

# SELECTION CRITERIA

## LIVING KIDNEY DONOR

*Potential donors undergo a thorough evaluation to determine if they would be an appropriate donor. Donors are evaluated by a team of nephrologists (kidney doctors), transplant surgeons, social worker and nurse coordinator. These criteria do not exclude groups of individuals based on factors such as race, ethnicity, religion, national origin, gender or sexual orientation. Some donors also consult with other doctors, as needed.*

Have a recipient already accepted for transplant, unless you are a non-directed (altruistic) donor.

Have strong desire to give a kidney without feeling like you are being forced to do so. You must feel good about the donation through the process.

Have a normal blood pressure defined by the average for your age.

Have normal amounts of protein in your urine – higher amounts mean you have some kidney injury or disease.

Not be obese as defined by a body mass index of greater than or equal to 30.

Not have diabetes.

Not currently incarcerated.

Have a strong commitment to lead a healthy lifestyle and obtain regular health care after donation.

Not smoke for at least 60 days before donation and preferably quit, if you smoke or use tobacco.

No substance abuse.

Not have evidence of current kidney stones or a history of multiple kidney stones.

Not have active or past cancers that could be transmitted to the recipient or may require you to keep both kidneys to tolerate treatments should cancer recur. You may need a talk with a cancer doctor if this issue applies to you.

PT.NO

NAME

Place EPIC Label Within Box

DOB

### UW Medicine Health System

Harborview Medical Center – UW Medical Center  
Northwest Hospital & Medical Center – University of Washington Physicians  
Seattle, Washington

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Not have evidence of significant heart or blood vessel, liver or lung disease.

Not have evidence of a chronic infection that could be given to the recipient through the transplant such as HIV or hepatitis C.

Not have evidence of mental illness or other process that might get in the way of making a safe decision about donation.

By signing this document, you are acknowledging receipt of the information; however, this does not imply that you will be accepted for living donation.

\_\_\_\_\_  
 Signature  
**Patient or Legal Next of Kin**

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 Signature  
**Nurse Coordinator**

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 Signature  
**Transplant Physician**

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date:

PT.NO

NAME

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 Harborview Medical Center – UW Medical Center  
 Northwest Hospital & Medical Center – University of Washington Physicians  
 Seattle, Washington

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