*Please delete the box below before submitting the letter to the IA.*

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| Model referral letter to be used by registered medical practitioner tothe Human Tissue Authority for living donor transplantation*This template has been designed to ensure that referral letters to the Human Tissue Authority (HTA), which is represented by Independent Assessors (IAs) for this purpose, capture the required statutory information as well as information required by HTA policy. This letter also acts as the instruction to the IA to begin procedures for undertaking the donor and recipient interviews.*Guidance is provided in red, but please delete this before the letter is sent to the IA.*Further information and guidance is available in the HTA Code of Practice on the Donation of solid organs and tissue for transplantation and the Guidance for transplant teams and Independent Assessors.*  |

Mandatory: Date of referral to be provided

Dear HTA,

RE: Potential donor – Name, DOB, Address and reference/hospital number

RE: Potential recipient – Name, DOB, Address and reference/hospital number

In line with Regulation 11(2) of the Human Tissue Act 2004 (Persons who Lack Capacity to Consent and Transplants) Regulations 2006, I wish to refer the case relating to the above named to the HTA for consideration (England, Wales and Northern Ireland).

Or

In line with Regulation 2(3) of the Human Organ and Tissue Live Transplants (Scotland) Regulations 2006, I wish to refer the case relating to the above named to the HTA for consideration (Scotland).

I would be grateful if you could provide an Independent Assessment for this donor and recipient *(delete where appropriate),* whom I and my colleagues have assessed as a prospective:

*(delete as appropriate)*

* kidney donor
* liver lobe donor
* lung lobe donor
* small bowel donor
* other

and wishes to proceed to:

*(delete as appropriate)*

* directed donation
* non-directed altruistic donation
* paired / pooled donation
* directed altruistic donation

Section 1: Donor information

This section may include relevant information on the potential donor such as age, occupation and family/social background. This can be brief and is useful in order to provide the Independent Assessor with some information to open questions at the start of the statutory interview.

As a matter of HTA policy, this section must state whether the medical practitioner is satisfied that the donor has capacity to consent to the donation.

In Scotland, this must include confirmation that the donor has considered the wider implications of the donation, including the effect on any children or dependent relatives of the donor.

Please tick the box below to confirmthat the registered medical practitioner (or a person acting under the supervision of 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. (This information is required under the Quality and Safety of Organs Intended for Transplantation Regulations 2012).

*Please provide any other relevant information here.*

Please tick the box below to confirmthat the registered medical practitioner (or a person acting under the supervision of the registered medical practitioner) has endeavoured to obtain information from the donor that is relevant to transplantation. (This information is required under the Quality and Safety of Organs Intended for Transplantation Regulations 2012).

Please tick the box below to confirm that the registered medical practitioner (or a person acting under the supervision of the registered medical practitioner) has provided the donor with the information he/she requires to understand the consequences of donation. (This information is required under the Quality and Safety of Organs Intended for Transplantation Regulations 2012).

*Please provide any other relevant information here, for example, that a summary of the nature of the medical procedure and the risks involved have been explained to the donor and that the donor understands they can withdraw their consent at any time before the removal of the transplantable material.*

*Please provide relevant information about the discussion with the donor about general risks and risks that may be greater or specific to that individual. Discussions about material risk allow the donor to explore what they themselves consider to be a material risk, based on what matters to them and their willingness to accept a degree of risk. Their decision is made with an understanding and evaluation of these material risks. Details about these risks to the donor, in the context of their clinical history, must be listed below. Where there are no risks greater or specific to the donor then please state this.* This information is required to ensure that valid and informed consent has been given by the donor.

Please tick the box below to confirm that the registered medical practitioner (or a person acting under the supervision of the registered medical practitioner) has provided the donor with the information he/she requires to understand any specific risks (i.e. specific risks that are material risks to the donor) of donation, along with any implications these may have for the donor. *For further information, please refer to the HTA Guidance for Transplant Units and Independent Assessors about the changes to the statutory referral letter template about the changes made to the statutory referral letter template.*

The purpose of including this information within the referral letter is to inform the IA of the clinical team’s view of the risks specific to the donor.

Section 2: Recipient information

This section can be brief and include diagnosis, method of treatment and relevant health and social history. Please state here if you have any concerns about the recipient’s capacity to be interviewed (for example if they are a baby or very young child) and, where relevant, provide confirmation that all Trust policies relating to the treatment of patients lacking capacity have been followed.

Section 3: Evidence of identity and relationship

The transplant team must explore the nature of the relationship between the donor and recipient and confirm this here.

In England, Wales and Northern Ireland, this requirement is for administrative purposes in order to determine the process for consideration by the HTA. In Scotland this requirement is statutory.

Section 4: Donor Declaration form

This section must state that the donor declaration form and guidance document will be issued to the donor with their Independent Assessment interview confirmation.

Section 5: Organ / part organ that cannot be transplanted into the intended recipient

This section must include the donor’s decision about what they wish to happen to their organ / part organ in the event it cannot be transplanted into the intended recipient. If the donor is undecided about their wishes please ensure that this is clearly documented in this section.

Please note in cases of NDAD, the donor has already given consent for their organ to go to an unknown recipient. The HTA considers it unlikely for a NDAD to choose any option other than re-direction of their organ to another recipient. As good practice, transplant teams must also seek consent from the donor to use their organ for research if the organ is damaged during retrieval and cannot be transplanted. The consent must be filed in the donor’s medical notes/in the electronic patient record. This is important to ensure that where the organ cannot be utilised for transplantation, there is valid consent in place for it to be used for research.

If the donor chooses for their organ to be re-implanted in the event that it cannot be transplanted into their intended recipient, the material risks (including any donor-specific risks) of additional surgery and organ function following re-implantation must be explained to the donor and confirmation of this discussion must be documented here.

*‘The donor (insert name), who has decided to have their organ re-implanted in the event that it cannot be transplanted into the intended recipient, has had the material risks associated with this procedure explained to them. The donor, (insert name), fully understands these risks.’*

The transplant team will ensure that the donor is fully informed about scenarios where re-implantation of the organ may not be possible.

Section 6: Name and qualification of the medical practitioner responsible for the donor

This section must include the full name and qualification(s) of the registered medical practitioner who explained to the donor the nature of the medical procedure and the risks involved.

Section 7: Independent translator

This section must include information on whether the use of an independent translator has been required for the donor, recipient or both.

Section 8: Licence number

This information is required under the Quality and Safety of Organs Intended for Transplantation Regulations 2012.

In this section please state clearly:

* the HTA licence number of the transplant centre where the transplant will take place;
* Where there are two centres involved, please state both licence numbers;
* There is no need to state the licence number of the transplant centre in cases of non-directed donation where the transplanting centre is not yet known.

Section 9: Date of transplant

If the date of transplant is known, this must be provided in this section.

Thank you for seeing this potential donor and recipient *(delete as appropriate).* Please do not hesitate to contact me should you require any further information or clarification regarding the information provided above.

Yours sincerely,

(Name, job title)

*(Signed on behalf of registered medical practitioner or a person acting under the supervision of the registered medical practitioner)*

*If there is more than one living donor coordinator who will need to be notified of the decision of the HTA, for example at the referring centre and at the transplanting centre, please make the IA aware of this to ensure all relevant details are included in their report. HTA notifications are only sent to individuals listed in the IA report.*