

COVID-19 Consent Form for organ transplant

Name of patient

Age/Sex

Hospital ID

Dr _____ of _____ hospital has explained to me the additional risk that are associated with transplant during the CoViD 19 pandemic. I understand fully that despite all the best intentions, adequate testing and precautions, there is a risk of peri-operative transmission of the CoViD 19. I have also been explained that with the currently available data, it is difficult to exactly quantify this risk. I am also aware that the donor will be screened for this infection but despite a negative screening , there is a small risk of transmission due to false negative test. Understanding all the potential benefits of the transplant despite the risk associated with CoViD 19, I have agreed to undergo _____ transplant. If despite following the SOP, CoViD 19 infection is transmitted, I will not hold the organ distributing agencies (ZTCC/ SOTTO/ ROTTO/NOTTO) or the transplant teams or Hospital responsible.

Name of the Patient

Name & Signature of two independent witnesses

Signature

1.

2.

Date

Place

Name & Signature of the doctor administering consent

Date

Place