

**Independent Assessor Contingency report**

# Updated June 2020

# Next review date: June 2021

**Please note**: all mandatory fields are marked with \* and will need to be completed before moving to the next page.

**Section A – Category of transplant**

I confirm that I have read, understood and applied the guidance issued by the HTA.\*

Yes🞐 No🞐

Is this a case where transplant will take place in Scotland?\*

Yes🞐 No🞐

Name of Independent Assessor\*:

Date of Independent Assessment\*: DD/MM/YYYY

Is the Transplant:\*

🞐 Directed *(Donor and recipient have a pre-existing genetic or emotional relationship)*

🞐 Non directed altruistic *(Donor is donating to an unknown recipient)*

🞐 Paired *(Donor and recipient agree to be matched against another pair in the Living Kidney Sharing Scheme)*

🞐 Pooled *(Donor and recipient agree to be matched against a multiple of pairs in the Living Kidney Sharing Scheme)*

🞐 Directed altruistic *(Donor and recipient do not have a genetic or pre-existing emotional relationship)*

Type of organ or part organ to be transplanted\*:

Kidney🞐 Liver lobe🞐 Lung Lobe🞐 Small Bowel🞐 Uterus 🞐 Other 🞐 if so, specify:

**Section B – Details of donor, recipient / partner and location of transplant**

Last name of donor - \*

First name of donor - \*

Date of Birth of donor - \* (dd/mm/yyyy)

Gender of Donor Male / Female

Last name of recipient / partner - \*

First name of recipient / partner - \*

Date of Birth of recipient/partner - \* (dd/mm/yyyy)

Gender of recipient/partner Male / Female

Name of Living Donor Coordinator (1)\*:

Name of Living Donor Coordinator (2):

Name of medical practitioner who has clinical responsibility for the donor\*:

Name of Transplant Unit\*:

Name of Transplant Centre\*:

**Section C – Evidence of identity and status of relationship**

Please confirm you have viewed evidence of identity for donor and recipient / partner to ensure you are interviewing the right person(s)\*:

Yes🞐 No🞐

If no, please explain why this cannot be provided:

Please confirm you have viewed evidence of relationship between donor and recipient / partner\*:

Yes🞐 No🞐

If no, please explain why this cannot be provided:

Relationship of donor to recipient / partner\*:

Please state the documentary / photographic evidence you have seen that confirms the relationship of donor to recipient / partner in this case:\*

Where the donation is a directed altruistic donation please provide details of how donor and recipient came to know of each other and an explanation of how the offer of donation arose:

**Section D – About the donor**

In the referral letter, has the registered medical practitioner responsible for the donor confirmed that the donor has capacity or competence to make the decision to donate their organ or part organ?

Yes🞐 No🞐

Is the donor?\*

* 1. An adult with capacity to understand the donation process in order to consent?

Yes🞐 No🞐

* 1. A child who is not competent to understand the donation process in order to consent?

Yes🞐 No🞐

During the Independent Assessment interview, did you have any concern about the donor's capacity to understand the nature of the medical procedure and the risks involved; and their understanding that they can withdraw their consent?\*

Yes🞐 No🞐

If yes is selected, please provide details of the observations you have made regarding the donor’s capacity which may assist us in our case review:

**Section E – Communication**

***Communication with donor***

Were there any difficulties communicating with the donor?

Yes🞐 No🞐

If you have selected ‘Yes’ above, what were the communication difficulties?

🞐 Language 🞐 Hearing 🞐 Speech 🞐Other - If ‘Other’ please specify:

Please provide details of the difficulties of communication with the donor and provide an explanation of how those difficulties were overcome:

If a translator was used, please provide details below:

Language used to translate to:

Name of translator:

Address of translator:

Telephone number of translator:

I confirm that the translator was independent of the donor:

Yes🞐 No🞐

***Communication with recipient / partner***

Were there any difficulties communicating with the recipient / partner?

Yes🞐 No🞐

If you have selected ‘Yes’ above, were what were the communication difficulties?

🞐 Language 🞐 Hearing 🞐 Speech 🞐 Other - If ‘Other’ please specify:

Please provide details of the difficulties of communication with recipient / partner and provide an explanation of how those difficulties were overcome:

If a translator was used, please provide detail below: Language used to translate to:

Name of translator:

Address of translator:

Telephone number of translator:

I confirm that the translator was independent of the recipient / partner

Yes🞐 No🞐

**Section F - Understanding of the nature of the procedure and the risks involved**

Please provide full details of the donors understanding and acceptance of the nature of the procedure and the risks involved in donating an organ:

In **Scotland**, please confirm that the donor has considered relevant wider implications including the effect on any children or dependent relatives:

Please confirm that the following information is contained in the referral letter to the HTA\*:

Confirmation that the registered medical practitioner responsible for the donor is satisfied that the donor’s health and medical history are suitable for the purposes of donation:

Yes🞐 No🞐

Confirmation that the donor has been provided with the information he / she requires to understand the consequences of donation.

Yes🞐 No🞐

Confirmation that the registered medical practitioner has endeavored to obtain information from the donor that is relevant to transplantation.

Yes🞐 No🞐

Name of registered medical practitioner (or person acting under the supervision of that registered medical practitioner)\*:

Qualification of registered medical practitioner (or person acting under the supervision of that registered medical practitioner)\*:

I confirm that the registered medical practitioner named above has explained to the donor the nature of the medical procedure, the risks involved and any other wider implications.

Yes🞐 No🞐

I confirm that the donor understands the nature of the medical procedure.

Yes🞐 No🞐

I confirm that the donor understands the risks involved.

Yes🞐 No🞐

I confirm that, in the event that their organ cannot be transplanted into the intended recipient, the donor:\*

Does not want their organ to be redirected to the Deceased Donor Pool and has given alternative instructions to the unit 🞐

Wishes their organ / part organ to be redirected to the Deceased Donor Pool 🞐

I confirm that the donor understands that they are able to withdraw consent at any time and does not wish to do so at present\*:

Yes🞐 No🞐

I confirm that the donor and recipient/partner were seen separately and together\*:

Yes🞐 No🞐

Where no is selected, please select one of the following options:

The recipient / partner is an adult lacking capacity to be interviewed

Yes🞐 No🞐

Not applicable as the recipient is a child not competent to be interviewed:

Yes🞐 No🞐

The HTA has agreed that donor and recipient / partner do not need to be seen together in this case (please note prior discussion must have taken place with the HTA):

Yes🞐 No🞐

Please explain why donor and recipient / partner were not seen together:

**Section G- Additional information for non-directed altruistic or paired and pooled donation**

If the donor is a non-directed altruistic donor please answer the following question:

Please provide full details that the donor is aware of the implications of being a non- directed donor and understands the process\*:

If the donor donating as part of the paired / pooled scheme please answer the following question:

Please provide full details that the donor is aware of the implications of being a donor in the paired / pooled scheme and understands the process\*:

**Section G or Section H (for non-directed altruistic donation and paired / pooled)- Duress, Coercion and Reward**

I can confirm that (as far as is possible) I could not find any evidence of duress or coercion affecting the donor’s decision to give consent

Yes🞐 No🞐

(In Scotland please also confirm that there is no evidence of duress or coercion affecting the recipient’s decision to be a recipient of the organ in question)

Yes🞐 No🞐

Please provide full details of the discussion had with the donor in order to determine (as far as possible) that there was no evidence of duress or coercion affecting the donor’s decision to give consent\*:

Please provide full details of the discussion had with the recipient / partner in order to determine (as far as possible) that there was no evidence of duress or coercion affecting the donor and recipient / partner's decision to give consent\*:

I can confirm I have received the declaration on reward for the donor/ Person consenting on behalf of the donor

Yes🞐 No🞐

If you have not received declaration on reward please provide details why:

I can confirm that (as far as is possible) I could not find any evidence of a reward being given, received, offered or sought that would affect the donor's ability to give consent\*:

Yes🞐 No🞐

Please provide full details of the discussion had with the donor to determine (as far as possible) that there was no evidence of an offer of a reward that would affect the donor’s ability to give consent\*:

Please provide full details of the discussion had with the recipient / partner to determine (as far as possible) that there was no evidence of an offer of a reward that would affect the donor’s ability to give consent\*:

Please provide details of your observation and the joint discussion with the donor and the recipient / partner to determine (as far as possible) that there is no evidence of duress, coercion and reward that would affect donor’s ability to give consent\*:

Are there any other issues that you wish to draw to our attention that you believe may be relevant to our decision in this case which are not covered elsewhere in the report?:

* Please email [transplants@hta.gov.uk](mailto:transplants@hta.gov.uk) the following, with the subject as “CONFIDENTIAL”:
* Donor Declaration Form
* Referral letter
* The IA Contingency Report

Name of IA

Contact number for IA

Email Address of IA