****

**Informed Consent: Participation in Hepatitis B Donor Program**

**Introduction**

The Emory Transplant Center would like to provide you an opportunity to participate in a program for kidney transplantation in which you would be eligible to receive a kidney from a donor who may have had or currently has hepatitis B. This program is called the hepatitis B donor program (the “Program”). This consent form is intended to provide patients with information about this program and risks and benefits generally.

**Who Can Participate**

Only patients who have protection against the hepatitis B virus or who have hepatitis B virus in their blood may be eligible. This Program will be offered to patients who have been fully informed, who understand the risks and benefits, and have signed this informed consent document in front of a witness.

**Potential Benefits**

Participating in this Program may shorten the time you wait for a kidney transplant, but the Emory Transplant Center cannot provide any assurance that wait time will be shortened.

**Risks**

There is a risk of hepatitis B infection from the donor to the recipient, even though you have protection against hepatitis B or have hepatitis B virus in your blood. We believe that this risk is small. Because a donor has hepatitis B infection, the donor may be more likely to have other infections. There is a small possibility that an infection could be transmitted to you at the time of transplant and cause health problems, including liver failure, death, and injury to the transplanted kidney which may cause it to not function as well in the future. The extent of this risk is not known, however, great efforts are taken to minimize this risk.

**What is involved in the Program**

You will be listed for a kidney transplant. You will have all the medical tests and procedures performed that are part of the standard transplant procedure and follow-up care. Participation in this Program may require that you have some additional blood tests.

**What are the Costs**

The costs of this Program are the same as the costs of a standard kidney transplant procedure.

**What are my Rights as a Participant**

Taking part in this Program is voluntary. You may choose not to take part in or leave the Program at any time. If so, your regular care will not be affected and you will not lose any of the benefits you would normally receive. You will also remain on the waiting list without any penalty or loss of wait time. We will try to keep you informed of any new developments pertaining to this Program.

**Whom do I call if I have any Questions or Problems**

For questions about the Program, contact your pre-coordinator at 1-855-366-7989.

Hepatitis B Donor Program

Page 2 of 2

**Informed Consent: Participation in Hepatitis B Donor Program**

**Signature Page**

I, the undersigned, have been informed about this Program's purpose, procedures, possible benefits and risks. I have had an opportunity to review this consent document and it has been explained to me. I have been given the opportunity to ask questions and all questions have been answered to my satisfaction. I voluntarily:

(Please initial on the appropriate line)

Agree \_\_\_\_\_\_\_

Do not agree \_\_\_\_\_\_\_

to participate in the Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Patient Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Witness Name and Signature of Witness Date

*03.21.2014 Rev. – RTLG Approval*