NORTHWESTERN HOSPITAL
REQUEST AND CONSENT FOR KIDNEY TRANSPLANT EVALUATION AND CANDIDACY**

Patient: _____ DOB: _____ MRN: _____

Physicians: _____

Date: _____ Time: _____

1. I, _____, understand that on the basis of examinations and tests already performed, it has been determined that I have a condition known as **Chronic Kidney Disease or End Stage Renal Disease**
2. I understand this is a very serious condition, and it is possible to become enrolled in a program involving kidney transplantation. This calls for major surgery and would involve receiving a kidney from a living donor or one obtained from a deceased organ donor. I have received information about the transplant surgical procedure.
3. To determine whether I am a transplant candidate, I must complete the series of tests and examinations included in the transplant evaluation. Certain tests will be repeated at regular intervals during the time I am waiting for a donor to become available. I understand that as my medical condition changes, I may no longer be a candidate for transplantation and may be removed from the waiting list.
4. I understand that transplantation is not a cure for my condition, but is one treatment option available. With this procedure, I hope to have an increased life expectancy and quality of life, improved physical function and exercise capacity, and return to a more active lifestyle with the possibility of returning to work.
5. I understand that no guarantees or promises can be made to me about the success of this transplant procedure. I have been given information about national survival statistics, including Abbott Northwestern program's experience and patient outcomes.
6. I understand an alternative to this procedure is to continue/initiate dialysis. I have discussed the risks and benefits of medical therapy with my doctor.
7. I have been informed and am aware that there are serious risks of transplantation, including complete disability and death. I understand further risks of this procedure include, but are not limited to, rejection of the transplanted organ, infection, bleeding, lymphocele (accumulation of lymph fluid around transplanted kidney), and damage to other parts of my body. I also understand that after the procedure, for the rest of my life, I will be dependent on drugs which attempt to prevent my body's rejection of the transplanted organ. Because these drugs affect the functioning of my immune system, I will be more likely to get infections and will have an increased risk of developing cancer. These drugs also have side effects which may affect or damage other parts of my body including the transplanted kidney. Other side effects include, but are not limited to, high blood pressure, increased hair growth, tremor, stomach discomfort, elevated blood sugar or diabetes, loss of calcium from the bones, joint problems, and failure of the transplanted kidney. I have also been

informed of long term complications that may develop in transplanted organs, including narrowing or blockage of blood vessels in the transplanted kidney, a process called “chronic allograft nephropathy” or “chronic rejection”, for which there may be no effective treatment.

8. I understand that factors related to the organ donor may affect the success of the transplant procedure or my future health. Examples of donor factors include but are not limited to the donor’s medical condition or history, behavioral history, age, vital signs, or exposure to infectious diseases such as hepatitis, cytomegalovirus (CMV), or human immunodeficiency virus (HIV). Though all donors undergo medical evaluation and screening for the presence of diseases, there is no comprehensive way to screen donors for all transmissible diseases. Malignancies (cancer) and diseases may be transmitted from donor to recipient, and discovered after transplant. Should I be offered a donor with the potential for increased risk, or with a known positive test result for active hepatitis C or hepatitis B, I will be informed and be asked for my consent at the time of organ offer, prior to transplant surgery. Donor evaluation and screening results may impact my medical evaluation, screening, and management after transplant.
9. I am aware that after the transplant procedure, I may be required to be in the hospital for a long time and need further treatment or surgery. Although the hospital stay after the transplant is expected to be five to seven days, I understand it could be much longer. I will need to remain in the Minneapolis/St. Paul area for several weeks after hospital discharge and be able to come to post-transplant clinic visits at the nephrologists’ office or Abbott Northwestern as scheduled.
10. I understand I may have substantial pain and/or discomfort after this procedure. I understand I may need to have a number of invasive procedures done to determine whether rejection is occurring, including, among other things, biopsies (removal of small pieces of tissue for microscopic examination) of the transplanted kidney, and blood drawing. If any invasive procedures are indicated, I understand I will be informed of the risks before the procedure is done, and my consent will be obtained.
11. I understand that the transplant process can be stressful for both me and my family. I have been informed that symptoms of depression, anxiety, and guilt can be common. I have talked with the social worker about these symptoms and understand the importance of bringing these issues to the attention of the transplant team and/or my primary physician. I also understand that the transplant team may request / require me to seek counseling prior to or after transplant.
12. I am aware that the success of the transplant procedure will be influenced by my commitment to the following health maintenance practices:
 - adhering strictly to the medical regimen, taking prescribed medications as recommended
 - avoiding obvious sources of infection
 - participating in regular physical activity
 - maintaining a healthy body weight
 - limiting cholesterol, saturated fat, salt, and alcohol intake
 - avoiding tobacco use and/or other chemical abuse
 - avoid obvious sources of trauma to the transplanted organ

- keeping scheduled follow-up clinic appointments, blood testing, health screening and dental examinations
13. I am aware that my primary (local) physician should continue to be a key member of the transplant medical team. I will be expected to maintain regular contact with my primary physician, receive a comprehensive physical examination each year, and complete routine health screening exams which are recommended (i.e. mammogram, pap smear, prostate exam, checking the stool for blood, colon exam etc.).
 14. I have considered the lifelong medical, personal, and financial costs involved in being a transplant recipient. It is expected that I work cooperatively with my insurance company, the hospital, pharmacy, physician offices, and other medical care providers in regard to medical billing and payment. I understand that future health problems related to transplant may not be covered by my insurance and that my ability to obtain health, life, or disability insurance may be affected. I also understand that I am responsible for transportation expenses to and from the medical center, and for any housing / living expenses while in the Minneapolis area.
 15. I understand that the Abbott Northwestern Hospital is a Medicare approved Kidney Transplant Center. I have been informed that receiving a transplant in a center without Medicare approval could affect my ability to have immunosuppressive medications paid for under Medicare Part B. Should there be any change in the Medicare approval status of Abbott Northwestern's Kidney Transplant Program, I will be informed and assisted to transfer to another center if I choose.
 16. I recognize that with improvement in my physical condition, I may no longer be eligible for disability benefits from Social Security or other private programs.
 17. I give permission for my name, social security or other records number, and medical information to be added to the United Network for Organ Sharing (UNOS) national computer network waiting list and database.
 18. I give permission for the future release of medical information to the UNOS national transplant registry which compiles information regarding medical and functional outcomes after transplantation.
 19. I acknowledge that there have been no guarantees made to me regarding the length of time I may have to wait before an organ becomes available.
 20. I understand that the transplant program and organ procurement agency maintain strict confidentiality of donor and recipient information. For this reason, I may receive only limited general information about the donor, without personally identifying information. I may communicate with the donor family only through the transplant program and organ procurement agency.
 21. I request and give consent to becoming a candidate for a kidney transplant procedure. I acknowledge that this consent is voluntary, and any refusal to have this procedure will not affect my relationship with my doctor(s) or Abbott Northwestern Hospital, or my entitlement to any benefits. I understand that I can change my mind and decide not to have this procedure at any time before the surgery.

22. I acknowledge I have had the opportunity to discuss the transplant procedure and follow-up care, the risks and benefits of transplantation, the alternatives to this procedure, and the risks and benefits of the alternatives with my physician(s). All of my questions have been answered to my satisfaction. I have been informed of whom to contact if further questions arise prior to transplant.

23. If I have a living will or advance directive, or have appointed a health care proxy or agent, I have given copies to my Transplant Coordinator, to be placed in my transplant chart. I have discussed these with my transplant physicians and have reached an agreement concerning their use, should they become applicable during the transplant surgery, the recovery period, and over the long term.

24. Additional Provisions:

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I UNDERSTAND ALL THAT IS INVOLVED IN THE EVALUATION PROCESS, WHICH INCLUDES WHAT A POTENTIAL CANDIDATE AND TRANSPLANT PROGRAM RESPONSIBILITIES ARE; ALL POSSIBLE DECISIONS REGARDING WAIT LISTING AND TRANSPLANTATION THAT COULD BE REACHED AS A RESULT OF THE EVALUATIONS; AND WHAT FACTORS COULD RESULT IN A POTENTIAL CANDIDATE'S REMOVAL FROM THE WAIT LIST.

I REQUEST AND CONSENT TO BEGIN THE EVALUATION PROCESS TO BECOME A CANDIDATE FOR A KIDNEY TRANSPLANT AT ABBOTT NORTHWESTERN HOSPITAL.

Signature of Patient

Date

Signature of Witness

Time

Signature of Guardian (if applicable)

Original: Chart
Copy: Patient

Updated: July 2020