

The Comprehensive Transplant Center  
Liver Transplant Office  
600 N. Wolfe Street, Blalock 242  
Baltimore, Maryland 21287  
(410) 614-2989 / Fax: (410) 614-8741  
Toll Free: 1(800) 706-1046



**Consent for Evaluation of Potential Live Donors for Living Donor Liver Transplant**

Name \_\_\_\_\_ JHH ID# \_\_\_\_\_

Diagnosis \_\_\_\_\_ Blood Type \_\_\_\_\_

I, \_\_\_\_\_ consent to having my family and/or close friends evaluated to be my potential living donor. I understand that this evaluation does not guarantee that they will be cleared to undergo surgery.

I also understand that all potential **donors** will:

1. have **their records of evaluation kept confidential**. Results will be given to the potential donor only. They will not be discussed with me.
2. have to call the transplant center to set up an evaluation.
3. have a **separate** team of medical professionals caring for them.
4. have to call personally for results of the evaluation.
5. be educated about the donor and recipient surgery and its risks
6. be made **aware of my diagnosis** and my chances of having a full recovery.
7. be educated about alternatives to living donor liver transplant.

Only after the transplant team is confident that the donor is medically and psychologically cleared will a live donor liver transplant be scheduled.

I have read the above and agree to give consent to have living donors evaluated.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Please return form to: Johns Hopkins CTC 600 N. Wolfe Street, Blalock 242; Baltimore, MD 21287. Or fax it to (410) 614-8741 attention Cindy Cohen, CRNP or Joanne Kramer (410) 502-0568