

Ron Mason  
AA Mechanic  
Philadelphia International  
Ronmason53@gmail.com

Dear Friends,

Some of you may know that I have kidney disease. Over time, my kidney disease has gotten worse causing my kidneys not to work well enough to keep me alive. This is what I am facing now, and my treatment options are limited to dialysis treatments or a kidney transplant.

Many of my family members and friends have been tested and unfortunately, to date, none have been a match.

Getting regular dialysis treatments, usually three times a week for four hours at a time, will help my kidneys do their job and keep me alive, but a transplant would offer me more freedom and the ability to live a longer, healthier, more normal life. A transplant would also give me more time to do the fun things I enjoy most, like spending time with my family and friends.

However, finding a kidney for a transplant is not easy. Just ask the 100,000+ people on the waiting list for a deceased donor kidney like me. Time is not on our side. Some wait for years; many die while waiting. The average wait time is five years or more for a kidney from a deceased donor. However, there is another option: receiving a kidney from a living donor.

Asking a family member or a friend to consider donating a kidney to me is difficult, but it greatly improves my chances of getting a transplant. A living kidney donation typically lasts longer and has better function.

You might not know a lot about living donation - I know I didn't before kidney disease affected my life. Understandably, some people are afraid about the surgery and what living with one kidney will mean for them. Here's some basic information about kidney donation:

- You only need one kidney to live a healthy, long life.
- Most donor surgery is done laparoscopically, meaning through tiny incisions.
- The recuperation period is usually fairly quick, generally two weeks.
- The cost of your evaluation and surgery will be covered by my insurance. The hospital can give you extensive information on this.
- You will have a separate team of healthcare professionals to evaluate you as a living donor. Their job is to help you understand the risks and benefits and look out for YOUR best interests.

You can also learn more about living donation on the National Kidney Foundation (NKF) website: [www.kidney.org/livingdonation](http://www.kidney.org/livingdonation) or by contacting the NKF's or [nkfcare@kidney.org](mailto:nkfcare@kidney.org). If you want to talk to someone who's already donated a kidney, NKF can also help.

Thank you for taking the time to read my story. If donating a kidney to me is something you would like to consider, I would be happy to tell you more about my story and explore the process of determining if you are a match for me. You can also contact my transplant center directly at 215-662-6200.

However, I know living donation may not be right for everyone — but you can still help! Consider being an organ donor after death and also, help me by sharing my story with everyone you know. At the very least I want to bring awareness to kidney disease and living donation. I am hopeful my efforts will help me receive a kidney sooner and encourage others to consider helping the many people on the wait list.

Thank you,

**Ronald A Mason**  
**AA Mechanic**



Kidney Living Donor Questionnaire

Thank you for your interest in living kidney donation! The Penn kidney transplant team is committed to helping you help others. To begin the evaluation process, please complete this survey and return it to the Living Donor Team via email: kidneylivingdonorteam@uphs.upenn.edu Fax at 215-243-2354, or mail to: Penn Transplant Institute, Living Kidney Donor Program, PCAM 2 West, 3400 Civic Center Blvd., Philadelphia, PA 19104.

Once your referral form is received, a member of the living donor kidney team will contact you within one week. To facilitate the review process, please make every effort to answer all questions as thoroughly as possible.

Demographic Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which is the best phone number to use to reach you during business hours?  Home  work  cell

What is your current employment status?  Full-time  Part-time  Self-employed  Unemployed  Homemaker  Not working due to disability  Not working due by choice  Retired

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Marital Status:  single  married  divorced  widow  separated

Life partner  cohabitating

Are you a U.S. Citizen?  Yes  No

If not a US citizen, are you?  US resident  Non-resident traveled to US for reason other than transplant  Non-resident traveled to US for transplant Nationality: \_\_\_\_\_

Date of entry into USA: \_\_\_\_\_ Visa status: \_\_\_\_\_

Return date to country of origin: \_\_\_\_\_

(Note: you will be required to show your passport, residency card at the time of initial appointment.)

Education Level:  Grade school (0-8)  High school (9-12) or GED  Attended college/technical school

Associates/bachelors  Post graduate

Do you currently have health insurance?  Yes  No

Does your recipient know that you are considering donating?  Yes  No

What is your relationship to the patient (please specify the relationship)  brother  sister  in-law  child

parent  niece/nephew  aunt/uncle  friend  co-worker  Other \_\_\_\_\_

none  I do not have a specific patient in mind

How were you referred to consider donation?  By a patient  Friend/family  Billboard  Face book

Craigslist  Matchingdonors.com  Bulletin from religious organization  Television or radio program

other, please specify \_\_\_\_\_

Have you met the intended recipient?  Yes  No. If yes, how long have you known the intended recipient? \_\_\_\_\_

What is the intended recipients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## General Health Screening

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood type if known \_\_\_\_\_

1. When were you last seen by a primary care physician or doctor? \_\_\_\_\_
2. Has a physician ever told you that you have high blood pressure?  Yes  No If yes for how many years \_\_\_\_\_
3. Does anyone in your family have high blood pressure?  Yes  No  Unknown If yes who \_\_\_\_\_
4. Has a doctor ever told you there are problems with your blood sugar?  Yes  No
5. Does anyone in your family have diabetes or pre-diabetes?  Yes  No  Unknown If yes who \_\_\_\_\_
6. If you are a woman who has had children, have you ever been told you had gestational diabetes?  Yes  No  NA
7. Do you have a problem with your heart such as a heart murmur or irregular heart beat?  Yes  No  
If yes, what type of heart problem \_\_\_\_\_
8. Have you ever had heart surgery?  Yes  No If yes, what type? \_\_\_\_\_
9. Does anyone in your family have heart problems?  Yes  No  Unknown
10. Do you have a history of cancer?  Yes  No  
If yes, please specify the type of cancer and any treatment received. \_\_\_\_\_
11. Is there a history of cancer in your family?  Yes  No  Unknown  
If yes, please specify the family member and type of cancer. \_\_\_\_\_
12. Has a doctor told you that you have kidney problems?  Yes  No  
If yes, what type of problem? \_\_\_\_\_
13. Does anyone in your family (other than the recipient if they are a family member) have kidney problems?  
 Yes  No  Unknown  
If yes, please specify the family member and type of problem. \_\_\_\_\_
14. Have you ever had a kidney stone or blood in your urine?  Yes  No  
If yes, what type of treatment did you receive? \_\_\_\_\_
15. Have you ever been diagnosed with hepatitis B or C?  Yes  No
16. Have you ever had surgery?  Yes  No If yes, please list the type of surgery.  
\_\_\_\_\_
17. Has a doctor ever told you that you have bleeding problems?  Yes  No  
If yes, please specify the type of bleeding problem. \_\_\_\_\_
18. Have you ever suffered from depression or anxiety?  Yes  No  
If yes, are you currently under treatment? \_\_\_\_\_
19. Do you have any physical limitations?  Yes  No  
If yes, what are you limitations \_\_\_\_\_
20. Have you ever had any back or neck problems?  Yes  No  
If yes, please describe the problem and any treatment received. \_\_\_\_\_
21. Have you ever been unable to work?  Yes  No  
If yes, what was the cause? \_\_\_\_\_
22. Do you drink alcohol?  Yes  No If yes, how often and how much? \_\_\_\_\_
23. Do you now or have you ever smoked tobacco?  Yes  No  
If yes, how many packs a day and for how many years? \_\_\_\_\_
24. Do you use recreational drugs?  Yes  No

25. If you are a woman, what is the date of your last pap smear? \_\_\_\_\_
26. If you are a woman over 40, what is the last date of your mammogram? \_\_\_\_\_
27. If you are over 50 years old, when are you do for your next colonoscopy? \_\_\_\_\_
28. Please list all medications you are currently taking including over the counter medications:

Medication	Reason for taking	Dose	Frequency

Primary Care Physician (PCP) Name: \_\_\_\_\_  I do not have a PCP  
 PCP Address: \_\_\_\_\_ PCP Phone: \_\_\_\_\_  
 Additional physician name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Additional physician address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Completion of this routine health survey is required in order to be considered as a potential living donor.**

**I, \_\_\_\_\_, give my permission to be contacted by the Penn Transplant Institute to receive more information about living donation.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**How did you receive these screening forms?**

- Attended donor education session**
- Given to you by the intended recipient**
- Received by mail or email from the transplant program after contacting Penn**
- Downloaded from Penn Transplant website**

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**Penn Transplant Institute Use Only**

Referral initiation form received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD reviewed by: \_\_\_\_\_

Discussed with potential donor: Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

Education session scheduled: Date \_\_\_\_\_

Medical records requested from:  potential donor  other: \_\_\_\_\_ Date: \_\_\_\_\_