

National Kidney Registry

Advanced Donation Program

Informed Consent

Intended Donor

Version 1.7

Intended Donor's Government Issued Photo Identification

The Program: The Advanced Donation Program “ADP” allows a medically and psychosocially acceptable Intended Donor “ID” to donate their kidney via human organ paired donation (more commonly referred to as a swap) before their Intended Recipient “IR” is scheduled to receive a transplant via a swap. Once the ID donation has occurred, the IR may be activated by their transplant center for matching within the NKR. The ADP program is unrelated to the U.S. deceased donor system and participation in the ADP program does not confer any wait time points for the IR in the deceased donor system. When an ADP Donor has multiple Intended Recipients, the first appropriate candidate for transplant will get the ADP kidney.

Your Situation: I would like to participate in the ADP and I am willing to donate a kidney to an NKR patient and understand that my donation would give my IR a prioritized opportunity to receive a kidney as part of a swap within the NKR.

Information Release: I consent to the disclosure of all my health, medical, and personal information to the NKR for the purpose of participating in the ADP. I authorize the NKR to disclose, disseminate and utilize my health, medical and personal information in conducting the ADP, and I waive any and all privacy law claims that I may or may not have, in the use of this information as part of the ADP.

Risks:

- I may not be able to find a match and donate my kidney through the ADP
- I may become unsuitable for donation at any time in the process
- My surgery may be delayed or cancelled at any time due to unforeseen events
- NKR unexpectedly shutting down operations
- There is no guarantee that my IR will be transplanted through the ADP

Intended Donor Contact Information

Address:	
Primary Phone Number:	Email Address:
Secondary Phone Number:	Donor Center:

Informed Consent Agreed to:

Name (Print):
Signature (Sign):
Today's Date:
SSN:
Donor Alias (Assigned by Center):

Intended Recipient Identification Information

Name:
DOB:
SSN:
Relationship to IR:
Intended Recipient Alias:

Witnessed by:

Name (Print):	Signature (Sign):	Date:
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National Kidney Registry

Advanced Donation Program

Informed Consent Intended Recipient

Version 1.7

Intended Recipient's Government Issued Photo Identification

The Program: The Advanced Donation Program “ADP” allows a medically and psychosocially acceptable Intended Donor “ID” to donate their kidney via human organ paired donation (more commonly referred to as a swap) before their Intended Recipient “IR” is scheduled to receive a transplant via a swap. Once the ID donation has occurred, the IR may be activated by their transplant center for matching within the NKR. The ADP program is unrelated to the U.S. deceased donor system and participation in the ADP program does not confer any wait time points for the IR in the deceased donor system. When an ADP Donor has multiple Intended Recipients, the first appropriate candidate for transplant will get the ADP kidney.

Your Situation: I understand that my ID would like to participate in the ADP and donate a kidney to another recipient through the NKR. This donation gives me a prioritized opportunity to receive a kidney as part of a swap, within the NKR.

Information Release: I consent to the disclosure of all my health, medical, and personal information to the NKR for the purpose of participating in the ADP. I authorize the NKR to disclose, disseminate and utilize my health, medical and personal information in conducting the ADP, and I waive any and all privacy law claims that I may or may not have, in the use of this information as part of the ADP.

My Obligation: I understand that I must keep a copy of this form and present it to my transplant center when I return to receive my kidney. Additionally, I am willing to undergo the identity verification process when I return to receive my kidney. I understand that this is non-transferable, and non-assignable.

Patients Risks: There is risk that I may not get transplanted through the ADP due to:

- A sensitization event (e.g. blood transfusion, pregnancy, etc.)
- A situation whereby I become medically unable to go to surgery
- NKR’s inability to find an acceptable compatible donor
- NKR unexpectedly shutting down operations
- Having a blood type of “O” which can often delay a match offer for 1 - 2 years or more after activation
- Being sensitized with a cPRA of 90% or greater which can often delay a match offer for 1 - 2 years or more after activation
- Other unforeseen circumstances such as an act of nature

Intended Recipient Contact Information

Address:	
Primary Phone Number:	Email Address:
Secondary Phone Number:	Transplant Center:

Informed Consent Agreed to:

Name (Print):
Signature (Sign):
Today's Date:
SSN: DOB:

Intended Recipient Identification Information

Blood Type:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> O	<input type="checkbox"/> AB	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Enter HLA Antigens Below:							
A-1	A-2	B-1	B-2	DR-1	DR-2		

Witnessed by:

Name (Print):	Signature (Sign):	Date:
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Overnight original signed copy to: **National Kidney Registry • 42 Fire Island Avenue • Babylon, NY 11702**