

Kidney/Pancreas Transplant Program

I have received literature and verbal information regarding the risks/benefits of kidney and/or pancreas transplantation, financial responsibility, immunosuppressive drug therapy, hospital course, and follow-up care. I have received a copy of the following documents that pertain to kidney and/or pancreas transplant. I have had the opportunity to ask questions and they were answered to my satisfaction. In addition, I understand that information regarding my transplant will be shared with transplant governing agencies.

- ❖ Informed Consent for Kidney and Pancreas Transplant Patients
- ❖ Kidney and Pancreas Transplant Process – The Transplant Process
- ❖ Multiple Listing/Wait Time Transfer Information Brochure
- ❖ KDPI >85% Consent
- ❖ Current SRTR Report – Report Date: _____

I understand that signing this document means that I agree to proceed with transplant evaluation; and if found to be an acceptable candidate, I agree to be listed for a kidney and/or pancreas transplant. I also understand that I can ask questions at any time before or after I sign this document.

Printed Patient Name

Date of Birth

Patient Signature

Date

Time

Transplant Coordinator Signature

Date

Time