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**\*OFFICE USE ONLY\***

Date Rec'd: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
STATUS: \_\_\_\_\_

**POTENTIAL KIDNEY DONOR QUESTIONNAIRE**

**DONOR INFORMATION**

Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Apt \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email: \_\_\_\_\_  
Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Mother's First Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

**RECIPIENT (person your donating to) INFORMATION**

Recipient Name: FRANCES H. MANFREDI (Nickname "Melissa")  
Recipient Date of Birth: 12 / 17 / 51 Relationship to Recipient: \_\_\_\_\_

**DONOR'S MEDICAL HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Do you take any medications: \_\_\_\_\_ If yes please list: \_\_\_\_\_

**Do you or have you ever had: (PLEASE WRITE YES OR NO)**

|  |                         |
|--|-------------------------|
| High Blood Pressure _____              | During Pregnancy _____  |
| Heart Condition _____                  | Specify _____           |
| Diabetes (blood sugar) _____           | During Pregnancy _____  |
| History of Melanoma _____              | How long ago _____      |
| Kidney Stones or Kidney Problems _____ | When _____              |
| Cancer _____                           | Type _____              |
| Urine or Kidney Infection _____        | When _____              |
| Liver Problem or Hepatitis _____       | When _____              |
| Psychiatric Condition _____            | Type _____              |
| Hospitalization _____                  | When _____ Reason _____ |

Have you been worked up as a potential donor at another transplant center? \_\_\_\_\_. If Yes  
when \_\_\_\_\_ and where \_\_\_\_\_

Do you consume alcohol? \_\_\_\_\_. If yes how much \_\_\_\_\_  
Do you smoke tobacco products? \_\_\_\_\_. If yes how much \_\_\_\_\_  
Do you use illicit drugs? \_\_\_\_\_. If yes, explain \_\_\_\_\_  
When was your last: Pap Smear \_\_\_\_\_ Mammogram \_\_\_\_\_ Colonoscopy \_\_\_\_\_

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.

Donating a kidney is an important decision to make, and making this decision involves several steps. The first step is filling out the medical questionnaire to make sure there are no medical or psychosocial reasons why you, the potential donor should not donate to the recipient (the person receiving the kidney). Once the transplant center receives the questionnaire, it is reviewed by a Transplant Coordinator. The center will then inform you if you can proceed with the compatibility assessment.

The compatibility assessment will determine whether you are compatible to donate directly to your recipient or if you should donate through one of our alternative programs. In order to do this genetic test, we need several vials of blood to be drawn in special tubes. The blood is tested to determine the donor and recipient's blood group to see if they are compatible. The test also determines if the recipient has antibodies that may reject the donor kidney. The compatibility assessment takes up to 14 days and the results will be reported to you, the potential donor. After the donor receives the results, the results are then communicated to the recipient.

Compatibility does not determine whether the donor may donate. Being compatible does not mean you are the best donor for the recipient, and not being compatible does not mean you cannot donate. We offer several programs to assist in finding an alternative way for the donor to donate if they are not compatible with the recipient. Our goal is to find the best possible donor for every recipient and to ensure that donation is a safe thing for every donor. The most important thing is the donor is healthy, and willing to donate!

I have read this document and understand the compatibility assessment process and wish to proceed with the blood test. I understand that the results of the compatibility and my blood type may be 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 compatibility assessment with the recipient.

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Print Name

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Signature

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Date