**Covid-19 specific consent for recipients of deceased donor kidneys**

**To be recorded and inserted into the recipient’s case notes with consent documents**

This document records the conversation with the recipient (and/or parents/guardians of children and young people undergoing transplant) during the consent process. It is based on, and should be completed in conjunction with the NHSBT/BTS issued guidance shown below

https://bts.org.uk/wp-content/uploads/2020/06/NHSBT-BTS-consent-guidance-COVID-19-Version-2-Updated-5th-June-2020-FINAL-for-Publication.pdf

**As part of the consent process, we have discussed the following:**

* Risk of transmission of SARS CoV2 from the deceased donor
* Risk of developing Covid-19 in the post-transplant period and treatments, including decreasing immunosuppression treatment, and subsequently:
	+ Risk of graft dysfunction and failure because of change in immunosuppression
	+ Risk of death
* Post-transplant follow up and effect of other hospital services on treating complications:
	+ Changes to ward and outpatients – flow and designated areas
	+ Prioritising investigations (such as radiology, and other services managing Covid-19)
	+ Access to critical care services
* Risk of not proceeding to transplant
* Current advice for post-transplant shielding and isolation
* Other – insert details

Surgeon taking consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Or details of parent/guardian for CYP*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_