



DT9452

## CONSENT FOR EVALUATION OF MEDICAL SUITABILITY TO BE A LIVING KIDNEY DONOR

Living Donor Identification Number – Kidney Paired Donation Program	
Unique Donor Number (UDN)	

User's first and last name		
Date of birth (yyyy/mm/dd)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (number, street)		
City	Postal code	
Health Insurance Number	Record number	

Name of Establishment		
<input type="checkbox"/> CHUM – Centre hospitalier de l'Université de Montréal	<input type="checkbox"/> CIUSSS de l'Estrie – CHUS – Hôpital Fleurimont	<input type="checkbox"/> CUSM – Site Glen
<input type="checkbox"/> CHU de Québec – UL – Pavillon L'Hôtel-Dieu de Québec	<input type="checkbox"/> CIUSSS de l'Est-de-l'Île-de-Montréal – Hôpital Maisonneuve-Rosemont	

**Please read this form carefully.**

Make sure you understand the information it contains and get answers to any questions you may have.

### 1 NATURE OF THE CONSENT

I wish to undergo the evaluation to determine whether I can be a living kidney donor. I am taking this step so I can offer one of my kidneys to someone waiting for a kidney transplant. I am acting voluntarily, i.e., of my own free will and without pressure from friends or family.

I have been informed of the kidney donor evaluation process, its risks, and its potential side effects. I have received information on the examinations I will undergo and I have been able to discuss them with the clinical team.

This evaluation is the first step that must be completed before I can donate one of my kidneys. **If the results show that I can donate a kidney and I still wish to do so**, the next step will be to sign a separate surgery consent form.

### 2 BRIEF DESCRIPTION AND SUMMARY OF EVALUATION OBJECTIVES

#### 2.1 Description

The evaluation comprises various medical and social examinations, which may include blood and urine tests, radiology (imaging) exams, medical and social history questionnaires, a psychosocial assessment, and other tests. To ensure that my interests are protected, the evaluating physician is not the same as the physician who will treat the person who may receive my kidney. The detailed list of tests and exams will be explained to me by the person assigned to help me understand this document.

#### 2.2 Objectives

The purpose of the evaluation is to verify that:

- The risk to me of donating a kidney is as low as possible
- The risk to the person who will receive my kidney is as low as possible

The results will allow the clinical team to assess:

- My current state of health and determine if I have any health issues that prevent me from donating a kidney due to contraindication, such as cancer, infection, kidney disease, or diabetes
- The potential effects of kidney removal on my kidney function and overall health
- Whether I am psychologically fit to donate one of my kidneys

#### 2.3 Communication of results

The results will be communicated to me in person and I will have the opportunity to discuss them with a nephrologist (kidney specialist). A contraindication to kidney donation may be discovered during the evaluation. This would effectively terminate the evaluation and I would not be able to donate a kidney.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Donor

### 3 REVIEW OF IMPORTANT INFORMATION

I have been informed of:

**3.1 The importance of raising questions with the treating team**, i.e., the importance of asking all questions I have about the evaluation, regardless of the topic, at any time.

**3.2 The option of withdrawing**, i.e., the possibility of terminating the evaluation at any time in the manner of my own choosing. Regardless of the reason, I may choose at any time not to donate a kidney, up to and including the day of the operation. I may withdraw from the evaluation process simply by providing verbal notification.

**3.3 Confidentiality**, i.e., the fact that my conversations with members of the evaluation team are confidential, including those concerning my reasons for not going through with the donation, if that is my choice. My evaluation will remain confidential and will not be sent to the recipient without my consent. However, certain information that may impact the recipient's health will be transmitted to him/her if the medical team deems it necessary. The physician must obtain my prior consent.

**3.4 Living kidney donation**, i.e., what a living kidney donation entails and its advantages for the recipient over alternative treatments (e.g., kidney transplantation from a deceased donor). This information was provided to me and I understand it fully.

**3.5 The recipient's other options**, i.e., the alternative treatments available to the recipient other than receiving a kidney from a living donor.

**3.6 The evaluation process**, i.e., the living kidney donor evaluation process overall and the examinations to be done, the time required, and the consultations planned with the nurse, nephrologist, surgeon, and psychologist, social worker, or psychiatrist. The purpose of these consultations is in part to assess my psychological health and the impact the donation process may have on me (pre- and post-operation). They enable the health professionals to ensure that my decision to consent to the evaluation, and potentially the donation, is made of my own volition and without any outside pressure.

**3.7 The risks associated with the medical evaluation:** It was explained to me that some of the tests (e.g., blood work or dye injections before x-rays) could cause me discomfort and pose certain risks. Unexpected discoveries may be made concerning my health during the evaluation. The physician in charge of my evaluation will inform me of any abnormal results.

Health problems that are discovered could have a negative impact on my ability to take out health, disability, or life insurance.

The evaluation could also reveal a reportable infectious disease that must be reported to public health authorities under Québec's *Public Health Act*. In such a case, additional testing may be required, which could cause delays.

**3.8 Options in the event of incompatibility**, i.e., other options for donating a kidney if the results show that I am incompatible with the recipient.

**3.9 Medical and surgical risks for the donor**, i.e., medical and surgical complications ranging from minor to severe that may arise following kidney donation. I was given a general explanation of the risks before undertaking the evaluation process. The nephrologist and surgeon will give me detailed explanations of the risks if the evaluations reveal that I can donate a kidney and if I decide to do so.

**3.10 The benefits for the donor**, i.e., the psychological benefits I may obtain from making this donation (I was asked about my expectations and the benefits I anticipate from the donation).

**3.11 The benefits and risks to the recipient**, i.e., the benefits and risks of receiving a kidney from a living donor.

**3.12 The absence of financial compensation**, i.e., the fact that no remuneration can be obtained in exchange for an organ donation. The donation is made on a voluntarily basis.

**3.13 The costs**, i.e., the expenses I should anticipate for evaluation, hospitalization, and follow-up care. In Québec, a government support program for living donors covers a portion of the expenses associated with the donation (e.g., travel and lodging, meals, loss of income in certain cases).

**3.14 Follow-up care**, i.e., the short- and long-term medical follow-up recommended for the donor.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Donor

User's first and last name	Record number
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#### 4 CONSENT

I, \_\_\_\_\_ (*first and last name, printed*), hereby declare that I have read and understand this form and have been provided a copy. I understand that the information contained in this form does not include all discussions specific to my situation that I may have had with the person assigned to help me understand this document; they are complementary and I understood them. I understand that this consent does not constitute an obligation to donate one of my kidneys. I understand the risks and benefits of kidney donation by a living donor and the other types of treatment available to the recipient. I had the opportunity to ask questions of the person assigned to help me understand this document and my questions were answered satisfactorily. I had enough time to think carefully and make my decision. **I hereby freely agree to be evaluated as a potential kidney donor.**

Signature	Date	Year	Month	Day

Name of witness (printed)	Signature of witness	Date
		Year Month Day

#### 5 CONSENT TO BE ASKED TO PARTICIPATE IN A RESEARCH PROJECT

I understand that I may be asked to participate in a research project. My participation in a research project, where applicable, is voluntary. If I agree to participate, I will be asked to sign a separate consent form. I understand that my refusal to be asked to participate in a research project will not affect the quality of the services I receive during the evaluation.

I agree to be contacted to be asked to participate in a research project.  Yes  No

Signature	Date	Year	Month	Day

Name of witness (printed)	Signature of witness	Date
		Year Month Day

#### FOR NON-RESIDENTS OF QUÉBEC

I acknowledge and irrevocably agree (without being able to change my mind) that all care and services provided to me by the institution evaluating my suitability as a donor and its employees or agents, as well as by each of the physicians or dentists who are members of the institution's Council of Physicians, Dentists and Pharmacists, are governed by the law and the laws in force in the Province of Québec.

Furthermore, if I choose, for any reason whatsoever, to file a complaint, claim, motion, or legal action against the persons mentioned in the preceding paragraph, or against their insurers or assigns, I irrevocably acknowledge and agree to submit to the exclusive jurisdiction of the courts of the Province of Québec.

Signature	Date	Year	Month	Day

Name of witness (printed)	Signature of witness	Date
		Year Month Day

\_\_\_\_\_  
Witness Donor