

## Liver Transplant Program Pre-Transplant Education Signature Page

I have received literature and verbal information regarding the risks/benefits of liver or liver/kidney transplantation, financial responsibility, immunosuppressive drug therapy, hospital course, and follow- up care. I have received a copy of the following documents that pertain to liver or liver/kidney 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 Liver Transplant Patients
- ❖ The Transplant Process
- ❖ Multiple Listing/Wait Time Transfer Information Brochure
- ❖ Liver Allocation/MELD Score Information Brochure
- ❖ 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 liver or liver/kidney 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