

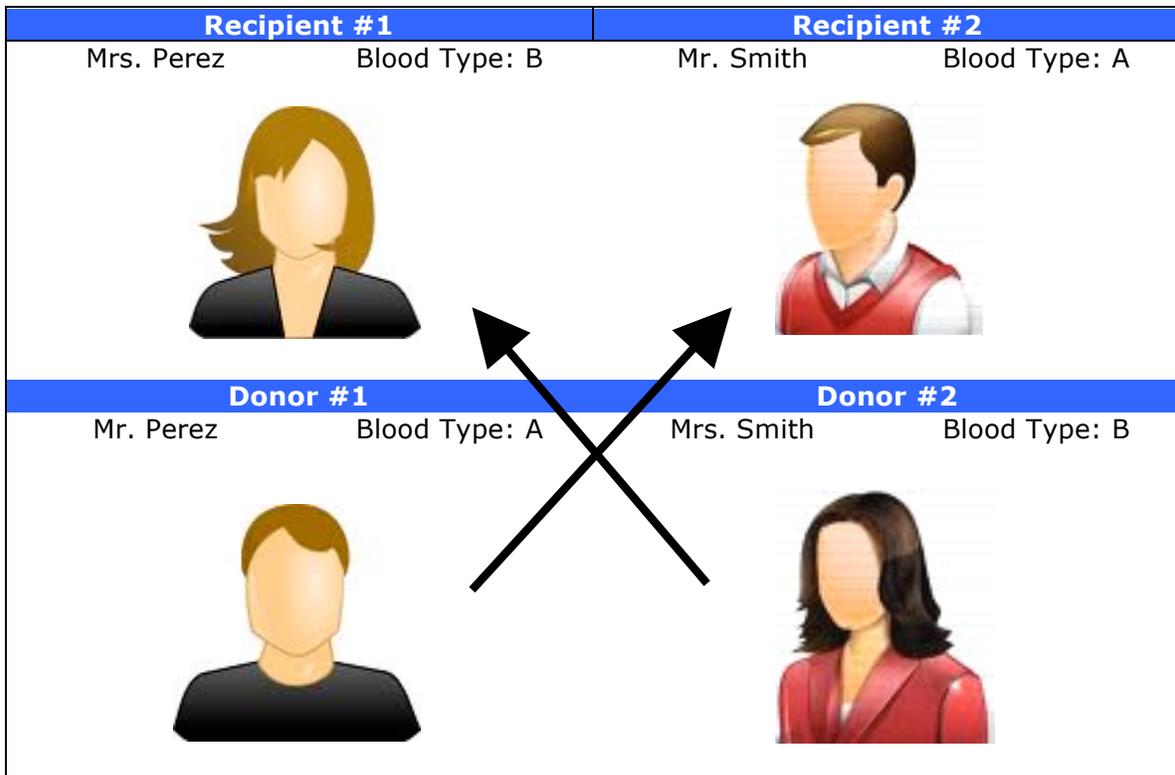
**LIVING DONOR PAIRED KIDNEY EXCHANGE CONSENT**  
**Miami Transplant Institute**

***Agreement to Participate***

***What is the Miami Transplant Institute’s Paired Kidney Exchange Program?***

The Miami Transplant Institute’s Paired Kidney Exchange Program is a live donor exchange program maintained by the University of Miami/Jackson Memorial Hospital. The goal of the Exchange Program is to increase live kidney donor transplants by identifying compatible donor-recipient pairs. Participants of the Exchange Program include individuals who wish to donate a kidney to a particular potential recipient but cannot do so because of an incompatible blood type or crossmatch test. The Exchange Program seeks to identify donor-recipient pairs in a similar circumstance and exchange the donor kidney to achieve a compatible match for transplantation.

An example is if Mr. Perez who is a blood type A wants to donate to Mrs. Perez who is a blood type B and another donor-recipient pair, Mr. and Mrs. Smith, have the opposite circumstance (blood type B donor who wants to donate to type A recipient). The donor kidneys could be exchanged and both the recipients would undergo transplant procedures.



Initial: \_\_\_\_\_

## **LIVING DONOR PAIRED KIDNEY EXCHANGE CONSENT** **Miami Transplant Institute**

### ***Agreement to Participate***

#### ***If I agree to participate, what is the procedure?***

The Exchange Program works by identifying incompatible participant pairs placed into a database. The database searches for possible donor-recipient pairings who are compatible. You will be notified by your Transplant Coordinator or Donor Coordinator if the Exchange Program identifies potentially compatible pairs that include you. A crossmatch blood test would then be performed. If the crossmatch tests confirm that the proposed exchange results in compatible donor-recipient pairs, each donor and recipient together with their respective transplant teams (surgeon, nephrologists, etc.) must agree to allow the exchange to go forward. The potential donors would be further evaluated at the transplant center and would need to be medically cleared to proceed. If the parties consent and the clinical evaluations are acceptable, the transplant procedures would occur at the same time. Participants may remain in the Program as long as they remain medically eligible and willing to participate.

#### ***What information will be entered into the Exchange Program Database? How will the data be used?***

If you agree to participate, you are consenting to have certain health information submitted into the computer database. This information includes but is not limited to: name, date of birth, social security number, relationship between donor and incompatible recipient, blood type, tissue typing, and other health information.

Data entered into the Exchange Program Database will be used to identify potential donor-recipient pairings who may be compatible. Program staff and physicians will review possible donor-recipient pairings. The data will be stored indefinitely unless or until a participant asks to withdraw or is no longer medically eligible.

#### ***How will confidentiality be maintained?***

Information collected on the Data Entry form will be entered into a database by a Transplant Staff Member. Your information will be reviewed by staff and physicians. Otherwise, your information will remain confidential to the extent required by law. Access to the database will be through a secure, **password-protected system**, and all paper copies of this information will be stored in a secure location within your medical record.

#### ***What are the risks of participating?***

There are no direct risks of participating other than a minimal risk of loss of confidentiality in the event that the measures to protect your confidentiality described above are inadvertently breached. You may decide to withdraw from participating in the Program at any point.

Initial: \_\_\_\_\_



**LIVING DONOR PAIRED KIDNEY EXCHANGE CONSENT**  
**Miami Transplant Institute**

***Agreement to Participate***

***What are the benefits of participating?***

There is no guarantee that you will receive any benefits from participating in the Program. **It is not known if or when you might be identified as part of a possible donor-recipient pair.** The more participants in the Program, the more likely it is that you will be part of a pair identified for a possible donor-recipient exchange.

You may experience a benefit from participating if you are identified by the Program in a possible donor-recipient pairing. In that case, the possible benefits of participating would include an identified potential opportunity to receive a live kidney donation (if you are a potential recipient) or an identified potential opportunity to receive the emotional benefit of donating a kidney to an individual in need (if you are a potential donor). The risks and benefits of the donation surgery and the transplant surgery will be discussed with you in detail at the transplant center if and when you consent to move forward with a donor-recipient exchange. **Agreeing to participate in the Program does not in any way commit you to donate a kidney or consent to any particular surgery.**

***What are the alternatives?***

The alternative is to not participate in the Program. If you are a potential recipient you should discuss the alternatives with your transplant physician (such as receiving a deceased donor kidney through the national waiting list maintained by the United Network for Organ Sharing (UNOS)). If you are a potential donor, your options include not donating a kidney or donating a kidney to someone else waiting for a kidney transplant. Refusal to participate in the Program will result in no penalty or loss of benefits to which you are otherwise entitled.

***What costs or payments are involved?***

There is no cost to you for participating in the Program. There will be no payments or compensation of any kind for participating in the Program.

***Who do I contact if I have questions?***

If you have any questions,

**Recipients:** Please call your Pre-Transplant Coordinator at (305) 355-5241

**Donors:** Please call the Donor Team at (305) 355-5241

Initial: \_\_\_\_\_



**LIVING DONOR PAIRED KIDNEY EXCHANGE CONSENT**  
**Miami Transplant Institute**

***Agreement to Participate***

I have read this form and have had all of my questions answered. I hereby consent to participating in the Exchange Program and understand that I can confidentially withdraw my consent for participating at any time without penalty or loss of benefits to which I am otherwise entitled.

**Name (print):** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**of Patient**    **\*\*Please check if: Donor**  **Recipient**

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**of Participant**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian if recipient is a minor child**

**Consent:** Parents must sign on the family member line below. For subjects under 18, consent is provided by the legally authorized representative.

**Assent:** This is required for subjects seven (7) through seventeen (17) using the form below.

I \_\_\_\_\_ have read the enclosed educational information and have discussed my questions and concerns with the Transplant Team. I have received informed consent of the transplantation process.

\_\_\_\_\_  
**Signature of Child (7 – 17)**                      **Date**

\_\_\_\_\_  
**Signature of Family Member**                      **Date**                      **Relationship**

**I have reviewed the Exchange Program with this patient.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN THIS FORM TO:**

**Nancy Johnson, R.N.**  
**Clinical Director**  
**Kidney, Pancreas & Living Donor Programs**  
**1801 N.W. 9<sup>th</sup> Avenue, Suite 513**  
**Miami, FL 33136**  
**Ph: (305) 355-5241**  
**Fax: (305) 355-5102**