Note to Transplant Candidates/Family Members:

In accordance with CMS Policy, your transplant center is required to provide you with information about national and transplant center-specific outcomes. Attached is our recent SRTR center-specific report showing our observed and expected 1-year patient and graft survival and the national patient and graft survival. Your signature below confirms that your center provided you this information and had a discussion regarding this information. Your center will keep this form on file to document compliance with this policy.

I have received the handout titled “Table 10: Graft Survival by Age at Transplant and by Time since Transplant and Table 11: Patient Survival by Age and by Time since First Transplant of This Organ Type”.

Today I was provided with the data published on July 12, 2011.

______________________________  ______________________________
Signature of Transplant Candidate/Family Member  Printed Name of Transplant Candidate

______________________________  ______________________________
Date Received  Signature of Transplant Center Staff Member
Providing Handout