



NEPHROLOGY PROGRAM DEPARTMENT POLICIES AND PROCEDURES

Renal Transplant - Section 02 - Clinical Practice - RTP Neph 2-03
Renal Transplant Recipient Evaluation Procedure
No.: 01592 (TOH Standardized Policy Number)

ISSUED BY: Renal Transplant Steering Committee	DATE OF APPROVAL: 2005/03
APPROVED BY: Program Clinical Director and Division Head Medical Director – Renal Transplant Program	LAST REVIEW/REVISION DATE: 2018/02
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CATEGORY: Clinical Practice	

POLICY STATEMENT:

To identify the standard operating procedures (SOP) used to evaluate potential renal transplant candidates at The Ottawa Hospital

BACKGROUND:

The members of the Ottawa Hospital Renal Transplant Program and the Canadian Society of Transplantation support renal transplantation as the treatment of choice for patients with End Stage Renal Disease (ESRD) who meet the eligibility criteria for renal transplantation

Kidney transplantation from a Living Donor (LD) is a preferred treatment option for end-stage renal disease (ESRD). There are several advantages to having a LD transplant, namely:

- Provides potential for superior patient and graft survival compared to Deceased Donor (DD) transplantation,
- Minimizes recipient waiting time on dialysis prior to transplantation; increased time on dialysis is associated worse graft and patient outcome,
- Enables pre-emptive transplantation,
- Facilitates planning for known elective transplant surgery date,
- Reduces further demand on DD kidneys, which are in limited supply.

Potential transplant recipients are educated regarding Living Donor and Deceased Donor transplantation and are invited to discuss the possibility of living donation with their potential donors. Transplant candidates with potential donor(s) are invited to give the LD program telephone number to their potential donor(s) so that they may contact the LD program directly.

A language interpreter is provided for Transplant Team interviews/assessments and education when necessary in order to enhance the recipients' understanding of the transplant treatment.

REFERRAL PROCESS:

Kidney transplantation at the Ottawa Hospital is performed as a single integrated program. Potential kidney recipients are referred to TOH Renal Transplant program by their attending Nephrologist in MCK clinic/Dialysis units/Transplant and regional MCK clinic/dialysis units in accordance with referral policy RTP NEP 2.2 using standardized physician orders (SPO) for referral SPO 48A) and SPO 48B).

The Ottawa Hospital Renal Transplant Team members include:

- Transplant Nephrologists, Transplant Surgeons/Urologists, Transplant Immunologist, Regional Renal Transplant Recipient Coordinator (RTRC), Transplant Nurses, Transplant Social Worker, Transplant Pharmacist, Transplant Clerks and other consultants such as Psychiatrists as required. Evaluation results reviewed by the team members form the basis of decision making in determination of the patient's candidacy for renal transplantation. Priority for appointments is given to patients with identified potential living donors.

Living Donors are assessed separately though certain aspects of compatibility and testing are coordinated between the LD and Renal transplant programs as required. Please refer to the Living Donor Evaluation Policy LD RTP NEP 2.16 and RTP NEP 4.1 Arranging LD Crossmatch policy for further information

Referral areas may refer patients for Transplant Education only or Transplant Education and Renal Transplant Evaluation simultaneously. See policy and procedure for scheduling Transplant Companions Education.

ALERTS:

All errors, accidents, and unexpected serious adverse reactions that are thought to involve the transmission of an infectious disease or disease agent must be reported to Health Canada, refer to Sections 43 to 54 of the Safety of Human CTO's for Transplantation Regulations, as amended. An unexpected adverse reaction following the transplantation of an organ includes the unintended and unforeseen transmission of an infectious disease or disease agent, for example any bacterial, viral, fungal or parasitic infection, as well as malignancies or any other disease/disorders (e. g. allergy, genetic disorder, immunological disorder) that is suspected to originate from the donor. It does not include the transmission of an infectious disease or disease agent where such transmission is expected.

Suspected errors and accidents that are identified after the distribution of a CTO and that could lead to a serious adverse reaction involving the transmission of an infectious disease or disease agent must be reported by source establishments to Health Canada's Health Products and Food Inspectorate. An error, as defined in the Regulations¹, means a deviation from the standard operating procedures or applicable laws that could adversely affect the safety of a transplant recipient or the safety, efficacy or quality of cells, tissues or organs. An accident, as defined in the Regulations, means an unexpected event that is not attributable to a deviation from the standard operating procedures or applicable laws and that could adversely affect the safety of a transplant recipient or the safety, efficacy or quality of CTOs.

PROCEDURE:

Once the completed potential renal transplant recipient referral package from the referring area (SOP 48 B) has been received by the Transplant office, it is reviewed as follows:

A) Role of Transplant Clerk (TC)

Upon receiving the referral order (SPO 48 A) for Transplant Education only, the TC does the following:

- Prepares chart – Registers patient in provincial Trillium Gift of Life Network and notes the TGLN Number on the patient's chart
- Gives the referral to the Regional Renal Transplant Coordinator/delegate (RTRC) for review
- Sends copy of Transplant Education only referral order to LD program
- Enters patient into the Transplant Companions Tracking tool
- Sends the patient an invitation to attend Transplant Companions Education (**Appendix IA**) as well as the accompanying letter (**Appendix IB**) and tracks status – attended, missed, rescheduled.
- Calls patient with an appointment reminder unless registration in SMS in time for IVR.
- Sends notification to the referral unit (asking unit to address any obstacles and confirm that transplant process should continue) if patient does not attend Transplant education after 3 invitations.
- Register patient into NephroCare system if patient is referred from a non-TOH unit
- Enters education session information into Nephrocare – Progress Notes.

Upon receiving the referral order (SPO 48 A) for Full Transplant work up, the TC does the following:

- Prepares chart – Registers patient in provincial TOTAL TGLN registry and notes the TGLN Number on the patient's chart
- Gives the referral to the RTRC/delegate for review to ensure patient meets eligibility criteria for referral to TOH kidney transplant program
- Sends copy of Transplant full work-up referral order to LD program
- Registers patient in TGLN 1A – Prints page for patient's chart
- Places indicator on front of chart to note initiation into TGLN 1A = Full work up initiated Enters patient into Transplant Companions tracking tool
- Send patient invitation to appropriate Transplant Companions Education, faxes a copy to referring unit and tracks status – attended, missed, rescheduled.
- Calls patient with an appointment reminder unless registration in SMS in time for IVR.

- Sends notification to the referral unit (requesting unit to address any obstacles and confirm that transplant process should continue) if patient does not attend Transplant education after 3 invitations.
- Register patient into NephroCare system if patient is referred from a non-TOH unit.
- Enters education session information into NephroCare – Progress Notes.

Upon receiving the completed Transplant referral package, the TC does the following:

- Stamps referral package with date received, prints 10 patient labels from SMS and places in chart with green card.
- Places dividers in chart
- Prepares letter (**Appendix II**) stating referral package was received and is under review and places letter in patient chart for RTRC or delegate to sign.
- Provides the referral chart to Recipient Coordinator or delegate for their review.
- Mails signed referral received letter to patient and faxes copy of letter to referring unit and files fax confirmation in patient's chart,

Once reviewed and chart returned, TC faxes signed SPO 195A (SPO 195A current) to patient's current unit to process

Processes orders from SPO 195B (SPO 195B (07/2009) and schedules appointments as ordered:

- 1) Initial HLA/HLA DR/Auto T & B cell typing (if not done previously due to potential LD or previous recent transplant). To be drawn in hemodialysis unit for TOH hemodialysis patients as per order
- 2) Transplant surgeon (TS) - If not done previously upon receipt of abd U/S (or CT) +/- arterial leg doppler report(s)
- 3) Transplant social worker (TSW).
- 4) Any additional tests/consultations as required.
- 5) Transplant Companions pre-transplant education if not done previously +/- specific referral to Transplant Pharmacist as required.
- 6) Transplant Nephrologist (TN) - scheduled and entered in RTRE Global outlook calendar after receipt of previous opinions/reports for final review.
- 7) Enters SPO 195B appointments in Nephrocare and ensures appointments are registered in SMS.

Prepares and mails appointment letter to the patient (**Appendix III**)

- 1) Registers surgical consult and transplant social worker consultation visits in SMS which in turn triggers appointment confirmation by IVR if timeline allows
- 2) Enters patient appointments into NephroCare calendar
- 3) Calls patient and patient's dialysis unit to schedule/reschedule appointment if appointment occurs in the next 14 days.
- 4) Calls patient with an appointment reminder unless registration in SMS in time for IVR
- 5) Faxes copy of appointment letter to patient's unit as appropriate.
- 6) Tracks Dates Affecting Readiness for Consultation (DARC) with DARC reasons in TGLN.

Prepares charts for surgical evaluation clinic at least 3 days in advance of scheduled clinic. Include: surgical consent and transfusion consent for patients with identified potential donors.

Schedules Transplant Nephrologist appointment:

Prepares chart for Transplant nephrology clinic at least 3 days in advance of scheduled clinic

- 1) Prepares ABO verification forms (labelled signature page (**Appendix IV**), hard copy of recipient's ABO blood type and print-out of TGLN ABO registration screen) TC reviews and signs ABO verification sheet and circulates to RTRC/delegate and TN for signature.
- 2) Prepares requisitions for 2nd PRA, annual pre-transplant serology or other blood testing as required.
- 3) Blank Transplant Recipient Evaluation Report
- 4) Billing sheet NEP 48 SPO 47 B order sheet
- 5) Include the following documents for review with patient/family during clinic visit: Attention letter; TOH contact list, TGLN Renal Allocation Algorithm; Information on different types of donors,

HSP documents; LD/KPD information package; Transplant Clinic agreement letter; Quarterly PRA memo; TOH pager letter; Kidney Paired Donor (KPD) documents if applicable (KPD information letter and pamphlet, KPD consents, KPD privacy document, and KPD donor selection criteria checklist); Desensitization documents (SPO 177, MDCU admission record, MOHLTC IVIG request form, consent for blood and or blood products, prescriptions) if applicable.

- 6) Processes SPO 47B as ordered and sends copy of order to patient's current unit.

Activation Process:

- 1) Enters TGLN 1B when patient previously enrolled as TGLN 1A, has met transplant nephrologist.
- 2) Enters Final TGLN Disposition when a patient previously enrolled as TGLN 1A is a transplant candidate (at time of Transplant neph appointment).
- 3) Enters Final TGLN Disposition when a patient previously enrolled as TGLN 1A is declined and not a transplant candidate (may occur at transplant surgical visit).
- 4) Prepares Transplant Recipient Activation list (**Appendix V**) for patient listing "active" or "on hold" or relisting in TGLN and faxes list to Tissue Typing Lab two weeks in advance of listing/relisting.
- 5) Refers to Trillium Checklist Binder (**Appendix VI**) and follows checklist/procedure for chart preparation and activation.
- 6) Completes and prints TGLN screen shot of first dialysis and TGLN screen shot of pre-op data for RTRC/delegate verification.
- 7) Prints patient specific waiting list report for RTRC/delegate for verification.
- 8) TC sends signed ABO verification sheet to Health Records (HR) and files copy on chart.
- 9) If MCKC/RTRI patient with GFR < 15 ml/min x 2 - List date is physician's order date. (Clerk updates TGLN with first/return to dialysis date and prints dialysis screen for verification once patient begins dialysis).
- 10) Mails Attention Letter (**Appendix VII**) to patient outlining ordered reassessments.
- 11) Mails pager and Pager Letter (**Appendix VIII**) to patient if applicable.
- 12) Tracks re-assessment and updates in RTRE global outlook calendar for waitlisted active and on hold patients as applicable and updates TGLN comments accordingly.
- 13) Modifies TGLN record as directed to reflect appropriate transplant status (Urgent, Normal, On-Hold, Remove from TGLN waiting list) in accordance with physician's order, TGLN Guidelines, TOTAL manual and Activation Checklist.
- 14) Sends Fax of verified final Transplant Recipient Activation list to the TOH Tissue Typing Lab.
- 15) Sends Fax of order to patient's current unit re: status change.
- 16) Circulates the updated, verified TGLN Ottawa Region Renal Transplant Waiting List report to Ottawa Region Dialysis/MCKC Units. Saves report on v-drive (on activation days and every Friday). Ensures waitlist is password protected and distributed only to eligible health care team members.
- 17) Registers KPD recipient in CTR KPD registry as per CBS Procedure Manual as ordered.
- 18) Maintains and files documents in recipient pre-transplant chart.
- 19) Sends letter of decline to patient (**Appendix IX**), attending unit and health records when patient declined for transplant.

Post-Transplant Duties:

- 1) Notifies Post-Transplant if HSP recipient received a kidney transplant and/or if recipient receives ECD or ExD deceased donor kidney transplant.
- 2) Tracks post-transplant TGLN outcomes at specified intervals as outlined by TGLN if/when applicable.

B) Role of Regional Renal Transplant Coordinator (RTRC) or delegate

Upon receipt of Transplant referral order (SPO 48A/B)

- 1) Verifies new referral chart to ensure referral is appropriate and documents receipt of referral for transplant education and or transplant education and full work-up. When appropriate, expedites transplant assessment process for MCKC clinic patients who have rapidly declining renal function if they have a compatible potential living donor in work up.
- 2) Contacts the patient if he/she has an identified LD to ensure the patient is familiar with the Living donor referral process.
- 3) If patient does not meet transplant eligibility guidelines due to BMI > 35, arranges for Transplant surgical assessment as soon as possible to determine if transplant work-up should proceed. If the patient does not meet transplant eligibility criteria for other reasons, RTRC discusses plan of care with Transplant Nephrologist.

Upon receipt of Transplant referral package

- 4) Reviews the completed referral package in accordance with the Canadian Society of Transplantation Guidelines on Eligibility for Kidney Transplantation CMAJ within 2 weeks of receipt of referral package.
- 5) Changes Nephro care Transplant status to "Transplant Team evaluating".
- 6) Reviews Nephrocare; electronic health record for missing/additional information; and requests additional documentation from referring unit or patient as required.
- 7) Reviews new/previously missing information upon receipt daily/weekly.
- 8) Discusses abnormal results/specific transplant concerns with Transplant Nephrologist and obtains orders as required. Orders are forwarded to the referral unit and the patient's status is updated in Nephrocare progress notes.
- 9) Liaises with multi-disciplinary team members to facilitate patient care as required.

Once the referral package is complete, the RTRC/Transplant RN provides the chart to the TC to proceed with scheduling Transplant Team appointments and supports nursing activity for transplant surgery clinic.

- 1) Updates Transplant Status in Nephrocare to "Transplant Team evaluating" or indicates alternative Transplant status as ordered. Documents visit and plan of care in Nephrocare.
- 2) Tracks and follows up on issues which require pre-transplant surgery/urology/nephrology clearance as ordered.

Reviews re-assessment information on transplant candidates daily/weekly and brings urgent matters to the attention of the TN/Attending TN as appropriate.

RTRC/Delegate supports transplant surgical clinic and documents visit in Nephrocare.

Provides nursing care and emotional support to potential transplant candidates in surgical clinic and updates patients about their transplant evaluation process Invites transplant candidates to consider living kidney donation and provides education and LD Program contact information as required.

Documents outcome of surgical assessment in NephroCare and updates NephroCare Transplant status accordingly.

Prints surgeon's consultation note for transplant file and sends Fax to TOH attending unit informing them of surgeon's note in electronic health record (eHR) and stipulates any special recommendations or further testing required.

Sends a copy of the surgical note by FAX to Non-TOH units if they do not have access to electronic health record.

Maintains and prepares the agenda for complex recipient review at the monthly Renal Transplant Evaluation Committee Meeting.

Prepares and finalizes the patient specific Renal Transplant Recipient Evaluation document for eHR once Renal Transplant Evaluation Committee meeting minutes have been approved by the Medical Director of the renal transplant program and sends the report to the patient's attending nephrologist.

RTRC circulates approved minutes of the Renal Transplant Evaluation Committee meeting (RTP Neph 1-04 - Renal Transplant Evaluation Committee – Terms of Reference) to the committee members of the Transplant Team and brings Transplant Evaluation program issues to Transplant Steering Committee meeting, as applicable.

RTRC processes TN's SPO 47C orders:

- 1) Lists MCKC patient (must have GFR < 15 ml/min on two consecutive readings to meet listing criteria for TGLN as Urgent; Active; On Hold),
- 2) Verifies / patient is listed as Urgent; Active; On Hold as per physician order,
- 3) Reviews patient registration data and processes order to list patient in CTR KPD registry Active or Inactive,
- 4) Processes other physician's order as applicable,
- 5) Enters Transplant status in NephroCare and modifies transplant status as directed.
- 6) Prepares agenda for multidisciplinary review of complex recipient cases for monthly Transplant Evaluation meeting and enters individualized Renal Transplant Recipient Evaluation summary reports directly into eHR after monthly meetings.

RTRC reviews and signs ABO verification for all Active and On Hold patients (hard copy of ABO is checked against TGLN ABO registration screen).

RTRC processes TN's SPO 162 orders.

Coordinates LD transplant date once the Donor and Recipient have satisfactorily completed their respective assessments and the RTRC confirms the timing of the transplant as appropriate with the referring unit's attending physician.

RTRC prepares and provides recipient with a pre-op agenda and enters CPOE orders for pre-op chest x-ray, post transplant ultrasound/doppler and post-transplant renal scan.

Exceptional Distribution

Living Kidney Donation – Notice of Exceptional Distribution (standardized form NEPH 152) is provided to the Renal Transplant Program when a living kidney donor is not in compliance with provisions of the CTO regulations as per NEPH 152. The RTRC will, in such instances, arrange for the potential recipient to meet with the TN prior to scheduling surgery to be informed of the reason the kidney would not be in compliance with CTO regulations at the time of donation. This information is shared with the inpatient and post transplant team via the Transplant Summary Report. Exceptional Distribution (ExD) Post Transplant surveillance serology is performed if applicable (refer to SPO 243), at specific intervals as ordered, in the first year post-transplant, whether the Kidney Transplant is successful or not. In instances where the Kidney transplant is NOT successful, and post-transplant serology is required in the first year post-transplant, the pre-transplant program will ensure that the patient and the unit caring for the patient post-transplant are informed and will track receipt of serology results for the first year post-transplant.

Consent is obtained from the Recipient for acceptance of the Exceptional distribution criteria donor, using CON 79 – CONSENT Transplantation of An Exceptional Distribution Donor Kidney. The TN ensures the criteria for which the donor organ is not in compliance with provisions of the CTO regulations as per NEPH 152 is ticked off on the exceptional distribution criteria list within the ExD consent form. The TN documents consent on the recipient's ExD consent form which is retained for the health record. A copy of the ExD consent form is provided to the recipient.

Documentation of Living Kidney donor Life-threatening allergy/sensitivity would be provided to the Renal Transplant Program when the LD is medically cleared to donate. The RTRC ensures the recipient is informed of the potential impact this Life-threatening donor allergy/sensitivity may have on the recipient prior to transplant surgery. This information is shared with the inpatient and post transplant team via the Transplant Summary Report and documented on the recipient's health record. RTRC/delegate documents in the progress notes or dictates a note outlining the conversation and consent with the patient.

RTRC/delegate supports transplant nephrology clinic and documents visit in Nephrocare.

RTRC provides/reviews the following information verbally and in writing with the transplant candidate prior to listing the patient on the DD renal transplant waiting list or scheduling LD transplantation:

- 1) Patient responsibilities while awaiting transplantation,
- 2) Attention Letter,

- 3) TOH Transplant Team contact list (**Appendix X**),
- 4) TOH Quarterly PRA memo (**Appendix XI**),
- 5) Transplant call-in procedure or living donor transplant process as appropriate and maps of TOH campuses,
- 6) TOH Pager Letter as appropriate.
- 7) TGLN Renal Allocation Algorithm,
- 8) Individualized plan for re-assessment while awaiting transplantation as ordered,
- 9) Patient Agreement letter regarding patient responsibilities pre and post-transplant (**Appendix XII**),
- 10) TOH program updates with respect to the following:
 - Deceased kidney donation from various types of donors
 - Standard Criteria Donor (SCD)
 - Expanded Criteria Donor (ECD)
 - Donor after Cardiac Death (DCD)
 - Non-Directed Anonymous Donor (NDAD) via KPD
 - Exceptional Distribution Donor
- 11) HSP Registry documents for patient with total Canadian cPRA $\geq 95\%$ as applicable and notifies the Treatment Options Team regarding HSP patient,
- 12) TOH Living Donation Process/CBS KPD Program,
- 13) Program for Reimbursement of Living Donor Expenses (PRELOD) for donors donating to Ontario residents and Quebec residents as appropriate (see Living Donor Policy RTP SOP 2.16),
- 14) KPD Information package: KPD program information, KPD consent, KPD privacy pamphlet. Copy of completed KPD Donor selection criteria checklist as appropriate.
- 15) Referral process for combined Kidney/Pancreas Transplantation or Islet Cell Transplantation, as appropriate.

Provides updates to the Transplant clerk each January regarding the TGLN status of ECD Recipients (includes patients with diabetes aged 51-59 years) and notifies patient regarding option.

Verifies the TGLN waiting list report weekly as per program procedure for newly listed/re-activated patients to ensure that TGLN waiting list report data is complete and accurate. Modifications made as required and list reviewed by RTRC again prior to list circulation.

Verifies quarterly PRA report for outdated PRA specimens and TGLN report for HSP status and communicates with unit to update PRA when PRA is outdated.

Regularly updates TGLN On-Hold reason for On-Hold patients. At specific timeframes (stipulated by TGLN), the Transplant RN/RTRC verifies TGLN On-Hold Waiting List report to ensure the report has accurate "On Hold" reasons prior to submission to TGLN.

Communicates with unit CFs/TLs and others as appropriate regarding patient's waitlist status and outstanding issues which require clerical, nursing or medical attention to expedite re-listing.

Communicates with patient as required to address pre-transplant questions +/- concerns and provides pre-transplant counseling and emotional support to pre-transplant candidates as needed.

Advises against Transplant Tourism as appropriate as per the Declaration of Istanbul and CST policy statement.

Informs the patient if the TN recommends a change in the patient's transplant status, reviews rationale for decision and plan for reassessment.

TN completes SPO Waitlist Activation/On Hold Status orders as applicable

N.B. If the attending nephrologist orders the change in the patient's transplant status to "On Hold" based on clinical judgment then the relevant health care provider at the time of the decision informs the patient regarding the rationale for the change and notifies the Transplant Program to place the patient "On Hold" in TGLN/ change status in Nephrocare. In such instances, the attending nephrologist provides the update to the Transplant team once the patient's medical condition stabilizes and the patient is well enough to relist.

Leaves a message for recipient to call RTRC as patient may be admitted when placed on hold and follows up with patient after discharge from hospital.

Provides updates to the patient's current unit team regarding areas of concern for transplantation.

Communicates Transplant Plan of care to patient's current unit, including plans for LD transplantation and requests attending team assessment within 2 weeks of planned living donor transplantation.

Processes SPO 162 as applicable.

Advises re: specific pre-transplant considerations ie: vaccination/anticoagulants prior to LD transplant and answers questions/concerns and provides emotional support as required.

Coordinates plan for pre-transplant hematology, anaesthesiology, transplant surgery consultations, and coordinates plan for pre-transplant dialysis as required.

Communicates with transplant recipient in the week prior to LD transplant to review pre-op test results and ensures transplant candidate is afebrile, well with no new health issues prior to LD Transplant.

Processes SPO 177 orders for recipient desensitization as appropriate. Donor specific antibody (DSA) Protocol is coordinated with dialysis or attending nephrology/dialysis team as appropriate.

Processes SPO 372: Anti A2 protocol for Group A2 LD Transplant to Group O or Group B recipients as appropriate.

Coordinates with body access coordinator or referring MD, TOH Aphaeresis Unit, MDCU and Dialysis unit when Plasma Exchange is required prior to renal transplantation as appropriate for desensitization or FSGS cases.

Prepares LD Transplant summary prior to LD Case and circulates summary to recipient/donor, in-patient team for quality assurance.

Obtains patient's consent for participation in the KPD program. (**Appendix XIII**).

Reviews the KPD Recipient Data checklist (**Appendix XIV**) with the recipient.. The patient is provided with a copy of the KPD donor selection criteria checklist he/she completed with the transplant nephrologist. The patient is informed that this information can be modified prior to the time when the KPD computer program is inaccessible due to the running of a Match Cycle.

Reviews KPD registration data fields and verifies the results. Changes are made as required and verified prior to "activation" of potential KPD recipient. Data on existing active patients is updated as required prior to each KPD match cycle. The Tissue Typing lab is responsible for entering and verifying Tissue Typing screens in KPD.

Processes orders for registration of potential transplant recipient in KPD program once patient's KPD donor is ready to list so that the pair can be linked.

Prints the ABO verification screen and prints the KPD activation screen for TOH Health record.

If TOH transplant recipient is proposed for KPD transplantation, the RTRC will do the following:

- 1) Prints KPD side-by-side proposal for TN review.
- 2) Obtains additional information from KPD as required for TN to make decision regarding suitability of proposed donor for specific recipient.
- 3) Processes order to place patient On Hold on the TGLN on deceased donor waiting list as appropriate.
- 4) Informs potential KPD recipient if Match Cycle match proposed and informs the 'proposed' KPD recipient re TN order for patient to "On Hold" on the deceased donor waiting list pending confirmation of compatibility and donor suitability for all pairs in 'proposed' KPD chain. Patient also informed that if KPD chain collapses and cannot proceed for any reason; he/she will be relisted active on TGLN deceased donor waiting list if well enough to relist, PRA and other testing is current. Patient will receive TGLN points for time on dialysis.

- 5) Completes Recipient Coordinator pre-transplant tasks in KPD computer system and participates in KPD Conference calls with other transplant programs as required.

If TOH wait list recipient is proposed as a recipient of TOH Non-Directed Anonymous Donor (NDAD) chain, then virtual crossmatch renal allocation of LD transplant is done as per Deceased Donor transplant. RTRC submits donor ABO, donor TGLN # and donor consent to TGLN and TOH renal allocation algorithm is applied. Recipient signs TOH Anonymity agreement (**Appendix XV**) and recipient is prepared for LD transplantation in such a way as to avoid contact/breach of anonymity with the NDAD.

RTRC/Delegate informs the potential transplant candidate(s) of the possibility of a DD transplant at the time of recipient selection by the On-call TN or Post TN as appropriate. The steps outlined in NEP 20 A Renal Transplant Recipient Call-in Checklist are followed.

RTRC/Delegate contacts the patient/significant other if communication barrier, to review the NEP 20 B Potential Kidney Transplant Recipient Pre-Admission Questionnaire.

RTRC/Delegate informs patient if donor ECD or EXD at time of call-in as directed and involves TN as required.

Provides a follow-up call and support to recipients declined for DD transplantation for compatibility or non-health related reasons (back-up patient)

Provides a follow-up call to individuals who were declined for health reasons and processes orders re: change in Transplant status as described earlier.

Processes orders to remove patient from wait list as applicable.

Validates Dates Affecting Readiness for Consultation (DARC) with DARC reasons in TGLN.

Validates Final Disposition for transplantation in TGLN.

Post-Transplant Duties:

1. Changes status in NephroCare to Transplanted
2. Tracks ExD serology results for ExD transplant recipients who experience graft loss in first year post-transplant.
3. Facilitates anonymous correspondence between transplant recipients and donor family via TGLN Family Services Advisor prn.
4. Validates post-transplant TGLN outcomes at specified intervals as outlined by TGLN.

C) Role of Transplant Immunologist (TI)

The Transplant Immunologist (TI) and the Tissue Typing Laboratory evaluates all potential Renal Transplant candidates in accordance with ASHI Guidelines prior to renal transplant with respect to:

- 1) HLA ABC
- 2) HLA DR
- 3) HLA Class I and Class II Antibody level x2 prior to listing

The Tissue Typing (TT) lab performs virtual and actual cross-matching on potential LD(s) and their intended recipient as per TT policy (VI.TT POL.06-16 R1) Solid Organ Transplantation: Deceased Donor.

The TI verifies the results and recommends additional pre-transplant testing as appropriate.

If LD Donor Specific Antibody (DSA) is noted then DSA titre is quantified as appropriate as per policy TT policy (VI.L.PRO.06-3) Antibody ID by Luminex.

DNA molecular typing is done as required on wait list candidates and KPD candidates.

The TT Lab performs cross-matching on DD with waitlisted recipients as per TGLN Renal Allocation Algorithm and TOH Transplant Guidelines.

Kidneys are not allocated to deceased donor wait list recipients with pre-existing DSA.

The TT Technologist enters the results in TGLN and communicates results to TN.

The TT Technologist enters the results of Typing and quarterly antibody ID into CTR KPD system prior to each KPD Match Cycle.

TI reviews complex cases upon request.

D) Role of Transplant Social Worker (TSW)

The Transplant Social Worker (TSW) performs a psychosocial assessment on all potential Renal Transplant Candidates and provides the Pre-Transplant Psychosocial report including recommendations to the Transplant Team using a standardized assessment form (NEP 25 current).

Performs cognitive testing as appropriate using a standardized assessment tool (Montreal Cognitive Assessment - MoCA).

Introduces the patient to The Agreement letter outlining TOH Transplant Teams' Pre and Post Renal Transplant expectations. and obtains the patient's agreement.

Provides support to individuals in the pre-transplant phase and provides support booklets Getting There: My transplant Experience "Waiting for" and "Living with a transplant" as appropriate.

Where indicated, may complete mood assessment using PHQ -9-The Patients Health Questionnaire.

Suggests psychiatric assessment and referral to community resources as appropriate.

If the patient is not acceptable for transplantation due to psychosocial issues, a letter outlining the items/actions required to satisfactorily complete the assessment is provided to the patient by the TSW.

Assists potential recipient with outstanding issues, (ie: dental assessment or drug coverage) when necessary, and liaises with recipients' treatment modality social worker as necessary before and after assessment.

E) Role of Transplant Pharmacist (TP)

The Transplant Pharmacist provides information about Transplant medications to potential kidney transplant recipients as a presenter in "Transplant Companions" group or individualized pre-transplant education sessions.

The Transplant Pharmacist may be consulted as required for specific pre-transplant medication review and transplant pharmacist recommendations involving complex cases (example when post-transplant drug interactions are expected) or when an individual may benefit from additional or individualized counselling about medications.

F) Role of Transplant Surgeon/Urologist (TS)

The transplant surgeon/urologist (TS) assesses all potential renal transplant candidates referred for renal transplantation.

Recommends additional pre-transplant tests and consultations as appropriate.

Reviews complex cases at monthly transplant evaluation meetings to reach transplant team consensus regarding pre-transplant plan of care.

Meets with patients to discuss and inform them if they are not eligible for transplantation from the surgical perspective.

Provides availability for designated weekly LD transplant surgery clinics.

Obtains informed consent for transplant surgery from patient or public guardian.

Obtains pre-transplant informed consent for non-urgent transfusion of blood and blood products as required.

Performs LD and DD renal transplant surgery on selected transplant candidates.

Monitors transplant recipient after surgery as required.

Performs ureteric stent removal on all post-transplant recipients.

Assesses post-transplant recipients in follow-up as required.

G) Role of Transplant Nephrologist (TN)

Transplant Nephrologist (TN) reviews, as follows

- 1) All incoming pre-transplant related reports/opinions on individuals who have been assessed previously by a TN.
- 2) Pre-transplant files as needed if RTRC has concerns regarding opinions/abnormal results and provides direction/orders as required.
- 3) LD cross-match results and meets with the recipient and potential donor when Donor Specific Antibodies identified, to review the implications on transplantation outcomes and offer counseling to the recipient regarding available treatment options.

Orders desensitization as appropriate based on RTP SOP B1.100 Patient Assessment and Management Renal Transplant Clinical Guidelines for renal transplantation at TOH.

Obtains informed consent for non-urgent transfusion of blood and blood products for apheresis or surgery as required.

Assesses all potential recipients who have completed their assessments with the other members of the Renal Transplant Team.

Provides counselling to transplant candidates about their Transplant options and refers to the most recent TGLN "Deceased Donor Kidney Transplant Wait Times" report to inform them about the expected waiting time for a Standard Criteria Donor (SCD) deceased donor kidney transplant or an Expanded Criteria Donor (ECD) deceased donor kidney transplant, if appropriate, based on the patient's blood type and PRA.

Provides medical decisions regarding a potential recipient's suitability for transplantation using standardized E-Health Record Transplant Evaluation Report. Decisions are guided by the CST Canadian Transplant Eligibility Guidelines" (CST Guidelines) and patient's overall risk for transplantation/immunosuppression.

TN/delegate obtains informed consent from potential renal transplant recipient prior to transplant, if any of the following apply:

- 1) Living Donation notice of exceptional distribution,
- 2) Deceased Donation notice of exceptional distribution,
- 3) Deceased donation donor history of life threatening allergy/sensitivity,
- 4) Expanded criteria deceased donor kidney.

Orders additional tests/consultations as required to complete transplant assessment.

Reviews complex cases at monthly transplant evaluation meetings to reach transplant team consensus regarding pre-transplant plan of care.

Reviews Medically Urgent Status Requests and supports regional applications to TGLN Special Case Committee for Medically Urgent Status consideration, as appropriate.

Makes final recommendation re: potential recipient's overall suitability for transplantation once the transplant assessment is complete.

TN Completes and signs the SPO 47A Outcome of Renal Transplant Assessment order sheet to discontinue transplant process if the patient is not a transplant candidate.

- 1) Patient may be informed of this decision by the Transplant Surgeon, Transplant Nephrologist or the Nephrology physician caring for the patient as appropriate.
- 2) Patient is sent a letter of Decline outlining the reason why the patient is not a candidate for Renal Transplantation and a copy is retained on patient's health record.
- 3) Patient is offered a referral for a second opinion if appropriate.

TN completes and signs the SPO 47B if the patient is NOT eligible for listing or transplantation at time of TN assessment and TN stipulates which conditions must be met prior to final disposition.

If the patient is a suitable candidate with an eGFR >15 ml/min, the TN will sign the SPO 47B order requesting that MCKC/TRI notify the Transplant Team when the patient meets the criteria for listing/transplantation.

If patient is a suitable transplant candidate, TN completes and signs the SPO 47C order sheet indicating the appropriate transplant status(es) and orders reassessment while patient awaits transplant.

Reviews and signs ABO verification for all active and "On Hold" patients. (Hard copy of ABO is checked against TGLN ABO registration screen) at the time of listing patients for transplantation.

Reviews donor selection criteria with KPD recipient candidates prior to KPD registration.

If transplant candidate with a eGFR <15 ml/min has a suitable KPD donor and MCKC MD feels timing of listing for possible transplant is appropriate, the pair is registered in the CBS KPD program. If a match is proposed, the RTRC reviews the match with the TN and TN confirms the proposed match is suitable.

Reviews KPD side by side reports and cross match results for proposed KPD donor and TOH recipient and confirms suitability of proposed match and compatibility and orders pt to be placed on hold on the deceased donor waiting list, if applicable.

Once LD program has otherwise confirmed medical/surgical suitability of the KPD donor, the TN signs the SPO 162 for preparation of the KPD TOH recipient for transplantation.

If the patient is a potential Kidney-Pancreas (KP) transplant candidate, the TN completes a referral to the KP Program of the patient's choice for KP consideration.

The patient authorizes release of information to the KP program and the entire kidney transplant referral package is sent to the KP Program as required.

Reviews the results of ordered re-assessments for wait listed patients and orders Transplant status change or additional tests/consultations/increased frequency of reassessment as required.

Reserves the opportunity to review any potential transplant candidate prior to relisting the patient on the DD Transplant Waiting List in the event that the patient has been unwell for a prolonged duration or has had multiple issues arise while awaiting renal transplantation.

TN relies on one of the following allocation algorithms for kidney transplant recipient selection, as appropriate:

- the "TGLN Ontario Deceased Donor Kidney, Kidney-Pancreas (KP), Pancreas after kidney (PAK), Pancreas Transplantation Alone (PTA) Allocation Algorithm" for the selection of a deceased donor kidney transplant candidate
- the Canadian Blood Services', Canadian Transplant Registry (CTR) "Highly Sensitized Patient (HSP) Allocation Prioritization" for the selection of a deceased donor HSP kidney transplant candidate or
- the Kidney Paired Donation (KPD) "Match Point Attribute" and "KPD Filter Attribute" for the selection of a kidney KPD transplant candidate and confirms the patient's medical suitability to proceed with transplantation.

Guides recipient selection for DD transplantation and orders admission/dialysis as required.

Guides in-patient and out-patient post-transplant care.

Documentation: N/A

RELATED POLICIES / LEGISLATION:

1. [Nephrology Policies and Procedures - Renal Transplant - Section 05 - Quality Management - RTP Neph 5-11 \(01513\) Living Kidney Donation Error-Accident Reporting Procedure](#) (current).
2. [Nephrology Policies and Procedures - Renal Transplant - Section 05 - Quality Management - RTP Neph 5-12 \(01514\) Living Kidney Donation Unexpected Serious Adverse Reaction](#) (current).
3. RTP NEP 2.16 Living Kidney Donor Evaluation and Care Pre and Post Donor Nephrectomy Policy (current).
4. RTP NEP 1.4 The Ottawa Hospital Renal Transplant Evaluation Committee Terms of Reference (current).
5. RTP NEP 2.2 Referral and Evaluation of the Potential Renal Transplant Recipient Policy (current).
6. RTP NEP 4.1 Arranging LD Crossmatch Policy (current).
7. RTP NEP 4.2 Transplant Companions scheduling policy (current).
8. RTP SOP B1.100 Patient Assessment and Management: Renal Transplant- Clinical Guidelines for Renal Transplantation at The Ottawa Hospital (current).
9. MHPD, Guidance Document for Source Establishments - Reporting Adverse Reactions to Human Cells, Tissues, and Organs (current).

10. Health Canada, Guidance Document for Cell, Tissue and Organ Establishments – Safety of Human Cells, Tissues and Organs for Transplantation (current).
11. CAN/CSA-Z900.2.3 Perfusable organs for transplantation (current).
12. CAN/CSA-Z900.1 Cells, tissues, and organs for transplantation: General requirements (current).
13. American Society for histocompatibility and immunogenetics (ASHI) Standards for Accredited Laboratories – Guidance Document (current).

REFERENCES:

1. Canadian Society of Transplantation Guidelines on Eligibility for Kidney Transplantation *CMAJ November 8, 2005 173 (10) S1.*
2. CBS LDPE Guidelines *LDPE Version 2.4 Chapter 1, Version 2.0 April 2011*
3. Declaration of Istanbul against Transplant Tourism *Clin J Am Soc Nephrol 3: 1227-1231*
4. CST Policy statement *Gill et al. Transplantation Vol 90, Number 8, October 27, 2010 pg 817-820.*

APPENDICES:

- I. A – Transplant Companions Invitation B – TC Accompanying Letter
- II. Referral Package Received Letter
- III. Transplant Evaluation Letter of Appointments
- IV. ABO Verification
- V. Activation List for Tissue Typing
- VI. TGLN Activation Checklist
- VII. Attention Letter – Patient responsibilities while waiting for Transplant
- VIII. TOH Pager Letter
- IX. Letter of Decline
- X. TOH Transplant Team Contact List
- XI. PRA Memo
- XII. Agreement Letter
- XIII. Canadian Blood Services Notice and consent
- XIV. KPD Recipient Check List
- XV. The Ottawa Hospital – Living Anonymous Donation – Recipient Agreement Letter

COMMENTS / SIGNIFICANT REVISIONS: N/A

Invitation to:

You have been referred to the Kidney Transplant Program.

A necessary step in our process is Pre Transplant Education

You and a guest are, therefore, invited to our next

Transplant Companions Education Session



Please join us for an opportunity to speak with a patient who has had a transplant and to hear the latest information from a nurse and a pharmacist.

DATE:

TIME: 1:00 pm to 4:00 pm

LOCATION: The Ottawa Hospital, Riverside Campus
5th floor, Conference Room
Light refreshments will be served

- ◆ Please speak to your dialysis nurse if this appointment conflicts with your dialysis. Dialysis can sometimes be changed to allow you to attend one of the mandatory education sessions
- ◆ Please call the Kidney Transplant Office at 613-738-8400 extension 82133 to inform us whether or not you will be able to attend this session by (appropriate date - one week prior to session)
- ◆ **PLEASE NOTE:** It is important that you check in with the 5th floor reception desk by 1:00 pm to register for this session for our 1:15 pm start time



Appendix IB

October 10, 2018

Dear Sir/Madam:

The Kidney Transplant Program received a referral from your kidney doctor. This referral is to start your evaluation for a possible kidney transplant. Your dialysis/pre-dialysis unit will book these appointments for you. Please contact your primary nurse, dialysis, or pre-dialysis nurse if you have any questions or concerns.

If you have not seen a dentist in the last two years, please do so. A note from your dentist is needed before you can see the Transplant Team.

The first step in this process is to attend a Transplant Companions Education Session. An invitation to the next session is included with this letter. This education session provides you with specific information about kidney transplant.

Note: You must complete all of your pre-transplant tests and attend an education session before an appointment with our transplant nephrologist is booked.

Your unit will send the results of your tests to the transplant team when complete. We will then send you a letter of appointments for you to meet with the Transplant Social Worker and Transplant Surgeon.

You will meet the transplant nephrologist at a separate visit. The doctor will review all of your tests and consults. The doctor will discuss the risks and benefits of kidney transplantation and answer any questions you may have. The doctor will also tell you if you are eligible for transplant along with the next steps.

If you have a living donor, please ask them to contact the Living Donor Program at 613-738-8400 extension 82778, to start their evaluation.

We look forward to working with you to co-ordinate your kidney transplant.

Sincerely,

Kidney Transplant Evaluation Team
The Ottawa Hospital Renal Transplant Program
613-738-8400 extension 82513

10 octobre 2018

Madame, Monsieur,

Votre néphrologue (médecin spécialiste des reins) vous a référé au Programme de transplantation rénale afin que nous puissions vous évaluer en vue d'une éventuelle transplantation de rein. Votre unité de dialyse ou de pré-dialyse fixera vos rendez-vous. Si vous avez des questions ou préoccupations, veuillez consulter votre infirmière attitrée ou votre infirmière de dialyse ou de pré-dialyse.

Veuillez obtenir un rendez-vous chez le dentiste si vous n'y êtes pas allé au cours des deux dernières années. Vous aurez besoin d'une note de votre dentiste avant de pouvoir consulter l'équipe de transplantation.

La première étape consiste d'assister à un atelier de formation au sujet du processus de transplantation ou vous rencontrerez une personne qui a déjà reçu une greffe de rein. Une invitation à la prochaine séance est jointe à cette lettre.

Si vous avez des donneurs vivants, demandez-leurs de communiquer avec le Programme de dons d'organes de personnes vivantes au 613-738-8400, poste 82778, afin de lancer leurs propre évaluations.

Remarque : Vous devez passer tous les tests préalables qui seront cédulés par votre unité de dialyse ou pré-dialyse et assister à l'atelier avant d'obtenir un rendez-vous avec le néphrologue spécialisant dans la transplantation.

Votre unité enverra les résultats de vos tests à l'équipe de transplantation qui s'assurera que votre évaluation est complète. Nous vous enverrons ensuite une lettre indiquant vos rendez-vous avec la travailleuse sociale, et le chirurgien de l'équipe de transplantation.

Vous rencontrerez avec le néphrologue se fera lors d'une autre visite. Ce médecin passera en revue des résultats de votre évaluation. Il discutera aussi avec vous les risques et les avantages de la transplantation rénale en plus de répondre à vos questions. De plus, il vous dira si vous êtes admissible à une transplantation et vous expliquera les prochaines étapes.

Au plaisir de collaborer avec vous pour coordonner votre transplantation de rein.

Veuillez agréer, Madame, Monsieur, l'expression de nos sentiments les meilleurs.

Équipe d'évaluation
Programme de transplantation rénale de L'Hôpital d'Ottawa
613-738-8400, poste 82513

Patient Name
Patient Address
Patient Address
Postal Code

date

Dear Mr./Mrs./Ms;

Your transplant referral package was received on <date> and is currently under review by our kidney Transplant team.

If your package is complete, you will be sent a letter from the Transplant office with the plan for your appointments with one of the Transplant surgeons, the Transplant social worker and the Transplant nephrologist and any specific transplant tests which are needed.

You will be told whether you are fit for a kidney transplant by the Transplant nephrologist at the Transplant nephrology appointment. You will be given information about pagers, living donation and/or the kidney transplant waiting list by the Transplant coordinator after that meeting, if appropriate.

Sincerely,

Regional Renal Transplant Coordinator
613-738-8400 extension 82513

PreTransplant Recipient Nurse
613-738-8400 extension 82347

cc : Dialysis Unit (via fax)

Name
Address
City/Province
Postal Code

date

Dear Ms., Mrs., Mr. ...;

The following appointments have been booked for you as part of your pre renal Transplant evaluation:

Please find attached to this letter, the requisition you will need to bring with you to do your Tissue Typing blood work at The Ottawa Hospital.

DATE

1. **Tissue Typing Blood Work**
Date/Time:
date and time
- The Ottawa Hospital – Riverside Campus
1967 Riverside Drive
Main Floor Blood Lab

You **do not** need to fast for this test.

2. **Transplant Social Work Consult,**
Kim Lancaster
Date/Time:
date and time
- The Ottawa Hospital – Riverside Campus
1967 Riverside Drive
5th Floor Nephrology Department
613-738-8400 extension 82516

Please note: This appointment will take a minimum of 90 minutes.

3. **Transplant Surgeon Consult,**
Dr.
Date/Time:
date and time
- The Ottawa Hospital – General Campus
501 Smyth Road
2nd Floor Urology Clinic, Module "I"
613-738-8400 extension 81549

DATE TO BE DETERMINED

4. **Transplant Nephrology Consult**

Date/Time: We will book this for you once we have received and reviewed the reports from your other appointments

The Ottawa Hospital – Riverside Campus
1967 Riverside Drive
5th Floor Nephrology Department
613-738-8400 extension 81549

Please note: The Transplant nephrologist will meet with you to confirm your readiness for a Renal Transplant at the Ottawa Hospital.

There is ***NO*** preparation necessary for any of these appointments. We do ask however that you **please call** the number(s) provided above and reschedule your appointment(s) if ***you are not able*** to attend.

Please do not hesitate to contact Diane Dumont, Renal Transplant Recipient Coordinator at 613-738-8400 extension 82513 if you have specific questions or concerns regarding your evaluation.

Sincerely,

Recipient Transplant Clerk
The Renal Transplant Program, Room 5-18
The Ottawa Hospital – Riverside Campus

TGLN #

ABO VERIFICATION

ABO Blood Type:

Transplant Recipient Clerk:
Date:

Regional Renal Transplant Coordinator:
Date:

Transplant Nephrologist:
Date:

TRANSPLANT RECIPIENT ACTIVATION

List of activated transplant recipients to be faxed to Tissue Typing Lab weekly

Date of Activation:

Transplant Office fax: **613-738-8489**Tissue Typing Lab fax: **613-739-6101**

Patient Name and MRN:	DOB	TGLN #	ABO group	HLA up to date Y N	List <input type="checkbox"/> Relist <input type="checkbox"/> Remain on hold <input type="checkbox"/>
Result of latest Total cPRA: _____% Serum Date:	Date of latest serum at the lab:	2 tested sera at lab: meets criteria for LD transplant/DD listing Y N			_____

Patient Name and MRN:	DOB	TGLN #	ABO group	HLA up to date Y N	List <input type="checkbox"/> Relist <input type="checkbox"/> Remain on hold <input type="checkbox"/>
Result of latest Total cPRA: _____% Serum Date:	Date of latest serum at the lab:	2 tested sera at lab: meets criteria for LD transplant/DD listing Y N			_____

Patient Name and MRN:	DOB	TGLN #	ABO group	HLA up to date Y N	List <input type="checkbox"/> Relist <input type="checkbox"/> Remain on hold <input type="checkbox"/>
Result of latest Total cPRA: _____% Serum Date:	Date of latest serum at the lab:	2 tested sera at lab: meets criteria for LD transplant/DD listing Y N			_____

Patient Name and MRN:	DOB	TGLN #	ABO group	HLA up to date Y N	List <input type="checkbox"/> Relist <input type="checkbox"/> Remain on hold <input type="checkbox"/>
Result of latest Total cPRA: _____% Serum Date:	Date of latest serum at the lab:	2 tested sera at lab: meets criteria for LD transplant/DD listing Y N			_____

Name: _____

Initial Activation: DATE: _____ Re-Activation: DATE: _____

Activation Check List

Prep Day

- Ensure activation/reactivation orders are on chart and signed by physician
- Register patient info. in TGL & obtain TGL # if new patient
- Prepare ABO verification Sheet & put in for chart review
- Obtain 3 signatures on ABO sheet (clerk, coordinator, physician)
- Top copy to H/R & remainder in ABO binder when signed
- Obtain with confirmation 1st/return to dialysis date (by printing note from Nephrocare, note from pt's dialysis unit(not TOH), CORR -email Natalie @ nhector@cihi.ca
- Enter/verify personal information (using patient label on patient's chart)
- Enter/verify patient's diagnosis

Enter information in comments section:

- Use Template for Completing TGLN comment section found on v-drive/common/transplant clerks/recipient/trillium to ensure accuracy in information
- Enter any reassessments in pop up calendar for future booking - invite other clerks for coverage issues
- Enter/verify Virology (use accession number only if all have same date)
- Advise RTRC if PRA/Serology outdated
- Attach "Attention Letter" to chart - unless previously provided to patient by RTRC (for mailing)
- TOH Pager letter if needed - unless previously provided to patient by RTRC (for mailing)
- Enter patient's name & info. on Tissue Typing confirmation sheet (modified June 2017)
- Fax list to TT lab Friday before activations

Activation Day

- Enter N for Normal (Active) - date of first dialysis if initial activation. If on hold, date defaults in
- Add blue (Active) dot to chart or change red (on hold) dot to blue (Active) dot
- Give charts & wait list reports to RTRC (include latest serology and PRA results) for verification
- Make any changes to TGL as recommended by RTRC post verification
- If changes requested, provide updated wait list reports to RTRC for final verification
- Run final Normal & On hold list
- Fax T.T. list of confirmed activations between **1400-1500**
- Update transplant status in Nephrocare
- Prepare recipient ongoing f/u letter (v-drive/common/transplant clerks/recipient/Activation Form Letter
- Mail Attention Letter, TOH pgr letter and Activation letter to patient

- Fax Activation or re-activation Order and Attention letter separately to Dialysis unit (to have confirmation letter on chart.)
- Chart in nurses notes: Activated or reactivated in TGL//TT aware by confirmed fax//
- ATTN letter &/or TOH pgr letter mailed//Nephrocare updated//file chart in appropriate area
- Once information verified - E-mail lists (active and on-hold) to Dr. Knoll, Hoar, Bugeja and contacts
- Add name or change colour in Recip list, ensure serology added to serology tracking
- Add name to TOH pgr. List
- Ensure Patient is on vOacis Pre Transplant Roster
- Ensure original orders, tests, nurse's notes etc to HR at General

Maintenance Of Waiting List

- Book ongoing assessments as ordered and in calendar. Update RTRE Calendar as appropriate
- Update TGLN with new information/update Ncare as needed



ATTENTION

You are now a candidate for a kidney transplant.

Please report the following to the Pre-transplant office

- | | |
|--|--|
| ▶ Blood transfusions | ▶ Transfusions sanguines |
| ▶ Immunization with a live vaccine
Example: the Shingles vaccine.
Transplant is NOT permitted within 30 days of live vaccine | ▶ Vaccination avec un vaccin vivant. Exemple: le vaccin contre le zona. La transplantation n'est PAS permis dans les 30 jours suivant un vaccin vivant |
| ▶ Surgical/diagnostic procedures | ▶ Procédures chirurgicales/diagnostiques |
| ▶ Cardio-vascular problems | ▶ Problèmes cardio-vasculaire |
| ▶ Serious infections/Fever
Prescribed antibiotics | ▶ Infections sérieuses/Fièvre
Prescription d'antibiotiques |
| ▶ Cancers | ▶ Cancers |
| ▶ Hospital admission | ▶ Admission à l'hôpital |
| ▶ Change of telephone numbers/address/travel plans/medication coverage | ▶ Change de numéro de telephone/d'adresse/plan de voyage/couverture des médicaments |

Telephone/téléphone:

(613) 738-8400 X 82513 or/ou x 82347

Fax/ télécopieur:

(613) 738-8489



The Ottawa Hospital | L'Hôpital
d'Ottawa

Appendix VIII

Kidney Transplant Office
The Ottawa Hospital – Riverside Campus
1967 Riverside Drive, 5th Floor, Room 5-18
Ottawa, Ontario
K1H 7W9

To Whom It May Concern;

The Ottawa Hospital offers a free pager to patients who require one while they are on the Ottawa Kidney Transplant Waiting List.

The Kidney Transplant Office will mail a pager to your home within 2 weeks. Once you get your pager, please call the Transplant Office at 613-738-8400 extension 81549 or 82347 so your pager can be tested to ensure it is working.

Please note: A battery for this unit is enclosed but if more batteries are needed, they will have to be purchased by you.

If you have any problems with your pager, please call:

Monday to Friday => 7 am to 3 pm - Denise Montigny at 613-798-5555
extension 17223

1 pm to 9 pm - Monique Labossiere at 613-798-5555
extension 17878

If you find you no longer need a pager, please return it to us at the address below:

Kidney Transplant Program
1967 Riverside Drive
5th Floor, Room 5-18
Ottawa, ON
K1H 7W9

Once you have had your kidney transplant, you need to return your pager to the transplant nurse at your first post-transplant clinic visit.

Sincerely,

Renal Transplant Program
Ottawa Hospital – Riverside Campus



The Ottawa Hospital
Renal Transplant Program
1967 Riverside Dr, Rm 5-18,
Ottawa, ON

Appendix IX

dd/mm/yyyy

www.ottawahospital.on.ca

Dear _____

Affiliated with
Affilié à uOttawa



uOttawa

The Kidney Transplant Program at The Ottawa Hospital has completed an evaluation of your eligibility for a kidney transplant.

You were seen in the Transplant Evaluation clinic on (Insert DATE) by Dr. _____. Your health status was discussed at that time. This letter is to confirm that you are not a candidate to receive a kidney transplant.

A consult note will be sent to your referring doctor, Dr. _____ to inform them of this decision. The note will include the reasons and any follow up that may be required. If you want to review this decision with the transplant program, please contact us at (Insert transplant program information). We will arrange to have someone from our program call to speak with you.

Please contact your Kidney Care/Nephrology or Dialysis Team if you have questions or concerns about your medical status or follow-up treatments.

Sincerely;

(INSERT Signature)

Renal Transplant Program – Programme de Transplantations Rénales
The Ottawa Hospital – L'Hôpital d'Ottawa

Phone Number : 613-738-8400 – Please use the extension provided.

Care Providers for Potential Kidney Transplant Recipient: (from living or deceased donors)

Regional Renal Transplant Coordinator:	Diane Dumont	82513
Pre-Transplant Recipient Nurse:	Genevieve Malouf	82347
Pre/Post Transplant Social Worker:	Kim Lancaster	82516
Pre/Post Transplant Pharmacist:	Marie-Josée Deschenes	
Pre-Transplant Clerk (to make, change or confirm appointments)	Janet Desloges	81549
<u>Pre/Post Renal Transplant Nephrologists:</u>	<u>Pre/Post Transplant Surgeons:</u>	
Dr. Greg Knoll	Dr. John Mahoney	
Dr. Jolanta Karpinski	Dr. Jeff Warren	
Dr. Stephanie Hoar	Dr. Brian Blew	
Dr. Todd Fairhead	Dr. Neal Rowe	
<u>7 North West:</u> Renal Transplant In-Patient Ward – General Campus 501 Smyth Road		
Direct Phone Number:		613-737-8698

Care Providers for Potential Kidney Donors:

Living Donor Coordinator:	Mary Rada	82778
Kidney Paired Donation/Francophone Donor Transition Nurse:	Brenda Cyr-Mockler	81744
Donor Clerk (to make, change, or confirm appointments):	Diana DiPelino	82719
<u>Pre/Post Donor Nephrologists:</u>	<u>Pre/Post Donor Surgeons:</u>	
Dr. Kevin Burns	Dr. John Mahoney	
Dr. Ann Bugeja	Dr. Jeff Warren	
Dr. Edward Clark	Dr. Brian Blew	
	Dr. Neal Rowe	

Care Providers Post Transplant:

Post-Transplant Nurses:	82742
Post-Transplant Clerk (to make, change or confirm appointments)	82788



Renal Transplant Program – Programme de Transplantations Rénales

The Ottawa Hospital – l'hôpital d'Ottawa

Numéro de téléphone : 613-738-8400 – Compose ensuite le numéro de poste indique ci-dessous.

Services pour receveur potentiel de rein (d'un donneur vivant ou décédé):

Coordonnatrice régional des receveurs :	Diane Dumont	82513
Infirmière en pré-transplantation rénale des receveurs :	Genevieve Malouf	82347
Travailleuses sociales, Transplantation rénale	Kim Lancaster	82516
Pharmacienne, Transplantation rénale:	Marie-Josée Deschênes	
Commis (pour prendre, confirmer ou modifier un rendez-vous):	Janet Desloges	81549
<u>Néphrologues</u> (avant/après la transplantation):	<u>Chirurgiens de transplantation</u> (avant/après la transplantation):	
Dr. Greg Knoll	Dr. John Mahoney	
Dr. Jolanta Karpinski	Dr. Jeff Warren	
Dr. Stephanie Hoar	Dr. Brian Blew	
Dr. Todd Fairhead	Dr. Neal Rowe	
7 Nord-Ouest: Unité spécialisant dans les soins de transplantation rénale pour les patients admis, Campus General, 501 rue Smyth		
Ligne Directe:		613-738-8698

Services pour donneur potentiel de rein (d'un donneur vivant ou décédé)

Coordonnatrice des dons de personnes vivantes:	Mary Rada	82778
Infirmière francophone du programme de donneurs, aussi responsable pour les dons vivants jumelés par échange de bénéficiaires:	Brenda Cyr-Mockler	81744
Commis (pour prendre, confirmer ou modifier un rendez-vous):	Diana DiPelino	82719
<u>Néphrologues (avant/après le don):</u>	<u>Chirurgiens, donneurs vivants:</u>	
Dr. Kevin Burns	Dr. John Mahoney	
Dr. Ann Bugeja	Dr. Jeff Warren	
Dr. Edward Clark	Dr. Brian Blew	
	Dr. Neal Rowe	

Services pour receveur après la transplantation rénale:

Une infirmière de la Clinique de suivi post-transplantation rénale :	82742
Commis (pour prendre, confirmer ou modifier un rendez-vous):	82788

THE OTTAWA HOSPITAL - Regional Tissue Typing Laboratory

INSTRUCTIONS FOR CYTOTOXIC ANTIBODY (PRA) SPECIMENS

Effective 2015-10-21, samples for cytotoxic antibodies are to be sent as follows:

- upon initial workup of the recipient either for a deceased donor or living donor
- when recipient, following assessment, is changed to active status and placed on the Deceased donor transplant waiting list;
- **every three months** (received by day specified) according to the established schedule **if patient is on the active transplant list:**

- FEBRUARY 25**
- MAY 25**
- AUGUST 25**
- NOVEMBER 25**

- 2 weeks post-transfusion
- If patient has been inactive but is being reactivated on the waiting list (i.e. for a re-transplant)
- 2 weeks post-transplant nephrectomy

SAMPLE NEEDED: 6 ML. CLOTTED BLOOD (Red top, no gel)

Instructions:

1. Label specimen with name, DOB, date and time of collection
2. Do not centrifuge
3. Ship at room temperature
4. Include TOH Tissue Typing requisition with shipment, clearly indicating patient's TOH MRN and whether specimen is post-transfusion, other sensitizing event, etc.
5. If sending center wishes a copy of the report, clearly complete cc to: _____
6. Specimens must be packaged in compliance with IATA P.I. 650 Shipping standards.

If the clotted specimen will not be received by the laboratory within 24 hours, the sample must be spun and the serum aliquotted to labelled tube, frozen and sent on dry ice.

Ship to: Regional Tissue Typing Laboratory
Ottawa Hospital-General Campus
501 Smyth Road
Ottawa, ON K1H 8L6
(613) 737-8277

ALL samples **MUST** be sent with transportation **PREPAID**.

Please Note:

Frozen samples can only be received by the lab **MONDAY** through **THURSDAY**.
Please consider this when planning to draw blood.

Dear Sir/Madam,

As you know, kidney transplantation is considered the best treatment for end-stage renal disease. Studies have shown that patients with end-stage renal disease who receive a new kidney live longer and experience a better quality of life. Other important benefits include freedom from dialysis, more energy and fewer fluid and dietary restrictions.

Your **commitment** to caring for your new kidney is very important to the long-term success of your transplant. Our Transplant Program would like to outline and ensure you clearly **understand** and **agree** to the following expectations of care for your kidney transplant.

Preparation for Transplant:

Medications required after transplant are expensive:

- * You must have plans in place for medication costs before going on the transplant waiting list or having your living donor transplant:
 - The Transplant Social Worker can help you with these arrangements if needed.
 - Those accepted to the Trillium Drug plan, must submit the application renewal yearly while on the transplant waiting list.
- * You should have a Family Physician for regular physicals and medical care for illness or health concerns not related to your transplant.
- * Please advise the Transplant Office of any changes in your condition or contact information for those on the transplant waiting list.

Clinic Visits:

- * After your discharge from hospital, transplant clinic visits will be **frequent**:
 - Initially you may require daily visits.
 - When your condition stabilizes, the visits will change to 2-3 times per week until you are approximately 6 weeks from the transplant, then weekly until 3 months post-transplant.
 - You may need to arrange for a place to stay in Ottawa for these first 6 weeks.
 - The Transplant Social Worker can help you with arrangements if needed.
- * After 3 months, if all is well, clinic visits will progress to every 2 weeks, then every 3 weeks, then monthly until you are 1-year post transplant.
- * After 1 year, if all is well, expect clinic visits on average every 3 months in Ottawa.
- * Increased clinic visits occur if any problems develop with your new kidney or medications.
- * During the first 6 months after transplant, we do not recommend transfer to another transplant program.
- * Please wait 1 year after transplant to travel abroad. Please discuss such plans with the Transplant Team.

Clinic Care:

- * Before each visit, you will have blood and urine samples done at the lab.
- * Blood tests may be ordered in between clinic visits if medications are changed.
- * You may have to travel to hospital for blood sample.
- * Your overall kidney function and response to treatment is assessed at each visit.
- * Medications need to be taken as prescribed to prevent rejection of your kidney.

The Kidney Transplant Team is here to help you have a successful kidney transplant. Your signature below, confirms your agreement to be an active participant in maintaining that success based on the expectations of follow-up care. A copy of this letter will be provided to you and placed within your health record as confirmation of your agreement.

Do not hesitate to contact the Transplant Social Worker or Transplant Recipient Coordinator, should further support be required to meet these expectations.

Sincerely,
Dr. Greg Knoll, Medical Director Renal Transplant Program

Patient Signature

Witness Signature

Date

Date



Madame/Monsieur,

Comme vous le savez, la transplantation (ou greffe) de rein est le meilleur traitement pour l'insuffisance rénale chronique. Des études ont démontré que les patients atteints d'insuffisance rénale chronique qui reçoivent un nouveau rein, vivent plus longtemps et ont une meilleure qualité de vie. De plus, ils n'ont plus besoin de dialyse, ils ont plus d'énergie et sont moins limités dans ce qu'ils peuvent manger et boire.

Pour que la transplantation réussisse, il est très important que vous vous **engagiez** à prendre soin de votre nouveau rein. Le personnel du Programme de transplantation rénale veut s'assurer que vous **comprenez** bien les attentes suivantes au sujet de votre greffe de rein et que vous vous y **conformerez**.

En préparation de la transplantation

Les médicaments que vous prendrez après votre transplantation coûtent cher.

- Vous devez avoir une assurance médicaments avant qu'on vous place sur la liste d'attente pour une transplantation ou qu'on vous trouve un donneur vivant.
 - Une travailleuse sociale du Programme de transplantation pourra vous aider à faire les arrangements, si nécessaire.
 - Si on vous accepte au Programme de médicaments Trillium, vous devrez envoyer une nouvelle demande d'inscription chaque année durant toute la période que vous serez sur la liste d'attente pour une transplantation.
- Assurez-vous d'avoir un médecin de famille pour votre examen médical complet et pour tout problème de santé qui ne concerne pas votre transplantation.
- Veuillez informer la Clinique de transplantation rénale de tout changement de votre état de santé ou d'un changement dans vos coordonnées.

Rendez-vous à la clinique

- Après votre sortie de l'hôpital, vous devrez vous rendre **souvent** à la Clinique de transplantation rénale.
 - Au début, vous devrez peut-être venir tous les jours.
 - Quand votre état sera plus stable, vous aurez 2 ou 3 rendez-vous par semaine pour environ 6 semaines après la transplantation. Par la suite, vous aurez un rendez-vous par semaine pour les 3 premiers mois après la transplantation.
 - Si vous habitez loin de la ville, il serait peut-être utile de venir habiter à Ottawa pour les 6 premières semaines.
 - La travailleuse sociale du programme pourra vous aider à faire les arrangements, si nécessaire.
- Si tout va bien après 3 mois, les rendez-vous à la clinique seront réduits aux 2 semaines, puis aux 3 semaines et 1 fois par mois durant la première année de votre greffe.
- Si tout va bien après 1 an, les rendez-vous auront lieu tous les 3 mois à Ottawa.
- Vous devrez venir à la clinique plus souvent si votre nouveau rein ou vos médicaments vous causent des problèmes.
- Durant la première année après votre transplantation, nous vous recommandons de ne pas voyager ni de transférer vos soins à un autre programme de transplantation ou alors d'en discuter avec l'équipe de transplantation.

Soins à la clinique

- Avant chaque rendez-vous, vous devrez vous rendre au laboratoire pour une prise de sang et un test d'urine.
- Il pourrait être nécessaire de faire des prises de sang entre vos rendez-vous à la clinique si vos médicaments changent.
- Il faudra peut-être vous rendre à l'hôpital pour une prise de sang.
- On évaluera le fonctionnement de vos reins et votre réaction au traitement à chaque rendez-vous.
- Vous devrez prendre vos médicaments comme on vous les a prescrits pour prévenir le rejet de votre rein.

L'équipe de transplantation rénale est là pour vous aider à recevoir une greffe de rein réussie. En signant cette feuille, vous acceptez de respecter les attentes mentionnées plus haut. On vous remettra une copie de cette lettre et on mettra l'autre dans votre dossier.

N'hésitez pas à communiquer avec la travailleuse sociale ou la coordonnatrice des transplantations rénales si vous avez besoin d'aide pour répondre aux attentes.

Veuillez agréer l'expression de mes sentiments les meilleurs.

D^r Greg Knoll, Le directeur médical du Programme de transplantation rénale,

Nom du Patient

Témoïn

Date

Date



Purpose

CANADIAN TRANSPLANT REGISTRY

Privacy Notice to Potential Recipients Participating in the Kidney Paired Donation Program

The purpose of the Kidney Paired Donation Program (“KPD Program”) is to identify potentially suitable living kidney donors for people who need a kidney transplant and whose willing donor is not a match. The KPD Program is supported by the Canadian Transplant Registry, an electronic database operated by Canadian Blood Services.

Definitions

HLA Test Results: Human leukocyte antigen (HLA) typing is used to match patients and donors for organ transplants. HLA are proteins or markers found on most cells in your body. Your immune system uses these markers to recognize which cells belong in your body and which do not.

Personal Information: Information that is used to identify you or that allows you to be identified, for example, your name, address, telephone number, date of birth and health care number. Personal Information includes personal health information such as your medical profile or condition, your medical history, laboratory test results, including transmissible diseases and HLA test results, your blood group, etc.

Collection of your Personal Information by the KPD Program

In order for you to participate in the KPD Program, staff at your transplant centre will need to collect Personal Information about you and create a record in the Canadian Transplant Registry. This Personal Information may be collected from you, your hospital, your laboratory records or other medical records. Your Personal Information will be put into the Canadian Transplant Registry in Ottawa, Ontario.

The KPD Program needs to collect your Personal Information to try to identify a medically compatible living kidney donor for you. The KPD Program may identify a match with a donor of an incompatible donor-recipient pair or with a “non-directed” anonymous donor. A Non-directed Anonymous Donor (NDAD) is an individual who is not part of an incompatible donor-recipient pair, but has indicated a willingness to donate to any suitable recipient.

Use and Disclosure of Personal Information in the KPD Program

We will use your Personal Information to:

- identify you as a potential match with a potentially suitable donor;
- contact you in the event a compatible match is found;
- contact you regarding opportunities to participate in voluntary research;
- comply with legal and regulatory requirements, if required; and
- fulfill any other purposes prescribed by law.

In addition, in accordance with applicable law in your jurisdiction, we may use or disclose information from your Canadian Transplant Registry record, but which does not identify you, to support approved research, continuous process improvement, long-term analytics and KPD Program management policies.

Your Personal Information may be shared with:

- health care professionals and authorized persons at any transplant program involved with your care and with the transplant program within Canada of a donor with whom you have been matched;
- public health authorities, auditors, or others as permitted, or required, by law;
- medical researchers needing to contact recipients or potential recipients about volunteering for participation in research that has been approved by a research ethics board, if you consent; and
- for any other purpose prescribed by law.

If you are matched and your transplant proceeds, Personal Information about your surgery and surgical outcome will be entered into your Canadian Transplant Registry record. This includes, but may not be limited to, information from medical tests performed during your hospital stay.

Your transplant program will continue to monitor your health and the function of your kidney after your surgery. Some of your Personal Information, including medical test results from follow-up visits with your transplant team, will be entered into your Canadian Transplant Registry record. This Personal Information will be used to measure the success of the KPD Program, improve the matching of donors and recipients in the future, and understand any long term outcomes of people receiving living kidney donor transplants through the KPD Program.

Our Commitment to Your Privacy

Canadian Blood Services is committed to protecting the privacy and security of your Personal Information in the Canadian Transplant Registry. We do so by following relevant laws and best practices.

Canadian Blood Services will grant access to the Canadian Transplant Registry only to those Canadian Blood Services staff members, health care professionals and authorized persons at transplant centres and HLA laboratories who require access in order to perform their job functions. All individuals who require access to the Canadian Transplant Registry are required to sign a pledge of confidentiality to keep your Personal Information confidential.

Withdrawing Consent

If you decide you no longer wish to participate in the Canadian Transplant Registry, you must contact your Transplant Coordinator who will give you a form to sign which will be returned to Canadian Blood Services. All of your Personal Information that has been collected up to the date of your withdrawal of consent will remain in the Canadian Transplant Registry, but no further Personal Information about you will be collected, used or disclosed by the Canadian Transplant Registry. If you withdraw your consent your Personal Information will no longer be used to search for a living donor match for you. Canadian Blood Services will use your Personal Information to contact you for safety reasons, if necessary.

How to Contact Canadian Blood Services

Canadian Blood Services respects your right to access and request correction of your Personal Information. You may contact our Privacy & Access to Information Office for more information about our privacy and access to information practices, or to request access to or correction of your Personal Information as follows (your request will be forwarded to your transplant centre for processing):

- **In writing:**
Canadian Blood Services
Privacy & Access to Information Office
1800 Alta Vista Drive
Ottawa, ON K1G 4J5
- **By phone:**
1-613-739-2483
1-877-262-9191 (toll free)
- **By e-mail:**
Privacy – privacy@blood.ca
Access to Information – ati@blood.ca

More information regarding Canadian Blood Services' privacy practices can be found on our website at: www.blood.ca.

If you feel your concerns have not been addressed by Canadian Blood Services you have the right to contact your provincial Privacy Commissioner or Privacy Ombudsman. Look on our website for their contact information.

Consent for Potential Recipients to Participate in the Canadian Transplant Registry Kidney Paired Donation Program

I,
(print Full Name)

consent to have my Personal Information, which includes my Personal Health Information, entered into the Canadian Transplant Registry for purposes of the Kidney Paired Donation Program. I agree to the collection, use, disclosure and retention of my personal information for the purposes described in, and in accordance with, the “Privacy Notice to Potential Recipients Participating in the Kidney Paired Donation Program.”

I understand that by agreeing to have my Personal Information entered into the Canadian Transplant Registry I am **not** consenting to any medical procedures. If I am matched and agree to proceed with a kidney transplant, my transplant team will discuss the required consent for medical procedures, including surgery, with me.

Participant’s Signature	
Date	

Parent or Guardian’s Signature, if required	
Date	

Witness to Participant’s or Parent/Guardian’s Signature

Witness’ Signature	
Printed Name	
Date	

Preferred language of correspondence: **English** **French**

I am willing to be contacted about participating in voluntary research: **Yes** **No**

Please keep one signed copy for yourself and return two signed copies to your Transplant Coordinator. Your Coordinator will keep one copy on your medical chart and send one copy to Canadian Blood Services.

Consent for Potential Recipients to Participate in the Canadian Transplant Registry Kidney Paired Donation Program

I,
(print Full Name)

consent to have my Personal Information, which includes my Personal Health Information, entered into the Canadian Transplant Registry for purposes of the Kidney Paired Donation Program. I agree to the collection, use, disclosure and retention of my personal information for the purposes described in, and in accordance with, the “Privacy Notice to Potential Recipients Participating in the Kidney Paired Donation Program.”

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Date	

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Date	

Witness to Participant or Parent/Guardian’s Signature

Witness’ Signature	
Printed Name	
Date	

Preferred language of correspondence: **English** **French**

I am willing to be contacted about participating in voluntary research: **Yes** **No**

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Consent for Potential Recipients to Participate in the Canadian Transplant Registry Kidney Paired Donation Program

I, _____
(print Full Name)

consent to have my Personal Information, which includes my Personal Health Information, entered into the Canadian Transplant Registry for purposes of the Kidney Paired Donation Program. I agree to the collection, use, disclosure and retention of my personal information for the purposes described in, and in accordance with, the “Privacy Notice to Potential Recipients Participating in the Kidney Paired Donation Program.”

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Participant’s Signature	
Date	
Parent or Guardian’s Signature, if required	
Date	

Witness to Participant or Parent/Guardian’s Signature

Witness’ Signature	
Printed Name	
Date	

Preferred language of correspondence: **English** **French**

I am willing to be contacted about participating in voluntary research: **Yes** **No**

Please keep one signed copy for yourself and return two signed copies to your Transplant Coordinator. Your Coordinator will keep one copy on your medical chart and send one copy to Canadian Blood Services.

Recipient Record Checklist

This checklist provides a list of all data elements in a recipient record in the LDPE Registry. Data values for the HLA tab are not listed on this form but are required to activate a record.

Note: Greyed Fields are Required to *Create* a Recipient Record

Recipient Personal Tab	
Last Name	
First Name	
Middle Name	
Former Last Name	
Provincial Health Insurance Number	
Alternate Recipient ID	
Source of Alternate ID	
Consent Obtained On	(yyyy-mm-dd)
Contact for Voluntary Research	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inactive Reason	(drop down list)
Date of Birth	(yyyy-mm-dd)
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Ethnicity	(drop-down list)
Prior Living Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Death	(yyyy-mm-dd)
Cause of Death	(drop down list)
Date Consent Withdrawn for LDPE Registry	(yyyy-mm-dd)
Reason Consent was Withdrawn	Medical <input type="checkbox"/> Personal <input type="checkbox"/> Unknown/Not Available <input type="checkbox"/>
Recipient Contact Tab	
Address 1	
Address 2	
City	
Province	(drop down list)
Postal Code	
Home Phone	
Work Phone	
Mobile Phone	
Email	

Recipient TXC Tab	
Transplant Centre	
Alternate Transplant Centre	(drop down list)
HLA Lab	
Other Physician Name	
Other Physician Contact Number	
Transplant Physician Name	
Transplant Physician Contact Number	
Recipient Willing to Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>

Recipient Other Match Criteria Tab	
Max Donor BMI	
Maximum Donor Age to Accept	45 <input type="checkbox"/> 55 <input type="checkbox"/> 65 <input type="checkbox"/> no restriction <input type="checkbox"/>
Accept Donor BSA-adjusted GFR	$\geq 80\text{ml/min}/1.73\text{m}^2$ <input type="checkbox"/> no restriction <input type="checkbox"/> $\geq 90\text{ml/min}/1.73\text{m}^2$ <input type="checkbox"/>
Accept EBV Positive Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accept CMV Positive Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accept Hepatitis B Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accept Hypertensive Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accept Proteinuric Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accept a Transported Kidney	Yes <input type="checkbox"/> No <input type="checkbox"/>

Recipient Health Tab	
Blood Group	A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/>
Hepatitis B Surface Antibody	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Recipient EBV	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Recipient CMV	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Recipient HIV	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Patient on Dialysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Most Recent Dialysis Start Date	(yyyy-mm-dd)
Height (in centimetres)	
Weight (in kilograms)	

Living Anonymous Donation-Recipient Agreement Letter

- 1) I understand that I am being offered a kidney transplant from a living anonymous donor.
- 2) I understand that living kidney donor transplants usually have a significantly better graft survival both at one year and over time as compared to deceased donor kidney transplant, though no kidney transplant offers a 100% chance of success.
- 3) I understand that I may decline this donation and this decision will not affect my list date on the renal waiting list or any future medical care.
- 4) I understand that Canada prohibits the purchase and sale of organs, and that purchase or sale of organs is an offence in accordance with the *Trillium Gift of Life Network Act*, R.S.O. 1990, c. H.20, s. 10. No payment of money or other valuable consideration has been made nor will be made to the donor.
- 5) I have been informed that while The Ottawa Hospital and its contracted hospital partners will strive to maintain anonymity, it cannot guarantee anonymity.
- 6) I agree to maintain my anonymity from the donor and that I will not approach the media with my story. I will not contact the donor.
- 7) I am aware that The Ottawa Hospital Renal Transplant and Living Donor coordinators are available to facilitate anonymous correspondence between myself and my donor.
- 8) I have had a chance to ask questions, and all of my questions have been answered. By signing this agreement letter, I have not given up any of my legal rights.
- 9) I acknowledge that I will receive a copy of this Agreement Letter after signing.

Patient's Name (please print)

Signature

Date

Witness's Name (please print)

Signature

Date

Witness's Relationship to Patient