

ANZKX Donor Agreement to Participate

I the undersigned have reviewed the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program 'Information for Donors and Recipients' form and conditions of participating with this donor and his/her potential recipient.

Transplant Physician/Surgeon				Date
Transplant Coordinator (<i>witness</i>)				Date
Type of donor (<i>tick applicable box</i>)		<input type="checkbox"/>	directed	<input type="checkbox"/>
		<input type="checkbox"/>	altruistic	
<i>tick</i>				
<input type="checkbox"/>	I have read and understand the 'Information for donors and recipients' form and conditions of participation in the ANZKX Program, and all my questions have been satisfactorily answered.			
<input type="checkbox"/>	I as a living kidney donor, have been fully informed about all other transplant options for my intended recipient. (Not applicable if altruistic)			
<input type="checkbox"/>	I give consent to my personal information (including my health information) being used and disclosed for the purposes explained in the 'Information for donors and recipients' form.			
<input type="checkbox"/>	I give consent to the ANZKX Program reporting personal information to ANZDATA (and vice versa) for the purposes explained in the 'Information for donors and recipients' form.			
<input type="checkbox"/>	I hereby agree to NOT participate in interviews with the media prior to the exchange taking place unless approved by the Organ and Tissue Authority and the ANZKX Program.			
<input type="checkbox"/>	I hereby agree to NOT post on social media platforms any identifying details regarding my donation surgery especially the date. This is to protect my privacy and those in the program.			
<input type="checkbox"/>	I hereby agree and consent to participate in the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program and understand that I can withdraw my consent for participation at any time without penalty or disadvantage.			
<input type="checkbox"/>	I have also read and understand the 'Donor Declaration Form' and I have answered all questions to the best of my knowledge.			
<input type="checkbox"/>	I hereby agree to be tested for the presence of COVID-19, Hepatitis B, Hepatitis C, and HIV immediately prior to organ donation, if a match is found.			
<input type="checkbox"/>	I hereby agree that if my kidney is unable to be transplanted into the matched recipient, due to unforeseen circumstances and after it has been removed from me, it will be allocated to a person on the deceased donor waiting list.			
Donor Name (<i>print</i>)				
Address				
Phone Number				
Email				
Signed				Date

→ Once completed and signed please upload to the KPD enrolment in OrganMatch via the Transplantation Portal.

