



AT THE FOREFRONT

**UChicago  
Medicine**

Transplant  
Institute

## Living Donor Transplants

Welcome and thank you for choosing the University of Chicago Medicine for your transplant care. As you begin the transplant process, we want to discuss the importance of trying to find a living donor. One of the most important things you can do to ensure a good outcome in your transplant journey is to find a living donor!

Due to a nationwide organ shortage, the wait times for deceased donor transplants are long and often many years. Living donor transplant is the best way to shorten these wait times. Living donor evaluations can be completed quickly, and the surgery is scheduled at a time convenient for both you and your donor. The living donor evaluation and surgery are covered by your insurance.

Living donor transplants also tend to have better short and long-term outcomes than deceased donor transplants. Organs from a living donor usually last longer and function better.

If you have potential friends or family members who are interested in living kidney or living liver donation, please read the information below:

- The first step in kidney or liver donation is for a potential donor to fill out a medical questionnaire. We have attached a paper version to this message that can be printed out, or the donor can go online to: <https://www.uchicagomedicine.org/-/media/pdfs/adult-pdfs/conditions-and-services/transplant/living-donor-questionnaire-8-3-2021.pdf>
- For information on how to submit the questionnaire or contact our living donor team, please see Page 2 of this letter.
- Once our team receives the questionnaire, our independent living donor team will reach out to start the process.
- To decrease any delay with the living donation evaluation, we encourage you to share this message with any potential living donors that are interested in moving through the transplant process.

For more information about living kidney donation please visit: <https://www.uchicagomedicine.org/conditions-services/transplant/kidney-transplant/living-donor-kidney-transplant>

For more information about living liver donation please visit: <https://www.uchicagomedicine.org/conditions-services/transplant/liver-transplant/living-donor-liver-transplant>

Sincerely,

**Rolf N. Barth, M.D.**

Professor of Surgery

Director, Kidney & Pancreas Transplantation

Director, Liver Transplantation

Associate Director, Transplant Institute



AT THE FOREFRONT

**UChicago  
Medicine**

Transplant  
Institute

## Living Donor Questionnaire

The University of Chicago Medical Center thanks you for your interest in potentially becoming a living donor. To begin the referral process, please contact our Living Donor Hotline to complete the survey via phone, or complete the document below and return to the living donor team in one of the following ways:

**Living Donor Hotline: 773-702-0620**

**Email: [living.donor@uchospitals.edu](mailto:living.donor@uchospitals.edu)**

Please be aware that when you send communications from your email to the University of Chicago Medicine, the information contained in the body of the email and any attachments may not be secure. This means that your email could be intercepted, read and/or forwarded by an unauthorized third party. By initiating contact with the University of Chicago Medicine through email, you are acknowledging and assuming this risk.

**Fax: 773-834-0732**

**In person drop-off:** The University of Chicago Transplant Clinic located in the Hyde Park outpatient building: **DCAM 2F –Duchossois Center for Advanced Medicine, 5758 S. Maryland Ave, Chicago, IL 60637**. Please ask the front desk representative to place your documents in the “Living Donor” box inside of clinic.

Once the form is received, a member of the living donor team will contact you within 24-48 business hours. If you have any questions, please don't hesitate to contact our **Living Donor Project Coordinator, Eliza Tucker, at 773-702-0620**.



## Living Donor Questionnaire

Thank you for your interest in living organ donation. Please complete the survey below and return to our living donor team as described on page one. We look forward to speaking with you.

<b>Name:</b>		<b>Date of Birth:</b>
<b>Address:</b>		<b>City:</b>
<b>State:</b>		<b>Zip:</b>
<b>Phone:</b>	<b>Mobile:</b>	
<b>Email:</b>	<b>Preferred time:</b>	

**Which organ are you interested in potentially donating? Please check:**

Liver      Kidney      Both

**Do you have a specific person in mind?**      Yes      No

**If yes please provide the following information (if known):**

<b>Recipient Name:</b>	<b>Date of Birth:</b>
------------------------	-----------------------

**Have you met the intended recipient?**      Yes      No

**Does your recipient know you are considering donation?**      Yes      No

**What is your relationship to the recipient?**      or      None



## Living Donor Questionnaire (continued)

Is it OK for us to send a notification letter to the intended recipient informing them that a donor has come forward (it will not include your name or any personal information)?

Yes      No

**If yes, please provide the following information (if known):**

<b>Height:</b>	<b>Weight:</b>
<b>Blood type:</b>	<b>Gender:</b>
<b>Race:</b>	<b>Primary language:</b>

Are you a citizen of the United States?      Yes      No

Do you have health insurance?      Yes      No

If yes, what type?  
\_\_\_\_\_

Primary care physician's name:  
\_\_\_\_\_

Primary care physician's address:  
\_\_\_\_\_

Primary care physician's phone:  
\_\_\_\_\_



## Living Donor Questionnaire (continued)

### DONOR MEDICAL HISTORY

Question	Yes	No	If yes, please describe by providing when you were diagnosed, the type of disease, and treatments received:
Do you have any allergies?			
Have you ever been diagnosed with diabetes?			
Does anyone in your family have a history of diabetes?			
Have you ever been diagnosed with high blood pressure?			
Have you ever been diagnosed with cancer?			
Does anyone in your family have a history of cancer?			
Have you ever been diagnosed with liver disease?			
Have you ever been diagnosed with a gastrointestinal disease?			
Have you ever been diagnosed with a lung disease?			
Have you ever been diagnosed with kidney disease?			
Have you ever had kidney stones?			
Have you ever been diagnosed with HIV/AIDS?			
Have you ever been diagnosed with heart problems?			
Have you had a heart attack in the past?			



## Living Donor Questionnaire (continued)

### DONOR MEDICAL HISTORY, CONTINUED

Question	Yes	No	If yes, please describe by providing when you were diagnosed, the type of disease, and treatments received:
Have you ever had heart surgery or stents placed?			
Have you ever been diagnosed with an autoimmune disease?			
Have you had any abdominal surgeries?			
Have you ever been diagnosed with a mood disorder such as depression, anxiety, bipolar disorder, etc?			
Have you ever been diagnosed with a psychiatric condition?			
Please list any other medical history that was not listed above:			
Please list any other surgical history that was not listed above:			

### MEDICATIONS

Please list all current medications including prescriptions, over the counter medications, supplements, and herbs.

Medication	Dose	Frequency



## Living Donor Questionnaire (continued)

### SOCIAL HISTORY

Question	Yes	No	If yes, please describe by providing when you were diagnosed, the type of disease, and treatments received:
Have you ever used any recreational or illegal drugs?			
Do you use marijuana?			
Do you currently smoke cigarettes/tobacco?			
Do you currently vape or use electronic cigarettes?			
Do you have a history of smoking cigarettes or using tobacco products?			Start date: Quit date:
Do you drink alcohol?			Drinks per week:



## Living Donor Questionnaire (continued)

Are you employed?      Yes      No      |      Are you a student?      Yes      No

---

If yes, what is your occupation?

---

Highest level of education:

---

Do you work?      Full-time      Part-time      Not applicable

---

What is your relationship status?

---

Do you have children?      Yes      No      |      If yes, what are their ages?

---

If you have any questions, concerns, or additional information you would like to provide, please use the space below:

---

**Signature:**

**Date:**

---

Thank you for completing the Living Donor Questionnaire!  
Someone from our team will be in touch within 48 business hours upon submission.

**For questions, please contact our Living Donor Hotline at 773-702-0620.**