

TREATMENT CERTIFICATE(Template)

(From Nephrologist & Transplant Surgeon for near related, unrelated/spousal/swap kidney transplant)

This is to certify that Mr. / Mrs. / Miss -----, S/o, D/o, W/o, H/o, Mr./Mrs./Miss ----- residing at (address) -----is suffering from End Stage Renal Disease due to -----. We have discussed with Mr./Mrs./Miss ----- (recipient) about the various modalities of treatment available for the management of End Stage Renal Disease.

Mr. / Mrs. /Miss -----has decided to undergo renal transplantation. His/ Her blood group is -----. We have screened his/her immediate family members based on the details of the family submitted by him/her.

The immediate family members are not considered as prospective kidney donors for the following reasons *(reasons can vary; incompatibility, minor of age<18 years, medically unfit etc.)

Sr.No.	Name	Age	Relationship to recipient	Blood Group	Reason *Proof attach

Mr. / Mrs. /Miss ----- desires to have kidney transplantation with Mr. / Mrs. /Miss ----- S/o, D/o, W/o, H/o ----- Address ----- as the kidney donor who is not an immediate biological family member.

We have discussed with Mr. /Mrs. /Miss ----- (recipient) the possible outcome and complications of renal transplant surgery and the need to take regular medication lifelong to prevent rejection.

He /She is also informed that long term results of kidney transplanted from an immediate relative are better than that transplanted from unrelated donor.

We have also discussed with Mr. / Mrs. / Miss ----- (prospective donor) and his next of kin (relationship to the prospective donor) ----- Mr./Mrs./Miss ----- about the nature and complications of removing a kidney surgically and also the need to have regular health check-up lifelong.

Signature of the Nephrologist
Name in block letters:
Seal & Date:

Signature of Transplant Surgeon
Name in block letters:
Seal & Date: