Organ Donation & Transplantation-Kidney Transplant Program Hep C Register & Hep C positive donors

**Summary** Establishes the NSW Health endorsement for a registry of transplantation patients who are HCV Virus Antibody positive/PCR positive (HCV Ab+ve / PCR+ve) and who are willing to consent to receive kidneys from HCV AB+ve donors.

**Document type** Policy Directive

**Document number** PD2010_067

**Publication date** 04 November 2010

**Author branch** Office of the Chief Health Officer

**Branch contact** 9391 9524

**Review date** 31 December 2017

**Policy manual** Patient Matters

**File number**

**Previous reference** N/A

**Status** Review

**Functional group** Corporate Administration - Governance

Clinical/Patient Services - Surgical, Medical Treatment

Population Health - Communicable Diseases

**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Public Health Units, Public Hospitals

**Distributed to** Public Health System, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres

**Audience** Clinical staff of transplantation units; Critical care staff

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Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
ORGAN DONATION AND TRANSPLANTATION - THE NSW KIDNEY TRANSPLANT PROGRAM HEPATITIS C REGISTER AND USE OF HEPATITIS C ANTIBODY POSITIVE DONORS

PURPOSE
This document provides the framework for the registration of patients who are hepatitis C (HCV) antibody positive and RNA positive (Ab positive/RNA positive), and are awaiting renal transplantation, who consent to receive kidneys from HCV Ab positive1 and hepatitis B core antibody negative (HBVcAb negative) organ donors. The register will be known as the NSW Kidney Transplant Program Hepatitis C Register (‘the Register’).

The NSW Register will be part of a national register of HCV Ab positive/RNA positive potential kidney transplant recipients within the National Organ Matching System (NOMS) Kidney Required List.

MANDATORY REQUIREMENTS
The NOMS Kidney Required List is to have a field added to the waiting list criteria to indicate whether the patient is on the Register. Potential recipients listed on the Register will be matched using the national kidney matching algorithm but will also remain on the general kidney allocation waiting list.

The decision to list and transplant a HCV positive potential recipient requires the following strategies to be put in place to minimise any risk of inappropriate allocation or transplantation:

- Transplant Units are to assess and select potential recipients who are HCV Ab positive/RNA positive who would be suitable to receive a kidney from a HCV Ab positive donor.
- Transplant Units must inform a potential recipient of the potential risks of both acceptance and non-acceptance of a HCV Ab positive kidney including disclosure of all material risks. This is to include providing the potential recipient with a copy of the Potential Recipient Information Sheet (Attachment 1).
- Transplant Units must afford the potential recipient reasonable time to make a decision regarding the possibility of being listed on the Register. The option of being listed on the Register should ideally be given to the potential recipient at the time of entering onto the Kidney Required List or as soon as their HCV Ab positive/RNA positive status is confirmed.
- Transplant Units are to retain a signed copy of the Potential Recipient Information Sheet as part of the medical record once the potential recipient has decided on whether to enter the Register or not. A copy must also be provided to the potential recipient.
- The potential recipient must also sign the Agreement to Enter the NSW Kidney Transplant Program Hepatitis C Register (Attachment 2). The Transplant Unit is to forward this form together with the Medical Request to Place a Potential Recipient on the NSW Kidney Transplant Program Hepatitis C Register (Attachment 3) to NOMS at the Australian Red Cross Blood Service (ARCBS). NOMS will only list a potential recipient on the Register once both forms have been received.
- Listing on the Register requires dual entry and authorisation by two (2) NOMS users.
- Listing on the Register is valid for twelve (12) months from the date of consent. NOMS will automatically identify potential recipients whose Agreement to Enter the NSW Kidney Transplant Program Hepatitis C Register has lapsed. Transplant Units will be notified by email when a potential recipient’s Agreement has lapsed and will be informed that the potential recipient will be removed from the Register unless a new Agreement is completed and forwarded to NOMS.

1 Potential donors only need to be tested for HCV antibodies as all potential recipients are HCV Ab positive and RNA positive. Potential donors maybe HCV RNA positive or negative.
Transplant Unit Directors or their Authorised Representatives are to ensure that potential recipients on the Register have a HCV PCR test performed 6 monthly and to forward the result to both NOMS and the tissue typing laboratory at ARCBS. The tissue typing laboratory is to be notified immediately in writing if the potential recipient’s HCV PCR test returns a negative result.

**IMPLEMENTATION**

From the date on which this Policy Directive is issued:

- Area Health Services must ensure Transplant Units have established procedures to ensure that hepatitis C positive potential kidney transplant recipients are assessed for their eligibility for listing on the Register, offered appropriate information regarding the Register, sign the appropriate documentation if they consent to listing on the Register and have their hepatitis C RNA status monitored.

- NOMS must ensure that it has established procedures and processes to establish and maintain the Register in NSW, including issuing reminders to Transplant Units when a hepatitis C positive potential recipient’s Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register has lapsed.

- The State Medical Director, NSW Organ and Tissue Donation Service (NSW OTDS) is responsible for ensuring that hospital-based organ donation staff understand the need to notify confirmed HCV Ab positive/HBVc Ab negative deceased persons as potential organ donors.

**Roles and responsibilities of the NSW Department of Health**

- Maintain a collaborative relationship with Area Health Services, the Australian Red Cross Blood Service (ARCBS) Tissue Typing Laboratory and National Organ Matching Service (NOMS).

**Roles and responsibilities of Chief Executives**

- Ensure Transplant Units implement procedures for identifying HCV Ab positive/ RNA positive potential recipients, assessing their suitability for listing on the Register and listing them on the Register.

**Roles and responsibilities of Transplant Units**

- Develop and implement procedures for identifying HCV Ab positive/RNA positive potential recipients, assessing their suitability for listing on the Register and listing them on the Register.

- Ensure that the potential recipient renews their Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register annually and that the updated form is sent to NOMS.

- Notify NOMS in writing should the potential recipient revise their decision to be listed within the 12 month cycle.

- Confirm the hepatitis C status of the potential recipient at the time of offer of an organ for transplantation.

- Collect immediately prior to transplantation a sample of serum for storage from the potential recipient.

- Ensure the consent form at the time of transplant reflects the potential recipient’s acceptance of the organ from a HCV Ab positive donor.

- All forms annexed to this Policy Directive can be obtained from SALMAT by Electronic Print On Demand (ePOD)

**Roles and responsibilities of the NSW Organ and Tissue Donation Service**

- Work collaboratively with health services to identify HCV Ab positive/HBVc Ab negative potential organ donors.
REVISION HISTORY

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<th>Approved by</th>
<th>Amendment notes</th>
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<td>November 2010</td>
<td>Deputy Director-General Population Health &amp; Chief Health Officer</td>
<td>New Policy</td>
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1 Background

Kidney transplantation is a highly effective treatment for advanced renal disease and relies on the donation of organs from living or deceased donors. Currently, the number of patients who may benefit from transplantation is far greater than the number of kidneys donated, and the availability of donor organs is the limiting factor in applying organ transplantation as a therapy.

In order to manage equitable access to donated kidneys the Transplantation Society of Australia and New Zealand (TSANZ) has developed eligibility criteria for patients to be listed for organ transplantation and protocols for the allocation of organs to patients once listed. Decisions to allocate kidneys take into account the following ethically relevant criteria:

- relative urgency of need;
- medical factors which affect likelihood of success (eg tissue matching);
- relative severity of illness and disability;
- relative length of time on the waiting list;
- likelihood that the recipient will (be able to) comply with the necessary ongoing treatment after transplantation

There is evidence that recipients of kidneys and other transplants with chronic hepatitis C infection have significantly worse long-term outcomes following transplantation than non-infected recipients. However, it is also recognised that individuals with chronic hepatitis C infection with end stage renal disease may benefit from transplantation for reasons of medical urgency – for example, where transplantation may be life saving. In recognition of such situations, the Renal Transplant Advisory Committee of TSANZ developed a Hepatitis C Register to allow transparent and equitable allocation of kidneys from hepatitis C antibody positive (HCV Ab positive) and hepatitis B core antibody negative (HBVc Ab negative) donors to hepatitis C Ab positive and RNA positive (HCV RNA positive) potential recipients who consent to be considered for such kidneys.

This Guideline provides the framework for establishment of the NSW component of the TSANZ National Hepatitis C Register - the NSW Kidney Transplant Program Hepatitis C Register (the Register).

This Guideline must be read in conjunction with PD2010_002 Organ donation and transplantation – managing risks of transmission of HIV, HCV and HBV.

2 The NSW Kidney Transplant Program Hepatitis C Register

The Register is housed within the National Organ Matching Service (NOMS) database.

NOMS will match deceased HCV Ab positive, hepatitis B c Ab negative kidney donors with HCV Ab positive/RNA positive potential recipients. The Kidney Required List will have a field for the Register added. Potential recipients listed on the Register will be matched using the national algorithm.

Potential recipients who accept listing on the Register will remain on the Kidney Required List.
3 Listing of potential recipients on the NSW Kidney Transplant Program Hepatitis C Register

The decision to list and transplant HCV Ab positive/RNA positive potential recipients requires that strategies are in place to minimise any risk of inappropriate allocation or transplantation. These strategies include:

- NOMS will only update the Register on receipt of the signed Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register (Attachment 2) and the Medical request to place potential recipient on the NSW Kidney Transplant Program Hepatitis C Register (Attachment 3).

- Listing on the Register will require dual entry and authorisation by 2 NOMS users.

- NOMS will automatically identify a potential recipient whose annual Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register has lapsed. This will prompt an email to notify the relevant Transplant Unit that the potential recipient will be removed from the Register unless the Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register is updated.

- NOMS requires that Transplant Unit Directors or their authorised representatives ensure that a HCV PCR test is performed every 6 months and that the tissue typing laboratory at ARCBS is notified immediately if the potential recipient’s HCV PCR test result is negative.

4 Transplantation Unit Responsibilities

It is the responsibility of individual Transplant Units to assess and select potential recipients who would be suitable to receive a kidney for transplantation from a HCV Ab positive donor.

4.1 Potential Recipient Inclusion/Exclusion Criteria

Transplant Units must exclude those potential recipients who are:

- currently being treated for HCV; or
- who are HCV RNA negative.

All other suitable potential recipients for inclusion on the Register must:

- be reviewed by a NSW Renal Transplant Unit and accepted and listed for transplantation as per the TSANZ protocol.
- discuss with their Transplant Unit the possibility of accepting an organ for transplantation from a HCV Ab positive donor.

4.2 Informed consent of potential recipients

There is a requirement in law for the Transplant Unit to inform a potential recipient of the risks and consequences of both acceptance and non acceptance of a particular organ, including disclosure of all material risks.
Transplant Units must afford potential recipients reasonable time to make a decision regarding the possibility of listing on the Register and to receive a potential offer of a kidney from a HCV Ab positive donor. This option should ideally be given to the potential recipient at entry onto the waiting list or as soon as their HCV Ab positive/RNA positive test result is confirmed.

The potential recipient should be provided with the Potential recipient information sheet (Attachment1) and given the opportunity to consider the decision.

The Potential recipient information sheet provides an opportunity for the potential recipient to acknowledge and document that they have received, read and understood the information provided and have had an opportunity to ask questions. The potential recipient should initial each criterion.

The signed Potential recipient information sheet must be retained as part of the medical record. A copy must also be given to the potential recipient.

4.3 Transplant Unit responsibilities re listing of potential recipients on the NSW Kidney Transplant Program Hepatitis C Register

If a potential recipient agrees to be listed on the Register it is the responsibility of the Transplant Unit Director (or delegate) to ensure that:

- the potential recipient has signed the Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register (Attachment 2). A copy must be given to the potential recipient.
- they have signed the Medical request to place potential recipient on the NSW Kidney Transplant Program Hepatitis C Register (Attachment 3).
- the potential recipient’s HCV RNA status has been ascertained prior to nominating them for listing.
- the local tissue typing laboratory has been provided with a copy of the Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register, the Medical request to place potential recipient on the NSW Kidney Transplant Program Hepatitis C Register and a copy of the results of the potential recipient’s HCV PCR test.

4.4 Maintenance of a potential recipient’s listing on the NSW Kidney Transplant Program Hepatitis C Register

The Transplant Unit must monitor the potential recipient’s HCV status every 6 months by PCR testing. The results of repeat PCR testing must be provided to the tissue typing laboratory or the potential recipient’s listing on the Register will be discontinued.

The tissue typing laboratory must be notified in writing if the potential recipient’s HCV PCR test returns a negative result. In the event of a negative HCV RNA test result the potential recipient will be removed from the Register.

The Transplant Unit must ensure that the potential recipient renews their Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register annually and that the updated form is sent to NOMS. NOMS will remove the listing from the Register if an
updated Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register is not received.

To ensure that the relevant documentation and test results are maintained in the Register, NOMS will circulate listings on the Register to each Transplant Unit Director with the date of entry to list. The relevant dates for repeat HCV PCR testing and renewal of the potential recipient’s Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register will also be provided.

Should the potential recipient revise their decision to accept listing on the Register within the 12 month cycle, the Transplant Unit Director (or delegate) must notify NOMS in writing of that decision.

4.5 Responsibilities of Transplant Units at time of offer for transplantation

The HCV status of the potential recipient at the time of offer of organ for transplantation should be confirmed by the Transplant Unit (based on the PCR result within the last 6 months). If the patient’s PCR test result or HCV status cannot be confirmed, then the offer should not be made and the kidney should be reallocated.

Immediately prior to transplantation, a sample of serum should be collected from the potential recipient and stored according to National Pathology Accreditation Advisory Council guidelines.

The consent form at the time of transplant must reflect the potential recipient’s acceptance of the organ from a HCV Ab positive donor. In addition to the usual risks of transplantation, the transplant team should also ensure that the potential recipient understands that:

- no pathology test which is performed on a donor is entirely accurate;
- there is a small chance that screening of the donor has not identified another potential infectious agent;
- tests are not performed for all known infectious diseases; and
- there are rare instances where transplantation results in the transmission of infections that have not been described before.

The donor may have a different genotype of HCV to the recipient and the implication of this.

4.6 Surveillance of infections in transplant recipients

The Transplant Unit should determine whether any unanticipated transmission of a blood borne virus has occurred by performing serological testing of the recipient at least two months post-transplant. Unexpected seroconversion post-transplant may indicate infection as a consequence of transplantation. Where this occurs, the recipient’s stored serological sample that was collected immediately prior to the transplant should be tested in order to determine whether transplantation played a role in transmission.

All unanticipated transplant–associated infections should be reported to the:
- Incident Information Management System (IIMS) in accordance with PD2007_061 Incident Management.
- NSW OTDS State Medical Director
- local Public Health Unit.
5  Hepatitis C antibody positive donors

The NSW OTDS State Medical Director (SMD) is responsible for ensuring that hospital-based organ and tissue donation staff notify the NSW OTDS of potential HCV Ab positive/HBV cAb negative deceased donors.

The NSW SMD must also ensure that appropriate screening algorithms and protocols are in place to assist staff in determining clinical suitability of such potential donors. These protocols and algorithms must include assessment and screening of the potential donor for other blood borne viruses or co-infections which may potentially impact on the recipient.

Assessment and screening should be undertaken according to the requirements of PD2010_002 Organ Donation and Transplantation – managing risks of transmission of HIV, HCV and HBV.

The Chair of the NSW Transplant Advisory Committee (TAC) will monitor and report on transplant program outcomes for recipients of organs from HCV Ab positive donors through the RTAC; and report and advise the NSW Chief Health Officer as required of the need to revise this policy.
### NSW KIDNEY TRANSPLANT PROGRAM HEPATITIS C REGISTER
#### POTENTIAL RECIPIENT INFORMATION SHEET

**INTRODUCTION**

Hepatitis C is a virus which can cause liver disease in patients who are chronically infected. About 75% of people exposed to hepatitis C develop a chronic infection and some of those people develop cirrhosis (irreversible scarring of the liver) or cancer of the liver many years after infection.

You have been tested and found to have chronic hepatitis C infection. It may be possible for you to receive a kidney from a donor who has also been exposed to hepatitis C and who is hepatitis C antibody positive.

Organs from hepatitis C antibody positive donors may be offered to carefully selected and appropriate transplant recipients who agree to be listed for such an offer. You have the option of having your name entered onto the NSW Kidney Transplant Program Hepatitis C Register. This means that you have indicated a willingness to receive an offer for a kidney from a donor who is hepatitis C antibody positive. Adding your name to the NSW Kidney Transplant Program Hepatitis C Register will not affect your current status and accumulated waiting time on the National Organ Matching System (NOMS) Kidney Required List.

**HEPATITIS C IN DECEASED DONORS**

A positive hepatitis C antibody test in a donor means that they have been exposed to hepatitis C. The risk of chronic infection in the donor (and therefore, capacity to transmit the virus) is 60-80%. In the event that the donor is chronically infected, the risk of transmitting the virus to a kidney recipient is almost 100%.

**POSSIBLE ADVANTAGES OF AGREEING TO BE LISTED ON THE NSW KIDNEY TRANSPLANT PROGRAM HEPATITIS C REGISTER**

The major advantage of agreeing to be listed on the NSW Kidney Transplant Program Hepatitis C Register is you may receive an offer of a kidney earlier than you would via the NOMS Kidney Required List because your name will be placed on both lists.

Long periods on dialysis may be detrimental to your health.

Accepting an offer of a kidney from a hepatitis C antibody positive donor is separate to agreeing to be on the NSW Kidney Transplant Program Hepatitis C Register. In the event that you receive an offer of a kidney from a hepatitis C antibody positive donor, the following information should be read and discussed with your transplant physician.

**RISKS OF ACCEPTING A KIDNEY FROM A HEPATITIS C ANTIBODY POSITIVE DONOR**

Risks of possible side effects of hepatitis C, such as chronic liver disease, need to be compared with the risks of continued dialysis and possible death on dialysis when you are considering whether to participate in the NSW Kidney Transplant Program Hepatitis C Register and to accept an offer of a kidney from a hepatitis C antibody positive donor. As you already have chronic hepatitis C infection, you are already at risk of chronic liver disease.

In one study, abnormal liver tests were noted in approximately 28% of patients who received kidneys from hepatitis C antibody positive donors with an average follow-up of five years. This finding is consistent with findings for transplant recipients who did not receive organs from hepatitis C antibody positive donors.

Although the 4 year survival rate is not changed by receiving a kidney from a hepatitis C antibody positive donor, there are several reports that after 10 years there is a significant risk of death from liver disease. Older people (over the age of 44 years) and people with diabetes may be at increased risk of hepatitis C-related liver damage. The risk of diabetes is higher in hepatitis C positive patients who have a kidney transplant compared with hepatitis C antibody negative patients. It is uncertain whether accepting a kidney from a hepatitis C antibody positive donor increases this risk further.
Cirrhosis may develop in a small number of people after many years of infection with the hepatitis C virus and may lead to fatal complications.

The amount of circulating hepatitis C virus in the blood (viral load) after transplant is increased by immune suppression. If viral load becomes extremely high it may cause further liver injury.

Hepatitis C antibody positive donors may also have been at an increased risk of infection with other viruses such as hepatitis B and HIV. In NSW deceased donors are screened for these viruses using antibody testing. Where there is evidence of risk or potential risk behaviour or where there is no medical history available, Nucleic Acid testing (NAT) is also performed to minimise the risk of transmission. It is important to note that no pathology test performed on a deceased donor is able to identify all infections; all the time. There is an extremely small chance that screening a donor for HIV and HBV may not identify an infection. Further organs from donors infected with HCV may have other co-infections which are not screened. Although rare, there are instances where transplantation has transmitted infections that are not screened for or which have not been identified previously.

You may be offered a donor kidney that has a different genotype of HCV to the type of HCV which you have been diagnosed with. Data on the outcomes of transplantation with different genotypes of HCV between donor and recipient is still being collected. Your transplant clinician should discuss the potential implications of this with you.

Should a liver biopsy be necessary, there is a risk of bleeding associated with the biopsy. It is estimated that this risk is less than 1%, although local pain or bruising can occur at the site of the liver biopsy. Other risks include those risks generally associated with kidney transplantation and you may wish to discuss these with your transplant surgeon.

The information in this information sheet is based on current medical knowledge. Medical knowledge may change over time. If new information arises you will be advised.

Acknowledgment of reading the Potential Recipient Information Sheet

I ................................................................. have read the information above in relation to receiving a kidney from a deceased donor who is hepatitis C antibody positive.

Please initial beside each statement below.

_______ I understand the reasons for recommending this treatment

_______ I understand the potential risks and benefits of receiving this treatment

_______ I have been given the opportunity to ask questions about this treatment.

_______ I am satisfied with the answers I have received to my questions.

______________________________ Date
Signature of patient

______________________________ Date
Signature of witness

1. Original to be given to patient
2. Copy to be filed in Patient Medical Record
Facility:

PATIENT /CLIENT AGREEMENT TO ENTER THE NSW KIDNEY TRANSPLANT PROGRAM HEPATITIS C REGISTER

Introduction
You are being offered the option to have your name entered onto the NSW Kidney Transplant Program Hepatitis C Register to receive an offer of a kidney for transplantation obtained from a donor who tests positive for hepatitis C antibody. This unit agrees to transplant organs from hepatitis C antibody positive donors to carefully selected transplant recipients who agree to be listed for such an offer. Agreement to participate is voluntary. You will also remain on the National Organ Matching System (NOMS) Kidney Required List without any impact on your current status and accumulated waiting time.

Why have I been selected?
You have been offered the opportunity to be entered on the NSW Kidney Transplant Program Hepatitis C Register because you currently test positive for the hepatitis C virus (hepatitis C antibody and hepatitis C RNA) and you are not currently receiving or being considered for hepatitis C treatment.

What will be expected of me if I agree to be entered onto the NSW Kidney Transplant Program Hepatitis C Register?

- If you agree to proceed, you will have an initial blood test to confirm your hepatitis C status and you will be required to undergo testing every 6 months to reconfirm your hepatitis C status.
- Other information which may be required by the transplant unit will include any history of liver disease or risk factors for liver disease.
- You will be required to renew this agreement to enter the NSW Kidney Transplant Program Hepatitis C Register every year to continue to being listed on the Register.
- Your hepatitis C test results will be sent to the tissue typing laboratory at the Australian Red Cross Blood Service and will be used to confirm your placement and retention on the Register. If your hepatitis C status changes – that is if you become hepatitis C RNA negative - your name will be withdrawn from the Register by your transplant doctor. The reason for this is that you will no longer have chronic hepatitis C infection.
- Should you wish to withdraw your agreement to being listed on the Register you will be required to notify your transplant doctor.
- In the event of receiving a transplant from a hepatitis C antibody positive deceased donor it will be necessary for you to have ongoing medical follow up and monitoring of your health.

What are the possible side effects or risks?
There is a risk of acquiring hepatitis C from a hepatitis C antibody positive donor. Therefore eligibility for listing on the Register is restricted to patients who have chronic hepatitis C infection.

The Potential Recipient Information Sheet that was provided to you outlines the risks of accepting a transplant from a hepatitis C antibody positive donor. You must read and sign that document before you sign this agreement.

What are the benefits?
The benefit you may gain from accepting this offer to be listed for a kidney from a hepatitis C antibody positive donor is that you may be offered a kidney for transplant sooner than you might otherwise be if you chose to remain only on the National Organ Matching System (NOMS) Kidney Required List for a kidney from a donor who is hepatitis C antibody negative.

Most patients who receive a kidney transplant feel better, stay healthier and live longer than patients with kidney failure who stay on dialysis.
Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register

Other requirements.
You will be required to have a hepatitis C PCR test every 6 months to measure hepatitis C RNA, and other regular medical follow up.

What are the alternatives?
You may decide not to proceed with this listing and remain on the NOMS Kidney Required List without any impact on your accumulated waiting time. Your medical treatment and eligibility for a deceased donor kidney will not be influenced in any way by your choice.

Will my records be kept confidential?
As with all other health care records only personnel involved in your care will access your medical record. By law, all health staff and agencies are required to maintain confidentiality of personal health information. Identifiable information will not be included in any publication without your permission.

Potential recipient authorisation
I have read the information in this agreement and in the Potential Recipient Information Sheet. I understand what will be required of me and of my transplant doctor to be listed on the NSW Kidney Transplant Program Hepatitis C Register. I understand that my name may be removed from the Register should my hepatitis C RNA status change on PCR testing or should I wish to withdraw.

I understand that this is not a consent to accept a kidney for transplant from a hepatitis C antibody positive donor and that should such an offer be made, my transplant doctor and I will further discuss my consent to transplantation at that time.

I have reviewed any questions I have with my transplant doctor and I voluntarily agree to proceed with listing on the NSW Kidney Transplant Program Hepatitis C Register to receive an offer of a kidney from a hepatitis C antibody positive donor.

Print Name of potential recipient ___________________________ Signature of potential recipient ___________________________ Date ____________

Print Name of transplant doctor ___________________________ Signature of transplant doctor ___________________________ Date ____________

Print name of witness ___________________ Signature of witness ____________________
1. Copy to National Organ Matching Service – ARCBS Tissue Typing Laboratory
2. Copy to be given to patient
3. Original to be filed in Patient Medical Record
To be completed and signed by the Director of the transplant unit or their delegate

I Dr ......................................................... authorise that the above patient is eligible to be placed on the NSW HCV Kidney Transplant Program Hepatitis C Register to accept an offer of a kidney from donors who are hepatitis C antibody positive, hepatitis B surface antigen negative and hepatitis B core antibody negative.

I confirm that all of the following have been completed for the above patient:

1. The potential recipient has read the Potential Recipient Information Sheet and has been given the opportunity to ask questions. The potential recipient has signed the Potential Recipient Information Sheet in acknowledgement of this and has received a copy of the signed Sheet.

2. The Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register has been signed by the potential recipient on (date)……………………

3. I acknowledge that the Agreement to enter the NSW Kidney Transplant Program Hepatitis C Register needs to be renewed on an annual basis.

4. The potential recipient has had a hepatitis C PCR test performed which is positive (date test performed)………………

5. The transplant unit will repeat the HCV PCR test on this potential recipient every 6 months.

6. If the potential recipient’s HCV PCR result becomes negative I will notify the ARCBS in writing to remove the potential recipient from the NSW Kidney Transplant Program Hepatitis C Register.

7. Should the potential recipient wish to withdraw from the NSW Kidney Transplant Program Hepatitis C Register I will notify the ARCBS and NOMS in writing.

Print name of transplant doctor or delegate

__________________________________________________________

Designation

__________________________________________________________

Signature of transplant doctor     Date

1. Copy to National Organ Matching Service – ARCBS Tissue Typing Laboratory

2. Original to be filed in Patient Medical Record