LOMA LINDA UNIVERSITY
MEDICAL CENTER

Loma Linda University Medical Center

Transplant Institute
197 E. Caroline Street
San Bernardino, Ca. 92408
(909) 558-3690

LIVING KIDNEY

DONOR EDUCATION

Your Donor Team:

Director of Living Kidney Donor Program
Charles Bratton, MD

Living Donor Surgeons
Charles Bratton, MD
Duane Baldwin, MD

Transplant Institute: (909) 558-3636

Sherri Dixon, RN, Nurse Coordinator: ext. 36802 **SDixon@llu.edu**
Julie Humeston RN, Nurse Coordinator: ext. 36802 **JHumeston@llu.edu**
Nancy Lopez, Coordinator Assistant: ext. 36803 **NANLopez@llu.edu**
Lorena Aparicio, Coordinator Assistant: ext. 33894 **LAparici@llu.edu**

Direct Office Line (909) 558-3690 Fax: (909) 558-3776

Living Donor Education

Kidney transplantation is an acceptable and highly successful treatment for people whose own kidneys have stopped working. In most cases a kidney transplant almost immediately allows a person to stop dialysis and resume a more normal, active, and independent lifestyle.

The first successful living donor transplant was performed between 23-year-old identical twins in 1954 in Boston, MA. Since that time, thousands of patients have received successful transplants from living donors and kidney transplants are the most frequent type of living organ donation.

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Motivation for Donating:
A donor is a volunteer. Your desire to donate should be purely of your own free will and free from any pressure or monetary/material compensation. The sale or purchase of human organs is a federal crime and it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation. You must never feel pressured or coerced in any way to go ahead with living kidney donation and can stop the process at any time. If you are uncomfortable in relating to your recipient your desire to stop the work up process, please let us know. Your evaluation process is confidential and only you can authorize release of information.

Alternatives for recipient:
The transplant recipient has other alternatives available to them other than receiving a kidney from a living donor, including dialysis and waiting for a deceased donor kidney.

Benefits of living donor vs. deceased donor kidney:

- Greater long-term success rate, lower incidence of rejection, and less time waiting for a transplant.
- There is no medical benefit to donating your organ, but there is an emotional reward for both you and the recipient in knowing that a loved one assisted in giving life.
- A deceased donor kidney is made available for someone else awaiting transplant who has no living donor available to them.

Risks, short-term:

- Pain and discomfort after the surgery
- Scars
- Less than 10% risk of complications; most common are: bleeding, infection, incisional hernia
- Risk of dying is 0.04%. When this occurs, it is usually from pulmonary embolism (blood clots to the lungs)

Risks, long-term:

- Possibility that injuring the remaining kidney can result in kidney failure
- Developing a disease of the remaining kidney
- Potential for other medical complications currently unforeseen

- Increased risk of kidney damage with the use of over the counter medications and supplements
- Note: Should your remaining kidney fail for any reason, the living donor is placed at the *top* of the deceased donor transplant list, if found eligible for kidney transplant at that time.

Impact on kidney function:

- In some cases the remaining kidney will work to compensate for the missing kidney.
- On average, donors may have a 25-35% permanent loss of kidney function after donation.
- When Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD) occurs, CKD generally develops mid-life (40-50 years old) and ESRD generally develops after age 60. The medical evaluation of a young potential living donor cannot predict lifetime risk of CKD or ESRD.
- Living donors may be at higher risk for CKD if they sustain damage to the remaining kidney. The development of CKD and subsequent progression to ESRD may be faster with only one kidney.
- Dialysis is required if the donor develops ESRD.
- Current practice is to prioritize living kidney donors who become kidney transplant candidates according to UNOS policy.

Qualifications for being a living donor:

- Body mass index < 30 kg/m^2 (For those with BMI > 30 kg/$m^{2,}$ an individual review for surgical suitability shall be performed
- Must be willing to donate free of coercion or compensation
- Free from heart disease, high blood pressure, cancer, diabetes, and kidney disease
- Between the ages of 18-65 (Donors age 60 and above and less than 18 years will be considered on a case by case basis.)
- Alcohol, street drugs, and prescription medication may be a disqualifying factor (on a case-by-case basis)
- Must be able to miss time from work for testing appointments as well as recovery time from the surgery
- No history of multiple kidney stones. Patients with history of 1 stone greater than 5 years ago may be considered, but will need additional testing.
- Must have full family support

Smoking:

It is strongly recommended that you stop smoking, even if you are a "light" smoker. Smokers have an increased risk of cardiovascular and pulmonary complications with any surgery. The kidney donor is expected to stop smoking prior to the donation surgery date, preferably for at least 3 months and is expected to abstain from smoking in the future.

Alcohol/Drugs:

You should not be drinking alcohol, nor return to drinking, after the surgery. Drugs, illegal or otherwise, may also determine disqualification for donation.

Out of state donors (or not within driving distance, i.e., greater than 2 hours**)**:

- Be available for up to 1-2 weeks prior to the scheduled transplant/donation for pre-surgical appointments.

- Be available for at least 2-4 weeks after the transplant/donation for post-surgical appointments.
- Be available to come to our institution for 1 week. During this week, all required tests/consults as listed under "Step 2" of the testing process will take place. The donor may be eligible for financial assistance through a government grant for expenses related to travel and lodging, as previously mentioned. If interested, please contact our team for further information.

Out of country donors:
Any donors outside of the United States must--

- Have a "history and physical" completed and translated into English (donor's expense/this may be mailed/faxed/emailed to us).
- Provide documentation of potential donor ABO/blood type to verify that it is compatible with the recipient's ABO blood type.
- A crossmatch kit will be sent to your residence and will need to be express mailed back to LLUMC upon completion.

All living donor testing/consults for out of country donors must take place at LLUMC. A letter will be provided by the living donor coordinator requesting a non-immigrant visa. It is the donor's responsibility to complete the necessary paperwork and make an appointment at their local embassy to obtain the required visa.

Please remember:

- Depending on your medical history, in some cases the donor surgeon or transplant nephrologist may also request medical clearance from other specialty doctors for various reasons before considering you as a donor.

- Please note that all test results are not recovered on the same day as testing. It can sometimes take up to 7 business days for results to become available. The donor team will contact you once test results have been received and reviewed. If you have not heard back from us within one week from the date of your last test, please feel free to contact us. Your eligibility to be a living donor will be evaluated at the end of every step of testing before moving on to the next step.

- Notify the living donor team if you take any over-the-counter medications, prescription medications, and/or herbal or dietary supplements.

- We look forward to assisting you in reaching your goal of giving the gift of life!

******PRIOR TO TESTING******

Height/Weight/Blood Pressure:
You must obtain documentation from a medical facility, charting your height, weight, and blood pressure. This may be mailed/faxed/emailed to the Living Donor Team. If you would like to have this done at our facility, please let us know.

Testing process: In order, listed by steps: Medical history and consent forms from potential donor are completed and returned. Health screen maintenance testing shall be requested (mammogram, pap smear, colonoscopy, PSA per current American Gastroenterological Association guidelines and /or current American Cancer Society guidelines), if already completed.

******All interested donors shall be considered for the initial screening to determine best compatibility.

Inquiry
1. Medical history review by the Living Donor Coordinator/Assistant
Screening
1. Blood pressure x2, height and weight 2. Evaluation Consents 3. Blood tests for compatibility: ABO typing, HLA and crossmatch 4. Chemistries (patient must be fasting for 12 hours): • Second ABO • Pregnancy test for women (HCG Quantitative) – oral contraceptive users to discontinue use 6 weeks prior to surgery with two forms of birth control • CMP • Phosphorus • CBC with manual differential • PT/INR and PTT • TB Quant Gold (TB skin test may be done in place of TB Quant Gold) 5. Serologies: • CMV (IgG & IgM) • EBV (IgG & IgM) • HBsAg • HBsAb • HBcAb (total) • HCVAb • HIV 1,2 Ab • RPR • Coccidiodes Ab • PSA for men over 40 6. Urinalysis, urine culture, urine toxicology screen, microalbumin, albumin/creatinine ratio, spot urine protein/creatinine ratio 7. Nuclear medicine GFR scan if clinically indicated 8. Chest X-ray 9. Electrocardiogram (12 lead) 10. Stress ECHO testing if prospective donor is 50 years old or older or at physician discretion
Evaluation
1. Nephrology, Social Work, Financial, and Dietitian consultations; Psychiatry consult required for altruistic donors; Psychiatry consult for non-altruistic donors as recommended by the multidisciplinary living donor team

2. Independent Living Donor Advocate (ILDA) consult
3. CT angiogram of the abdomen
4. Surgical/Urologic consult

Donation

1. Presentation of evaluated Living Donor to Selection Committee for final approval. If accepted for donation, proceed with:
2. Schedule surgery date
3. Schedule Pre-Anesthesia Consultation and Education (PACE) and pre-operative appointments (within 1 month of surgery)
4. Final crossmatch (within 14 days of surgery)
5. If CMV IgM and EBV IgM are older than 3 months, repeat prior to donation
6. Complete the following tests as close as possible, but within 28 days prior to organ recovery:
   - Anti-HIV or HIV Ag/Ab
   - HBs Ag
   - Anti-HBc
   - Anti-HCV
   - HCV NAT
7. Admission to Loma Linda University Medical Center on the day of surgery

Blood type:
Knowing your blood type is important. We will make sure your blood type is tested. Based on the ABO blood type, donors can donate directly to the following recipients:

~Blood Types~

Donor	Recipient
O	O, A, B, AB
A or O	A
B or O	B
A, B, AB, or O	AB

(Positive "+" or negative "-" Rh factor does not determine organ compatibility; only blood group or type does.)

Psychosocial:
There is a possibility for negative psychological consequences resulting from living donation. You may feel pressured by your family into donating an organ and feel guilty if reluctant to go through with the procedure. You may experience feelings of resentment if the recipient's body rejects the donated kidney. There may also be issues of body image after donation.

Dietitian:
Follow a healthy diet and eating habits. Exercise often, as this will help you recover better after donor surgery. A dietary education/assessment class will be part of your donor evaluation process.

Independent Donor Advocate (IDA):
The IDA is not involved in the recipient's evaluation and is independent of the decision to transplant the recipient. The IDA's role is to ensure you understand the risks/benefits associated with donating a kidney, promote your best interests, advocate your rights, assist in obtaining and understanding information regarding the consent process, evaluation process, surgical procedure, medical and psychosocial risks/benefits, and importance and commitment for medical follow-up.

Scheduling of transplant surgery:
We will arrange the donor surgery on a date that will best accommodate you and the surgeon. The scheduling of the surgery rests upon several factors, including your medical evaluation and testing process, the current medical condition of the recipient, as well as the availability of the operating room. Surgeries are frequently scheduled on Mondays. Once you and the respective recipient are cleared for surgery, you will be contacted to start donor surgery arrangements.

Surgery:
At LLUMC, we primarily perform hand assisted laparoscopic nephrectomies. The *hand-assisted laparoscopic nephrectomy* is a minimally invasive surgery. The surgeon makes 4 small incisions. The kidney is removed through the central incision by the actual hand of the surgeon. Through the other openings, a special camera called a laparoscope is used to produce an inside view of the abdominal cavity and to provide access for surgical instruments that are used to detach the kidney and ligate, or bind up, the blood vessels. Surgeons use the laparoscope to guide them through the procedure. This type of operation results in smaller incisions, reduces recuperation time, and shortens hospital stays, as less recovery time is needed for the laparoscopic approach. The hand- assisted laparoscopic nephrectomy is about 4-5 hours long. Although rare, there may be circumstances or emergent situations where performing an open nephrectomy is the best option for you. The *open nephrectomy* is a procedure through a flank incision of about 12 inches on the abdomen or side. The open nephrectomy is 3-4 hours long. The usual hospital stay for a donor is 1-3 days, if the laparoscopic nephrectomy is performed vs. a hospital stay of 4-5 days if an open nephrectomy occurs.

Recovery:
You should plan to be off of work for 4-6 weeks for recuperation after surgery. During this time you will have a couple of follow-up appointments. Also, please make sure you have someone available to assist you with daily chores, running errands, and driving (for the first 2 to 3 weeks after surgery) due to the pain medications and recovery from general anesthesia. Do not lift anything greater than 10-15lbs for the first 6-12 weeks after the nephrectomy to prevent tearing of sutures or developing a hernia. After this time, you should be able to return to most normal daily activities. It is recommended, however, that you do not participate in high impact sports, such as boxing, kickboxing, skydiving, football, ice hockey, karate, etc.

Pregnancy:
If you plan to have children, you must wait for 1 year after surgery and make certain that your OB/GYN is well aware that you had this nephrectomy so that you are closely followed during your pregnancy. If you are currently using birth control pills, you will need to stop taking them 6 weeks before surgery and utilize different forms of birth control. We also recommend that you wait a minimum of 3 months after surgery before you start taking your birth control pills again.

Financial:
There is no cost to the donor for the testing. From the crossmatch to the consults, all testing related to the evaluation is covered, unless a test result comes back with an abnormal reading. At that point, the surgeon may request that you see your primary care physician to be treated. All treatments will be the donor's financial responsibility. The transplant surgery itself is paid for via the recipient's medical insurance. You will not be reimbursed for personal expenses of travel, housing, and lost wages due to donation.

However, based upon your income, you may also be eligible for grants to help with costs related to lodging and travel through the National Living Donor Assistance Center as, which would cover expenses related to your travels here for the work-up process, pre-op appointments, & one follow-up appt. If you would like to receive more information on this program, please let us know.

There is also the risk of losing employment or there may be an impact on the ability to obtain future employment. Your long term medical follow-up should continue to be a priority. Office visits and laboratory tests shall be completed at 6 months, one and two years post donation. Contact your coordinator to obtain necessary paperwork for the testing. If you experience health problems not related to kidney donation, you will be financially responsible for those visits and tests. If you have any questions about coverage, please ask your living donor team.
Please contact your living donor team if you receive any bills.

Insurance:
The ability to obtain health and life insurance coverage after you have become a living donor should not, *in most cases*, impact coverage. In a study, only 4% out of 536 donors reported having difficulty obtaining health insurance. This could include insurance denials by insurers who would consider having only one kidney a pre-existing condition. These denials can be appealed.

Disability:
If you are currently paying into disability, your employer should be able to assist you with filing for your disability insurance for your recovery period. Please check with your employer.

Post donation follow-up:
We are required to report living donor follow-up information to UNOS 6 months, 1 year, and 2 years after you donate. This information (lab results and medical conditions) will benefit in helping to track the long-term outcomes of living donors. You are required to obtain the necessary information at these time periods. We will assist you in scheduling these appointments.

We strongly encourage you to obtain a primary care physician for your general health as well as long-term health maintenance after kidney donation.

Confidentiality (privacy):
Your desire to donate should be free from any pressure from the recipient, friends, and family. You will meet privately with a living donor team member, social worker, physician, and living donor advocate, all of which will discuss this decision with you.

The transplant and donor centers/hospitals are required by law to maintain the privacy and confidentiality of donors' and recipients' health information including evaluation and test results. We cannot give the recipient *any* information about you, not even the name(s) of who have called inquiring about donation. If you decide to not proceed with donation, this will only be told to the recipient with your permission. It is solely up to you to disclose any or all information to the recipient. A recipient may not call to check the status or the results of a test/s of a donor. It is important that both you and the recipient respect each other's legal right to privacy. Please discuss this portion with your recipient.

All communication between donors and Loma Linda University Medical Center, Transplantation Institute are confidential. It is a HIPAA (Health Information Portability & Accountability Act) violation, to disclose any information regarding you to the recipient. All hospital staff who are involved in the course of your care may review your records. If you do become a donor, your medical information, including your identity, will be sent to UNOS (United Network for Organ Sharing) and may be sent to other parties involved in the transplant process, as permitted by law. UNOS may contact you to make sure you were adequately taken care of by our staff at Loma Linda University Medical Center, Transplantation Institute. We are required to report living donor information for at least two years post donation (at 6 months, 1 year, and 2 years).

Patient rights are of the utmost importance. We give full consideration to patient privacy and confidentiality and provide medical care with informed patient participation. In recognition of personal dignity, patient care is rendered in a respectful, considerate, and ethical manner at all times.

The United Network for Organ Sharing (UNOS) organization provides a toll-free patient services line to help transplant candidates, recipients, and family members understand organ allocation practices and transplantation data. You may also call this number to discuss a problem you may be experiencing with the transplant center or the transplantation system in general. The toll-free patient services line number is 1-888-894-6361.

Additional Information: The following web pages provide general information regarding transplantation, patient testimonials regarding living donor transplants, and our center specific outcomes (patient and graft survival) for patients who receive their kidney from a living donor.

- United Network for Organ Sharing (UNOS): www.unos.org
- National Living Donor Assistance Center www.livingdonorassistance.org
- UNOS-Transplant Living: www.transplantliving.org
- National Kidney Foundation: www.kidney.org
- Coalition on Donation: www.donatelife.net
- Scientific Registry of Transplant Recipients (SRTR): www.srtr.org (center outcomes)

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Dear Potential Donor:

Thank you for your interest in kidney donation. Donating your kidney to a loved one is one of the most special gifts one person can give to another. To assist you in making this decision, we have enclosed some internet links for information on Living Kidney Donation. Also enclosed are several forms for you to complete; donor screening history questionnaire, consent to leave Protected Health Information Messages and authorization of release of protected health information. Once the forms are completed, please mail back or fax to Loma Linda Transplant Living Kidney Donor Program.

If you have any questions feel free to contact the Loma Linda University Medical Center Living Donor Transplant Team.

Sherri Dixon, RN Transplant Coordinator (909) 558-3636 ext. 36802
email: SDixon@llu.edu

Nancy Lopez, Transplant Patient Assistant (habla español) (909) 558-3636 ext. 36803
email: Nanlopez@llu.edu

Lorena Aparicio, Transplant Patient Assistant (habla español) (909) 558-3636 ext. 3894
email: LAparici@llu.edu

Toll Free Phone: 800-548-3790 Fax: (909) 558-3776

We hope you find the information helpful and beneficial as you ponder this life changing decision.

Sincerely,

Your Living Donor Team
Loma Linda University Medical Center
Transplantation Institute

LOMA LINDA UNIVERSITY

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Application Instructions

If mailing application packet to the Living Donor Program please complete and return the following documents (**6 sheets total**) by fax or mail:

1. Consent to Leave Protected Health Information Messages
2. Authorization of Release of Protected Health Information from Another Facility
3. Potential Donor Screening History (4 pages)

We do offer an online application process through National Kidney Registry.
To complete the online application please visit: https://llu.donorscreen.org.

Below are some websites where you can find more information about Living Kidney Donation.

- United Network for Organ Sharing (UNOS): www.unos.org
- National Living Donor Assistance Center www.livingdonorassistance.org
- UNOS-Transplant Living: www.transplantliving.org
- National Kidney Foundation: www.kidney.org
- Coalition on Donation: www.donatelife.net
- Scientific Registry of Transplant Recipients (SRTR): www.srtr.org (center outcomes)

Sincerely,

Your Living Donor Team
Loma Linda University Medical Center
Transplantation Institute
197 E Caroline St, San Bernardino, CA 92408
Phone: 909/558-3690 • Fax: 909/558-3776

LOMA LINDA UNIVERSITY

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Consent to Leave Protected Health Information Messages

_____ _____

PATIENT (Print) BIRTHDATE

I authorize the staff at LLUMC/Transplantation Institute to communicate information about my medical care by the following means:

- ❑ A message may be left on my voicemail:
  - ❑ At my home number: _____
  - ❑ At my work number: _____
  - ❑ On my cell number: _____
- ❑ A message may be sent to my e-mail address: _____
- ❑ A message may be given to the following relatives (*Please identify their relationship to you with the phone number):*

Name/Relationship	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____ Date: _____

Witness: _____

I **do not** wish to have any information regarding my medical care discussed with anyone but myself.

Signed: _____ Date: _____

AUTHORIZATION FOR RELEASE OF
PROTECTED HEALTH INFORMATION
FROM ANOTHER FACILITY

Patient Name:_____
Last First M.I.

Birth Date:_____

Signature of Patient or Legal Representative:_____ Date:_____ Time:_____

Relationship to Patient if signed by Legal Representative: _____

Witness: _____

☐ Patient is unable to sign because:_____

Interpreted by: ☐ Certified Interpreter ☐ Qualified Bilingual Staff ☐ Language Line
☐ Other (relationship):_____

_____
Interpreter Name (PRINT)

_____ _____ _____
Interpreter Signature (if present) Date Time

_____ _____ _____
Language Line Interpreter ID# (if applicable) Date Time

MENTAL HEALTH / SUBSTANCE ABUSE AUTHORIZATION

I hereby also authorize the release of any and all alcohol and/or drug abuse or psychiatric treatment records under the same conditions as stated. I understand the such information cannot be released without my specific authorization.

Dated:_____ _____
(Signature of patient)

Dated:_____ _____
(Signature of person acting on behalf of patient)

0046D

Loma Linda University Medical Center
Transplantation Institute

Potential Donor Screening History

Donor

Name: (Last, First, Middle Initial)

E-mail Address:

Residence Address:

Residence Phone: ( )

Business Phone: ( )

Cell Phone: ( )

Birthdate	Social Security #	Sex	Height	Weight	Blood Pressure

Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African America ☐Hispanic/Latino
☐Native Hawaiian or Pacific Islander ☐White

Citizenship: ☐US citizen ☐US Resident (Non Citizen)
☐Non citizen/Non resident Home country/primary residence: _____ Month/Year to US: _____

Highest Level of Education ☐None ☐Grade school (0-8) ☐High school (9-12) ☐College, technical school ☐Post college graduate

Marital status: ☐Never Married ☐ Married ☐ Widowed ☐Separated ☐Divorced ☐Engaged

RECIPIENT		
Recipient Name: Sean Williams	D.O.B: 9/13/1967	Relationship to Donor:

DONOR MEDICAL HISTORY: (indicate if you have ever suffered from or been diagnosed as having:

CONDITION	NO	CURRENT	PAST	CONDITION	NO	CURRENT	PAST
Cardiac				COPD			
Cardiovascular/heart disease				Chronic bronchitis			
Angina				**ENT**			
Palpitations				Ear piercing			
Pacemaker				Vision problems			
Past heart surgery				Frequent nosebleeds			
Murmurs				Sleep apnea			
Arrhythmias				Dental problems			
Coronary artery disease				Infections			
Heart attack or heart failure				Hoarseness when speaking			
Skin				**Endocrine**			
Tattoos				Diabetes Type 1			
Body piercings				Diabetes Type 2			
Abnormal skin growth/ Pre-cancer/skin cancer				Gestational diabetes/prediabetes			
				Thyroid/adrenal disease			
Rashes				**History of smoking or chewing Tobacco?**			
Psoriasis							
Eczema				**Breast**			
Skin conditions				Lumps in breast			
Hypertension?				History of breast cancer			
On medications?				Abnormal mammogram			
Pulmonary				Implants			
Emphysema				Cysts/Fibroids/Tumor			
Asthma				Nipple discharge			
Shortness of breath				**History of autoimmune disease?**			
Persistent cough							
Sarcoidosis							

DONOR MEDICAL HISTORY: (indicate if you have ever suffered from or been diagnosed as having:							
CONDITION	**NO**	**CURRENT**	**PAST**	**CONDITION**	**NO**	**CURRENT**	**PAST**
GYN				**Vascular**			
Birth control				Phlebitis			
Pregnancies				Circulation problems in legs			
How many pregnancies ____ How many live births _____ Miscarriages _____				Pain in legs while walking			
				History of blood clots			
GI				History of deep vein thrombosis			
Nausea				Edema (swelling)			
Vomiting				Anemia			
Constipation				**Malignancy/Cancer**			
Diarrhea				Non-cancerous tumors			
Diverticulosis/Diverticulitis				**Psych**			
Peritonitis				Ever seen a psychologist?			
Polyps				Psychiatrist?			
Crohn's disease				Suicide attempts/thoughts			
Irritable bowel syndrome				Schizophrenia			
Ulcerative colitis				Bipolar disorder			
Peptic ulcer (gastric/duodenal)				Manic-depressive disorder			
Gastric bypass/lap band				Depression			
Liver disease/Hepatitis				Anxiety			
Cirrhosis				Eating disorder			
Jaundice (yellow eyes/skin)				Communication/intellectual/ Learning disability or disorder			
Any type of liver conditions							
GU				**Alcohol/Drugs**			
Frequent urination				Alcohol			
Hesitancy urinating				Street drugs			
Incontinence of urine				Marijuana			
Kidney infection				**Musculoskeletal**			
Kidney injury				Fibromyalgia			
Kidney cancer				Lyme disease			
Kidney/renal stones				Arthritis			
Other kidney disease				Gout			
Bladder infection/UTI				Other joint/muscle concerns			
Protein in urine				Osteoporosis			
Blood in urine				Hernias of any type			
Glucose in urine				**Neurologic**			
Tropical Diseases				Stroke			
West Nile				Seizures			
Bird Flu				Paralysis			
MERS Virus				Weakness			
Malaria				Tingling			
Cholera				Numbness			
Typhoid				Headaches/Migraines			
Other tropical illnesses				Multiple Sclerosis			
Sexually transmitted diseases				Epilepsy/Seizures			
HIV				**Tuberculosis (TB) or exposure**			
Herpes				**to TB/positive TB/PPD skin test**			
Genital warts				**Hepatitis A &/or B vaccine**			
Chlamydia				**Hematologic**			
Gonorrhea				Sickle cell trait/disease			
Syphilis				Thalassemia			
Trichomoniasis				Anemia			

Allergies to any foods or medications (if yes, please list below):	
List any serious illness, surgeries, or hospitalizations or accidents/falls	Year or Age at the time

For the first six (6) questions, "had sex" is defined as any method of sexual contact, including vaginal, anal, and oral:	YES	NO
1. In the last 12 months, have you had sex with someone who is known to have HIV, HBV, or HCV infection?		
2. For MEN: In the last 12 months, have you had sex with other men		
3. For WOMEN: In the last 12 months, have you had sex with a man with a history of having sex with other men?		
4. In the last 12 months, have you had sex in exchange for money or drugs?		
5. In the last 12 months, have you had sex with someone who had sex in exchange for money or drugs?		
6. In the last 12 months, have you had sex with someone who injected drugs by IV, intravenous, intramuscular, or subcutaneous route for non-medical reasons?		
7. In the last 12 months, have you injected drugs by intravenous, intramuscular, or subcutaneous route for non-medical reasons?		
8. In the last 12 months, have you been in lockup, jail, prison, or a juvenile correctional facility for more than 72 consecutive hours?		
9. In the last 12 months, have you been newly diagnosed with, or have been treated for, syphilis, gonorrhea, Chlamydia, or genital ulcers?		
10. A child who is ≤ 18 months of age and born of a mother known to be infected with, or at increased risk for, HIV, HBV, or HCV infection	NA	
11. A child who has been breastfed within the preceding 12 months and the mother is known to be infected with, or at increased risk for, HIV infection	NA	
12. Have you ever been on hemodialysis and/or peritoneal dialysis?		
If YES, when, length of time		
13. Have you been turned down as a blood donor?		
If YES, please state when and why:		
14. In the last 5 years, have you had a blood transfusion?		
If YES, please state when and why:		
15. Have you ever had a hepatitis vaccination?		
If YES, please state when, why, and what type:		
16. In the last 5 years, have you traveled to any foreign countries?		
17. Smoking: do you use or have ever used tobacco products (including chewing tobacco)?		
If YES, indicate type, amount, and for how long?		

MENTAL HEALTH HISTORY:

In the past, have you undergone any counseling or psychiatric treatment? YES NO

If YES, please explain:

_____

_____

_____

CHEMICAL USE:

Chemical	No	Past	Present	Type, Frequency and Amount (D=Daily, W=Weekly, O=Occasionally)
Liquor/Beer/Wine				
"Street Drugs"				
Marijuana				

In the past two years, have you been treated for any substance abuse (e.g. drugs or alcohol)? YES NO
If YES, Name, Address, Phone of Treatment Provider:

Please sign the attached release form (including name, address, and phone number), permitting us to contact your mental health professional and/or chemical dependency professional, in advance of your on-site visit to our transplant program. All information will remain confidential.

MEDICATIONS/SUPPLEMENTS/HORMONAL CONTRACEPTIVES/REPLACEMENT (THE "PILL"/DEPO-PROVERA/PATCH/IMPLANT/IUD/ETC.):

Name of med/supplement/contraceptive	Reason for taking	How often medication is taken

Indicate each disease your blood relatives have ever had by placing a check mark in the box (DO NOT include yourself) Please explain any items checked:

☐Alcoholism	☐Depression
☐Arteriosclerosis (Hardening of the arteries)	☐Diabetes (Type 1, Type 2, gestational diabetes)
☐Bleeding problems	☐Epilepsy
☐Cancer	☐Heart Attack
☐High Cholesterol	☐High Blood Pressure
☐Hereditary or Familial Illness(es) Specify:_____	
☐Kidney Disease	☐Kidney Stones
☐Mental Illness	☐Cardiac

What is your blood type? _____

Have you ever been a patient at Loma Linda University Medical Center? YES NO

We are interested in knowing your reasons for considering organ donation and would appreciate it very much if you would write them below:

I understand the importance of this form for my medical record and health care, and have answered to the best of my ability.

_____
Patient PRINT Name

_____ _____
Patient SIGNATURE Date

BELOW FOR OFFICE USE ONLY

I have reviewed the above medical and social history.

_____
Living Donor Coordinator PRINT Name

_____ _____
Living Donor Coordinator Signature Date

0430

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION FROM ANOTHER FACILITY

Please print and use ink

I authorize the following:_____

Name (Specify physician, hospital, attorney, etc.)

_____

Address

_____

City State Zip Code

To send information to: Transplantation Institute
25865 Barton Road, Ste. 101
Loma Linda, CA 92354
(909) 558-3636

Information to be released*: Date(s) Desired:

☐ Discharge summary _____
☐ Standard clinical pertinent documents _____
☐ Clinic notes _____
☐ Other (Please specify):_____

* HIV test results require a separate authorization

Records released are authorized for the following purpose:

☐ Treatment/Continued care ☐ Determination of disability ☐ Personal use
☐ Attorney/Legal ☐ Insurance ☐ Other (Specify):_____

I understand authorizing the disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Record Department/Health Information Management. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: ORGAN TRANSPLANT DATE. If I fail to specify an expiration date, this authorization will expire 180 days from the date of signature.

I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524 and that I have a right to a copy of this form. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Health Information Management.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION FROM ANOTHER FACILITY

Patient Name:_____
Last First M.I.

Birth Date:_____

Signature of Patient or Legal Representative:_____ Date:_____ Time:_____

Relationship to Patient if signed by Legal Representative: _____

Witness: _____

☐ Patient is unable to sign because:_____

Interpreted by: ☐ Certified Interpreter ☐ Qualified Bilingual Staff ☐ Language Line
☐ Other (relationship):_____

_____
Interpreter Name (PRINT)

_____ _____ _____
Interpreter Signature (if present) Date Time

_____ _____ _____
Language Line Interpreter ID# (if applicable) Date Time

MENTAL HEALTH / SUBSTANCE ABUSE AUTHORIZATION

I hereby also authorize the release of any and all alcohol and/or drug abuse or psychiatric treatment records under the same conditions as stated. I understand the such information cannot be released without my specific authorization.

Dated:_____ _____
(Signature of patient)

Dated:_____ _____
(Signature of person acting on behalf of patient)