

I, _____, understand that I have agreed to donate my organ during the COVID-19 pandemic. The risks and benefits of doing so have been explained to me and include but are not limited to the following:

- I understand that I will be tested three times for the virus prior to donation. However, I realize there is a possibility that the test result may be a false negative (i.e. testing is negative but I am really positive for the virus). It is also possible that I may have been infected very recently with the virus and that it may not be detected by the above screening process.
- I understand that I am responsible for adhering to the self-isolation recommendations prior to donation to minimize my chances for contracting the virus in the period proceeding up to the procedure.
- I have been educated to the fact that if I am positive for the virus and undergo surgery there is a possibility that I could become ill requiring hospitalization, ICU care, intubation, or in severe cases could become ill enough to result in death.
- I understand that if I am unknowingly infected, the virus may be passed on to the recipient and that it may cause a serious or life-threatening infection with the anti-rejection medications for the recipient.
- I understand that during the pandemic there is also the risk of me acquiring the infection while in the hospital. I understand that Intermountain Medical Center will be treating patients with Coronavirus (COVID-19) and that there is a chance that a transmission could occur from one of my care givers after donation and develop symptoms later after discharge from the hospital.
- I understand that my risk of contracting Coronavirus (COVID-19) does not end at the time of discharge. My greatest risk for contracting the virus will actually be after discharge and when I re-enter the community.

By signing this consent I am documenting that:

- I have read this consent form and have no further questions and accept this potential additional risk with surgery.
- I have had sufficient opportunity to ask questions and have them answered to my satisfaction.
- I also understand that I have every right to decline proceeding with donation at this time with no penalty to me or my intended recipient.
- If I decline at this time I understand the alternative is to postpone donation to a future date when hopefully, the pandemic has subsided.

Print Name

Date and Time

Initials _____ Date _____

Signature

Print Witness Name (preferably caregiver/spouse)

Date and Time

Signature

Initials _____ Date _____