

This information is being provided to you because you may be interested in donating a kidney to someone who has kidney failure. The material is intended to educate you about the risks and benefits of kidney donation, so you are able to make an informed decision about donation. After you have read this material, please ask any of our doctors or nurses to answer questions you may have. After reading and understanding the information, please sign the acknowledgment at the end of the document if you would like to be a kidney donor.

Benefits to the Kidney Recipient

Giving a kidney is truly a “gift of life.” In most cases, the kidney transplant is successful, and the recipient gets the chance of living a life as close to normal as possible. The vast majority of recipients have a better, longer life because of the donor’s generous gift of a kidney. The medical literature has documented the following benefits to most kidney recipients who receive a kidney from a live donor:

- Longer life. The average life expectancy of patients with a functioning kidney transplant is longer than the life expectancy of similar patients who stay on dialysis.
- Better life. In most cases, the patient’s quality of life is better with a functioning kidney transplant than staying on dialysis.
- Shorter wait for a transplant. It usually takes several years to get a deceased donor kidney transplant. The waiting time for persons with a live kidney donor is usually much shorter.
- Lower rate of delayed graft function. Deceased donor kidneys often do not work right away after the transplant. This is called “delayed graft function”, when the recipient must still get dialysis treatments until the transplanted kidney starts to work. This can last for several weeks. When the kidneys have delayed graft function, the recipient usually stays in the hospital longer. These kidneys also do not last as long, and are more prone to getting rejected than kidneys that function immediately. Most live donor kidneys work right away and do not have delayed graft function.
- Lower risk of rejection. Kidneys from live donors have lower rates of rejection than those from deceased donors.
- Kidneys last longer. Kidneys from live donors are expected to last years longer than kidneys from deceased donors.

- Kidneys work better. Kidneys from live donors generally function better, and are less prone to complications than kidneys from deceased donors.

Benefits to the Kidney Donor

While there is no health or financial benefit to donating a kidney, most donors experience a psychological benefit. They have the personal satisfaction of knowing that they helped a loved one in need. The majority of donors studied over the years have reported that they were satisfied with their decision to donate, and some have even reported an increase in self esteem.

Ethical Principles of Donation

Donor Protection: Protection of the donor is our primary concern. No amount of possible benefit to the kidney recipient from kidney transplantation is a good reason to place the kidney donor at significant risk.

Donor Motivation: The donor should be giving the kidney purely because of a desire to help the recipient. There can be no exchange of money, or other goods and services, in return for the kidney donation.

Acceptance Criteria

Relationship Between the Donor and Recipient: A live kidney donor may be a family member, a close friend of the recipient or an anonymous non-directed donor who wishes to give a deserving recipient a kidney. The results of transplantation are about the same regardless of whether the donor is related to the recipient.

Blood Type Compatibility: The blood type of the donor must be compatible with the recipient. The most common reason for denying a donor the opportunity to donate is because of an incompatible blood type. In some circumstances blood type incompatibility may be overcome.

Tissue Type Matching Between the Donor and Recipient: People frequently ask, “What’s the match” between the kidney donor and the recipient. In the early days of transplantation, the tissue type matching was an important factor in the outcome. In recent years, as the drugs to prevent rejection have improved, the match has become much less important. An exception is when the donor and recipient are a “perfect match”. If the recipient’s brother or sister is the donor,

then there is a 25% chance that their tissue types are a perfect match. When a perfect match sibling donates the kidney, there is a better chance that the kidney will last a long time, and have fewer complications. So, if there are several possible donors, it may be preferable to have the perfect match brother or sister donate. Blood tests are used to determine the tissue types of donors and recipients.

Crossmatch Between the Donor and Recipient: A crossmatch is a standard test completed before kidney transplantation where the blood of the donor is mixed with the blood of the recipient. If there is a bad reaction (called a “positive crossmatch”) then the transplant is not done. A positive crossmatch means that the recipient has antibodies in the blood that could attack the kidney and damage or destroy it. Usually a crossmatch is done when a person first volunteers to be a donor. This “preliminary crossmatch” is done to see if it is worthwhile to proceed with the donor testing. After the donor testing is completed, the crossmatch is repeated right before the transplant (“final crossmatch”) to make sure the result is still negative.

Paired Kidney Exchange (PKE): All donor/recipient pairs will be considered for and offered the opportunity to participate in the Paired Kidney Exchange Program. This program allows a pair to move forward if they are blood type incompatible or if there is a positive crossmatch between the donor and recipient, and at the same time, possibly help other recipients get transplanted. In some cases, it may be determined that even though a donor may give directly to a specific recipient, it may be in the recipient’s best interest to consider Paired Kidney Exchange for a possible better matched donor. If so, you will be notified so it can be discussed further.

Kidney Function of the Donor: The donor’s kidney function must be normal at the time of donation. Kidney function is measured as part of the routine donor evaluation by blood tests, urine tests, or special scans. A person with abnormally low kidney function cannot donate. The donor also cannot have an illness, like diabetes, that might cause kidney damage later in life. Well-controlled high blood pressure is a conditional diagnosis that may or may not rule a person out for donation.

Donor Age: Donors must be 18 years of age or older. While it is unusual for donors to be older than age 70, exceptions have been made in cases where the risks to the donor are sufficiently low.

Psychological Status of the Donor: The donor must be mentally stable, competent and emotionally mature in order to understand the risks and benefits of kidney donation.

Donor Health: The donor cannot have any serious medical problem that would increase the risk of undergoing the operation to remove the kidney. Heart disease is the most common medical problem that may cause an increased risk of an adverse effect from undergoing general anesthesia.

Possible Risks and Complications of Kidney Donation

Inconvenience: Some time must be set aside to become a kidney donor. Time is required to undergo the testing before donation, to stay in the hospital for the kidney donation itself, and to attend post-donation follow-up visits.

Pain and Discomfort: There is some pain and discomfort associated with kidney donation. This comes from the blood tests needed before donation and the surgery itself. There is some discomfort associated with the intravenous lines and urinary bladder catheter that are necessary after surgery. While the blood tests will be kept to a minimum and there will be pain killers available after surgery, it is not possible to eliminate all the pain and discomfort resulting from these procedures.

Complications After Surgery: Major complications from the kidney removal operation are unusual, but they can still occur. They include, in order of frequency:

- **Wound Problems:** There is a small chance of having a wound problem after the donation surgery (less than 5%). The incidence is greater in heavier people. The problems could include an infection or a hernia. An infection typically would be treated by opening the wound and letting it heal from within. A hernia would be repaired by surgery.
- **Temporary Dysfunction of the Bowels:** Sometimes the bowels do not function normally for several days after kidney donation. This might cause vomiting and could require that a tube be temporarily placed through the nose into the stomach. Once the bowels start to move, the tube would be removed.
- **Psychological Adjustment:** Donors sometimes experience minor feelings of depression and/or anxiety after donation. This is more likely if the transplant is not successful or if the donor and/

or recipient have complications. The donor's pre-existing mental health issues may increase this risk.

- **Difficulty Urinating:** Sometimes the donor has temporary difficulties urinating after the donation surgery. This is a side effect of pain medications. It might require placement of a catheter into the bladder.
- **Lymph Leak:** In some cases, lymph fluid can build up in the abdomen due to leaking lymphatics that do not seal properly during the nephrectomy. In some cases, the fluid in the abdomen resolves on its own but in rare cases may require draining by an interventional radiologist or a second laparoscopic procedure to seal the leaking lymphatic duct.
- **Bleeding:** Removal of the kidney requires separation of the kidney from its blood supply. It is possible to have bleeding from the blood vessels connected to the kidney either during the operation or afterward. Bleeding could require blood transfusions or another operation, and can be life-threatening in rare cases. Although rare, blood transfusions can contain bacteria or viruses including but not limited to, HIV, Hepatitis C and Hepatitis B.
- **Bowel Obstruction:** Adhesions are a kind of scar tissue that forms around the intestines after any kind of surgery on the abdomen, including kidney donation. Adhesions can form anywhere from days to years after surgery. If the adhesions cause a kink in the bowels, then a blockage can occur. This condition usually results in vomiting, abdominal pain, and inability to move the bowels. A bowel obstruction due to adhesions usually requires surgery to resolve it.
- **Death:** Death from kidney donation, while possible, is exceedingly rare.

Long-Term Risks: It is currently believed that there is little long-term medical risk associated with kidney donation.

- **High Blood Pressure:** There are several studies that have measured blood pressure in kidney donors 10 to 30 years after donation. Most of these studies indicate that the risk of developing high blood pressure is about the same for kidney donors as it is for persons who do not donate a kidney.
- **Kidney Failure:** Available information indicates that the risk of developing kidney disease after donating a kidney is well within, or lower than, the risk expected in the general population. Therefore, it does not appear that kidney donation leads to an increased chance of kidney failure in

the donor. Even if our pre-donation medical evaluation of the donor does not reveal any health problems, it is still possible that a donor could develop disorders that could cause kidney failure. Some of these disorders run in families and include diabetes, polycystic kidney disease, Alport's syndrome, IgA nephropathy, hemolytic uremic syndrome, SLE and cystinosis. If no sign of the disease is found in the donor at the time of donation, the chances of developing kidney failure from these diseases after donation is believed to be small.

- **Financial:** Medicare and many other insurance companies cover the medical expenses related to kidney donation. Therefore, the donor should theoretically incur little or no cost because of donating. Also, surveys of donors have shown that the majority of donors incur no financial hardship from donating. However, it is still possible to incur unreimbursed personal expenses, mainly because of lost work time and income, and travel expenses. There is also a chance that medical problems will be discovered during the donor evaluation. Treatments for these problems are not reimbursed as part of the pre-donation medical workup and would have to be paid out of your own funds or through your own health insurance. Also, be aware that kidney donation may be considered by some insurance companies as a "pre-existing" medical condition, which may affect your health care coverage eligibility. Please check with your health care insurance carrier regarding the impact of donation on your present or future insurance coverage. Individuals without health insurance at the time of evaluation may be at risk of being denied future insurance if a medical problem is revealed during the evaluation since it may be considered a pre-existing condition. We encourage all donors to have health insurance so that routine annual physicals recommended for all donors will be covered. Any surgical complications directly related to the donor procedure will be covered by the transplant program, as appropriate. We will not provide general health care or care of any kidney problems you may encounter after surgery.

Other Risks:

Risks to the Transplanted Kidney: Giving a kidney to someone is to give that person a life without the need for dialysis. While this goal is achieved in most cases, the donor should understand that it is possible that this may not occur. For example:

The Kidney May Not Work For A Very Long Time

After Transplantation: The results of live donor kidney transplantation are generally very good. About 93% of patients who get a kidney transplant from a live donor are still off dialysis one year after the transplant. However, the donor should understand that a small percentage of patients never get off dialysis, or get off dialysis for only a short period of time. The most likely causes of the failure of a live donor kidney transplant within the first year after transplant are:

Thrombosis: Blood flow to the kidney can be lost shortly after it is transplanted. This is usually due to kinking of the kidney blood vessels, or an abnormality of the recipient's blood clotting system. If the kidney thromboses, it must be removed and discarded. The chance of this happening is less than 5%.

Recurrent Disease: Some diseases that cause kidney failure can affect the transplanted kidney. Most of these diseases do not cause the kidney to fail within a short period of time, but some can. The diseases most likely to cause the transplanted kidney to fail within a short period of time are called focal segmental glomerulosclerosis (FSGS) and oxalosis. If the recipient has one of these diseases, then the risk of the disease affecting the transplanted kidney are higher than usual.

Polyoma Virus Infection: Most people have a virus called "polyoma virus" or "BK virus" in their body, and it causes no problem. However, it can grow in the transplanted kidney and damage it. Less than 5% of live donor kidneys are damaged by polyoma virus. However, in cases where the virus damages the kidney, it can be very difficult to treat. It often leads to the formation of scar tissue in the kidney and then kidney failure in a short period of time.

All Transplanted Kidneys Fail At Some Point: The donor should not expect that a transplanted kidney will keep the recipient off dialysis permanently. A live donor kidney will usually keep the recipient off dialysis between 10 and 20 years. However, certain health problems could shorten this time for some patients. When the live donor kidney fails, the recipient must go on dialysis or receive another transplant.

Recipient May Not Live Long After Transplantation:

People who need a kidney transplant often have serious medical illnesses that can shorten their lifespan. These illnesses might include cardiovascular disease and diabetes. It is true that the life expectancy after a kidney transplant is higher than it is for patients on dialysis. However, the donor should realize that patients with kidney failure and other serious medical illnesses have life expectancies that are shorter than average, even with a functioning transplant.

Tests Needed to Determine if a Person Can Donate a Kidney:**History and Physical:**

- **Initial Screening:** A questionnaire is used early in the testing process to make sure there are no obvious medical or psychological reasons that would prevent a person from donating a kidney.
- **Formal Exam By A Nephrologist or Internist:** Later on in the testing process, a medical history and physical exam is done. This is to ensure that the donor is in excellent health, which is one of the requirements for being a donor.
- **Blood Tests:** Many of the following blood tests are performed using blood that is drawn at one time in order to reduce the discomfort to the donor. However, multiple tubes of blood are needed to perform all the necessary tests.
- **Blood Type:** The donor's blood type is checked twice to make sure it is compatible with the blood type of the recipient.
- **Crossmatch:** The donor's blood is mixed with the recipient's blood in a test called a crossmatch. This check is to make sure that the recipient's blood does not contain antibodies that could attack the kidney after the transplant. This test is performed at least twice.
- **Chemistries:** A battery of standard tests, called "chemistries," is done to look for unsuspected medical conditions in the donor (such as kidney disease, liver disease or diabetes). This test is completed at least twice before the transplant occurs.
- **Serologies:** Blood tests called "serologies" are done to look for past and present infections (such as hepatitis and HIV infection). Some infections in the donor might require treatment before donation may occur, while other infections could prevent kidney donation altogether.

- **Glucose Tolerance Test:** A glucose tolerance test is ordered if the donor has a family history of diabetes, or if the doctor thinks the donor is at risk of developing diabetes. In this test, blood sugar is measured over a period of two hours after the donor drinks a sweet drink. This test can detect the early stages of diabetes.

X-Rays:

- **Chest X-ray:** All donors have a chest x-ray done to make sure their lungs are clear.
- **CTA Scan of the Kidneys.** A special kind of CT scan is done to look at the donor's kidneys. This scan is done to make sure that kidneys look normal, and to see if there are any unusual blood vessels or other structures that would require special attention during the donation surgery.

Psychosocial Evaluation: All donors will have a psychosocial evaluation as part of their workup. If the donor is not a close relative of the recipient and/or if psychosocial concerns arise, a donor may be required to have a psychiatric evaluation as well.

Other Tests: Women of child-bearing age have at least three pregnancy tests. Additionally, if there is a possibility that the donor may have heart disease, then special testing may be required (such as an exercise stress test or cardiac catheterization). Donors over age 50 get special heart tests. Typical health care maintenance testing should be completed by the donor's primary care doctor and paid for by his/her own insurance (i.e., annual pap smear, mammogram, colonoscopy, etc.).

Right To Withdraw

You have the right to withdraw your participation as a donor at any time during the process. You should not feel pressured or obligated to undergo such a serious procedure and should discuss any concerns with your donor team so they can further assist you. If you wish, the donor team can inform the recipient that you are no longer a donor candidate. None of your health information will be shared with the potential recipient.



Thank you for considering the Gift of Life!

Please fill out the Donor Questionnaire completely and FAX or MAIL it back to the Transplant Office at the number and address below.

- Read and Sign the Living Kidney Donor Consent Form that is attached, and return along with the questionnaire.
- You may keep the last 9 pages which include the Live Kidney Donor Consent Form and the State Grievance Organization listing.

Living Donor Transplant Office Numbers:

General Transplant Office Reception: 410-328-5408

Toll Free Number: 1-800-492-5538, ext. 5408

Living Donor Transplant Phlebotomist Fax Number: 410-328-8433

- Questionnaires will be logged in by the Phlebotomist and reviewed by the RN Donor Coordinator.
- Per protocol, if deemed appropriate, orders for blood draw will be coordinated by the Phlebotomist.

Mailing address:

UMMC

Living Donor Assistant

29 S. Greene Street Suite 200

Baltimore MD 21201

Office: 410-328-1564

Fax: 410-328-0532

Please feel free to contact one of our Living Donor Coordinators if there are any questions or concerns at 410-328-5408.

Intended Living Donor/Recipient Information

University of Maryland Division of Transplantation

Instructions: Use a black pen. Answer the multiple choice questions by filling in the box (☐) before your answer like this: ■ If you are not sure of an answer, leave it blank and someone will contact you to discuss it with you further.

MY NAME

DATE OF BIRTH (MONTH / DAY / YEAR)

I am interested in donating my kidney to:

RECIPIENT FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MONTH / DAY / YEAR)

AM THE RECIPIENT'S FATHER MOTHER BROTHER SISTER SON DAUGHTER BIOLOGICAL ADOPTIVE

OTHER RELATIVE _____ CLOSE FRIEND CO-WORKER OTHER _____

I DO NOT KNOW THE RECIPIENT VERY WELL

I HAVE NEVER MET THE RECIPIENT

I MET THE RECIPIENT ON A WEBSITE _____

****PLEASE COMPLETE THE FOLLOWING ONLY IF YOU ARE A PARENT OR CHILD OF YOUR RECIPIENT****

Although some blood tests completed at this facility may indicate there is no biological relationship between the two people tested, the University of Maryland Medical Center is not an accredited paternal testing facility and is not qualified to make such a determination. This type of information would therefore not be reliable. Consequently, we will not reveal these test results to you.

By agreeing to have your testing here, and as evidenced by your signature below, you waive any claim you may have against the University of Maryland Medical Center, its agents, employees, officers, and affiliates, should you learn this information at a later date.

I have read and understand the information outlined above and I have had an opportunity to ask any questions I may have had.

DONOR NAME

DATE

DONOR SIGNATURE

Living Donor Candidate Questionnaire

University of Maryland Kidney Transplant Program

Instructions: Use a black pen. Answer the multiple choice questions by filling in the box (☐) before your answer like this: ■ If you are not sure of an answer, leave it blank and someone will contact you to discuss it with you further.

DATE _____

FIRST NAME _____

MIDDLE INITIAL _____

LAST NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH (MONTH / DAY / YEAR) _____

SEX MALE FEMALE _____

AGE _____

WEIGHT _____

HEIGHT _____

RACE CAUCASIAN AFRICAN-AMERICAN HISPANIC ASIAN-PACIFIC OTHER _____

CITIZENSHIP US CITIZEN PERMANENT RESIDENT / GREEN CARD OTHER _____

HOME ADDRESS _____

CITY _____

STATE _____

ZIP _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

WORK ADDRESS _____

CITY _____

STATE _____

ZIP _____

WORK PHONE NUMBER _____

WORK FAX NUMBER _____

WORK CELL PHONE NUMBER _____

FAMILY DOCTOR NAME _____

FAMILY DOCTOR ADDRESS _____

CITY _____

STATE _____

ZIP _____

FAMILY DOCTOR PHONE NUMBER _____

FAMILY DOCTOR FAX NUMBER _____

SECTION 1: HEART AND VASCULAR DISEASE

Have you ever been treated for high blood pressure? NO YES IF YES, HOW MANY YEARS? _____

If yes, how is your blood pressure now? GOOD CONTROL FAIR CONTROL POOR CONTROL

Have you ever been told you have heart disease or coronary artery disease? NO YES IF YES, WHEN? _____

Have you ever had a heart attack? _____

Have you ever had a heart bypass operation? _____

Have you ever had a heart angioplasty or stent procedure? _____

Do you sometimes get chest pain when you exercise or are under stress? NO YES

Do you sometimes get chest pain at other times? NO YES

What happens if you walk up 2 flights of stairs? NO PROBLEM SHORTNESS OF BREATH CHEST PAIN UNABLE TO WALK UP 2 FLIGHTS OF STAIRS

Have you had a stress test within the last year? NO YES IF YES, WHERE? _____

If yes, what did it show? NO PROBLEM ABNORMAL DON'T KNOW

Have you ever had a stroke? _____

Have you ever had a bypass operation or a stent placed to improve blood flow in your legs? _____

SECTION 2: DIABETES

Have you ever been treated for diabetes of high blood sugar (including gestational diabetes during pregnancy)? NO YES

If yes, how many years ago were you first treated? _____

What treatments have you ever used to treat diabetes or high blood sugars? DIET PILLS INSULIN

SECTION 3: YOUR OTHER MEDICAL PROBLEMS

Have you ever been treated for any of the following conditions?

DATE FIRST DIAGNOSED (MONTH/YEAR)

Cancer	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Melanoma <small>*type of skin cancer</small>	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Lung Disease	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
COPD/Emphysema	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Tuberculosis	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Pneumonia	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Asthma	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
HIV Infection	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Gastrointestinal Disease	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
GERD	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Stomach Ulcers	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____
Diverticulitis	<input type="checkbox"/> NEVER <input type="checkbox"/> TREATED IN THE PAST <input type="checkbox"/> STILL BEING TREATED	_____

SECTION 3: YOUR OTHER MEDICAL PROBLEMS (continued)

DATE FIRST DIAGNOSED (MONTH/YEAR)

Gallstones/ Gallbladder Disease	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Pancreatitis	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Liver Disease	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Hepatitis	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Bleeding or Clotting Problems	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Urinary or Bladder Infection	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Bladder Tumor or Cancer	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Urinary or Kidney Stones	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Kidney Disease	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Injury to One or Both of Your Kidneys	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Protein in Your Urine (Proteinuria)	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Blood in Your Urine (Hematuria)	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Neurological Disease	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Seizure	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Lupus	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Paralysis	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Arthritis	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Neuropathy	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Mental Illness	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Depression	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Anxiety Disorder	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Cervical Cancer	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Fibroid Uterus	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Endometriosis	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Polycystic Ovaries	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Other _____	<input type="checkbox"/> NEVER	<input type="checkbox"/> TREATED IN THE PAST	<input type="checkbox"/> STILL BEING TREATED	_____
Pregnancies	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> HOW MANY? _____	_____
Miscarriages	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> HOW MANY? _____	_____
Aabortions	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> HOW MANY? _____	_____
Blood Transfusions	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> HOW MANY? _____	_____

SECTION 4: SURGICAL HISTORY

List the surgical operations you have had in the past.

DATE OF OPERATION (MONTH/YEAR)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 5: MEDICATION LIST

List the medications you are currently taking.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 6: MEDICATION OR FOOD ALLERGIES

List the medications or foods you are allergic to, and the reaction you had when you took them.

MEDICATION OR FOOD

REACTION

_____	<input type="checkbox"/> RASH <input type="checkbox"/> ITCHING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> RASH <input type="checkbox"/> ITCHING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> RASH <input type="checkbox"/> ITCHING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> RASH <input type="checkbox"/> ITCHING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> RASH <input type="checkbox"/> ITCHING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> RASH <input type="checkbox"/> ITCHING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER _____

SECTION 7: YOUR FAMILY

Which of these diseases are found among **any** of your parents, brothers, sisters, or children?

DIABETES HIGH BLOOD PRESSURE KIDNEY CANCER CANCER KIDNEY DISEASE CORONARY ARTERY DISEASE OTHER _____

Is your mother alive? NO YES IF YES, HOW OLD IS SHE? _____

If dead, how old was she when she died? _____ What caused her death? _____

Is your father alive? NO YES IF YES, HOW OLD IS HE? _____

If dead, how old was he when he died? _____ What caused his death? _____

How many living brothers and sisters do you have? _____

How many living children age 18 or older do you have? _____

How many living children under age 18 do you have? _____

SECTION 8: YOUR PSYCHO - SOCIAL INFORMATION

How often do you currently speak with or see the recipient?

EVERY DAY SEVERAL TIMES A WEEK SEVERAL TIMES A MONTH ONCE A MONTH LESS THAN ONCE A MONTH

Please tell us what motivated you to want to be considered as a living donor? _____

Your present employment status: WORK FULL-TIME WORK PART-TIME UNEMPLOYED

What is your present (or past) occupation? _____

If you are currently employed, will you receive paid leave/income during your time off for the surgery and recovery periods? NO YES

Do you have medical/health insurance? NO YES

Your present marital status: MARRIED NOW NEVER MARRIED DIVORCED WIDOWED

Your highest educational degree: DIDN'T GRADUATE GRAMMAR SCHOOL HIGH SCHOOL COLLEGE GRADUATE GRADUATE DEGREE
GRAMMAR SCHOOL DIPLOMA HIGH SCHOOL DIPLOMA

Cigarette smoking: NEVER QUIT SMOKING _____ PACKS PER DAY STILL SMOKING _____ PACKS PER DAY

Alcohol: NEVER DRINK SOCIALLY PAST HEAVY DRINKER PRESENT HEAVY DRINKER

Please indicate how much and how often: _____ Date of last use: _____

Intravenous drug use: NEVER QUIT WITHIN PAST YEAR QUIT OVER A YEAR AGO STILL USING

Please indicate how much and how often: _____ Drug(s) & Date of last use: _____

Other illegal drug use: NEVER QUIT WITHIN PAST YEAR QUIT OVER A YEAR AGO STILL USING

Please indicate how much and how often: _____ Drug(s) & Date of last use: _____

Have you ever been treated for substance abuse? NO YES IF YES, WHEN AND WHERE? _____

Legal: Have you ever been involved in legal issues involving law enforcement (including DWI)? NO YES

Prison: I WAS NEVER IN PRISON OR SENTENCED TO BE IN PRISON. I WAS SENTENCED TO BE IN PRISON BUT HAVE NOT SERVED PRISON TIME.

I WAS IN PRISON IN THE PAST IF YES, WHEN AND WHERE? _____

Religion: I DO NOT ACCEPT BLOOD PRODUCTS BECAUSE OF MY RELIGIOUS BELIEFS.

Have you ever been diagnosed with depression, anxiety, or another mental illness or emotional problem? NO YES

IF YES, WHAT WAS THE PROBLEM AND WHEN DID IT OCCUR? _____

Have you ever taken medications because of depression, anxiety, or other mental illness or emotional problem? NO YES

IF YES, WHAT MEDICATIONS, AND WHEN DID YOU LAST TAKE THEM? _____

SECTION 9: SYSTEMS REVIEW

Which of these problems have **significantly** bothered you recently?

General	Weight loss	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Chills	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Sweating	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Weakness	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Dizziness	<input type="checkbox"/> NO <input type="checkbox"/> YES
Eyes	Blurry Vision	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Blindness	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Pain in Eyes	<input type="checkbox"/> NO <input type="checkbox"/> YES
Ear, Nose, Throat	Recent Colds	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Sinus Infection	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Tooth or Gum Problems	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Sore Throat	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Voice Changes	<input type="checkbox"/> NO <input type="checkbox"/> YES
Heart/Blood Vessels	Chest Pain	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Fluttering in Chest	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Fainting Spells	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Shortness of Breath	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Swelling	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Pain in Feet	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Sores on Feet	<input type="checkbox"/> NO <input type="checkbox"/> YES
Lungs	Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Coughing Up Blood	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Pain on Breathing	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Wheezing	<input type="checkbox"/> NO <input type="checkbox"/> YES
Digestive Tract	Loss of Appetite	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Difficulty Swallowing	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Heartburn	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Abdominal Pain	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Vomiting	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Vomiting Blood	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Constipation	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Diarrhea	<input type="checkbox"/> NO <input type="checkbox"/> YES
Yellow Jaundice	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Blood/Lymph Nodes	Swollen Glands	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Easy Bruising	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Frequent Nose Bleeds	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Recent Transfusions	<input type="checkbox"/> NO <input type="checkbox"/> YES



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**For more information,
please call 410-328-5408**

**For more information
visit us online at
umm.edu/transplant**