

**HEART TRANSPLANT PROGRAM
INFORMED CONSENT FOR EVALUATION**

The evaluation process at Hartford Hospital (HH) Heart Transplant Program begins when you are identified as being a potential transplant recipient and you express interest in the program. The purpose of this consent is to provide education regarding the evaluation process here at HH.

The Evaluation Process

The evaluation process involves many elements including but not limited to:

- Education regarding the Heart Transplant Team
These are the providers that will be caring for and providing education to you during the evaluation process and include heart surgeons, cardiologists, advanced practice nurses, registered nurses, licensed social workers, dietitians, pharmacists, financial coordinators, infectious disease physicians, as well as any other providers that may be required to complete testing to assure a thorough evaluation.
- Laboratory testing which includes but is not limited to chemistry, hematology, immunology, ABO typing, and serology laboratory tests will be required periodically
- Cancer screening
- Cardiac Testing which includes but is not limited to echocardiograms, stress tests, cardiac catheterizations
- Any other testing necessary to complete a thorough evaluation
- Some of these tests have risks which will be explained at the time of the test

During the evaluation process I will learn, through many education sessions and meetings with the above mentioned staff, about:

- Alternative treatments to transplant, such as medical therapy or mechanical circulatory support
- Potential medical and psychosocial risks to transplant including but not limited to: anesthesia-related risks, organ failure, infection, cancer, rejection of the organ requiring mechanical circulatory support or re-transplant, death, anxiety, depression, post-traumatic stress, increased financial burden, pain
- The Transplant Center's SRTR (Scientific Registry of Transplant Recipient) center specific outcome data
- Potential donor risk factors that could affect the success of the graft (transplant) or my health after the transplant which includes but is not limited to: the age and health history of the donor
- I have the right to refuse transplant at any time

Patient/Representative Initials _____

- If my transplant is not provided in a Medicare-approved transplant center it could affect the transplant recipient's ability to have my immunosuppressive drugs paid under Medicare Part B
- Taking care of my transplant is a lifelong commitment, which includes but is not limited to: taking anti-rejection medications; blood work as directed; complying with medical recommendations; smoking cessation; regular office visits, communication, and follow up with the transplant center; notifying the center of any changes in my insurance status and contact information
- I have the right to be waitlisted at other transplant centers at the same time (multiple listing)
- I have the right to transfer any wait time to my preferred transplant center
- Hartford Hospital may remove me from the waitlist for reasons which include but are not limited to: changes in my medical condition, inability to comply with complex medical care, or I no longer meet the selection criteria
- Surgical Procedure which includes but is not limited to: the nature and purpose of the transplant surgery, length of stay, pain, post-operative restrictions
- Discharge Care and Plan which includes but is not limited to: immunosuppression medication education, minimizing the risks of infection or rejection

Once my evaluation and education is completed, my evaluation results will be presented at a multidisciplinary team meeting for a decision as to my candidacy and ability to be placed on the UNOS (United Network for Organ Sharing) waitlist for heart transplant. I will receive notification of the results of this meeting as to my candidacy, that either:

- I have been accepted and I am active on the OPTN/UNOS waitlist OR
- I am not an acceptable candidate for transplantation at Hartford Hospital at this time and the reason(s) for this decision

You have the right to contact UNOS at 1-888-874-6361 if you have any concerns or grievances about the Hartford Hospital Transplant Program.

Patient/Representative Initials _____

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I acknowledge that I have read this Informed Consent for Evaluation and received the above information regarding the evaluation process.

I have been provided an opportunity to ask questions and to have those questions answered.

Printed Name of Patient/Authorized Representative

Signature of Patient/Authorized Representative

Date

Time

Printed Name of Transplant Staff

Signature of Transplant Staff

Date

Time

Printed Name of Interpreter if needed

Signature of Interpreter if needed

Date

Time

Patient Unable to sign because:
