EXPANDED CRITERIA DONOR CONSENT FORM

The number of patients on the waiting list continues to grow and with a shortage of donor organs, the transplant community has enlarged the donor organ pool by expanding the criteria for acceptance. These organs are might be suitable for some of our patients on the waiting list and might shorten the time you wait for a transplant. This consent form will provide you with information about the different types of organ donors and allow you to make an informed decision about the types of organs you are willing to consider should they become available. Signing this form does not mean you must accept this type of organ, but will allow you to be considered for a wider pool of donors.

I. Expanded Criteria Donors (ECD) are those with medical risk factors that may result in less than optimal graft function and pose a greater amount of risk for complications.
   a. ECD-Kidney
      i. Donors with age 60 or older
      ii. All donors between ages 50 to 59 who have two or more of the following:
          1. The donor died from a stroke.
          2. The donor had a medical history of high blood pressure.
          3. The donor’s most recent creatinine was 1.5 mg/dL or greater (creatinine is a measure of how well the kidney works; normal values typically range from 0.6 to 1.2 mg/dL).
   b. ECD-Liver
      i. Donors with age 65 or older
      ii. History of non-skin cancers
      iii. Hepatitis C positive serology
      iv. Hepatitis B positive serology
      v. History of fatty liver disease

After talking about the above criteria with my physician or transplant coordinator, I understand that an organ from an Extended Criteria Donor has more risk for delayed or impaired function which may result in more intervention, a longer hospital stay, re-transplantation or possibly death. In liver transplantation, donors who have been exposed to or have Hepatitis B or C can transmit the virus to the recipient and are better for recipients who are already infected with the Hepatitis C virus, are immune to the Hepatitis B virus or in life threatening situations.

II. Donor After Cardiac Death (DCD) are donors who are not brain dead, but have sustained an illness with no hope of recovery. The donor is kept alive by life support and once withdrawn, the heart stops. Once this happens it is possible to recover organs for transplantation.

I understand that DCD livers may have a higher chance for bile duct injury. DCD livers and kidneys may have more risk for delayed graft function which may result in a longer hospital stay, more medical intervention and the possibility of death.

You will still be offered any non-ECD or non-DCD organs that you are eligible for even though you have agreed to consent below. You have the right to refuse any organ that is offered to you with no penalty or change in your waitlist status.
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The main benefit would be to shorten the time you wait for a transplant. Recent studies of transplant data shows that the longer you wait on the list for a transplant, the poorer the transplant outcome, and the sicker you may become.

SIGNATURES

As a representative of this transplant program, I have explained the purpose, the benefits, and the risks associated with ECD and DCD organs. Any questions that have been raised have been answered to the candidate’s satisfaction.

_______________________    ___________________
Signature of person obtaining consent    Date

I, the undersigned, have been informed about the risks and benefits of ECD organs, and I have received a copy of this consent document. I have been given the opportunity to ask questions, and I have been told that I can ask questions in the future.
I (initial one below):
___________ agree to be on the ECD list
___________ do not agree to be on the ECD list

I, the undersigned, have been informed about the risks and benefits of DCD organs, and I have received a copy of this consent document. I have been given the opportunity to ask questions, and I have been told that I can ask questions in the future.
I (initial one below):
___________ agree to be on the DCD list
___________ do not agree on the DCD list

I am free to withdraw from considering these types of organs at any time without explanation. A withdrawal will not in any way affect my status on the wait list or affect my future medical management.

Signature of Patient ______________________________________

Date __________________