



## Informed Consent

### Friend KidneyPledge Description

The Alliance for Paired Kidney Donation (APKD) Friend KidneyPledge provides protection to a nondirected living kidney donor who donates a kidney through the APKD. This Friend KidneyPledge allows a donor to name up to five individuals who do NOT have kidney disease prior to donation. This protects you should one of the five named friend/loved ones need a kidney transplant in the future.

### Using your Friend KidneyPledge

This Friend KidneyPledge, activated upon your nondirected kidney donation, entitles any one of your designated individuals priority above other candidates in the APKD system\*, should they develop kidney failure. Becoming active in the APKD matching system means that your designated individual has been approved for a kidney transplant by an APKD-participating transplant program and activated in the APKD network.

### Transferability

The APKD Friend KidneyPledge is for the benefit of you and your designated individuals, cannot be transferred, and expires upon your death.

### Risks

- APKD may be unable to find a suitable donor for your recipient. This is most likely to occur if your chosen recipient is hard to match because he or she has made many antibodies against other humans. This is most likely to occur through prior transplant, a blood transfusion, or pregnancy.
- \*The APKD seeks the best transplants for the most people. This means that during the first three months after activation, your designated individual will be chosen for transplantation when alternative possibilities allow two or fewer transplants. After three months, however, your designated individual will receive the highest priority regardless of how many people could otherwise be transplanted. In the event that two or more KidneyPledge holders have been waiting for three months or more, APKD will prioritize the KidneyPledge holder who has been waiting the longest.
- Your designated individual's transplant center may determine that he or she is not a suitable candidate for a kidney transplant because of health reasons.
- APKD's inability to find an acceptable compatible donor.
- The APKD may unexpectedly cease operations.
- Other unforeseen circumstances such as an act of nature may occur.

*I accept the APKD Friend KidneyPledge, and I understand and agree to the above conditions:*

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Donor Signature

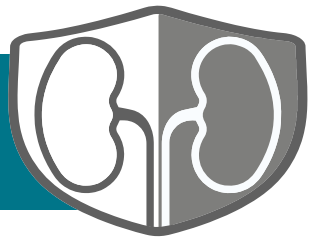
\_\_\_\_\_ Date  
 Donor Name (printed)

\_\_\_\_\_ Witness Signature

\_\_\_\_\_ Date  
 Witness Name (printed)

**FOR APKD USE ONLY**

_____ Offer #	_____ Date
_____ APKD Approval Signature	
_____ APKD Approver Name (printed), Title	



## Informed Consent Cont.

The following data must be obtained and reported two weeks prior to donation:

1) Name of Individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Results for ABO (If known): \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

2) Name of Individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Results for ABO (If known): \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

3) Name of Individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Results for ABO (If known): \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

4) Name of Individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Results for ABO (If known): \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

5) Name of Individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Results for ABO (If known): \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_