



Oregon Health & Science University  
Hospitals and Clinics  
Clinical Transplant Services  
Kidney/Pancreas Transplant Program  
Mail Code: CB569 • 3181 SW Sam Jackson Park Rd. •  
Portland, OR 97239-3098 • Tel: 503-494-8500  
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TR3714



**OHSU TRANSPLANT PATIENT  
AND  
FAMILY EDUCATION CLASS**

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ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**To access the class:**

<https://www.ohsu.edu/transplant/patient-resources>

This is required for all transplant candidates. The recipient and their support person must view the class. The recipient must complete and return all of the following:

1. **Informed Consent** for the Potential Kidney and/or Pancreas Recipient Evaluation.
  - a. This needs to be signed by the recipient and their support person.
2. OHSU Transplantation Medicine **Laboratory of Immunogenetics and Transplantation Consent Form**.
  - a. This needs to be signed by the recipient and their support person.
3. **Rights and Responsibilities** of the Transplant Candidate
  - a. This needs to be signed by the recipient.
4. Transplant Class **Quiz**.
  - a. Completed by the recipient with help of their support person.

**Please mail these items to the address below or fax it to:**

OHSU Kidney/Pancreas Transplant Program  
Mail code: CB569  
3181 SW Sam Jackson Park Road  
Portland, OR 97239-3098  
Fax: 503-494-4492

We recommend you keep a copy of these documents for yourself.



**FAMILY EDUCATION CLASS - QUIZ**

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

Recipient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Recipient Completed Class: \_\_\_\_\_

Support Person Name: \_\_\_\_\_

Date Support Person Completed Class \_\_\_\_\_

Read the questions below and circle your answer(s).

1. Which of the following are risks of transplant?
  - a. Infection
  - b. Cancer
  - c. Diabetes
  - d. Heart disease
  - e. All of the above
  
2. Kidney transplant is a cure for my kidney disease.
  - a. True
  - b. False
  
3. I will be added to the waiting list when the following are completed:
  - a. I complete my "to-do list"
  - b. I submit a lab draw to the transplant office
  - c. My insurance authorizes it
  - d. I am registered with UNOS
  - e. All of the above
  
4. I need to keep my transplant coordinator informed of the following:
  - a. Insurance changes
  - b. Dialysis changes
  - c. Hospital visits, traumas, or surgeries
  - d. Change in my phone number or address
  - e. All of the above



**FAMILY EDUCATION CLASS - QUIZ**

5. When can my donors start the process?
  - a. As soon as I complete this class
  - b. When I have been accepted as a candidate
  - c. When my transplant coordinator tells me they can
  - d. Once I am on the waiting list
  
6. Once I am on the waiting list, I no longer need to do any more testing.
  - a. True
  - b. False
  
7. The most common reason a transplant stops working is:
  - a. Bad luck
  - b. Not following the instructions of the transplant team
  - c. Return of original kidney disease
  - d. Surgical complications
  
8. I need to take my medications and attend lab and clinic visits exactly as prescribed by the transplant team.
  - a. True
  - b. False