

Pre-Transplant Patient Agreement

KIDNEY, PANCREAS OR KIDNEY/PANCREAS TRANSPLANT PROGRAM

- I understand that I must play an active role in my transplant care. This includes asking questions whenever I do not understand something. I recognize that failing to properly care for my transplant could lead to rejection, and it may affect my eligibility for a future transplant.
- I understand that in order to be accepted for a transplant, I must follow my doctors' recommendations. This includes attending all scheduled medical appointments, taking my medications as prescribed, and following my dialysis schedule. Doing so helps ensure that I remain in the best possible condition for transplant.
- I understand that I may remain on the waiting list for a kidney or pancreas transplant for two to five years or longer, due to the limited availability of donor organs. I acknowledge that I will be considered for transplant when a suitable match becomes available.
- I understand that I will need to stay in the Puget Sound area for outpatient follow-up appointments after my transplant, which may last from two to six weeks. During this time, I am responsible for arranging my own housing, meals, and transportation. I also understand that I must have a written transportation and support care plan on file with Transplant Services before I can be added to the transplant waiting list.
- I have made a deep commitment to myself, my transplant team, my doctor, and my family to care for my new organ and protect my health. I understand that receiving a donated organ is not only a medical opportunity, but a profound gift—a second chance at life made possible by the generosity of a donor and their family. I recognize that donated organs are a rare and precious national resource, and I will honor this gift by doing everything I can to keep it healthy. I understand that it is my responsibility to:
 - Take all prescribed medications every day.
 - Complete all required blood tests as ordered.
 - Attend all follow-up appointments at the transplant clinic as instructed.

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- I understand that having a post-transplant caregiver is a requirement and an essential part of my recovery. My caregiver will assist me at home or in temporary housing and provide transportation to all my transplant clinic appointments. A dependable caregiver is vital to ensuring my health, safety, and overall success during the critical early stages of healing.
- I understand that I must have medical insurance to help cover the cost of my transplant care and the lifelong medications required to maintain my health. While the transplant team can offer guidance on available insurance options, it is my responsibility to maintain continuous coverage. I also understand that I am financially responsible for any costs not covered by my insurance.
- I agree to treat all UWMC staff with the same respect and courtesy that I would like to receive. 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:

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