

The Organ Procurement and Transplantation Network (OPTN)
Kidney Paired Donation (KPD) Program
Potential Living Donor Matching Consent Form

Potential Living Donor: _____

Part I: To be completed by the transplant coordinator and/or other medical professional:

1. Matching Requirements for the OPTN KPD

The following has been communicated to the potential living donor:

- All living donors, including KPD donors, are evaluated and cleared for donation according to standard medical criteria.
- Transplant centers will determine if the donor kidney in an exchange is appropriate for the recipient. KPD donors and candidate do not choose their match.
- KPD donors will be paired with compatible recipients using a computer program that maximizes the number of matched pairs while providing additional consideration for specific populations, such as children and highly sensitized recipients.
- The computer system does not provide multiple solutions (i.e. set of matches), the computer finds and displays one solution for each match run.
- Donors are matched based on donor blood type and antigens compared to candidate blood type and unacceptable antigens. The OPTN Contractor will only match candidates and potential donors who have identical or compatible blood types including on-A1 to O and B candidates and non-A1B blood types to B candidates.
- Donor and candidate choices can be used to identify match opportunities (i.e. distance willing to travel, option to be a bridge donor, etc). However, donors and candidates cannot choose specific individuals or pairs with whom they match.
- Donors and candidates have the right to decline any match offered at any time in the match process. The candidate transplant hospital determines if the matched donor kidney is appropriate for their recipient.
- The donor and the candidate can choose to withdraw from the OPTN KPD at any time, for any reason.

Date _____ Practitioner _____

Date _____ Patient _____

2. Donors

The following has been communicated to the potential living donor:

- Donors may have to wait to find a match. In the OPTN KPD, the length of time varies according to the ABO of both donor and candidate, donor antigens, candidate unacceptable antigens and characteristics of the existing pool of donors and candidates. In the OPTN KPD, if a paired donor is identified as a bridge donor in a match run they will be matched with a candidate in a different match run than their paired candidate. This may extend the time a donor waits (see additional bridge donor information below).
- After a match has been identified, there is a possibility that the paired donor may have to wait an additional amount of time to donate because of logistical issues (i.e. ability to schedule operating rooms for surgery, availability of donors and candidates involved in the exchange, etc.)
- The KPD donor may help more than one candidate receive a transplant. In the OPTN KPD match offers can be as short as 2 pairs or they can be chains that begin with a Non-Directed Donor (NDD) and extend with one or more multiple bridge donors. Many matches are terminated prior to donation and transplantation. Donors may need to supply multiple blood samples on multiple occasions to crossmatch against candidates in different matches.
- The matched candidate's insurance might not cover travel costs if the paired donor travels to the matched recipient transplant hospital. A recipient's paired donor may qualify for assistance through the National Living Donor Assistance Center (NLDAC).
- The paired donor's name may appear on the matched candidate's insurance estimation of benefits.
- The donor's paired and matched recipient might not have equal outcomes.

Date _____ Practitioner _____

Date _____ Patient _____

3. For Non-Directed Donors (NDD) *(This section needs to be completed for non-directed living donors only.)*

The following has been communicated to the potential living donor:

If the potential living donor intends to be a non-directed donor, the following information has been communicated to the potential living donor:

- Options for donation:
 - Participating in one or multiple KPD programs.
 - Donating directly to the waitlist
- In kidney paired donation, non-directed donors will be matched to candidates by a computer program.
- The transplant center will take all reasonable precautions to provide anonymity for the donor and recipient.
- There is a separate consent (included at the end of this document) for the non-directed donor to participate in a kidney paired donation program.

Date _____ Practitioner _____

Date _____ Patient _____

4. Bridge Donors

The following has been communicated to the potential living donor:

A “bridge donor” is a donor who does not have a recipient identified in the current match run. Instead of donating directly to the deceased donor waiting list, “bridge donors” may have an option to participate in future chains in order to increase the number of transplants performed.

The process of becoming a “bridge donor” may involve time to find a suitable chain, and even repeat medical evaluations. This section provides detail about consent to be a “bridge donor” and how this occurs.

Each paired donor, at the discretion of the donor hospital, can be given the option of bridge donation at the time they enter KPD. Before agreeing to bridge donation, the donor must be informed of when a chain will end with a bridge donor.

In the OPTN KPD, a chain will end with a bridge donor if the following conditions are met:

- The chain begins with a NDD or has been extended with another bridge donor.
- The hospital who entered the NDD chooses to extend the chain with a bridge donor
- The paired donor agrees to be a bridge donor
- The paired donor hospital agrees for the paired donor to be a bridge donor

If one of more of these conditions are not met, the last donor in the chain will be offered to the deceased donor waiting list at the hospital that entered the NDD. The transplant hospital must document that the donor verbally consented to remain a bridge donor each time the donor is identified as a bridge donor in an accepted exchange (other options would be donate to waitlist or decline to donate).

The amount of time a bridge donor waits before a match is found and undergoes surgery is primarily based on the ease or difficulty in matching the bridge donor’s blood type and antigens with candidates in the pool.

- Blood type O donors match immediately.
- Blood type A and AB donors may take several months or longer to match.
- Blood type B donors are somewhere in between
- Either the bridge donor, donor hospital or NDD hospital can request that the bridge donor stop attempts at bridging and donate to the waitlist at any time. Bridge donors have the option to revise the amount of time they are willing to be a bridge donor. The bridge donor’s transplant hospital will document in the medical record how long the donor is willing to be a bridge donor.
- Bridge donors may be waiting for match long enough that their medical evaluation expires per transplant hospital policy. In this case, an additional evaluation prior to donor nephrectomy would be required.
- Many matches are terminated prior to donation and transplantation. Bridge donors may need to supply multiple blood samples on multiple occasions to crossmatch against candidates in different matches.

Date _____ Practitioner _____
Date _____ Patient _____

5. Logistics of KPD

The following has been communicated to the potential living donor:

- Donor may travel to recipient center or donor kidney may be shipped to recipient center.
- Donor surgeries begin simultaneously in two- way or three-way exchanges. Recipient surgeries begin after donor surgeries.
- In donor chains, surgeries might not occur simultaneously. A candidate will receive a kidney before or the same day his or her intended donor donates. A recipient/donor pair will always have the option to have surgery on the same day. Donor surgeries must be scheduled to occur within 3 weeks of the day the intended recipient receives a transplant.
- Occasionally there may be unforeseen circumstances which could cause the surgeries to be rescheduled.
- A recipient /donor pair can choose to only be matched *in* two-way or three-way exchanges.
- If the operating room date *is* not set for a chain at the time of the next match run, but the crossmatches have been performed and the donors have been approved up to the point where the *chain* breaks then the final donor could be entered in the next match run to repair the chain. In order for the final donor to be included in the next match run, the donor must agree to be in the match run instead of donating to the deceased donor waiting list at that time. Blood type O, non-directed donors may be in a position to choose to donate to a shorter chain or to wait for another match run with the possibility of finding a longer chain.
- Due to matching and logistical issues a donor may have to wait an undetermined amount of time for a match and to determine a donation date.

Date_____ Practitioner_____

Date_____ Patient_____

6. Anonymity Between Pairs

The following has been communicated to the potential living donor:

- KPD pairs are kept anonymous prior to transplant.
- Contact or meeting between paired donors and recipients will occur only after donation and transplantation have taken place and in accordance with policies from both donor and recipient hospitals, if applicable.
- Correspondence received by MDMC will only be forwarded if written consent has been obtained.
- If written consent is not obtained, distribution of correspondence will not occur.
- Any correspondence received will be retained in the patient's file for potential use if the recipient/donor consents for correspondence in the future.
- Physical meetings between the paired living donor(s) and the recipient(s) will not occur until at least 48 hours post donation/transplantation.
- When donor families and recipients want to meet each other, MDMC may act as an intermediary in the family process facilitating the actual meeting if the family requests.
- The initial physical meeting will occur at MDMC or participating center(s), unless a different location is agreed upon by all parties.
- Meetings will be attended by the Transplant Social Worker, Independent Living Donor Advocate and Transplant Coordinator. Other transplant team attendees may include the Transplant Surgeon and Transplant Nephrologist.

Date_____ Practitioner_____

Date_____ Patient_____

7. For Shipped Living Donor Organs

The following information has been communicated to the potential living donor:

- If the living donor's organ will not be transplanted at the recovery center, there is a small but increased risk for organ loss associated with transport.
- Shipment of kidney has the risk of courier delay, flight cancellation or flight delay which may extend the cold ischemic time of the kidney. Too much cold ischemic time can impact the quality of the organ for transplant and delay function of the kidney.
- There are risks outside of the transplant center's control such as but not limited to plane crash, terrorist activity and natural disaster.
- There is risk of damage to the kidney during transport which would be discovered at the time of inspection of the kidney at the transplanting center.
- There is separate consent (included at the end of this document) if the potential living donor is willing for his/her organ to be transplanted at a center other than the recovery center.

Date _____ Practitioner _____

Date _____ Patient _____

8. Possible Untoward Events

The following has been explained to the potential living donor:

Unexpected events may occur that prevent the paired donor's kidney from being transplanted or cause a failed exchange. A failed exchange is when a donor donates but their paired candidate does not receive a transplant. Unexpected events that might prevent donation or recipient transplantation include but are not limited to:

- A candidate might not receive a transplant because of an unexpected issue with the matched donor's kidney found during or after surgery.
- An event may occur in the operating room that makes it necessary to stop a donor procedure. In this case, one recipient would not receive a kidney. If a donor or recipient surgery has begun, this surgery will continue even if another surgery in the match must stop.
- If it is necessary to stop a recipient surgery, a kidney would be available. This kidney would be given to a recipient on the deceased donor waiting list according to OPTN policies.

Date _____ Practitioner _____

Date _____ Patient _____

9. Remedy for Failed Exchanges

The following has been communicated to the potential living donor:

- A KPD candidate who does not receive a kidney transplant the matched donor *for any reason* after a candidate's paired donor has donated is considered an orphan candidate.
- A candidate will be eligible for orphan candidate priority only if the candidate qualified for orphan status through participation in the OPTN KPD program
- An orphan candidate will received 1,000,000 priority points, even if the candidate has another willing living donor. The orphan candidate will retain this priority until the orphan candidate receives a kidney transplant. The orphan candidate can always refuse a match offer and retain orphan candidate priority.
- This priority will ensure the orphan candidate receives a match offer if the candidate matches to either a non-directed donor or bridge donor in the system, but does not guarantee that the candidate will match any other donor
- There is no additional priority on the deceased donor waiting list for any candidate involved in a failed exchange in any KPD program

Date _____ Practitioner _____

Date _____ Patient _____

10. Commitment of Pairs to Exchange

The following has been communicated to the potential living donor:

- Donors and potential recipients are not required to sign a formal contract promising that they will follow through with participation in a planned KPD.
- Donors and potential recipients are *strongly encouraged* to ask questions and to discuss all aspects of the exchange with the transplant team and other health care providers in order to make a solid informed decision whether or not to participate.
- Recipient/donor pairs should *discuss KPD with their caregivers and family.*

Date _____ Practitioner _____

Date _____ Patient _____

Part II: To be signed by the potential living donor

I understand the following as explained to me by my medical team:

1. I may decline to donate at any time.
2. I may have sufficient time to reflect after consenting to donate.
3. I have the option of a general, nonspecific statement of unsuitability for donation should I wish not to proceed with donation.
4. My decision not to proceed with the donation can only be disclosed if I authorize it.
5. I undertake risk and receive no medical benefit from the operative procedure of donation.
6. I will receive a thorough medical and psychosocial evaluation.

The medical evaluation will be conducted by a physician and/or surgeon experienced in living donation to assess and minimize risks to the potential donor post donation, which will include a screen for any evidence of occult renal and infectious disease and medical co-morbidities which may cause renal disease.

The psychosocial evaluation will be conducted by a psychiatrist, psychologist, or social worker with experience in transplantation to determine decision making capacity, screen for any pre-existing psychiatric illness, and evaluate any potential coercion.

7. My transplant program must provide an Independent Donor Advocate (IDA) whose responsibilities include, but are not limited to the following:
 - a. to promote my best interests.
 - b. to advocate for my rights.
 - c. to assist me in obtaining and understanding information regarding the:
 - (i) consent process
 - (ii) evaluation process
 - (iii) surgical procedure, and
 - (iv) benefit of and need for follow-up
8. My medical evaluation could reveal conditions that the transplant center must report to governmental authorities such as HIV or certain infectious diseases. My transplant center has informed me of the specific reportable diseases for the government authorities in my area, if requested.

9. My medical information will not be revealed to a potential recipient unless authorized by me. If I have a condition that might harm a recipient, the medical team in charge of my evaluation will not allow the donation to occur.
10. I am subject to the medical, psychological, and financial risks associated with being a living donor. These risks may be temporary or permanent and include, but are not limited to the following:
 - a. Medical Risks
 - (i) Potential for surgical complications including risk of death
 - (ii) Every kidney donor will experience a decrease in the kidney function compared to pre-donation. The amount will depend upon the age and history. The anticipated change in my individual kidney function is to be discussed with me
 - (iii) Potential for organ failure and the need for a future organ transplant
 - (iv) Potential for other medical complications including long- term complications currently unforeseen.
 - (v) Scars
 - (vi) Pain
 - (vii) Fatigue
 - (viii) Abdominal or bowel symptoms such as bloating and nausea.
 - (ix) Increased risk of complications with the use of over the counter medications and supplements.
 - b. Psychosocial Risks
 - (i) Potential for problems with body image.
 - (ii) Possibility of post-surgery depression, anxiety, or emotional distress.
 - (iii) Possibility of transplant recipient rejection and need for re-transplantation.
 - (iv) possibility that the transplant recipient will have a recurrence of disease.
 - (v) possibility of transplant recipient death.
 - (vi) potential impact of donation on the donor's lifestyle.
 - (vii) recipient outcomes may not be equal in a paired exchange.
 - c. Financial Risks
 - (i) personal expenses of travel, housing, and lost wages related to live donation might not be reimbursed; however, resources may be available to defray some donation-related costs.
 - (ii) child care costs.
 - (iii) possible loss of employment.
 - (iv) potential impact on the ability to obtain future employment.
 - (v) potential impact on the ability to obtain or afford health, disability, and life insurance.
 - (vi) health problems following donation may not be covered by the recipient's insurance.

11. The transplant centers must report living donor follow-up information for at least two years, so I should expect to be contacted by the transplant program regarding my current health status.
12. I commit to postoperative follow-up testing coordinated by the actual recipient's transplant center for a minimum of two years.
13. I may not receive valuable consideration (including, without limitation, monetary or material gain) for agreeing to be a donor.
14. I understand that if my organ will not be transplanted at the recovery center, there is an increased risk for organ loss associated with transport and I must sign an additional consent to allow my organ to be shipped to a transplant center other than the recovery center.
15. If I am a non-directed donor, I understand that:
 - a. In kidney paired donation, I will be matched to candidates by a computer program.
 - b. The transplant center will take all reasonable precautions to provide anonymity for the donor and recipient.
 - c. There is a separate consent for the non-directed donor to participate in a kidney paired donation program.

Transplant Center Representative:

I have reviewed the OPTN KPD Program with this patient.

Signature: _____ Date: _____

The items on this form have been explained to me, and I have had all of my questions answered I am willing to donate, free from inducement and coercion. I hereby consent to participate in the OPTN Kidney Paired Donation Program and understand that I can withdraw my consent for participation at any time without penalty or loss of benefits to which I am otherwise entitled

Name (print): _____

Address: _____

Phone No.: _____

Email: _____

Transplant Center: _____

Participant:

Signature: _____ Date: _____

For the shipment of a living donor kidney:

The items on this form have been explained to me, and I have had all of my questions answered. I understand that there may be additional risk associated with the shipment of a kidney. I am willing for my kidney to be shipped to a transplant center other than the recovery center. I hereby consent to allow my kidney to be shipped to another transplant center and understand that I can withdraw my consent for participation at any time without penalty or loss of benefits to which I am otherwise entitled.

Participant:

Signature: _____ Date: _____

For potential non-directed donors:

I have read this form and have had all of my questions answered. I am willing to be a non-directed donor in the Kidney Paired Donation Program. I hereby consent to participating in the Kidney Paired Donation Program as a non-directed donor and understand that I can withdraw my consent for participation at any time without penalty or loss of benefits to which I am otherwise entitled.

Participant:

Signature: _____ Date: _____

This form documents that the potential living donor has provided informed consent to be a potential living donor in the OPTN KPD Program. Informed consent to be a potential living donor is required to be eligible to be matched in the OPTN KPD Program.