

You will be undergoing a series of blood, urine and imaging tests in order to determine your suitability to be a living kidney donor. The potential harm from these tests is minimal. The tests will include assessments of your exposure to infectious diseases including Hepatitis B & C, HIV (human immunodeficiency virus), syphilis, West Nile Virus, and several others. If any tests are abnormal, you will be informed and given advice on how to proceed. These tests will provide us with some of the information needed to determine your suitability as a living kidney donor. There is a risk these tests might discover unknown medical issues that would require further medical attention and/or impact on your ability to obtain life insurance. If necessary, some of the tests may need to be repeated.

The blood tests also include an assessment of the genetic material in your body. These tests are referred to as HLA (human leukocyte antigen) testing and crossmatching. The results of these tests will determine your suitability to be a donor for your intended recipient. You will be informed if these results are suitable to proceed with kidney donation.

If you proceed with kidney donation, your genetic material will be stored permanently in the UHN laboratory. If you do not proceed with kidney donation, your genetic material will be discarded but your results will be stored permanently in your chart. These tests can also give some information about the biological relationship between you and your recipient or any individual that has been tested. However, these tests are not being performed to determine this relationship. Therefore, you will not be given information about this aspect of the test. If you wish to have testing done to determine your biological relationships you will be referred to your family doctor.

The results of testing will be kept confidential as per UHN hospital policy and the Ontario Personal Health Information Protection Act. The exception will be the testing for infectious diseases and the genetic testing, where the results of your tests will be reported in the recipient's chart in order to ensure that it is safe for the recipient to proceed with the transplant.

#### FUTURE CARE COSTS:

I understand that complications may occur following my kidney donation surgery and/or following my discharge from the hospital. I understand that as a non-resident of Canada I am solely responsible for all costs associated with any care that may become necessary due to such complications. I understand that University Health Network and the Ontario Ministry of Health and Long Term Care will not cover the costs relating to this care.

I confirm that I have private health care insurance which covers these care costs, or that I am otherwise able to cover these costs. I agree to indemnify and hold harmless University Health Network, its employees, agents, physicians and volunteers from any claims, suit or demands arising in connection with the costs associated with the provision of such care.

**DONOR DISCLOSURE:**

As per section 10 of the Ontario Trillium Gift of Life Network Act (TGLN): Sale of tissue is prohibited. “No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof, for therapeutic purposes, medical education, or scientific research.”

I, \_\_\_\_\_, have read the above TGLN statement and I agree that I have not and will not accept gifts, money, or incentives, directly or indirectly, in exchange for donating my kidney.

I acknowledge and understand that the buying and selling of organs in Canada is illegal. If you have any questions, please speak to your coordinator or physician.

I have read and understand the above and agree to proceed with the donor evaluation.

\_\_\_\_\_  
Patient (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date