



HEART TRANSPLANT PROGRAM

INFORMED CONSENT FOR HEART TRANSPLANT EVALUATION

The transplant eligibility evaluation process at Hartford Hospital (HH) Heart Transplant Program begins when you are identified as a potential transplant recipient and you express interest in the program. The purpose of this consent is to educate you about the evaluation process here at HH and obtain your consent for the evaluation. Our inclusion and exclusion criteria are available in writing to all patients. At Hartford Hospital we review each person as an individual. There is a separate informed consent form which describes the overall risks associated with heart transplantation.

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 and may require separate informed consent.

During the evaluation process I will learn, through many education sessions and meetings with the abovementioned 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 include, but are not limited to: the age and health history of the donor
- My 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 my ability to have my immunosuppressive drugs paid under Medicare Part B
- Taking care of my transplant as a lifelong commitment, which includes but is not limited to: Taking anti-rejection medications; blood work as directed; complying with medical recommendations; smoking cessation; and regular office visits, communication, and follow up with the Transplant Center.
- My right to be waitlisted at other transplant centers at the same time (multiple listing)
- My 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
- The surgical procedure, including the nature and purpose of the transplant surgery, length of stay, pain, and 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 are 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 Organ Procurement and Transplantation Network (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.

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 have had those questions answered.

Patient or Legally Authorized Representative (signature) Date Time

Telephone/Verbal Consent obtained from (print full name) Date Time

Relationship if not patient Official Interpreter Signature or ID #

Transplant Team Member Signature Date Time

Witness (Provider or RN) Signature - mandatory for telephone consent Date Time