

Pre-Transplant Patient Agreement UWMC Kidney/Pancreas Transplant Program

- I understand that I need to take an active role 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 my medications as prescribed, and following my dialysis schedule. This helps me stay best prepared for donation.
- I understand that I may 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 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 have made 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 it is my responsibility to:
 - Take all medications every day as prescribed.
 - Have blood tests as ordered.
 - Return to the transplant clinic 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 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 maintain my insurance coverage. I am financially responsible for costs not covered by my insurance.
- I agree to treat all UWMC staff with the same respect and courtesy that I want to be treated with. I understand that any verbal or physical abuse of UWMC staff may result in denial or delay of transplantation.

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.

Patient (or legal guardian) signature:		Date:
Patient name (printed):	Legal guardian printed name (if applicable):	
Transplant Coordinator signature:	Printed name:	Date:

PLACE PATIENT LABEL HERE

UW Medicine
 Harborview Medical Center – University of Washington Medical Center
 UW Medicine Primary Care – Valley Medical Center – UW Physicians
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 Page 1 of 1



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