Agreement to Abstain from Alcohol and Substance Abuse
And Consent to Random Testing
UWMC Kidney/Pancreas Transplant Program

Alcohol and substance use or abuse can significantly reduce a patient's chance of a successful transplant. Abstinence from substances such as drugs, alcohol and tobacco greatly increases the likelihood of a successful transplant. The Transplant Program requires that all of its patients abstain from the use and abuse or drugs, alcohol and tobacco.

To be eligible for a transplant, you must agree to the following:

1. I have been informed by the Transplant Team that smoking, alcohol abuse, and the abuse or illegal use of substances is prohibited for patients in the Transplant Program.

2. I understand that as a patient in the Transplant Program, I am prohibited from abusing alcohol, using or abusing marijuana, cocaine, opiates, amphetamines, hallucinogens, and any other controlled substance. Tobacco products of any kind, including cigarettes, pipes, cigars, and the use of chewing tobacco are also prohibited.

3. I understand that if I use or abuse the substances covered by this agreement that I will not be listed for a transplant. If I am already listed for a transplant and you discover that I have used or abused the substances covered by this agreement, I will be placed on hold on the waiting list. If I have a living donor, the transplant will be placed on hold until I have complied with this agreement.

4. I understand that if I have used or abused the substances covered by this agreement, I will be required to do the following before I am considered for a transplant:

   - I will be required to undergo evaluation from a State of Washington Certified Chemical Dependency Treatment Services Provider and to follow any treatment recommendations of the Provider.
   - If chemical dependency treatment is recommended, I will be required to provide verification of successful completion of a treatment program. I will also be required to demonstrate total abstinence from all substances of abuse throughout the pre-transplant period. I understand that verification of treatment compliance and completion might require disclosure of chemical dependency treatment information to the Transplant Team. I agree to sign all authorizations necessary to provide the Transplant Team with verification of my successful completion of a treatment program and ongoing compliance with this agreement.

- I understand that I will be subject to random testing to assure compliance with this agreement. I authorize the Transplant Team to perform the tests and review the results of those tests. I agree to authorize my primary health care provider to perform any compliance tests requested by the Transplant Team and to authorize my primary health care provider to share the results of any test with the Transplant Team.
- I understand that refusal to comply with random testing will be considered a positive test, and as a result, I will not be active on the waiting list and any transplant procedure will be placed on hold. I also understand that a positive toxicology screen or conviction for alcohol and drug related offenses would be considered a violation of this policy.
- I understand that I will be informed of the results of all toxicology tests. In addition, I have been informed that my medical records, including all records related to substance use and abuse, drug/alcohol treatment or toxicology reports will be kept confidential in accordance with State and Federal law. My records will not be released to a third party without my written consent or an official court order.
- I understand that all decisions regarding listing for transplant will be provided to me in writing.

I acknowledge that I have read the above terms and that I have had the opportunity to ask questions to help me understand this agreement. By signing this agreement I agree to abstain from the use and abuse of the substances prohibited by this agreement, and to notify the Transplant Team if at any time I am unable to comply with the terms of this agreement.

_____ _____
Patient Signature   Date