

Transplant Peer Connection Request Form

Completing this form will help match you with a volunteer that is a good fit for you!

Patient Name: _____ Age: _____

Phone No: (Home/Cell) _____ Email address: _____

Gender: _____ Race/Ethnicity: _____

1. What would you like to discuss with a person that has received a kidney transplant? Circle all that apply.

- Living Donation
 - How do I ask family/ friends/ community about donating a kidney?
- Transplant evaluation process
- Being on the transplant waiting list
- Transplant surgery experience
- Life after transplant
- Other _____

2. What days and times are good for you? Circle your preferred options.

- M / T / W / TH / F / SA / SU - Morning Afternoon Evening

Note: If English is not your primary language, plan to have a translator available.

This transplant peer connection activity is designed to link dialysis patients interested in transplant to individuals who have been transplanted and are willing to share their experience. By signing below, I request and allow NJ Sharing Network to share the personal information above with NJ Sharing Network volunteers, for purposes of contacting me via telephone, email or text to provide information on donation and transplant. I understand that the information I receive is not medical advice and should be taken as peer to peer information only. I may opt out of this program at any time by contacting **E. Denise Peoples at (973) 665-4687 or by email @ dpeoples@njsharingnetwork.org**. Any action I choose to take is my sole responsibility, and I waive and release the NJ Sharing Network from any liability for sharing this information at my request.

Patient Signature

Date

For the dialysis facility: Please complete and follow directions below.

Facility CCN#: _____ Facility Name: _____

Facility Representative: _____ Email address: _____

Phone No: _____ Fax No: _____

Fax completed form to: E. Denise Peoples at NJ Sharing Network: (908) 516-5730

For questions: Contact: E. Denise Peoples at (973) 665-4687 or email dpeoples@njsharingnetwork.org

For NJ Sharing Network to complete:

Volunteer Name: _____ Living Donor / Transplant Recipient

Connection Date: _____ Follow up email sent to dialysis facility: _____

Outcome: _____