

PRE-KIDNEY TRANSPLANT PATIENT AGREEMENT

- I have a copy of the “Guide to Your Kidney/Pancreas Transplant” and will read it to the best of my abilities. I will ask questions of the transplant team if I don’t understand anything I have been told or have read.
- I understand that I will need to take an active part in my transplant care. This includes asking questions when I don’t understand something. I understand that if I don’t take care of my new transplant I could have rejection. I might also be denied a second transplant.
- I understand that to be accepted for transplant I have to follow the advice of my doctors. This includes showing up for all scheduled medical appointments, taking all of my medications as prescribed, and following my dialysis schedule. This keeps me in the best shape for transplant.
- I understand that I might be on a waiting list for a kidney or pancreas for two to five years or more. I understand that the long wait time is because of a shortage of organs available for transplant. I understand that my name will come up for transplant when a good organ match is found for me.
- I understand that I will need to stay in the Puget Sound area for outpatient follow-up appointments after my transplant. This follow-up may be from two to six weeks. I understand that I will be responsible for my own housing, meals and transportation during this time. I will need to have a written transportation and support care plan on file with Transplant Services before I can be listed for transplant.
- I will make a commitment to myself, the transplant team, my doctor, and my family to do my part to take good care of my new organ and myself. I understand that donated organs are a scarce national resource and it is my privilege to receive an organ. I understand that it is my responsibility to:
 - Take all medications every day, as prescribed
 - Have blood tests, as ordered
 - Return to the transplant clinic for appointments, as instructed
- I understand that I will need someone to help me at home after my transplant. This includes someone to provide rides to all of my appointments at the transplant clinic.
- I understand that I need to make sure I have medical insurance to cover the cost of my medical care and life-long expensive medications. I understand that the transplant team can give advice on different options for insurance, but that it is my responsibility to keep up my insurance coverage. I am financially responsible for costs not covered by my insurance.
- I promise to treat all UWMC staff with the same respect and courtesy that I want to be treated. I understand that any verbal or physical abuse of UWMC staff may result in denial or delay of transplant.

Patient Signature

Date

Transplant Nurse Coordinator Signature

Date

UW Medicine

TRANSPLANTATION SERVICES