



William Beaumont University Hospital Kidney Transplant Program
Kidney Donor Consent for Initial Blood Work

Living Donor Candidate Name:	Date of Birth:
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Please review the following information and sign below to acknowledge that you have been informed about the living donor process and wish to proceed with initial blood work testing to determine your compatibility with a potential recipient.

- I have read “*Your Kidney Donation Decision: Patient Information*” booklet.
- I am willing to donate free from inducement or coercion.
- I understand that it is a federal crime for any person to knowingly acquire, obtain or otherwise transfer any human organ for valuable consideration (i.e., anything of value such as cash, property, vacations, etc.).
- I understand that I may decline to donate at any time. If I decline to donate, I understand that it will be done in a secure and confidential manner.
- I understand that William Beaumont University Hospital Kidney Transplant Team may refuse to accept me as a living donor. If so, I can be evaluated at another transplant center that may have different selection standards.
- If I proceed with kidney donation surgery, I commit to follow-up with the transplant clinic at **6 months, 1 year, and 2 years** post operatively so that my kidney function can be checked to monitor my wellbeing and to allow the transplant center to conform to United Network for Organ Sharing (UNOS) reporting regulations.
- I am aware that some of my personal information will be made available to UNOS, and some test results will be kept permanently in the recipient’s medical record.
- William Beaumont University Hospital will provide confidentiality for me and the potential recipient.
- I consent to initial blood work testing to determine compatibility with my intended recipient as the first step in the donation process.

_____ Signature of Living Donor Candidate	_____ Date	_____ Time	_____ Printed Name of Living Donor Candidate
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