



# Living Organ Donor Information and Question Form

Finding a living donor is the best way to lessen wait times for an organ transplant. Short and long-term outcomes tend to be better for living donor transplants than deceased donor transplants. Organs from a living donor often last longer and work better.

- Evaluations for a person that wants to be a living donor can be done quickly.
- Surgery will be planned at a time that is best for both you and your donor.
- The living donor evaluation and surgery are covered by your insurance.

## The first step is for a possible donor to fill out a question form.

- Share this message and form with any possible living donors that may want to start the transplant process.
- The possible donor can complete the form in one of these ways:
  - By calling our Living Donor Hotline **(773) 702-0620**
  - By completing the attached question form.
  - By going online and printing the form out.  
<https://www.uchicagomedicine.org/living-donor-questionnaire>
- Information about how to submit the donor question form is on the next page.
- When we get the completed donor question form, a member of our living donor team will contact the possible donor to start the process. This team member will focus only on the health needs of the possible donor.

## For questions for more information about Living Organ Donation

**Contact our Living Donor Project Coordinator at (773) 702-0620.**

**Living Kidney Donation:** For more information, please visit:

<https://www.uchicagomedicine.org/living-donor-kidney-transplant>

**Living Liver Donation:** For more information, please visit:

<https://www.uchicagomedicine.org/living-donor-liver-transplant>

Health Literacy and Plain Language by  
Urban Health Initiative Office of Diversity, Equity and Inclusion  
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# To Possible Organ Donor

**University of Chicago Medicine thanks you for your interest in being a possible living organ donor.**

To begin the process, you can contact our Living Donor Hotline to complete the survey by phone.

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

You can also fill out the donor question form below (pages 1 to 5) and return the form to the living donor team in one of the following ways:

**Email:** [eliza.tucker@uchicagomedicine.org](mailto:eliza.tucker@uchicagomedicine.org)



Please know that when you send an email to the University of Chicago Medicine, the information in the email and any attachments may not be secure.

This means that your email may be intercepted, read or forwarded by an unauthorized third party, someone you do not know and does not have your permission.

By first contacting the University of Chicago Medicine using email, you are saying that you know of and take responsibility for this risk.

**Fax: (773) 834-0732**

**In Person Drop-Off:**

The University of Chicago Transplant Clinic is in the Hyde Park outpatient building:  
DCAM 2F (Duchossois Center for Advanced Medicine)  
5758 South Maryland Ave  
Chicago, IL 60637.

Please ask the front desk staff to place your documents in the Living Donor box inside of clinic. When we have the form, a member of the living donor team will contact you within 24 to 48 business hours.

**If you have any questions, please call our  
Living Donor Project Coordinator at (773) 702-0620.**



AT THE FOREFRONT  
**UChicago  
Medicine**

Transplant  
Institute

# Living Organ Donor Question Form

Please complete this survey and return to our living donor team.

Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone Number:

Cell Phone:

Email:

**Preferred time of contact:**

What organ are you interested in possibly donating?  Liver  Kidney  Both

**Do you have a specific person you want to donate to?**  Yes  No

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

Transplant Recipient Name (print):

Date of birth:

Have you met this recipient?  Yes  No

Does your recipient know you are thinking about donation?  Yes  No

What is your relationship to the recipient?  I have no personal relationship

Other: \_\_\_\_\_

(If family member say how they are related, such as brother, sister, mother, father....)

**Can we send a letter to this recipient** telling them we have a donor?

(it will not include your name or any personal information)  Yes  No

**Please provide the following information about yourself**

Height:

Weight:

Blood type:

Gender (sex assigned at birth):

Race:

Primary language:

Are you a United States citizen?  Yes  No

**Do you have health insurance?**  Yes  No

**If yes:** Name and kind of insurance:

**Primary Care Doctor Name:**

Address:

Phone Number:

# Living Organ Donor Question Form

## Donor Medical History

**If yes to any question, write down when you were diagnosed, the kind of disease, and treatments you have had.**

Do you have any allergies?  Yes  No

Have you ever been diagnosed with diabetes?  Yes  No

Does anyone in your family have a history of diabetes?  Yes  No

Have you ever been diagnosed with high blood pressure?  Yes  No

Have you ever been diagnosed with cancer?  Yes  No

Does anyone in your family have a history of cancer?  Yes  No

Have you ever been diagnosed with liver disease?  Yes  No

Have you ever been diagnosed with a gastro-intestinal disease?  Yes  No

Have you ever been diagnosed with a lung disease?  Yes  No

Have you ever been diagnosed with kidney disease?  Yes  No

Have you ever had kidney stones?  Yes  No

Have you ever been diagnosed with HIV or AIDS?  Yes  No



# Living Organ Donor Question Form

## Donor Medical History (continued)

**If yes to any question, write down when you were diagnosed, the kind of disease, and treatments you have had.**

Have you ever been diagnosed with heart problems?  Yes  No

Have you had a heart attack in the past?  Yes  No

Have you ever had heart surgery or stents put in?  Yes  No

Have you ever been diagnosed with an auto-immune disease?  Yes  No

Have you had any abdominal surgeries?  Yes  No

Have you ever been diagnosed with a mood disorder such as depression, anxiety or bipolar disorder?

Have you ever been diagnosed with a psychiatric condition?  Yes  No

**Please list any other medical history that was not listed above:**



# Living Organ Donor Question Form

## Donor Medications

Please list all medications you take now including prescriptions, over the counter medications, supplements, and herbs.

Medication	Dose (how much you take)	How often you take it

## Donor Social History

If yes to any question, please describe

Have you ever used any recreational or illegal drugs?  Yes  No

Do you use marijuana (pot)?  Yes  No

Do you now smoke cigarettes or use tobacco?  Yes  No

Do you now vape or use electronic cigarettes?  Yes  No

Do you have a history of smoking cigarettes or using tobacco products?  Yes  No

Start date: \_\_\_\_\_ Quit date: \_\_\_\_\_

Do you drink alcohol?  Yes  No Number of drinks a week: \_\_\_\_\_

Are you employed?  Yes  No

If yes:  Part time  Full time

What is your occupation (kind of work you do)? \_\_\_\_\_

Are you a student?  Yes  No Highest level of education: \_\_\_\_\_

# Living Organ Donor Question Form

## Donor Social History (continued)

What is your relationship status?  Single  Married  Other \_\_\_\_\_

Do you have any children?  Yes  No

If yes, what are their ages? \_\_\_\_\_

Do you live alone or with others?  Alone  With others

Do you have someone who can help you after surgery?  Yes  No  Not sure

## Questions or Concerns:

If you have any questions, concerns, or other information you want to provide, please use the space below:


## Signatures

Donor Printed Name:

Donor Signature:

Date:

**Thank you for completing the Living Donor Question form.**

Someone from our team will contact you within  
48 business hours after we receive this form.

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

