

University of Washington
Patient Acknowledgement for Kidney Transplantation in Donor Exchange
KIDNEY RECIPIENT

You have been given the opportunity to participate in the Paired Kidney Donation Exchange program because you and your prospective kidney donor are not a compatible match. 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, 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 potential donors do not have compatible blood types or you have antibodies against your potential donor's kidney, making it likely you will immediately reject the kidney. In order to help you receive a compatible living donor transplant, the Paired Kidney Donation Exchange matches recipients from all over the country who cannot receive a transplant from their potential living donor. Because you will be matched against many different living donors, the paired donation program has a higher likelihood of pairing you with an individual who is a good match for you, while your potential donor, who is unable to give to you, is matched with a person who can accept their kidney.

Sometimes a donor will decide to donate without having a prior recipient in mind. This may start and open or a closed chain of transplants. Open chains end with the last donor waiting to donate to the next possible recipient (usually for a maximum of 3 months) while all of the other transplants before occurred at the same time. This donor is called a bridge donor. If the last donor does not wait but donates to someone on the kidney transplant waiting list, the chain is closed.

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. The database will also identify the type of kidney disease that you have and any specific medical problems such as high blood pressure, heart disease, blood vessel disease, or previous cancer that might influence the longevity or survival of the transplant.

PROCESS

You will also have the opportunity to indicate if you are willing to accept a living donor kidney that has been shipped, rather than having the donor on site in the same hospital as you. You

Patient Initials

will also be asked if you would be willing to travel to the donor transplant center, the range of donor age you are willing to accept, and the minimum number of tissue matches that you want. You will not be given any information about the donor. However, if you and the donor both wish to meet in the future then this will be facilitate 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.

OTHER INFORMATION

CONFIDENTIALITY

Your identity as a patient will remain confidential. Your medical information will be entered into the National Kidney Registry without any specific identifier. You will be given a unique number for the purpose of the database, and the Transplant Team at the University of Washington will separately track your number to be able to identify you when a match arises.

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.

STATEMENT

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.

Patient name (Please print)

Patient signature

Date

Pre-transplant Nurse Coordinator Signature

Date

Physician signature

Date

Patient Initials