You have been given the opportunity to participate in the Paired Kidney Donation Exchange program because you are not a compatible donor for your potential recipient. The purpose of this consent form is to give you the information you will need before you decide whether or not to take part in this program. Please read this form carefully. You may ask questions about the risks, benefits, your rights as a donor or anything else about the Paired Donor Exchange program or this form that is not clear. When all of your questions have been answered, you can decide whether or not you would like to participate in paired donation. We will give you a copy of this form for your records.

**PURPOSE AND PROCESS**

**PURPOSE**
Either you or your recipient do not have compatible blood types or your potential recipient has antibodies against your kidney, making it likely that they will immediately reject the kidney. In order for you to donate and for your recipient to receive a kidney from a living donor, you may participate in a paired exchange where you would donate to someone with whom you are compatible and your intended recipient would receive an organ from someone with whom they are compatible.

You may also decide to donate even if there is not a match for your intended recipient and start a chain of transplants. Alternatively, someone else might start a chain and your intended recipient would receive a transplant, but you had not yet donated. In that case, the goal would be to have you donate to the next person with whom you are compatible. The donation would not be more than 3 months from the time that your intended recipient received a transplant. This donor is called the bridge donor.

Sometimes a donor will decide to donate without having a prior recipient in mind. This is called a non-directed donation. Non-directed donors can also start an open or closed chain of transplants.

**LISTING ON DATABASE**
Individuals who are incompatible can be placed into a donor exchange database, such as with the National Kidney Registry, by the University of Washington. For the purpose of matching, The National Kidney Registry database will contain the following information about you: age, birth date, gender, race, blood type, HLA typing (tissue typing), the antibodies you have in your system that would attack a possible donor kidney (otherwise known as unacceptable antigens), and cytomegalovirus and Epstein Barr virus status.

**PROCESS**
The recipient will have the opportunity to indicate if he/she is willing to accept a living donor kidney that has been shipped, rather than having the donor on site in the same hospital. The recipient will also be asked if he/she would be willing to travel to the donor transplant center, the range of donor age he/she is willing to accept, and the minimum number of tissue matches
wanted. No information will be given about the donors to recipients or vice versa. However, if you and the recipient both wish to meet in the future then this will be facilitated by the Transplant Centers.

As more pairs are added to the database, the registry will run the list and look for potential donor/recipient pairs. If these pairs appear to be successful matches, both the donor and the recipient Transplant Centers are contacted. The Transplant Centers then exchange information about the potential donor and recipient and decide if it would be a feasible medical match. If both Transplant Centers agree that the match is acceptable, both the donor and recipient will be asked to provide a blood sample for a crossmatch. A crossmatch is used to indicate possible acute rejection. If this test is negative then further work up would be accomplished as necessary to fulfill the requirements of both transplant programs to ensure donor safety and recipient outcome. If this proves to be acceptable to you, the prospective donor, and to the Transplant Centers, then the transplant will be scheduled. If at any time you decide that you do not want to participate, you are free to stop this process at any stage, whether it be during the initial evaluation phase, during or after testing, or right up to the moment of surgery.

OTHER INFORMATION

CONFIDENTIALITY
Your identity as a donor will remain confidential. Your medical information will be entered into the National Kidney Registry without any specific identifier.

RESOURCES AND CONTACTS
More specific information about this type of a program can be found at the following website: http://www.kidneyregistry.org. The National Kidney Registry is the specific program that will be utilized by the University of Washington. Also there is more information on this process at the United Network for Organ Sharing (UNOS) website, www.unos.org.

If at any time you have any questions or concerns, you are encouraged to contact the Transplant Team at the UWMC at 1-206-598-6994. Please also call the transplant number if at any time you wish not to be included in this activity. If at any time you think that the activities have not been performed as they should, you should contact the transplant center and are also welcome to contact the United Network for Organ Sharing (UNOS).

Attached is the "Patient Information Letter" from the United Network for Organ Sharing (UNOS). It describes the services and information offered to patients by UNOS and the Organ Procurement and Transplantation Network.
INFORMED DECISION
I acknowledged that the University of Washington Medical Center Transplant Services has provided me with an information packet regarding kidney donation and the Paired Exchange program. I have read this information and have had the opportunity to ask questions. I have no further questions or issues regarding paired donation.

WITHDRAWAL
I acknowledge that my participation in the Paired Exchange program at the University of Washington Medical Center is voluntary and I may withdraw my consent at any time prior to transplantation, without cost or penalty to me should I change my mind for any reason.

I have read and understand the information that is outlined above. I have sufficient information about paired donation to make an informed decision regarding participation in the Paired Exchange Program at the University of Washington Medical Center.

___________________________________________________
Donor name    (Please print)

___________________________________________________
Donor signature                                                                                     Date

___________________________________________________
Living Donor Nurse Coordinator Signature                                                                 Date

___________________________________________________
Independent Donor Advocate signature                                                                   Date

___________________________________________________
Physician signature                                                                                   Date

Patient Initials