



DT9504

User's family name and given name		
Date of birth (Y, M, D)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (number, street)		
City	Postal code	
Health insurance number	File number	

LIVING KIDNEY DONOR CONSENT

Living donor no. assigned in the exchange program	
Unique identification number	

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

<p>Please read this form carefully.</p> <p>Ensure that you fully understand the information it contains and get answers to your questions, if you have any.</p> <p>1. NATURE OF CONSENT</p> <p>I have undergone a medical evaluation to become a living kidney donor and, having been deemed a suitable candidate, I consent to the removal of my kidney.</p> <p>Before signing this form, I received and understood the information describing the entire process of kidney donation – in particular, regarding the surgical procedure, the risks and the potential benefits for me and for the recipient, as well as the short, medium, and long term consequences and I was able to discuss them with the medical team.</p> <p>I authorize the removal of my: <input type="checkbox"/> right kidney <input type="checkbox"/> left kidney</p> <p>By signing this form, I am giving my free and informed consent to the kidney donation and I acknowledge that I have all the information needed to make an informed decision.</p> <p>2. DESCRIPTION OF THE RISKS</p> <p>Kidney transplantation is the best treatment for end-stage renal disease in terms of the quality of life and life expectancy of recipients. Kidney removal requires surgical intervention and the procedure was discussed with the surgeon. The kidney can be removed using laparoscopy or open surgery.</p> <p>The risks associated with kidney donation, for the donor, are as follows.</p> <p>2.1 Possible complications and risks associated with nephrectomy (removal of a kidney) include:</p> <ul style="list-style-type: none"> • the risk of death associated with this surgery (0.03%); • the risks associated with general anesthesia; • the risks associated with intubation of the airways or prolonged immobilization on the operating table; • the risk of a wound or urine infection; • the risk of pneumonia or deep vein thrombosis, which could lead to a pulmonary embolism; • the risk of hemorrhage during or after intervention, which might require a blood transfusion and, very rarely, a return to the operating room. <p>2.2 Possible long-term complications (slight increase in proteinuria and blood pressure).</p> <p style="text-align: right;"> _____ Witness _____ Donor </p>
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File no.

3. REMINDER OF IMPORTANT INFORMATION

I have also been informed:

- 3.1 **Of the possibility that the other kidney may be removed instead**, meaning that if, during the surgery, new elements arise, the surgeon may decide to remove the other kidney instead of the one planned to be removed;
- 3.2 **Of the possibility of changing the surgical technique planned for removing the kidney (laparoscopy or open surgery);**
- 3.3 **Of the average duration of my hospital stay, my convalescence and my time off work following the operation;**
- 3.4 **Of the different transplant outcomes for the recipient**, including, among others, the non-immediate recovery of renal function, a period during which dialysis treatments are necessary and transplant failure;
- 3.5 **Of the medical follow-up recommended for the donor** in the short, medium, and long term;
- 3.6 **Of the importance of maintaining a healthy lifestyle after my donation**, including nutrition, activities and physical exercises (healthy weight), quitting smoking, and drinking in moderation;
- 3.7 **Of the possibility of reversing my decision**, meaning that, **until the day of the operation**, I can choose not to make a kidney donation, regardless of the reason;
- 3.8 **Of the very small possibility that the kidney cannot be transplanted in the recipient** if there are major complications during the transplant;
- 3.9 **Other elements to consider:**

4. CONSENT

I (print name), _____, the undersigned, declare that I have read and understood this form and that I have received a copy of it. I understand the risks, benefits and consequences of a kidney donation taken from a living donor. I have been informed of the nature of my consent and the risks and possible effects of the nephrectomy (removal of a kidney). I have received all the relevant information regarding my donation. I have also been informed of the expected outcome and I acknowledge that I have been given no guarantee regarding the outcome. I fully understand this information, I have had the opportunity to ask my questions and they have been answered to my satisfaction.

I hereby give my free and informed consent to donate one of my kidneys.

Signature		Date	Year	Month	Day
Witness's family name and given name (print)		License number (if applicable)			
Signature of witness		Date	Year	Month	Day
		_____ Witness		_____ Donor	

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NON-RESIDENTS OF QUEBEC

I irrevocably acknowledge and agree that all care and services provided by the institution, its employees or agents, as well as by each of the physicians or dentists, members of the board of physicians, dentists and pharmacists of the institution are governed by the law and laws effective in the province of Quebec.

Moreover, if, for any reason or on any grounds, I choose to lodge a complaint, claim, demand or request, or seek legal redress against those mentioned in the above 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 Quebec.

Signature		Date	Year	Month	Day
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Witness's family name and given name (print)	License number (if applicable)

Signature of witness		Date	Year	Month	Day
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Witness

Donor