CONSENT FOR DECEASED KIDNEY DONOR ORGAN OPTIONS

The shortage of kidney donors and the ever-increasing waiting list has prompted the transplant community to look at different types of organ donors to meet the needs of our patients on the waiting list. The purpose of this consent form is to summarize information you have been given about the different types of organ donors and allow you to indicate the type(s) of donor organs you are willing to consider if they become available.

The kidney donor profile index (KDPI) combines a variety of donor factors into a single number that summarizes the likelihood of a graft failure after a deceased donor kidney transplant. The KDPI tells you how long a deceased donor kidney is expected to function relative to all of the kidneys recovered in the U.S. during the last year. Lower KDPI scores are associated with longer estimated function, while higher KDPI scores are associated with shorter estimated function. For example, a kidney with a KDPI of 20% is expected to have a longer function than 80% of the recovered kidneys.

Historically, there are five general types of kidney donors available: Standard Criteria Donors, Extended Criteria Donors, Donors after Cardiac Death, Hepatitis B Positive Donors, and Donors who are at increased risk for disease transmission. There is a wide variation of expected kidney function within these categories. KDPI will provide more information on expected kidney function. This form only summarizes the differences between these different types of donor organs and the associated risks and benefits of each type. This consent form specifically addresses the risks associated with the donor organ. A separate consent form addresses the overall risks associated with kidney transplantation.

1. **KDPI 0-85%**

Standard criteria donor organs have been procured from donors who have died due to a fatal brain injury and who are between 1 and 60 years of age. These donors have either none or not more than one of risk factors associated with kidney disorders, such as elevated creatinine (a blood test which reflects kidney function), high blood pressure, diabetes and/or history of stroke or bleeding in or around the brain.

These kidneys will correspond now to a kidney with a KDPI of 0 – 85%. These organs, as a general matter, present lower risk of serious complications after transplant and a higher chance of functioning well and for a longer period of time than non-standard donor organs. However, there is no guarantee that standard criteria donor organs don't have inherent risk factors.

You have the right to refuse this standard kidney when it is offered. This refusal will not impact your status on the UNOS transplant wait list.

I have been given the opportunity to ask questions and have been told I can ask questions at any time. I understand the benefits and risks of KDPI 0-85% Donors and I agree to be on the list for this type of kidney transplant.

(      ) initials

I do not wish to be placed on the wait list for a KDPI 0-85% Donor kidney.

(      ) initials

2. **KDPI > 85% Donors (formerly Extended Criteria Donors) : due to medical conditions or age**

Historically these organs were called Extended Criteria Donor Kidney, but now will refer to organs with a KDPI >85%.

KDPI means Kidney Donor Profile Index and is a refined measure of kidney quality. It is a grade of the usability of deceased donor kidneys. The KDPI is a continuous score from 1 to 100 with the highest quality kidney having a score of 1 and the lowest quality having a score of 100.

A kidney with a KDPI >85% has a higher chance of not working as well or as long as a kidney from a Standard-Criteria Donor or a KDPI between 1 – 85%. There is a higher risk of delayed kidney function with KDPI >85% Donor kidneys, which may require the recipient to receive dialysis for a period of time after transplant. About 1-2 % of ECD kidneys may never work well enough after transplantation to allow you to
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come off dialysis. This is a slightly higher risk than that for a standard criteria donor kidney. There is also a higher chance that the transplanted kidney will not function as well or as long (measured by creatinine levels) as compared to Standard Criteria Donor kidneys, which may result in the recipient needing dialysis or a new transplant over time. These risks may also increase the overall risks of the transplant surgery itself and the risks and side effects of the post-transplant medications.

However, most people who have KDPI >85% Donor kidneys will live longer than those on dialysis. Studies have indicated that a transplant from a KDPI >85% Donor may be better than no transplant at all. Patients’ in such studies who had KDPI >85% Donor kidneys lived longer than those on dialysis who never received a transplant. You will be provided a copy of the Scientific Registry of Transplant Recipients (“SRTR”) annual data report if you request it.

<table>
<thead>
<tr>
<th>KDPI</th>
<th>1 YR Estimated Graft Survival</th>
<th>2 YR Estimated Graft Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>Greater than or = to 93.5%</td>
<td>Greater than or = to 90.0%</td>
</tr>
<tr>
<td>20-85</td>
<td>93-87%</td>
<td>90-80.4%</td>
</tr>
<tr>
<td>85100</td>
<td>87-81%</td>
<td>80-72%</td>
</tr>
</tbody>
</table>

OPTN/UNOS 2014

Being listed for a KDPI >85% Donor kidney may shorten the wait time for a transplant. Waiting times get longer every year and many patients die waiting for a kidney transplant. A reduced wait time may also increase the chance of receiving a transplant before beginning dialysis. Patients who receive a kidney transplant prior to beginning dialysis in general experience fewer complications associated with their kidney disease and transplant than those who are transplanted after being on dialysis.

If you are listed for a KDPI >85% Donor kidney, you may still get a Standard-Criteria Donor kidney if one becomes available.

You may remove yourself from the list for a KDPI >85% Donor kidney at any time and at no penalty. You have the right to refuse this KDPI >85% Donor kidney when it is offered. This refusal will not impact your status on the UNOS transplant wait list for standard-criteria kidneys.

I have been given the opportunity to ask questions and have been told I can ask questions at any time. I understand the benefits and risks of the KDPI >85% Donor and I agree to be on the list for this type of kidney transplant.

(  ) initials

I do not wish to be placed on the wait list for the KDPI >85% Donor kidney.

(  ) initials
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3. Donors after Cardiac Death

These organs are from individuals that have had an irreversible and devastating neurological injury and the patient’s family and physician have decided that life support will be discontinued. These patients are not brain dead by neurological criteria but will be pronounced dead once the patient’s heart stops. Once this happens the patient can donate organs, which include lungs, liver, pancreas and kidneys.

Kidneys from Donors after Cardiac Death work almost as well as Standard-Criteria Donor kidneys. However, there is a higher risk of delayed kidney function with Donors after Cardiac Death kidneys, which may require the recipient to receive dialysis for a period of time after transplant. This risk may also increase the overall risks of the transplant surgery itself and the risks and side effects of the post-transplant medications. Once full kidney function is obtained, however, Donors after Cardiac Death kidneys generally function as well as kidneys from standard-criteria donors.

Most people who have Donors after Cardiac Death kidneys will live longer than those on dialysis. Studies have indicated that a transplant from a Donor after Cardiac Death may be better than no transplant at all. Patients in such studies who had kidneys from Donors after Cardiac Death lived longer than those on dialysis who never received a transplant. You will be provided a copy of the Scientific Registry of Transplant Recipients (“SRTR”) annual data report if you request it.

Being listed for an Donors after Cardiac Death kidney may shorten the wait time for a transplant. Waiting times get longer every year and many patients die waiting for a kidney transplant. A reduced wait time may also increase the chance of receiving a transplant before beginning dialysis. Patients who receive a kidney transplant prior to beginning dialysis in general experience fewer complications associated with their kidney disease and transplant than those who are transplanted after being on dialysis.

If you are listed for a Donors after Cardiac Death kidney you may still get a Standard-Criteria Donor kidney if one becomes available.

You may remove yourself from the list for a Donors after Cardiac Death kidney at any time and at no penalty. You have the right to refuse this Donors after Cardiac Death kidney when it is offered to you. This refusal will not impact your status on the UNOS transplant wait list for standard-criteria kidneys.

I have been given the opportunity to ask questions and have been told I can ask questions at any time. I understand the benefits and risks of the Donors after Cardiac Death kidney and I agree to be on the list for this type of kidney transplant.

( ) initials

I do not wish to be placed on the wait list for the Donors after Cardiac Death kidney.

( ) initials

4. Hepatitis B Positive Donors

These organs are from donors who otherwise meet the criteria for Standard-Criteria Donors but who may have had active hepatitis B or who have been exposed to hepatitis B in the past. In order for you to receive a kidney from this type of donor you must have received the hepatitis B immunizations or have become immunized from a prior hepatitis B exposure and have had a blood test to prove that you are immune to the hepatitis B virus.
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A kidney from a hepatitis B-positive donor functions as well as a kidney from a Standard-Criteria Donor. You may receive Scientific Registry of Transplant Recipients (“SRTR”) data concerning this if you request it.

However, receiving a kidney from this type of donor presents a small risk of getting the hepatitis B virus from the donor, but the risk of transmission is very low. The risk of contracting hepatitis B this way is less than the risk of death on dialysis.

Hepatitis B does not affect the kidney; it is a liver infection. Patients who contract hepatitis B may experience liver failure and require a liver transplant to survive.

If you agree to accept a kidney from a hepatitis B-positive donor you will need to have extra blood tests after transplant at various intervals to test for the hepatitis B virus. You may also be required to take extra medications to treat or prevent you from acquiring the hepatitis B virus.

If you receive a kidney from a hepatitis B-positive donor, the Hartford Hospital Transplant Program will monitor the status of your liver after transplant by blood tests which measure liver function and hepatitis B viral loads.

If you are listed for a hepatitis B-positive donor kidney you may still get a Standard-Criteria Donor kidney if one becomes available.

I have been given the opportunity to ask questions and have been told I can ask questions at any time. I understand the benefits and risks of the hepatitis B positive kidney and I agree to be on the list for this type of kidney transplant.

(      ) initials

I do not wish to be placed on the wait list for the hepatitis B positive kidney.

(      ) initials

You may remove yourself from the list for a hepatitis B-positive donor kidney at any time and at no penalty. You have the right to refuse a hepatitis B positive donor kidney when it is offered to you. This refusal will not impact your status on the UNOS transplant wait list for a standard-criteria kidney

5. Donors who are at higher risk for disease transmission

I have been given the information regarding the donors who are at higher risk for disease transmission as identified by the Public Health Service 2013.

(      ) initials
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I affirm that I understand the risks and benefits associated with organs from each type of donor described above, and that I have indicated my wishes as to the types of donor organs I am willing to consider accepting if offered to me. I understand that I may refuse any organ when offered without affecting my status on the UNOS transplant wait list. Additionally, if I indicated a willingness to accept an organ from an Extended Criteria Donor, a Donor after Cardiac Death and/or hepatitis B positive donor, I understand that I may remove myself from any or all of these lists at any time without affecting my status on the UNOS transplant wait list for standard-criteria kidneys.

Signed: ___________________________ Date: ____________ Time:______________
(Patient or legally authorized representative)

___________________________________ Date: ____________ Time:______________
Signature (MD, APRN, PA, RN)

Interpreter responsible for explaining procedures and special treatment:

_________________________________________________ (Interpreter)

PATIENT UNABLE TO SIGN [ ] BECAUSE:

____________________________________________________________________________________

__________________________________________ M.D., PA, APRN

__________________________________________ Date: ____________ Time:______________
Witness