

**IF POSSIBLE
FAX QUESTIONNAIRE TO
212-342-0843**

**MAILING WILL POSTPONE
CROSSMATCH PROCESS.**

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POTENTIAL KIDNEY DONOR-MEDICAL QUESTIONNAIRE

DATE: _____

NAME _____ **DATE OF BIRTH** ___/___/___

M/F _____ **HOME PHONE#** (____) _____ **WORK/CELL**(____) _____

HOME ADDRESS _____

MOTHER'S NAME: _____ **FATHER'S NAME** _____

POTENTIAL RECIPIENT'S NAME _____

RELATIONSHIP TO RECIPIENT _____

PERSONAL MEDICAL HISTORY

Do you or did you ever:

a) Drink alcoholic beverages on a daily or regular basis: _____

How much? _____

b) Use medications on a daily or regular basis: _____ **If yes,**

Please specify _____

c) Use illicit drugs? _____ **If yes, explain** _____

d) Do you smoke tobacco products ? _____ **If yes, how much** _____

e) Have you ever been hospitalized? _____ **If yes, state when and why** _____

Will you accept a blood transfusion if needed? _____

f) Current Weight _____ **Height** _____

g) Have you ever had? **Yes** **No**

High blood pressure _____

Heart conditions _____

Kidney stones or infections _____

Chest pain _____

Shortness of breath _____

Palpitations _____

Hepatitis/Liver disease/Jaundice _____

Cancer _____

Diabetes _____

Bleeding disorders _____

Psychiatric conditions _____

If you answered yes to any of the above questions, please describe: _____

There are many things to take into consideration when you are thinking about becoming a kidney donor to a patient with end stage renal disease. It is important to understand the benefits and alternative treatments for the recipient such as deceased donor transplantation and chronic dialysis. The potential donor may begin the evaluation process once the recipient's doctor has determined that transplantation is the best treatment.

Kidney transplantation involving a living donor involves several steps. The first step is filling out the medical questionnaire. Once the transplant center receives your questionnaire it is reviewed by a Transplant Coordinator. The center will then inform you if you can proceed with the crossmatch.

The next step is the crossmatch study which will determine whether you, the potential donor, is compatible with the recipient (person receiving the kidney). In order to do this genetic test, we need several vials of blood to be drawn in special tubes. The test determines blood compatibility by mixing blood samples from the donor and the recipient. A positive blood crossmatch means the donor and recipient are **NOT** compatible for transplantation. A negative blood crossmatch means they are compatible and the transplant evaluation may proceed.

The blood is also tested to determine the donor and recipient's blood group. The blood group and crossmatch are the most important tests in determining who is a compatible donor.

The crossmatch study takes about 7-10 business days and the results are reported to the recipient.

I have read this document and understand the crossmatch process and wish to proceed with the blood test. I understand that the results of the crossmatch and my blood type are given to the recipient. I understand that all other information is kept confidential. I give the transplant center permission to discuss the results of the crossmatch study with the recipient.

Patient's Name

Date

Patient's Signature

Date

PLEASE SIGN AND RETURN WITH QUESTIONNAIRE